

Agenda

		Timing
1.	Welcome, introductions and declarations of interest	9:30-9:30
2.	Apologies	9:30-9:30
3.	Minutes of the meeting on 20 May 2026 (for approval) (Paper 1)	9:30-9:30
4.	Actions and Matters Arising from the meeting on 20 May 2026	9:30-9:35
5.	Chair's report (Paper 2)	9:35-9:40
6.	Executive report and project dashboard (Paper 3)	9:40-10:00
7.	Finance report (Paper 4)	10:00-10:05
8.	Committee Reports	10:05-10:15
	• Audit and Risk Committee (Paper 5)	
	• Scrutiny Committee (Paper 6)	
9.	Governance and Assurance Frameworks (Paper 7)	10:15-10:25
10.	Risk discussion (Paper 8)	10:25-10:40
11.	Website project benefits realisation report (Paper 9)	10:40-10:50
12.	Board annual workplan (Paper 10)	10:50-10:50
13.	Any other business	10:50-10:50
14.	Agree actions	10:50-10:55
15.	Questions from the Public	10:55-11:00

The next Board meeting is scheduled for Wednesday 16 September at the PSA office.

Unapproved Public Board meeting minutes

20 May 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)
Eleanor Marks (EM)

In Attendance

Jane Carey (JC)
Graham Mockler (GM)
Melanie Venables (MV)
Douglas Bilton (DB)
Ododo Ediagbonya (OE)
Marija Hume
Dinah Godfree
Akua Dwomoh-Bonsu
Joella Hazel
Rachael Culverhouse
Oyinkan Onile-Ere
Ryan Davidson
Colette Higham

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), Aveen Croash (HCPC), Joel Summers (NMC).
- 1.2. Ododo Ediagbonya, who will take up the post of Associate Board member on 1 June, observed the meeting and was welcomed by the Chair.

2. Apologies

- 2.1. There were no apologies.

3. Minutes of meeting held on 18 March 2026

- 3.1. The minutes of the meeting held on 18 March 2026 were approved as an accurate record.

4. Actions and matters arising from the meeting on 18 March 2026

- 4.1. The Board reviewed the action log.

5. Chair's report

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- 5.1. The Chair introduced the item, informing the Board that now that Wes Streeting had stepped down, and a new Secretary of State for Health and Social Care had been appointed (The Right Honourable James Murray), a welcome letter will be drafted.
 - 5.2. The PSA's Minister in England (Karin Smyth) remained unchanged.
 - 5.3. The Chair gave a detailed account of discussions from the biannual Chairs' meeting. A very good session on AI was led by Christine Elliott (Chair of the HCPC), providing much for Boards to think about. The slides will be circulated to Board members.
 - 5.4. The Board agreed that a workshop on AI governance and implication would be useful.
Action: MV to organise Board workshop on AI.
Action: NS to circulate the NAO report on AI and Board responsibilities.
 - 5.5. A major focus of the Chairs' meeting was the significant increase in FtP case volumes across regulators. There was clear evidence that incremental improvements are insufficient to address backlog pressures.
 - 5.6. There was a clear shift toward recognising systemic pressure, requiring more fundamental reform. Chairs discussed common priorities and pressures, emphasising that this was a collective system-wide challenge, rather than isolated issues
 - 5.7. A substantive discussion explored divergent regulatory approaches to CPD. Some regulators are becoming more prescriptive, others are emphasising professional autonomy and individual responsibility. The divergence provides a prompt for PSA to consider why this variation exists, what it may mean for regulatory consistency and expectations.
 - 5.8. Board members were reminded to submit comments on the CEO's objectives by the end of the week.
 - 5.9. The Board **noted** the report.

6. Executive report and project dashboard

- 6.1. The Chief Executive introduced the item. It was reported that the Scottish Government Commission had been published and announced the previous evening, accompanied by a PSA statement circulated to the Board before the meeting.
- 6.2. The commission will run from Q2 to Q4 of the year, focus on "right-touch assessment of healthcare science roles within Scotland". The work was positioned as linked to previous PSA concerns raised through accreditation reviews and an opportunity to follow up and deepen that work.
- 6.3. The programme will cover a wide range of roles. Some roles involve direct patient contact, others are more technical but still critical to safe care.
- 6.4. There was the potential for findings to be relevant beyond Scotland (UK-wide learning).
- 6.5. The work will combine PSA right-touch methodology, increased emphasis on data and stakeholder engagement.
- 6.6. To support the Commission and maintain current priorities the PSA is planning recruitment to resource the commission. The aim is to avoid loss of momentum on existing workstreams.
- 6.7. Following elections and appointments, work is underway to prepare letters to new Secretaries/Cabinet Secretaries, including for new appointees Scotland and Wales. Teams are adjusting to political changes across England, Wales and Scotland.
- 6.8. A substantive discussion took place on the Welsh seminar and future engagement model.
- 6.9. The recent Welsh seminar had lower attendance than previous years (estimated ~50 attendees). The drop in attendance had also been noted internally. It had triggered discussions with Welsh Government.
- 6.10. Possible reasons identified included timing (Friday scheduling), election-related disruption, late withdrawal of a keynote speaker.
- 6.11. Despite lower numbers, feedback received was positive and quality of speakers was strong.

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- 6.12. Future approach under consideration was to move away from a single large annual event toward more distributed programme of engagement activities across the year.
Action: MV to review and refine the Wales engagement model, including options beyond a single annual seminar, and report back to the Board.
- 6.13. A recent discussion had clarified the expectations of DA Board roles. The discussion paper will be updated and circulated to the Board for feedback
- 6.14. The website project post implementation report was delayed due to accessibility compliance issues and required remediation work by developers, which had now been completed.
- 6.15. The accreditation audit and closure report had been rescheduled and now expected completion in July with no further delays anticipated
- 6.16. Website traffic and social media engagement metrics had declined significantly. The decline can be attributed primarily to global shift driven by AI tools (e.g. users getting answers directly via AI rather than visiting websites). Users may now obtain answers directly from AI tools and not visit the PSA website at all. This trend is sector-wide and expected to continue. Website traffic will no longer be a sufficient proxy for impact. The focus needs to shift towards ensuring AI tools surface accurate PSA information and improving user experience for those who still need detailed information from the website. Emerging risks of this across the sector were noted.
- 6.17. It was also noted that total numbers of social media followers had increased even though engagement was down.
- 6.18. The Board discussed that current KPIs may no longer be appropriate in light of changing behaviour. Work was underway to review how performance is measured and how metrics are presented to the Board. A new approach to KPIs and reporting will be brought back in September.
Action: MV to review and propose revisions to communications KPIs and reporting approach, including AI-related impacts.

7. Finance report

- 7.1. The Director of Corporate Services introduced the item and highlighted that the year-end position was a surplus of £293,000. This indicated a stronger than expected financial position at year end.
- 7.2. The surplus was attributed to a combination of factors including Section 29 budget underspend, underspend in research projects (to be carried forward, subject to Board approval), and higher-than-forecast investment income, following improved interest rates.
- 7.3. It was noted that surpluses are placed into reserves and any use of those reserves must be approved by the Board.
- 7.4. The Board was updated that the annual report and accounts have been drafted and the NAO audit was underway. Early audit feedback was minimal, which was positive. NAO sign-off will be by late June and laying before Parliament in early July (before recess).
- 7.5. The Board discussed that despite a redesign of the Finance report it was still somewhat complicated and the Board effectiveness review had recommended it should be updated. The Board members were asked to approach NS in the first instance if they had questions about the report.
- 7.6. Forecasting was described as much more accurate this year. Additional positive assurance included management accounts align with financial statements, providing confidence in reporting integrity.
- 7.7. The Board was asked to delegate authority to the Audit and Risk Committee to approve the annual report and accounts at its next meeting, which the Board **agreed**.

8. Committee updates

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- 8.1. **Audit and Risk Committee:** The Chair of the Audit and Risk Committee gave a verbal update from the meeting held on 7 May. The minutes had already been circulated to the Board.
 - 8.2. The Committee received the annual internal audit opinion for 2025/26. The conclusion was that the PSA has an “adequate and effective framework for risk management and internal control”.
 - 8.3. The Committee received a brief progress update from the National Audit Office (NAO), noting that the audit work is underway.
 - 8.4. The Committee undertook a high-level review of the organisational risk register as the risk register was currently being redesigned.
 - 8.5. The Committee reviewed the Governance and Assurance Framework, which is also being updated/reworked. It will return to the Board for formal consideration in July.
 - 8.6. The Committee reviewed the annual report on complaints and information requests.
 - 8.7. A significant increase in Subject Access Requests (SARs) and Freedom of Information (FOI) requests was noted. There was no clear pattern or single driver identified behind this increase. It was suggested that the increase may be linked to AI tools making it easier for individuals to generate FOI/SAR requests. The increase in requests was recognised as having a significant impact on staff workload and creating pressure due to statutory deadlines associated with FOI/SAR responses. The Committee had agreed that PSA will begin tracking staff time and resource use associated with FOI/SAR work.

9. Approval of decisions made at the April Board workshop

- 9.1. The Chair referred to the April Board workshop, noting that notes had been prepared to ensure that decisions made at the workshop are properly reflected in Board decisions.
- 9.2. It was confirmed that the Board was content with the notes and they were therefore formally adopted as a meeting record.

10. Board annual workplan

- 10.1. The Director of Corporate Services introduced the item.
- 10.2. The Board **noted** the workplan, confirming that it would like to receive a rolling plan at each meeting for the next 12 months.

11. Any other business

- 11.1. There was no other business discussed.

12. Questions from Members of the Public

- 12.1. There were no questions.
- 12.2. 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	Complete. Reporting to July 2026 Board.	Complete
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	Delayed
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	Complete	Complete
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	Complete	Complete
20 May 2026	5.4	Organise Board workshop on AI.	MV	October 2026	In progress.	On track

20 May 2026	5.4	Circulate the NAO report on AI and Board responsibilities.	NS	May 2026	Complete	
20 May 2026	6.12	Review and refine the Wales engagement model, including options beyond a single annual seminar, and report back to the Board.	MV	September 2026	In progress. Survey to stakeholders in Wales to be issued shortly.	
20 May 2026	6.18	Review and propose revisions to communications KPIs and reporting approach, including AI-related impacts.	MV	September 2026	In progress. Paper on website benefits refers.	

Chair's report

1.1 Our Board last met on 20 May 2026 in London. Since then, we have heard the very sad news of the unexpected death of our former colleague, Dr Tom Frawley CBE. For newer Board members, Tom was a member of the PSA Board for eight years, and his term ended in late 2024. Alan sent a lovely tribute to everyone at the PSA which perfectly captured Tom. I attach below as I couldn't attempt to better it.

Dr Thomas Frawley CBE

- 1.2 I am very sorry to have to let you know that our former Board member for Northern Ireland, Tom Frawley, passed away suddenly on Tuesday 23 June. Tom fell ill at a work event and died on the way to the hospital.
- 1.3 Tom was the Board member for Northern Ireland at the PSA for eight years from January 2017 to December 2024. Many of you will have known him and will be very sad at his passing.
- 1.4 I first heard about Tom in the summer before I started at the PSA. My previous Chair and another ex-Board member had worked with him in his role as the NI Ombudsman. When I told them I was joining the PSA, they said something like "That's great - you'll get to work with Tom Frawley. He's a lovely man - mind you, don't plan on any short meetings because he can talk for Ireland." They were correct - on both counts.
- 1.5 Tom was genuinely fantastic to work with. He could seem slightly disorganised at times, mainly because of his difficulties in engaging with anything invented after 1980, but behind the avuncular demeanour was a razor-sharp mind and, more importantly, a lifelong commitment to public service and protecting people from harm.
- 1.6 Tom had a huge amount of energy for his work. He was never one to 'hang up his boots' and after leaving the PSA took up the very challenging role of Chair of the Western Trust in Northern Ireland. At the time I asked him why he wasn't taking the opportunity for a more restful life - his response was that there was important work that needed doing and that "Mrs Frawley wants me out of the house". He continued helping the PSA in its NI engagement even after finishing on the Board - he knew everyone in Northern Ireland and was assisting our stakeholder engagement even this week.
- 1.7 My most vivid memories of Tom are unsurprisingly related to trips to NI and Board meetings in the other devolved administrations (where the Board would typically stay overnight so there was a social element to the visit). On one trip, not only did Tom go out of his way to pick me up from the airport, take me to an event and drop me back again - he provided a full running commentary for the trip, not once drawing for breath as he told me everything about where we were, the history, and his personal connections to places on our 'tour' (mind you, all of this was mildly terrifying as he was so involved in engaging with me that his engagement with the act of driving was somewhat erratic). He also loved to talk about rugby - both at international level and in the local games he played as a young man, getting in quite a few 'scrapes'. At a Board dinner he would eat and drink, and hold court, and was in his element.

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- 1.8 A word you will undoubtedly read if you look at the tributes to Tom is 'warm'. He simply loved people - colleagues, patients, the wider public - and most of all his family. And people loved him back.
- 1.9 A final thought occurred to me when writing this note that I wish I did not have to write. It is a well-known fact that you cannot sneeze and keep your eyes open at the same time. Here is another one for you - you cannot think of Tom Frawley and not smile at the same time.
- 1.10 Since the last Board meeting, I have held appraisal meetings with all Board members. Many thanks for your time. The key points to come out of these meetings were:
- Confidence in the performance of the PSA and in its leadership.
 - Support for the three-year strategy but still some anxiety about what we will actually deliver under strategic aim 3.
 - A desire for the PSA to keep having robust change/risk/impact discussions.
 - Support for the recent governance review.
 - Some concern about whether we made the most of the recent S29 conference.
 - A feeling that the Board has gelled and is working well.
 - A feeling that the DA role is not well defined. Mel has recently done some work on this with the relevant Board members.
 - Not all Board members find our accounts easy to read and understand. Nick is reviewing this.
 - Both ARC and Scrutiny Committee work well.
 - A desire for the PSA to think about how it would position itself if an incoming government was more hostile to regulation.
- 1.11 Since we last met, I have filmed a blog on the risks associated with non-surgical cosmetic interventions. I have also attended an event at Parliament hosted by the GMC on Supporting the UK's Medical Workforce, and I joined a meeting of the Institute of Regulation's Chairs Group. Alan and I also met with the chair and CEO of the GOC as part of our regular updates.
- 1.12 As you will remember, the International Foundation for Therapeutic and Counselling Choice (IFTCC) unsuccessfully applied to join the Accredited Registers in 2024. An appeal panel determined that the assessment process had not been followed correctly and therefore the IFTCC were given the opportunity to reapply. The IFTCC has done this and an accreditation panel determined that the public interest test is provisionally not met. The IFTCC appealed this decision. A panel made up of three board members heard the appeal and decided to dismiss the appeal. The accreditation panel's decision therefore stands.
- 1.13 Please mark 11 November 2026 from midday in your calendars for a PSA parliamentary event.
- 1.14 I look forward to seeing you all in Manchester on the 14/15 July, hopefully with no heat wave.

Caroline Corby
5 July 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) the successful implementation our new standards from July 2026; (2) addressing the recommendations from the Mann Review; (3) delivering the commissioned work for the Scottish Government; and (4) working with regulators to address fitness to practise volumes and backlogs.

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 May 2026 and July 2026 Board meetings, the Chief Executive attended a number of stakeholder engagement events, including the following.
 - A meeting of the regulator Chief Executives Steering Group.
 - Together with the PSA Chair, meeting the Chairs and CEOs of the GMC, GOC and HCPC.
 - Meeting the CEO of the NMC.
 - Chairing a meeting of the NMC Independent Oversight Group.
 - Observing a meeting of the PSNI Council and meeting the PSNI CEO.
 - Meeting the Patient Safety Commissioner for England.
 - Making a presentation ('Professional Regulation and Healthcare Workforce Development') at the Westminster Health Forum Conference.
- 3.2. Looking forward, the Chief Executive will attend further stakeholder engagement events before the next Board meeting, including the following.
 - Attending the Health and Social Care Regulators Forum.
 - Together with the PSA Chair, meeting the Chair and CEO of the HCPC.
 - A meeting with the CEO of the GMC.
 - Attending a quarterly information-sharing meeting of the PSA, DHSC and officials from the Devolved Administrations.
 - Chairing a meeting of the NMC Independent Oversight Group.
 - Attending a meeting of the Advisory Group to the Patient Safety Commissioner for England.

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- Meeting the Department of Health in Northern Ireland to discuss the performance of the PSNI.

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 – 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

5. Performance Review

Reporting

Nursing and Midwifery Council (NMC)

- 5.1. On 28 May 2026 we published our performance review report for the NMC in 2024/25 covering the period 1 January to 31 December 2025.
- 5.2. The NMC has not met nine of the 18 Standards. This is fewer Standards met than in 2023/24, when the NMC did not meet seven of the 18 Standards. Areas of concern for the 2024/25 reporting period included: lack of consistent application of policies; equality, diversity and inclusion; transparency of reporting; maintaining an accurate register; and fitness to practise (both timeliness and fair and proportionate decision making).
- 5.3. In our report we made five specific recommendations to highlight: areas of importance that we have identified, issues the NMC is aware of but has not yet addressed, or where we think changes could be made reasonably quickly to improve the NMC's performance. We also noted that within this reporting period the NMC made a number of senior-level staff changes, including a new Chief Executive and Registrar, and Chair. We are encouraged by the new leadership's intentions and commitment, and recognise that the NMC has taken a number of steps to improve its operational performance.
- 5.4. In line with our Escalation Policy we have written to the Secretary of State for Health and Social Care, the Chair of the Health and Social Care Committee and their counterparts in the Devolved Administrations, to provide an update on the NMC's performance, the key areas that we are concerned about and the recommendations we have made.
- 5.5. Work on the 2025/26 performance review is progressing well. We are aiming to publish our report in March 2027, which would mean that we will have met our KPI for the NMC for the first time in three years.

Nursing and Midwifery Council – Independent Oversight Group

- 5.6. The next meeting of the Independent Oversight Group (IOG) will take place on 6 July 2026. At that meeting, the IOG will be considering the NMC's response to two independent reports that were published in September 2025. These reports were commissioned by the NMC. One is focused on the NMC's handling of a number of fitness to practise cases, the

other reviewed how the NMC managed a whistleblower's disclosures. The IOG will also receive an update from the NMC on its fitness to practise data.

General Osteopathic Council

- 5.7. On 25 June 2026 we published our performance review report of the General Osteopathic Council (GOsC) for 2025/26. The GOsC met 17 of the 18 Standards – it did not meet Standard 3 (Equality, Diversity and Inclusion). In 2024 we introduced a new approach to assessing regulators against Standard 3 for a three-year period. To meet Standard 3 each year regulators must assure us they are delivering all the four outcomes set out in that Standard. For the 2025/26 review period, we set 'stretch indicators' for each outcome. These are indicators we expect regulators to meet in year three. The GOsC met all four outcomes in years one and two but has not met one of the outcomes in year three. They, therefore, have not met the Standard. The GOsC disagreed with our decision and issued a statement to that effect.

Health and Care Professions Council

- 5.8. On 30 June 2026, we published our performance review of the Health and Care Professions Council (HCPC) for 2025/26. The HCPC met 16 of the 18 Standards. The HCPC did not meet Standard 15 again this year, because it is still taking too long to process fitness to practise cases and its open caseload has increased. The HCPC has not met Standard 15 since 2015/16, and we remain concerned about the impact significant delays are having on public protection and public confidence. In accordance with our escalation policy, 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.
- 5.9. The HCPC did not meet Standard 18 this year. While the HCPC has taken steps to improve the support it provides to parties involved in the fitness to practise process, our audit found that these improvements have not yet resulted in consistently reliable performance across its caseload. The HCPC has committed to various actions to improve performance against this Standard and we will monitor the impact of these changes in future performance reviews.

Social Work England

- 5.10. We reported at the May Board meeting that in March 2026 we published our performance review of Social Work England for 2024/25. We reported that Social Work England had not met Standard 13 because we did not think the processes it had in place were sufficient for it to be satisfied that social workers continue to be fit to practise. Social Work England has subsequently announced new measures that it will put in place to assess a sample of social workers' continuing professional development.

6. Section 29

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

	1 April 2026 – 31 May 2026	1 April 2024 – 31 May 2025
Decisions received by the PSA	373	373
Initial reviews completed	184	266
Detailed Case Reviews (DCRs) completed	10	19
Statutory deadline decisions	0	2
Case meetings held (including S40B case meetings)	6	4
Appeals lodged	3	4
Learning Points	38 on 29 cases	15 on 11 cases

- 6.2. Between 1 April and 31 May 2026, we received the same number of final fitness to practise panel decisions as last year.
- 6.3. We did, however, complete a lower number of initial reviews in comparison to the same period last year, with a decrease of 82 cases. This is in part due to a higher number of cases being received that met our criteria to be closed without a review (25 more than in the same period last year). We are interrogating our data to determine the reasons for the remaining decrease. We expect this may be in part due to the timing of receipt of cases late in the period and subsequent completion of initial reviews after 31 May. We will report back to the Board at its September meeting on this.
- 6.4. We carried out DCRs on 5.4% of initial reviews completed in the period, which is a decrease on the same period last year by nine cases, where we carried out DCRs on 7.1% of initial reviews.
- 6.5. We have held the same number of decision-making case meetings so far this year, with no statutory deadline meetings yet being held (compared to two in the same period last year). This demonstrates the continuing positive impact of our S29 review process improvements, with an increased ability to handle a high proportion of case meetings without the need for statutory deadline meetings. We held case meetings in 60%

of cases on which we undertook a DCR in comparison to 31% of cases in the same period last year. This suggests an improvement in ensuring that only those cases where there are clear concerns are progressed to the latter stages of the process.

- 6.6. We have appealed one fewer case compared to this period last year. As a proportion of cases on which we undertook an initial review, this was similar in comparison to the same period last year: we appealed 1.6% of cases on which we undertook an initial review compared to 1.5% in the same period last year.
- 6.7. Three appeals have been lodged between 1 April and 31 May (NMC/Haugh, NMC/Lole, and GDC/Rahman (review hearing)). We received judgments in two appeals during this period. We were successful in one of these appeals (GMC/Grajn) and unsuccessful in another (GMC/ Hughes). Due to our serious concerns with the Court's decision in GMC/Hughes, we have sought permission to appeal to the Court of Appeal. The registrant in GMC/Grajn is also seeking permission to appeal the court's decision to the Court of Appeal. We are waiting for others to be handed down. Settlements are being explored in several other cases, and all other Section 29 litigation is progressing.
- 6.8. NMC Cases: At the end of last financial year, we reported to the Board that a high number of NMC appeals lodged since January 2025 (seven) related to the NMC's Lapse with Impairment guidance. The Head of Legal and Lead Lawyer raised this issue with the NMC on several occasions in 2025/26, which was also raised with PR team and highlighted in their performance review report. The NMC subsequently updated its relevant guidance (developed with our input) and gave panels further training. As a consequence, the number of cases resolved by panels in this way has reduced significantly (three this year to date, compared with 20 in the same period last year). None of the lapsed registration cases we received between 1 April and 31 May 2026 resulted in us requesting further information and therefore no further appeals have been lodged relating to this issue.
- 6.9. We have sent 24 learning points on 19 cases to the NMC so far between 1 April and 31 May in comparison to 8 on 6 cases in the same period last year. Three of these learning points relate to poor investigation, and we are beginning to see an increasing number of these. None of the learning points we raised in the same period last year related to poor investigation. We have written to the NMC about this issue and shared concerns with the PR team. We also delivered training to NMC Panellists on 25 June to speak specifically about appeals and learning points.
- 6.10. GMC cases: We carried out five DCRs (50% of all DCRs) in relation to GMC cases between 1 April and 31 May (2025/26: 4 DCRs, 21% of total). All five of these were considered at GMC executive panel meetings, and four resulted in the GMC bringing an appeal. Between 1 April and 31 May we joined one GMC appeal under Section 40B. As a comparison to previous financial years, the GMC did not lodge any appeals in the same period in 2025/26, in 2024/25, or in 2022/23. The GMC lodged only one appeal in the same period in 2023/24. This has 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. We have raised this increase with the PR team and we are writing to the GMC to enquire about whether they have carried out their own analysis into this increase in number of appeals and what steps they are taking.
- 6.11. We have successfully recruited for the vacant permanent Legal Administrator role, and the individual is due to begin on 2 July. At the time of writing, we have completed

interviews of the Legal Review and Operations Officer 12-month fixed term role, and have made an offer to a successful candidate.

- 6.12. We held a successful Section 29 Conference on 21 May 2026, focusing on sexual misconduct and vulnerable witness, receiving strong positive feedback about the day. We reflected on the conference at the Scrutiny Committee meeting on 11 June




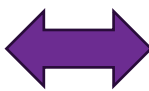

7. Appointments


Since the last update to the Board, we have not provided the Privy Council with advice about any completed process.

- 7.1. We have in this period scrutinised two advance notices from the HCPC. These are its process to identify a candidate to recommend as Chair of its Council and another to find a lay member. We also imminently expect further advance notices from the NMC and GPhC.
- 7.2. Two other processes are set to conclude shortly; the GOsC's plans to find a lay member and the GDC's plans to find a registrant to join its Council.

8. Accredited Registers

- 8.1. At the end of May 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	96% (27/28)	
90% of annual checks within one year	Met	100% (28/28)	
95% of conditions are reviewed within two months of due date	Met	100% (61/61)	
100% of targeted reviews completed within four months:	Met	100% (2/2)	
90% of decisions on new Standard One applications made within four months	Not Met	75% (3/4)	

90% of decisions on full accreditation made in eight months of receipt	Met	100% (1/1)	
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- 8.2. Performance has modestly improved or been maintained since the Board’s last report. The only unmet KPI relates to one complex application that has now reached a conclusion and will be removed from the rolling average in July 2026. From 1 July 2026, we will also be introducing a revised KPI and a pre-application period to reduce the risk of a complex application causing delays to the assessment process.

Accreditation Decisions

- 8.3. 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 lodged an appeal which was heard by an Appeal Panel. The outcome of the appeal was that it was dismissed. We expect that the decision will be published by the time the time of that the Board meets in July 2026.
- 8.4. The application for Trauma Regulation Board (TRB) has been withdrawn by the applicant, and a refund is being arranged.
- 8.5. The Association of Traditional Chinese Medicine (ATCM) application was considered by an Accreditation Panel in March 2026. The Panel adjourned to allow the applicant to provide further evidence against some Standards. We expect the Panel to reconvene before the Board meets in September 2026, by which time an outcome should have been reached.
- 8.6. The application from Domestic Violence Action – Partner Abuse Interventions (DVACT-PAI) has been determined to meet Standard One provisionally and the outcome was published in March 2026.
- 8.7. We have received two further applications for assessment against Standard One from the Society of Health Play Specialists (SOHPS), and Eye Movement Desensitisation and Reprocessing UK (EMDRUK) under the 2023 Edition of the Standards and which will be transferred to the 2026 Edition of the Standards prior to an outcome being reached. We anticipate all further applications to be made against the revised Standards.

9. Standards Review Project – progress update

- 9.1. The Standards Review Project is in its final stages prior to closure and full transfer over to operations following implementation starting from 1 July 2026. On 1 July, communications were dispatched to the regulators and Accredited Registers and all relevant stakeholders to reinforce the effect and importance of the revised Standards.
- 9.2. We are in the final stages of preparing an Easy Read version of the Standards to make them more accessible to the widest range of audiences who may need to engage with them.
- 9.3. Work for closure of the project is focused on ensuring that we will effectively be measuring the impact and effectiveness of the revised Standards so that we are able to undertake planned activities to review and improve the Standards.

Policy, Communications and Engagement

10. Policy

Regulatory reform

- 10.1. The PSA has now submitted its response to the Government's consultation on the draft General Medical Council (GMC) Order which is intended to provide the blueprint for reforms for the NMC and HCPC within this Parliament.
- 10.2. In our response, we are strongly supportive of the overall direction of travel. We welcome the move to update and streamline regulator legislation, giving them greater autonomy to undertake their regulatory duties more effectively and efficiently. While the proposals seek to ensure that the new model achieves the appropriate balance between flexibility and public safety, our response also stresses the need for proportionate public protection safeguards at every stage of the fitness to practise process.
- 10.3. The consultation was subsequently extended by four weeks (new closing date 21 July) to allow organisations additional time to respond to questions related to the Mann Review.
- 10.4. We will continue to work with Government and the regulators as the order is finalised following the outcome of the consultation, and ahead of the planned parliamentary approval process later this year.
- 10.5. The Regulatory Reform Programme Board last met on the 26 June. As of this date, the programme overall remains broadly on track. All workstreams are progressing to schedule in terms of PSA activities, and delivery timelines remain unchanged. However, there remains a high degree of uncertainty on timing of some workstreams, such as the publication of the DHSC's next consultation on strengthening regulation of non-surgical cosmetics, which was not published in June as set out by Minister Smyth.

The Lord Mann Review

- 10.6. The PSA has welcomed the publication on 4 June of the Lord Mann Review into antisemitism and other forms of racism in healthcare. In our public statement, we highlighted the Review as an important step forward in strengthening how the regulatory system tackles these issues, both within fitness to practise processes and across the wider system.
- 10.7. There are a number of recommendations that will require the PSA to lead or coordinate work. We are now working to develop a PSA action plan to respond to the Review's recommendations building on engagement with the regulators and DHSC. We have written to regulator Chief Executives, the response to the review has been discussed at the Chief Executives Steering Group Meeting on 25 June, and will be further discussed at the upcoming Health and Social Care Regulators Forum in July to help support a joined-up, sector-wide response. We will also be using our convening role to bring people together to share learning, explore practical challenges, and identify where collective action could make the biggest difference.

Reviews and investigations

- 10.8. In addition to the Lord Mann Review we have been reviewing and responding to a range of recent reviews and inquiries which have published their final reports over the last month. This includes the Muckamore Abbey Hospital Inquiry, the Nottingham University

Hospitals NHS Trust Review and the Independent National Maternity and Neonatal Investigation.

10.9. The findings of these reviews make for very difficult reading and our sympathies are with all of those who have come to harm, and their loved ones. There are some recurring themes, such as patients and the public not being listened to. We are considering the findings in detail and how we can support the recommendations through our oversight and convening role.

Healthcare Science Right-touch assurance assessment

10.10. As mentioned under ‘Intelligence and Insight’ below, the PSA has now been commissioned by the Scottish Government to undertake a *Right-touch assurance* assessment of the five professional groupings of healthcare science roles. These groupings are:

- Engineering Sciences,
- Health Informatic Sciences,
- Laboratory Sciences,
- Physical and Imaging Sciences, and
- Physiological Sciences.¹

10.11. We will gather and analyse evidence about the level and nature of risk across those groupings, including where current controls appear sufficient, and where there may be unmanaged risks. We will combine that analysis with targeted stakeholder engagement so that our recommendations are practical, sensitive to the context in Scotland, and able to support future workforce development.

10.12. The end result will be an evidence-based set of recommendations which the Scottish Government may use in any discussions with stakeholders and other governments around regulation, and to strengthen assurance where needed. At the time of writing, recruitment for two additional roles to support the Commission, a Policy Advisor and Data Analyst, is nearing conclusion.

Regulating for AI use by health and care professionals

10.13. We have continued to work closely with the MHRA and partners (including CERSI-AI and the University of Birmingham) to support the National Commission on the Regulation of AI in Healthcare. This has included contributing to, and co-delivering, a series of workshops in June focused on professional liability and the use of AI in health and social care.

10.14. The workshops brought together regulators, legal experts, defence bodies, NHS organisations and others to explore areas of uncertainty in relation to accountability, liability and safe adoption of AI technologies. Feedback from participants has been positive, with strong engagement and broad consensus on key issues. In particular, there was clear support for developing a jointly agreed set of high-level AI principles for professional regulators and Accredited Registers, to provide greater clarity and consistency across the system.

10.15. At the Chief Executives Steering Group on 25 June, it was agreed that regulators will work together on high level principles for regulating for AI use. This will be overseen by a Task

¹ The breakdown of roles under each of these groupings can be found in the Redefining report.

and Finish Group, with the PSA providing secretariat. We are also aiming to publish a joint statement with the regulations and MHRA in mid-September, to align with the publication of the Commission's recommendations.

11. Communications and engagement

AR Campaign

- 11.1. The Quality Mark influencer campaign is progressing well, with launch expected in late-July. The campaign will focus on the following areas: counselling and psychotherapy, sonography (pregnancy scans) and non-surgical cosmetics.
- 11.2. The campaign was originally planned for delivery in 2025/26 but due to previously highlighted procurement delays will now be fully delivered in this financial year.
- 11.3. This presents an opportunity for us to align the influencer campaign with other planned Quality Mark campaign activity this year, including public relations, paid Meta and Google advertising, and outdoor advertising using digital banners.
- 11.4. Running these activities in parallel will create a more integrated and visible campaign. By layering activity across several channels, we can reinforce our messages, reach audiences in different settings, and increase the overall impact of the campaign. This approach will help maximise the value of the influencer content and support wider public awareness of the Quality Mark.

Parliamentary engagement

- 11.5. The latest issue of our parliamentary bulletin was distributed on 25 June. It included articles on the GMC Order consultation and Lord Mann Review, the NMC's performance, the Healthcare Science Right-touch assurance for Scotland and our work on preventing and addressing sexual misconduct in health and care. Alongside the bulletin, a post-election briefing on the PSA and its priorities was issued for parliamentarians in Scotland and Wales. Planning continues for parliamentary events in Stormont (6 October TBC) and Westminster (11 November TBC).

Publications

- 11.6. Preparations have been made for the laying of our annual report (English and Welsh versions) before the four UK parliaments. By the time of the meeting, the report should be published.
- 11.7. We have produced a succinct document sharing the insights gained from the sexual misconduct webinar series we ran in 2024/25. We have also curated a [list of other general resources](#) applicable to the prevention and handling of sexual misconduct in health and social care. This was followed by the S29 conference on 21 May for staff working on fitness to practise within the regulators, centred around vulnerable witness support and the impact of trauma on witness evidence, with a particular focus on sexual misconduct. Further publications are planned on this topic.

Website

- 11.8. We have undertaken a post-implementation review of the Website Redevelopment Project with consideration of whether the benefits outlined at the start of the project have

been realised. A paper sharing the findings of that assessment and recommended future actions has been prepared and will be discussed by the Board at this meeting.

12. Intelligence and Insight

Research conference

- 12.1. An update on progress on arrangements for a research conference will be given in the meeting.

Prevention project

- 12.2. A project exploring the role of regulators in preventing harm is being initiated. This will build on the work and insights from the sexual misconduct webinar series and products, looking at prevention across a wider range of unprofessional behaviours. This will also build on previous work by PSA such as that included in Right-touch reform (2017).

Commissioned work

- 12.3. The contract for a commission to provide advice to the Scottish Government has been signed and work is underway. The work will conclude by the end of the financial year.

Right-touch regulation

- 12.4. A number of further resources are being developed to support continuing promotion of right-touch regulation. These include a presentation using the standard slide set, a case study on how right-touch regulation applies to the PSA's own work, and links to the work of other organisations using the right-touch approach.

Corporate Services

13. IT

- 13.1. An assessment against the National Cyber Security Centre (NCSC) Cyber Assessment Framework (CAF) was completed and reported to the Audit and Risk Committee.
- 13.2. The revised Business Continuity Plan was finalised, including incident response procedures and business impact assessments. Testing of the plan has begun.

14. Finance

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

15. People

- 15.1. Ododo Edigbonya joined us on 1 June 2026 as our new Associate Board Member.
- 15.2. Caitlin Gibbons joined us on 2 July 2026 as the new Legal Administrator.
- 15.3. Rebecca Senior-Carroll will be taking up the role of Head of Legal (maternity cover) on 3 August 2026.
- 15.4. Rhys McCarthy left the PSA on 17 June 2026. Following this and another member of staff going on maternity leave, recruitment for two Scrutiny Officers has now concluded (one

permanent contract and one fixed term contract). Successful candidates have been appointed and will be confirmed in due course, subject to paperwork being finalised.

- 15.5. Recruitment for the Scottish Commission recently concluded. This was for two roles, a Data Analyst (3-month fixed-term contract) and a Policy Adviser (9-month fixed-term contract), we have made provisional offers subject to paperwork.
- 15.6. Recruitment for the role of Legal Review and Operations Officer (fixed-term contract) recently concluded. A successful candidate has been appointed, subject to pre-employment checks and paperwork.
- 15.7. Eloise Le Santo (Lawyer) will be leaving the PSA on 10 August 2026. We are in the process of recruiting for their replacement with interviews scheduled to take place on 11 August.

16. Governance

- 16.1. The Internal Audit of Performance Management – Standards is now in the final stages and we are hoping to agree the final report shortly. The payroll internal audit is due to commence on 20 July 2026.
- 16.2. We have completed the annual review of the Governance and Assurance Frameworks, and these are on the agenda for Board consideration.

17. EDI

- 17.1. We previously reported that we had completed the inclusive work culture self-assessment and benchmarking tool from Onvero called TIDE – Talent Inclusion and Diversity Evaluation. After receiving our initial TIDE evaluation report, our TIDE submission was randomly selected for audit. The audit required submitting further evidence and meeting with a TIDE inclusion lead to answer further questions about our EDI approach to developing an inclusive work culture. The TIDE Inclusion Roadmap has 5 stages; Discovery, Strategy, Implement, Embed and Sustain. Our final score, which may change after the audit is completed, is 71% placing PSA at the Embed stage of the roadmap.
- 17.2. We are currently reviewing and updating our EIA (equality impact assessment) toolkit.
- 17.3. Planning has started for our 2025/26 self-assessment against Performance Review (EDI) Standard 3. This is an action in our 2026/27 EDI action plan and asks PSA: “Do we meet our own EDI Standards?” As the previous self-assessments already covered the ‘stretch indicators’ of Standard 3 that regulators are working towards, we will take a light-touch approach, focusing on updating the indicators rated amber or red for 2024/25. Work on updating progress against the indicators starts now, with findings due in October 2026.

Our performance against our KPIs is set out below:

Area of work	Key performance indicators	Performance to date in 2026/27
Section 29 and S40B decisions	Number of cases received [compared with same period last year]	373 [373]
	Number of Cases considered at a s29 case meeting or statutory deadline meeting [compared with same period last year]	6 [6]
	Appeals lodged [compared with same period last year]	3 [4]
	100% of relevant decisions considered within statutory deadline	100% [100%]
Performance Reviews	100% of 2024 performance reviews published within three months of end of review period	90% [9/10] ²
Public concerns about Regulatory bodies	100% of concerns acknowledged within five working days since 1 April 2026	100% [92/92]
Accredited Registers – current processes	90% of Registers have a full assessment within three years of the previous assessment.	96% (27/28)
	90% of decisions about the annual check within one year of the previous assessment.	100% (28/28)
	95% of Conditions are reviewed within two months of when they were due.	100% (61/61)
	100% of targeted reviews are completed within four months of the date initiated.	100% (2/2)

² The NMC KPI has not been met. The report was published on 28 May 2026. In order to meet our KPI, this report would need to have been published by the end of March 2026. The report was delayed in part due to the late publication of the previous year's report and subsequent impact of work to complete this year's review. We are committed to publishing within the KPI next year.

	90% of decisions about new Standard 1 applications are made within four months of receipt.	75% (3/4) 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%	2.31% (961/983)
IT	85% of helpdesk calls to be closed within 1 day	100% (61/61)
	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	1/1 [100%]
	All (100%) Freedom of Information Act requests dealt with within statutory deadlines	7/7 [100%]
Complaints	100% of complaints acknowledged in five days	2/2 [100%]
	Response to all complaints to be completed within 28 days	1/1 [100%] ⁴
Social media (1 April – 31 May)	Total number of followers across our social media channels (compared with same period last year in brackets)	9266 [8050]
	Number of new followers across our social media channels	120 [140]

³ This will be the final period that this KPI is not met because of operational changes to the application process, changes to KPI and the sole application causing the missed KPI will be removed from the rolling average.

⁴ As of end of May, one complaint remained in progress but was acknowledged within five days.

	<p>(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.⁵</p>	717 [421]
Website usage (1 April – 31 May)	<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>76,375 [95, 484]</p> <p>17,702 [28, 744]</p> <p>9229 [14, 297]</p>

⁵ 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.

Annexe A: Project Status Dashboard

Status Date	15/07/2026
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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. On 1 July the Standards came into effect, and we issued further communications to make this milestone. We are moving to project closure, and the Scrutiny Committee will continue to oversee operational readiness.</p> <p>Safeguarding – The Standards Review Project Board accepted the recommendations of the Safeguarding Project Board and the approach to assessment of regulators and registers against the revised Standards is now being implemented. This project will be closed alongside the Standards Review project and no further project updates will be made.</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

Project / Programme	Owner / Lead	Start Date	Baselined End Date	Current End Date	Planned Budget	Current Expend.	Project RAG	Project Status Commentary
								<p>moved back final approval of the Standards from January to February 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. July 2026 – The Standards came into effect on 1 July. Launch was accompanied by stakeholder communications. Work is underway to close the project and no further reports from the development project will be made.
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

Project / Programme	Owner / Lead	Start Date	Baselined End Date	Current End Date	Planned Budget	Current Expend.	Project RAG	Project Status Commentary
								<p>regulators at the June 2025 Policy forum</p> <ul style="list-style-type: none"> 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 (<u>The Rehabilitation of Offenders 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. 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

Project / Programme	Owner / Lead	Start Date	Baselined End Date	Current End Date	Planned Budget	Current Expend.	Project RAG	Project Status Commentary
								<p>assessment against the Standards, in May.</p> <ul style="list-style-type: none"> July 2026 – The Standards Review Project Board accepted the recommendations of the Safeguarding Project Board and the approach to assessment of regulators and registers against the revised Standards is now being implemented. This project will be closed alongside the Standards Review project and no further project updates will be made.

Key Risks	Mitigations
<p>Strengthening safeguarding: If we do not fully understand how the regulators interact with others in the system about criminal records checks and disbarring, there could be negative unintended consequences of any new requirements we introduce.</p>	<ul style="list-style-type: none"> Completed – Internal learning workshops to help understand legal implications of potential changes. Completed – Review of regulators' current arrangements included in project plan. Completed – Further consultation and engagement on any changes before implementation. Completed – Review of impacts to changes to the law in England and Wales and their impacts on regulators, Accredited Registers and Standards and recommendation made to Standards Review Project Board. <p>Risk will be closed alongside project closure</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</p>	<p>New Standards published in March 2026 and came into effect on 1 July 2026</p> <p>Key achievements/progress:</p> <ul style="list-style-type: none"> July-August 2025 – Engagement on draft Standards undertaken with internal teams

mitigated to ensure risks are removed or held at a tolerable level

- **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.
- **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)
- **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
- **1 July 2026** – Implementation date.

Up next

	<ul style="list-style-type: none"> • July 2026 – Implementation and project closure (including transferring any remaining open risks to operational risk registers)
<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 • Response to consultation on draft legislation highlights 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 could in turn impact on the PSA's role, requiring agility.</p>	<ul style="list-style-type: none"> • Regular engagement with DHSC and the regulators to help clarify expectations, and support a collaborative response to recommendations, and reduce risks of impact on wider reform timeframes • Monitoring of external landscape so we make sure we have the relevant info and assess stakeholder responses in a timely way • 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
<p>Capacity management: Multiple workstreams relating to regulators and regulatory reform across multiple regulators are due to come into play during 2027.</p>	<ul style="list-style-type: none"> • Escalated to DRA to consider resource and capacity issues, and work plan for 2027. • Inclusion of resource considerations in business planning for 2027/28.

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 May 2026

Regulatory Activity

- 1.1. This is the first budget forecast of the 2026/27 financial year. At this early stage, the year end forecast for Regulatory Activity is a deficit of £386k compared with the budgeted deficit of £168k. The budgeted deficit reflects the discount applied to the regulators' fee.
- 1.2. The forecast position is primarily driven by higher than budgeted Section 29 legal costs. As reported in the previous financial year, Section 29 direct legal costs were underspent by £151k at year-end. This was partly due to a number of Section 29 hearings taking place later than originally anticipated, resulting in the associated costs now being incurred in 2026/27 rather than 2025/26. The forecast also includes two unsuccessful cases where PSA is liable for both our own legal costs and the costs of the regulator and registrant.

Accredited Registers

- 1.3. The Accredited Registers programme is currently forecast to perform broadly in line with budget, apart from communications costs due to a number of projects. As set out in the sectoral summary (paragraphs 3.1 to 3.3), **approval is being sought** to utilise unrestricted reserves to support planned activity during the year.

Commissions

- 1.4. The DHSC Rapid Policy Commission undertaken in March 2026 generated income of £13k which has been recognised in 2026/27 following completion of the commission and invoicing in May 2026. In addition, we have commenced work on the Scottish Government Healthcare Science Commission. Income associated with this commission is currently expected to be £138k, with associated costs, primarily staff costs, estimated at £106k. These figures are based on current estimates and may change as the commission progresses and actual staff time allocations become clearer.

Recommendations

- 1.5. The Board is asked to note the financial position as at the end of May 2026
- 1.6. The Board is asked to **approve** the use of £35k of unrestricted reserves to fund planned Accredited Registers communications activity during 2026/27, including communications work that supports delivery of the Accredited Registers programme objectives. Details in paragraphs 3.1 to 3.3.

2. Sectoral Summary – Regulatory Activity

2.1. Income and Expenditure breakdown

Income and Expenditure	2025/2026 Actual	2026/2027 Budget	2026/2027 Forecast	2026/2027 Budget vs Forecast
Income				
Fee Income from regulators	5,461	5,603	5,603	0
Operating Income				
S29 cost recoveries	125	221	378	157
Investment interest	139	100	100	0
Conferences income	8	0	8	8
Total income	5,733	5,924	6,089	165
Staff costs	3,796	4,106	4,093	13
Recruitment costs	27	15	15	0
Training and Conferences	73	77	77	0
HR and payroll costs	22	61	61	0
Staff travel	7	10	10	0
Occupancy costs	356	334	356	(22)
Audit costs	67	80	74	6
IT costs	159	223	216	7
Board appointments	3	0	0	0
Board remuneration/expenses	140	154	171	(17)
Depreciation/Capital costs	54	50	54	(4)
Conferences	30	52	51	1
Commissioned Policy advice and research	7	90	90	0
Comms	19	16	16	0
Other policy costs	79	125	125	0
Direct S29 legal costs and case review	506	607	975	(368)
Other costs	95	92	91	1
Total admin costs	1,644	1,986	2,382	(396)
Surplus/(deficit)	293	(168)	(386)	(218)

2.2. £22k overspend in occupancy costs due to an increase in business rates. The rates are reviewed every three years and the final rates liability notified by the City of London was higher than originally assumed in the budget.

- 2.3. £17k overspend in Board remuneration and expenses is due to timing of the invoicing of the Board effectiveness review completed in March 2026.
- 2.4. £368k overspend in Section 29 legal costs is due to the timing of hearings, with a number of cases progressing later than originally anticipated, resulting in higher costs being incurred during this year. The overspend also reflects increased Section 29 activity and includes two cases we lost where we are now liable for our own legal costs and the costs of the regulator and registrant.
- 2.5. £157k favourable variance in Section 29 recoveries due to higher anticipated recoveries based on historical recovery rates and current case activity. The increased recoveries are consistent with the higher level of Section 29 expenditure incurred during the year.

3. Sectoral Summary – Accredited Registers

Income and Expenditure	2025/2026 Actual	2026/2027 Budget	2026/2027 Forecast	2026/2027 Budget vs Forecast
Registers Income	773	798	799	1
Staff costs	466	494	485	9
Comms Costs	13	80	115	(35)
Overheads	193	206	206	0
Other costs	3	11	12	(1)
Surplus/(Deficit)	98	7	(19)	(26)

- 3.1. The Quality Mark campaign is a key element of our work to raise public awareness of Accredited Registers and help people make safer choices when accessing private health and wellbeing services. Having kicked off the campaign with digital marketing activity in 2024/25, the influencer campaign was originally planned for delivery in 2025/26, but due to procurement delays will now be delivered this financial year. Having not spent the funds allocated for this last year (an underspend of £53k), we indicated in the Board’s Finance Report in January 2026 that we would seek to access funds from the Accredited Registers part of unrestricted reserves to cover these costs in this financial year. We are now asking for **approval** to access a portion of these funds to deliver the remainder of the campaign.
- 3.2. Moving the influencer campaign to this financial year presents an opportunity for us to run it at the same time as other campaign activity planned for 2026/27 – public relations activity, a paid Meta and Google advertising campaign and outdoor advertising in the form of digital banners. This layering of communications means we can provide more channels where our campaign content can be seen, reinforcing our messages, increasing our visibility and giving the whole campaign more impact.
- 3.3. The total sum requested from the reserves is £35k to supplement the 2026/27 budget of £79.8k. The amount of unrestricted reserves generated by AR programme surpluses since 2021/22 is £324k; excluding committed budget of £20k for the exploration of the single register search function. Although not formally documented it has been previously agreed that any AR surplus generated to the Unrestricted Reserves would be ringfenced for AR use.

We are, therefore, requesting that the Board **approve** the draw on unrestricted reserves for the campaign.

4. Sectoral Summary – Commissions to Government

Income and Expenditure	2025/2026 Actual	2026/2027 Budget	2026/2027 Forecast	2026/2027 Budget vs Forecast
Income	0	0	151	151
Staff costs	10	0	106	(106)
Other Costs	0	0	0	0
Surplus/(Deficit)	10	0	45	45

- 4.1. We undertook a DHSC Rapid Policy Commission in March 2026. The costs associated with this commission were incurred in 2025/26; however, as the commission was not finalised and invoiced until 2026/27, the related income of £13k has been recognised in 2026/27.
- 4.2. We have been commissioned by the Scottish Government to undertake a Healthcare Science Commission. Income associated with this commission is currently expected to be £138k, with associated costs, primarily staff costs, estimated at £106k. These figures are based on current estimates and may change as the commission progresses and actual time allocations become clearer.

5. Total staff costs

Income and Expenditure	2025/2026 Actual	2026/2027 Budget	2026/2027 Forecast	2026/2027 Budget vs Forecast
Salaries	3,163	3,446	3,389	57
Social Security	407	481	427	54
Pension	597	673	681	(8)
Temp/Agency/Secondments	211**	0	81	(81)
Total staff costs	4,378*	4,600	4,578	22

*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	2026/2027 Budget	2026/2027 Forecast	2026/2027 Budget vs Forecast
Intangible assets	0	0	0	0
IT equipment	16	40	40	0
F&F	1	10	10	0
Total capital costs	17	50	33	0

7. Statement of Financial Position

Income and Expenditure	2025/2026 Actual	2026/2027 Budget	2026/2027 Forecast	2026/2027 Budget vs Forecast
Intangible assets	42	42	42	0
Property, plant & equipment	47	47	47	0
Right of use asset – property lease	320	160	160	0
Total	409	249	249	0
Trade and other receivables	1,724	1,724	1,724	0
Cash and cash equivalents	7,910	9,458	9,259	(199)
Total assets	10,043	11,431	11,232	(199)
Trade and other payables	(6,842)	(8,558)	(8,558)	0
Lease liability	(197)	(197)	(197)	0
Provisions	(102)	(132)	(132)	0
Total	(7,141)	(8,887)	(8,887)	0
Lease liability	(215)	(18)	(18)	0
Net Assets	2,687	2,526	2,327	(199)
Reserves				
Unrestricted	972*	979	998	19
Restricted	1,715	1,547	1,329	(218)
Total Reserves	2,687	2,526	2,327	(199)

*£344k attributable to AR reserves

8. Cashflow

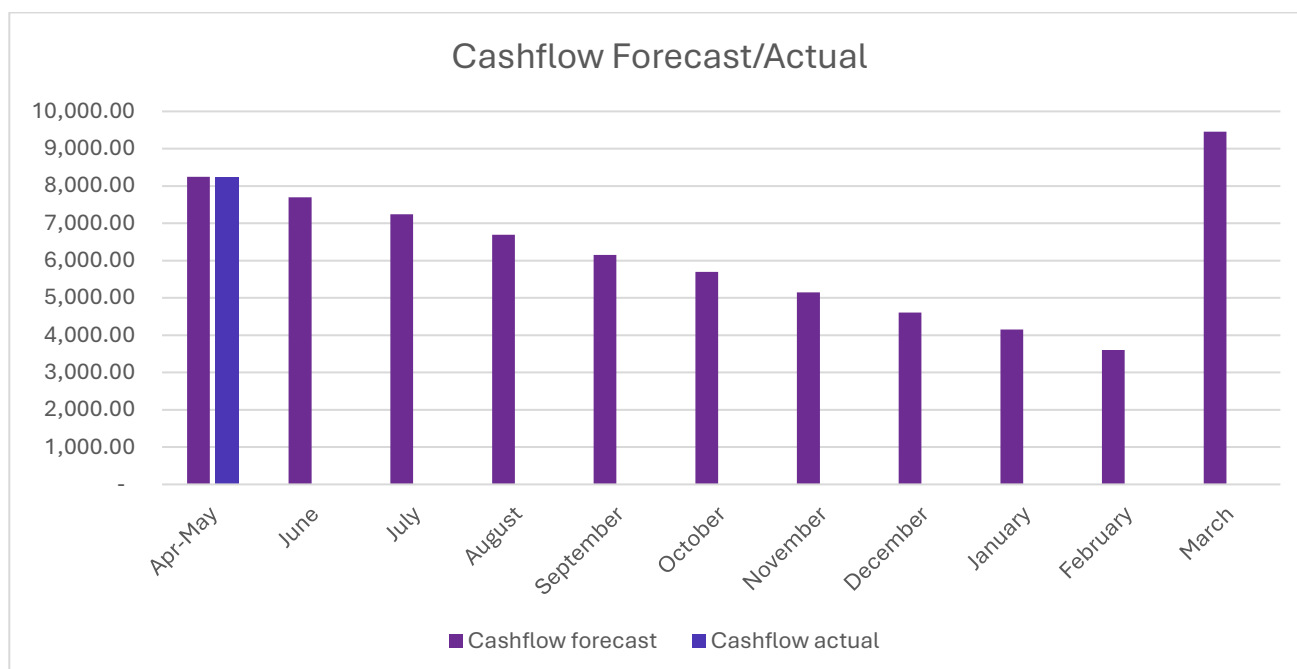
Cash and investments as at 01/04/2026	7,910	7,910
Income	Projected (Full year)	Actual (year to date)
Fees Income	7,030***	1,430*
Accredited Registers	1,080****	1
Interest	100	10
S29	221	60**
Other	0	0
Total Income	8,431	1,501
Outgoings		
Payroll	4,600	726
Other costs	2,283	445
Total Outgoings	6,883	1,171
	31/03/2027	31/03/2027
Cash and investments	9,458	8,240

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

**Partly for the recovery relating to previous year

*** assuming similar fee income for 2027/28, received in March 2027 and £1.4m of fee income not paid as at 31st of March 2026

****£282k fees unpaid as at 31st of March 2026 and assuming similar level of income for 2027/28 received in March



COMMITTEE ALERT, ADVISE, ASSURANCE REPORT TO BOARD

Committee:	Audit and Risk Committee
Meeting Date:	18 June 2026
Chair:	Nick Simkins

KEY ITEMS DISCUSSED AT THE MEETING

TO ALERT (alert the Board to any areas of particular importance or urgency) Escalating urgent, critical, or high-risk matters that need the Board's immediate attention, intervention, or action.

Issue	Committee Update	Assurance Received	Action	Timescale

ADVISE (advise the Board on any areas of on-going monitoring or any new developments that need to be shared with the Board) Summarizing routine agenda items, new areas of ongoing monitoring, or existing projects where new developments have occurred.

Issue	Committee Update	Assurance Received	Action	Timescale
Internal Audit	<p>RSM provided a progress update. Performance Management Standards audit was complete and draft report issued.</p> <p>Payroll is next audit, scheduled for July.</p>	Performance Management Standards audit was given Reasonable Assurance.	Final report to come to next ARC in October	Oct 2026
Risk register	The Committee reviewed the register in its new format	The Committee agreed the new format is a lot clearer and a strong improvement.	<p>Further development needed around definitions eg assurance, control, appetite</p> <p>The further updated risk register is on the Board agenda for review.</p>	
Annual Report and Accounts (ARA)	The Committee reviewed the latest/near final version of the ARA.	<p>The ARA were near final, with only minor amendments outstanding. The Committee was content to approve the draft ARA under its delegated authority for signature by the Accounting Officer (AC).</p> <p style="text-align: center;">40</p>	The Committee will report to the July Board meeting that the accounts have been signed	June 26

ASSURE (assure the Board on any areas of assurance that the Committee has received) Providing evidence-based confirmation that the committee has reviewed an area and is satisfied that risks are being properly managed and controls are operating effectively

Issue	Committee Update	Assurance Received	Action	Timescale
NAO Completion report	<p>NAO presented the Audit Completion report for the 25/26 Annual report and Accounts.</p> <p>Committee confirmed they had approved the accounts for sign off by the Accounting Officer.</p>	<p>The report includes assurances that we are expecting to receive an Unqualified Opinion, no audit adjustments and no management letter points.</p> <p>This provides strong assurance with clean audit findings across key risk areas.</p>	Final completion report will be shared	June 2026
Annual review of Assurance and Information Risk Management (AAIRM)	The Committee reviewed the AAIRM	The report was comprehensive, providing a strong assurance baseline. No significant breaches had been identified throughout the year.	Standard assurance statement will be added to the Annual Report.	June 26
Annual Review of Cyber Security	The Committee reviewed the first ever Cyber Security report based on the National Cyber Security Centre assessment framework.	<p>The framework covered four key areas: Managing risk, protecting against attacks, detecting attacks and minimising the impact of incidents</p> <p>The current position provides a solid level of assurance, though with scope for improvement.</p>	The Conclusion section needs strengthening.	July 26

ARC Annual report to Board	The Committee reviewed the annual report from ARC to the Board	The report includes assurances on governance, risk, and internal controls, stating that these are accurate and demonstrable.	The Committee approved the annual report and agreed to forward it to the Board at the next meeting Attached at Annex A	
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Audit and Risk Committee

15 July 2026



Audit and Risk Committee annual report to the Board

Purpose: For approval

1. Introduction

- 1.1 The purpose of this report is for the Audit and Risk Committee (ARC) to provide assurance to the Accounting Officer and the Board about the effectiveness of the PSA's system of governance, risk management and internal control for the period 1 April 2025 to 31 March 2026.

2. Overall Conclusion

- 2.1 Based on the work undertaken during the year, including consideration of internal audit reports, external audit findings, management assurances, and reports on risk management and governance, the ARC is satisfied that there is an adequate and effective framework of governance, risk management and internal control in place.
- 2.2 While a number of areas for improvement have been identified and are being addressed through agreed management actions, the ARC has received sufficient assurance to conclude that there are no significant unmitigated weaknesses that would prevent the Accounting Officer and Board from relying on these arrangements. Accordingly, the ARC is able to provide reasonable assurance to the Board in support of the Annual Governance Statement.

Governance

- 2.3 The annual review of the Governance and Assurance frameworks are carried out by the Committee in May and submitted to the Board for approval in July. The Committee reviewed and approved the changes at its May 2026 meeting and are recommending the changes be approved by the Board in July.

Risk management

- 2.4 The committee actively considered and challenged the risk register on a regular basis.

Internal Audit Opinion

- 2.5 The Head of Internal Audit in his report for 2025/26 stated that: 'The organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk

management, governance and internal control to ensure that it remains adequate and effective'. This is the second highest assurance level out of four.

External Audit Opinion

- 2.6 PSA received an unqualified opinion from the Comptroller and Auditor General regarding the Annual Report and Accounts for 2025/26.

3. Supporting evidence

- 3.1 There were no whistleblowing or fraud incidents reported to the committee in the 2025/26 year.
- 3.2 The committee continues to regularly review and challenge the risk register prior to it being submitted to the Board for discussion.

4. Internal Audit

- 4.1 RSM were our internal auditors for 2025/26.
- 4.2 The internal audit work this year focused on:
- Policy process
 - Cyber Security
 - Workforce Planning
 - Business Principles.

Policy Process

- This review received Reasonable Assurance. Three medium priority recommendations were made. One was a need to produce a framework providing a process for prioritisation and sign off decisions. The second was organisation-wide and was to define clear thresholds for projects being reported to the Board and the third was to develop a data and intelligence strategy. All recommendations were being worked on at the end of the year.

Cyber Security

- This review received Partial Assurance. One High, two Medium and nine Low priority recommendations were made. The High priority was to develop and maintain a documented timeline for testing the Business Continuity Plan, the mediums were to conduct Business Impact Assessments to identify critical systems and define and document vulnerability remediation timeframes. All recommendations were near complete at the end of by March 2026.

Workforce Planning

- This review received Reasonable Assurance. Five Medium priority recommendations were made and one Low. The Medium priority ones focussed on aligning Business Planning with the new People Strategy including; a skills gap analysis, an organisational review to establish future structure and a new Learning and Development Plan. These are being taken forward as part of year one of the new People Strategy 2026-29.

Business Principles

- The review received Reasonable Assurance and no recommendations were made.

5. Risk management and control

- 5.1 The management of risk is integral to the PSA fulfilling its objectives.
- 5.2 The Executive Leadership Team reviews the strategic risk register monthly. The updated register is considered by the Audit and Risk Committee (ARC) and thereafter by the Board. Risks are added, updated or deleted outside of this process when the need arises.
- 5.3 The most significant risks for 2025/26 continue from the previous year and are related to:
- Fitness to Practise backlogs - that they could compromise regulatory effectiveness and therefore reduce public protection
 - Regulator performance – primarily relating to the NMC and PSNI
 - Public confidence in regulation – which could be undermined as a result of perceived under regulation.
- 5.4 Appropriate steps have been taken to mitigate the respective risks.
- 5.5 The Executive Leadership Team develops and maintains the internal control framework and provides assurance to the Audit and Risk Committee, which in turn provides strategic advice to the Board, where overall responsibility is held that the PSA's arrangements are effective.
- 5.6 The key elements of the system of internal control include:
- Financial procedures detailing financial controls, the responsibilities of and authorities delegated to the Executive Leadership Team
 - Business planning processes setting out the PSA's objectives supported by detailed annual income, expenditure, capital and cash flow budgets
 - Regular reviews of performance along with variance reporting, scenario planning and re-forecasting
 - The assurance framework.

6. Information Security

- 6.1 The committee undertook its annual assessment of information risk management in June 2026 and this fed into the Governance Statement published in the Annual Report and Accounts.

7. Membership

- 7.1 The committee membership is as follows:

- Chair – Nick Simkins
- Members – Geraldine Campbell, Eleanor Marks and Ruth Ajayi.

8. Meetings

8.1 The committee met four times between 1 April 2025 and 31 March 2026.

8.2 Attendance was as follows:

Committee member	Number of meetings attended	Possible
Nick Simkins	4	4
Ruth Ajayi	1	1
Geraldine Campbell	4	4
Eleanor Marks	3	4

9. Acknowledgements

9.1 I am grateful to the Audit and Risk Committee members for their contributions and support during the year.

9.2 I would like to thank the Executive Leadership Team and especially Jane Carey and Melanie Hueser for their support to the committee and myself as Chair.

Nick Simkins
Chair

Audit and Risk Committee

COMMITTEE ALERT, ADVISE, ASSURANCE REPORT TO BOARD

Committee:	Scrutiny Committee
Meeting Date:	11 June 2026
Chair:	Juliet Oliver

KEY ITEMS DISCUSSED AT THE MEETING

TO ALERT (alert the Board to any areas of particular importance or urgency)
Escalating urgent, critical, or high-risk matters that need the Board's immediate attention, intervention, or action.

Issue	Committee Update	Assurance Received	Action	Timescale

ADVISE (advise the Board on any areas of on-going monitoring or any new developments that need to be shared with the Board)
Summarizing routine agenda items, new areas of ongoing monitoring, or existing projects where new developments have occurred.

Issue	Committee Update	Assurance Received	Action	Timescale
Section 29 cost management	The Chair of the Audit and Risk Committee joined for this item. The Committee discussed the processes in place to manage and forecast S29 costs. The Committee noted that S29 costs are inherently unpredictable being related to litigation, but that these are the most variable of any PSA costs provided to the Board.	The Committee outlined that the level of costs charged by panel lawyers appear reasonable for the work involved, and that there are processes in place to manage and forecast these. The Committee received assurance that public protection remains the foremost consideration when determining whether to appeal a case, and that costs and proportionality are factors that are considered. However, the Committee requested that the team consider whether further work could bring greater efficiencies and greater certainty in forecasting.	Executive to consider whether it can further improve cost certainty (e.g. through standardisation, fixed fees), consider enhancements to cost recovery, consider improvements to data collection, and to work on understanding cost drivers across the case lifecycle.	February 2027
Section 29 deep dive – sexual misconduct	The Committee received an overview of key trends and data in relation to sexual misconduct cases seen in	The Committee welcomed the presentation and noted that the wider impacts of the PSA work in this area.	None	N/A

<p>'What next' for the new Standards</p>	<p>S29, the work undertaken by the team, and improvements in case handling seen following PSA intervention.</p> <p>The Committee received a paper outlining the 'what, so what and what next' of the new Standards. In terms of priorities, for AR, this includes improving data capability as a result of the improvements that the revised Standards bring. For PR, this includes becoming more risk-focused and making right-touch-regulation principles more explicit throughout processes. The teams are working on metrics to measure the impact of the new Standards.</p>	<p>The Committee reinforced the need for S29 data to continue to inform performance review work.</p> <p>The Committee emphasised the need for clear communications flagging the difference in outcomes for the profession, public and regulators, around the narrow window of the 1 July implementation date.</p>	<p>Further information to be provided to the Committee in relation to the communications activity planned for the 1 July implementation date.</p>	<p>June 2026</p>
<p>Concerns deep dive</p>	<p>The Committee received an overview of work relating to concerns received about the regulators in 2025/26. A large increase in concerns had been seen. The reasons for this are multifactorial, and include the large number of FtP cases moving</p>	<p>The Committee sought assurance about how the concerns received feed into PR and S29 work. The team outlined that concerns are routinely fed into to PR and S29 teams. While uncommon, concerns can provide further information</p>	<p>None</p>	<p>N/A</p>

<p>Scrutiny Committee Terms of Reference and assurance maps</p>	<p>through the system, along with effects of AI in aiding people to formulate concerns.</p> <p>The Committee reviewed an updated ToR. The ToR had required updating to bring them in line with how the Committee now works, and its more strategic focus.</p> <p>The Committee also reviewed assurance maps that had been produced to sit alongside the governance framework.</p>	<p>on S29 cases that lead to further review.</p> <p>The Committee agreed that the updated ToR better reflected its role in providing assurance to the Board. The Committee required these to be amended to reflect that the Committee’s role was to provide assurance to the Board on the PSA’s statutory oversight functions, which could include work across the organisation (not just the R&A Directorate). The Committee noted that the assurance maps were currently too narrow and lacking a clear picture of how all organisational teams contribute to public protection and assurance.</p>	<p>ToR to be updated to reflect the Committee’s feedback at the meeting, and to be included in the governance framework update for the July Board meeting.</p> <p>Assurance maps to be updated following Committee feedback and brought to the July Board meeting.</p>	<p>July 2026</p>
<p>Regulatory reform – operational impacts</p>	<p>The team highlighted potential and expected operational impacts resulting from regulatory reform. There is currently</p>	<p>The Committee received assurance that the relevant teams are planning for the operational impacts of regulatory reform in a</p>	<p>None, beyond work currently underway to plan for implementation.</p>	<p>Ongoing</p>

	<p>significant uncertainty around this, until we know the outcome of the GMC Order consultation and specifics relating to implementation following this.</p>	<p>proportionate manner given the current uncertainty. This is expected to affect S29 processes and resourcing, as well as PR oversight, given the significant changes at regulators, which inherently may increase risks to performance.</p>		
<p>Section 29 conference reflections and feedback</p>	<p>The team reflected on the S29 conference on sexual misconduct, outlining its successes and areas for improvement that had been identified.</p>	<p>The Committee highlighted the quality of the conference overall, with excellent speakers and strong audience engagement. The Committee discussed areas for improvement, including taking greater opportunity to share learning from and showcase the PSA's S29 work in this area, both to drive compliance and to demonstrate its value and impact.</p>	<p>Team to use Committee feedback to inform future conferences and events.</p> <p>Future s29 conference agenda to be circulated to Committee in draft, at relevant time.</p>	<p>2028 S29 Conference</p>
<p>Section 29 report discussion</p>	<p>The team outlined the plan to move the S29 report from annual to biennial, as briefly mentioned at the May Board meeting. The reasons for</p>	<p>The Committee received assurance that in this non-report year, there will be a S29 publication. This year, it will be on sexual</p>	<p>To include resource considerations in business planning for 2027/28.</p>	<p>September 2027</p>

	<p>moving to a biennial report include being able to show greater impact of S29 work across a two-year period, and the resources required to produce an annual report alongside a conference and other work. The team acknowledged that this should have been brought to the Committee for discussion earlier in the year.</p>	<p>misconduct and will highlight the learning from the s29 work that has fed into the wider workshops and S29 conference. By delivering work in alternate years, we can continue to highlight the impact of S29 work effectively, while engaging with stakeholders on key thematic topics. The Committee noted that it was content for this approach for 2026, but sought assurance in relation to the resources required for this work, which need to be considered for future years.</p>		
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ASSURE (assure the Board on any areas of assurance that the Committee has received)
Providing evidence-based confirmation that the committee has reviewed an area and is satisfied that risks are being properly managed and controls are operating effectively.

Issue	Committee Update	Assurance Received	Action	Timescale
Accredited Registers, appointments, performance review and section 29 updates	The Committee received an overview/summary of updates on each area of the PSA business within its scope.	The Committee noted the updates and progress. The Committee sought assurance on whether the PSA could and should have identified the NMC registration issue through its performance review work. The team outlined that the issue arose due to a control failure, as the NMC's processes were not being followed. The PSA's processes do not operate at the level of granularity that would have been required to detect this issue ourselves. The team's focus is on the effectiveness of controls and processes a regulator has in place to prevent issues such as this arising, and to pick these up and address them if they do arise.	Performance review team overseeing the NMC to monitor the NMC's work to ensure there are no repeat issues. Wider PR team to include consideration of whether similar risks are materialising across regulators through ongoing performance reviews.	Ongoing

Governance and Assurance Frameworks Review

Date: 15 July 2026

Title: Governance and Assurance Frameworks Review

Author: Suzanne Dodds

Responsible Director: Jane Carey

Paper for Approval

Open paper

How does this work contribute to Strategic Aims 1 and 2: The Governance and Assurance Frameworks are key to how we manage and assure ourselves that we are delivering our strategic aims effectively.

1. Issue

- 1.1. The Governance and Assurance Frameworks are reviewed annually by the Audit and Risk Committee (ARC) and then recommended to the Board for approval subject to any requested changes.

2. Recommendations

- 2.1. The Board is asked to:
 - Review and approve both frameworks, subject to any recommendations.

3. Background

- 3.1. The ARC last reviewed both Frameworks in May 2026; these are recommended to Board for approval subject to changes set out below.

4. Analysis

-
- 4.1. No changes were made to the Governance Framework prior to the ARC review in May 2026. Minor changes were made following the ARC meeting, these are;
- Paragraph 2.43 has been updated to clarify remuneration will be paid to Board members for additional duties
 - A section has been added regarding committee (2.53) reporting to the Board setting out a definition of the AAA alerts system used in the reports (Board Effectiveness Review action)
 - Paragraph 3.1 has been updated to confirm that determining risk appetite is a responsibility retained by Board (ARC action)
 - Paragraph 3.48 has been updated to reflect that decisions made in Board workshops or other events should be ratified at the next Board meeting (Board Effectiveness Review action)
 - The ELT and SMT terms of reference have been added to Annex C (Executive action)
 - The Scrutiny Committee terms of reference (ToR) have been reviewed and updated (Scrutiny Committee action)
- 4.2. The Scrutiny Committee ToR have been updated to better reflect the current work of the Committee. The updated ToR move away from the Committee quality assuring operational decisions, positioning the Committee's role as one of strategic scrutiny of the processes, systems and outputs of the PSA's statutory oversight functions. The overall role of the Committee has been defined as providing assurance to the Board in relation to the work of the PSA's statutory oversight functions. The Committee's role and responsibilities sections have been fully redrafted within the ToR.
- 4.3. Minor changes which are listed in the version control section on the Assurance Framework and new actions for 2026/27 were added to the Assurance Framework before the ARC meeting. Further minor changes were made following the ARC meeting these are;
- Paragraph 1.3 has been updated to provide clarification that the Framework is based on general good governance principles rather than the risk register and risks relabelled as principles (ARC action)
 - Addition of the Policy Framework as a mitigating control under principle 2
 - Principle 3 (pt 6) has been updated to include a new mitigation regarding the role of the Scrutiny Committee (Scrutiny Committee Action)
 - Principle 5 has been updated to specifically include business continuity testing as a method of assurance (ARC action)
 - Confirmation has been provided that the risk register will go to every Board meeting as part of the Executive report (Board Assessment action).

5. Finance and Resource

- 5.1. The maintenance, development and use of the Governance and Assurance Frameworks is essential corporate governance and control activity and is funded from existing resources.

6. EDI implications, including Welsh Language Scheme

-
- 6.1. There is no specific EDI or Welsh Language Scheme (WLS) aspect to the frameworks. However, it is noted that there are EDI and WLS aspects to the papers and processes that provide the assurance. The Assurance Framework includes the need for assurance on the PSA's commitments to EDI.

7. Timescale

- 7.1. ARC annually reviews the Governance and Assurance Frameworks in May, and this is brought to the Board in July.

8. Communications

- 8.1. Obligations and responsibilities under this policy will be communicated to those members of staff and Board identified.

9. Internal Stakeholders

- 9.1. All individuals with responsibilities under the Frameworks.

10. External Stakeholders

- 10.1. All those with an interest in the effective and efficient use of Corporate Governance.

11. Annexes List

Annexe A: Governance Framework

Annexe B: Assurance Framework

Annexe C: Assurance maps

Governance Framework v5

1. Introduction

About the Professional Standards Authority

- 1.1 The Professional Standards Authority for Health and Social Care (the PSA) was established on 1 December 2012. Its role and duties are set out in the Health and Social Care Act 2012. In brief, the PSA protects the public by raising standards of regulation and registration of people working in health and care. The PSA is an independent UK body.
- 1.2 We have duties and powers in relation to:
- The oversight of ten statutory bodies that regulate health and social care professionals in the UK
 - The accreditation of the registers held by non-statutory registering bodies of health and care professionals
 - The provision of commissions to, and undertaking investigations for, government
 - The provision of advice to other similar organisations in the UK and overseas.

2. Corporate Governance

The collective responsibility of the Board

- 2.1 The Board is responsible for deciding the PSA's strategic direction, and as such will abide by the following principles:
- Members will operate on the principles of collective responsibility, support and respect
 - Board members are expected to work in a collegiate and supportive fashion with other Board members
 - Members will be provided with all information necessary to ensure rigorous debate and effective decision-making. Members may request any additional information they deem necessary to ensure that the decision-making process is sufficiently well informed and robust
 - Board members are expected at all times to work to assist the corporate aims and objectives of the PSA. If they are unable to support specific aims and objectives, they must make their position clear to the Board whilst accepting that the majority view will prevail
 - Decisions of the Board should be reached by consensus, and a formal vote should be by exception. All Board decisions will be recorded and, if a vote is necessary, the outcome of that vote will be recorded in the Board minutes
 - Board members should act impartially and should not be influenced by social or business relationships. No-one should use their public position to further their private or external interests. Where there is a potential for private interests to be material and relevant to PSA business, the relevant interests should be declared and recorded and entered into a register which is available to the public. When a

conflict of interest is established, the Board member should withdraw from discussions related to that interest

- Board members are expected at all times to acknowledge their role as a member of the PSA's Board in the same corporate and positive style that the Board seeks to promote. They should be mindful when writing or speaking on matters relating to professional health or care regulation that they have an obligation to respect the policy and views of the PSA.

The Board

- 2.2 Schedule 7 of the National Health Service Reform and Health Care Professions Act 2002, as amended by the Health and Social Care Act 2008 and by the Health and Social Care Act 2012, provides directions for the appointment of members to the PSA.
- 2.3 The PSA has a Board comprising seven non-executive members, one associate member and one executive member:
 - The Chair of the Board, the Chair of the Audit and Risk Committee and two non-executive members are appointed by the Privy Council
 - The Devolved Administrations each appoint one non-executive member
 - The Board appoints one executive member, the Chief Executive
 - The Board appoints a Deputy Chair (an existing non-executive Board member)
 - The Board appoints one associate member.
- 2.4 The Chair of the Board and the Chair of the Audit and Risk Committee roles will be advertised as, and appointed to, a specific job description. However, the appointment process is the same for all Privy Council appointments.
- 2.5 Each of the Devolved Administration appointments must live and work in the country of appointment and be able to demonstrate understanding of issues relating to health, regulation and the regulation of health professionals in the country of appointment.
- 2.6 The process for the appointment of the associate member may be determined by the Nominations Committee.
- 2.7 All Board Members must maintain effective communications with their appointing authority, advising them of the ongoing work of the PSA and report to the PSA on their views.
- 2.8 No non-executive members or associate member of our Board may be or ever have been a member of a profession regulated by any of the ten regulators we oversee so that we are independent of the health and social care professions and regulators.
- 2.9 Appointments to the Board will now be made for an initial term of three years (as opposed to four), which can be extended for a second term of three years. The total time served should not exceed six years. The associate member is appointed for two years.
- 2.10 The Chair and non-executive members may resign at any point by giving notice in writing to the Privy Council or Devolved Administration who appointed them.
- 2.11 The associate member may resign at any point by giving notice to the Chair.
- 2.12 The Chair may suspend any member on any of the grounds set out in the Professional Standards Authority (Appointment, Procedure etc.) Regulations 2008 but is unable to

terminate the appointment, this must be referred to the appointing authority.

2.13 The Privy Council or Devolved Administration can take the decision to terminate the appointment with immediate effect for any of the reasons set out in the Regulations.

2.14 It is expected that Board members will serve on at least one Board Committee.

2.15 The Board is the PSA's highest decision-making forum, where significant strategic and operational matters are discussed, and consequential decisions taken.

Corporate responsibility of the Board

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

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

- Sets the overall strategic direction of the PSA within statute and the policy and resources framework
- Ensures that any statutory or administrative requirements for the use of public funds are complied with; that the PSA operates within the limits of its statutory authority, and in accordance with any other conditions relating to the use of public funds
- Ensures that the PSA receives and reviews regular financial information concerning the management of the PSA; is informed in a timely manner about any concerns about the activities of the PSA; and provides positive assurance that appropriate action has been taken on such concerns
- Demonstrates high standards of corporate governance at all times, including establishing an Audit and Risk Committee to help the PSA to address the key financial and other risks facing it
- Appoints the Chief Executive to the PSA and, sets their performance objectives and remuneration terms
- Sets the remuneration terms for any new/vacant ELT positions.

Chair of the Board

2.18 The Chair has leadership responsibility on the following matters:

- Leading the Board in formulating our strategy
- Ensuring that the Board, in reaching decisions, takes proper account of any relevant guidance
- Promoting the efficient, economic, and effective use of resources, including staff
- Encouraging high standards of propriety
- Ensuring that the Board meets at regular intervals throughout the year and that the minutes of meetings accurately record the decisions made and, where appropriate, the discussions of the Board
- Ensuring that the work of the PSA is reported annually to Parliament as required by Statute.

2.19 The Chair will ensure that they maintain regular and close contact with the Chief Executive and other senior staff within the PSA.

Deputy Chair

2.20 The Board may appoint one of the Board members as Deputy Chair. The role of the

Deputy Chair will be to support the Chair in their role and to lead the non-executive directors in their oversight of the Chair. The Deputy Chair will deputise for the Chair if they are unavailable; will lead the non-executive directors in their annual performance evaluation of the Chair and ensure this is shared with HR; and be a focus point for any Board members who have a concern about the Chair.

Chief Executive and Accounting Officer

- 2.21 The Board appoints the Chief Executive as Accounting Officer. The Accounting Officer's role includes responsibility for the propriety and regularity of the public finances for which they are answerable and for the keeping of proper records. Although we are not a Non-Departmental Public Body the Accounting Officer observes the requirements set out in the Non-Departmental Public Bodies' Accounting Officers' Memorandum issued by HM Treasury and published in 'Managing Public Money'.
- 2.22 The Chief Executive is an employee of the PSA. The Chief Executive's principal functions, duties and powers are:
- To ensure the PSA fulfils its statutory duties
 - To prepare and issue standards of good regulation
 - To arrange for the publication of policy advice and guidance
 - To send to Parliament an annual report on the performance of the regulators we oversee
 - To keep proper accounts and proper records in relation to the accounts, to prepare a statement of accounts in respect of each financial year, and to send a copy of the annual accounts to the Comptroller and Auditor General and for these to be prepared in accordance with UK generally accepted accounting principles and government accounting
 - To operate and manage the PSA in accordance with the strategy set by the Board
 - To provide leadership to the PSA's staff, ensuring that an appropriate skill mix is in place and that resources are employed appropriately as well as ensuring that HR policies are in place and applied correctly
 - The Chief Executive has responsibility for providing effective leadership on all matters relating to statutory and administrative duties. This includes the implementation of the corporate strategy, leading on all operational matters, promoting the efficient and effective use of staff and other resources, encouraging high standards of propriety and representing the PSA in public.
- 2.23 Where the Board proposes to take forward initiatives or plans which, in the Accounting Officer's view, conflict with these standards, they should ensure the Chair and the Board are clearly aware of this. In circumstances where, after further consideration, the Chair or Board decides to pursue a course inconsistent or in conflict with the standards described above, then the Accounting Officer should make his or her reservations clear in writing. If the Board still wishes to proceed, the Accounting Officer should then:
- Seek a written direction from the Board to carry out the proposal
 - Proceed to implement without delay
 - Copy the relevant papers to the Comptroller and Auditor General (C&AG) and the Treasury Office of Accounts (TOA) promptly. The C&AG will normally draw the matter to the attention of the Public Account Committee (PAC), who will attach no blame to the Accounting Officer

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- As a matter of courtesy, notify the Privy Council that HM Treasury will be notified
 - Arrange for the existence of the direction to be published, no later than in the next annual report and accounts, unless, for sound public interest or commercial reasons, the matter should be kept confidential.

Executive team

2.24 The PSA has an executive team, covering our three key areas of work: Corporate Services; Regulation and Accreditation; and Policy and Communications.

The Secretariat

2.25 The Executive Assistant to the Chief Executive, Chair and Board is responsible for managing all arrangements for Board and Committee meetings; to include scheduling, coordinating and distributing of all papers and booking venues and catering.

2.26 This includes attendance at all Board and Committee meetings and responsibility for confirmation of agendas and minute-taking.

2.27 The Executive Assistant will maintain a Register of Interests for Board members.

2.28 The Corporate Services team will provide:

- Impartial information, advice and support on corporate governance including Board procedures such as appointments
- Facilitate induction, training and professional development for Board members
- Will provide back up support and effective cover for the Executive Assistant where required.

Executive attendance at Board meetings

2.29 Directors will normally be expected to attend Board meetings. Other members of staff may be requested to attend meetings to support the consideration of specific items of business. The Board reserves the right to ask non-Board members to withdraw for certain items of business although this will be by exception.

Committees and Sub – Committees of the Board

2.30 The Audit and Risk Committee (ARC) is a statutory committee of the Board, and the ARC Chair is appointed by the Privy Council specifically to this role. The Chair of the Audit and Risk Committee is appointed for an initial term of three years, which can be extended for a second term of three years. The total time served should not exceed six years.

2.31 The Board may establish other Committees to support its work, either on a permanent basis or for a limited time to undertake a specific piece of work.

2.32 Board committees should normally consist of three Board members, one of which will be nominated as the Chair of the Committee. The Chair of the Board will be responsible for identifying Committee members and for nominating the Chair and this will be agreed by the Board.

2.33 The terms of reference for a Committee will initially be agreed by the Board, with reviews being undertaken annually by the Committee and approved by the Board. The Board may establish sub committees either permanently or on a time-limited basis, for example to undertake a specific review. Only the Board may wind up a sub-committee.

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- 2.34 Any Committee or Sub-Committee established will report back regularly on its work to the Board.
- 2.35 Additionally, each Committee will carry out an annual review of its effectiveness and report this to the Board.
- 2.36 Membership of Sub-Committees must include at least one member of the Board
- 2.37 Appointments to Board Committees will typically be for a period of up to three years. Appointments are renewable where appropriate. The Chair of the Board may change committee membership.
- 2.38 The Board may delegate any of its functions to the Chair, another Board Member, a Committee or Sub-Committee.
- 2.39 If the Chair is not a member of a Committee or Sub-Committee, they have the right of attendance at any meeting of that Committee or Sub-Committee in an observatory capacity. The Chair will not be entitled to vote on any matter before that Committee or Sub-Committee unless they are a member.
- 2.40 Chairs of Board Committees and Sub-Committees may meet as a group to discuss matters of mutual interest. If such a meeting is required a request should be made to the Executive Assistant who will make arrangements. The Chair will also be invited.
- 2.41 The Board must at least once in any three-year period review its committee structure and the scope of each Committee's activities.
- 2.42 The Board has delegated specific duties to Committees which consequently report back to the Board. All Committees are advisory, although in certain circumstances the Board may delegate decisions to them.

Additional duties

- 2.43 If Board members are asked to do additional work by the executive, such as sitting on an Accredited Registers appeal panel, they will be remunerated at a rate of £300 per day, which is the approximate day rate for a Board member who does not have additional responsibilities.

Audit and Risk Committee

- 2.44 The Board has an Audit and Risk Committee to support it in its responsibilities for risk control and governance. The Committee reviews the comprehensiveness of assurances in meeting the Board and Accounting Officer's assurance needs and reviewing the reliability and integrity of these assurances.
- 2.45 The minutes of the Committee's meetings are reported to Board members. A summary of each meeting is presented to the next available Board meeting including the Committee's opinion on any significant changes to the risk register.
- 2.46 The Committee reviews its work programme annually and reports any changes that it proposes to the Board. Each year, it formally reports to the Board on:
- Its work during the previous financial year
 - The assessment of information governance arrangements
 - The internal audit reports submitted to it
 - The views and opinions of the auditors.

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- 2.47 The Committee sets its own work programme for the coming year and this influences the work programme set by the internal auditors.
- 2.48 Typically, the Board delegates final approval of the Annual Report and Accounts to this Committee.

Scrutiny Committee

- 2.49 The Scrutiny Committee receives reports on the operation of our scrutiny and oversight of the 10 health and care professional regulatory bodies and oversees quality assurance of Section 29 decisions and the accredited registers programme and the performance reviews of the regulators.

Nominations Committee

- 2.50 The Nominations Committee ensures that the PSA has appropriate Board membership. Meetings will be held as the need arises.

Business Plan Review Sub-Committee

- 2.51 The Business Plan Review Sub-Committee ensures that the budget aspects of the business plan, including staff and Board remuneration are discussed and recommendations made to the Board. Two meetings will be held annually.

Committee Reporting

- 2.52 Following each committee meeting the committee will prepare a report for Board to go to the next available Board meeting.
- 2.53 The reports will follow the Alert, Advise, and Assure (AAA) framework is a standardised method for escalating issues and keeping the Board informed.
- 2.54 The definitions for each term are distinct:

Alert (Action Required)

- 2.55 **Definition:** Escalating urgent, critical, or high-risk matters that need the Board's immediate attention, intervention, or action.

Advise (Information & Developments)

- 2.56 **Definition:** Summarising routine agenda items, new areas of ongoing monitoring, or existing projects where new developments have occurred.

Assure (Evidence & Confidence)

- 2.57 **Definition:** Providing evidence-based confirmation that the committee has reviewed an area and is satisfied that risks are being properly managed and controls are operating effectively.

3. Scheme of delegation

Responsibilities retained by the Board

- 3.1 The Board retain strategic accountability and responsibility for the PSA, and in particular:
- Approval of significant policy and other publications
 - Setting the PSA's strategic direction, objectives and business principles and ensuring that these are delivered

- Approval of the PSA's Stakeholder Engagement and Communications strategies.
- Matters of strategic importance that require public consultation and decisions arising from that consultation.
- PSA's strategic oversight approach
- Approval of the annual budget and any material changes to it
- Ensuring PSA operates within its statutory framework
- Setting and monitoring PSA's reserves policy and approving spend from reserves
- Approval of PSA's financial delegations, as set out in annex D
- Approval of the annual report and accounts to Parliament, although this will normally be delegated to the Audit and Risk Committee
- Approval of PSA's response to any significant external consultation of strategic importance
- Approval of any delegation in accordance with the Governance Framework and the variation or rescinding of any such delegation
- Appointing and removing the Chief Executive
- Appointing and removing the Accounting Officer
- Matters relating to Board and Committee membership in line with the terms of reference of the Nominations Committee
- Approval of major changes to PSA's structure
- Determining the reward strategy for PSA's staff and Board Members usually delegated to the Business Plan Sub Committee
- Ensuring that PSA has an effective risk management and internal control framework, usually delegated to the Audit and Risk Committee
- Determining the PSA's risk appetite
- Oversee Health and Safety policies
- Oversight of the capability/capacity of PSA to meet its statutory objectives
- Approval of any memorandum of understanding or formal agreements of strategic importance that PSA may enter into with a third party
- Review performance against the corporate strategy, objectives and budget and ensuring any corrective action is taken
- Approval of terms of reference of Board Committees
- Undertaking regular reviews of the performance of the Board and Board Committees
- Approval and review of the Governance Framework other than technical changes which may be signed off by the Chair
- Approval and review of this schedule of matters reserved for Board decision
- Anything that is by law reserved to the Board.

Delegated to the Chief Executive

3.2 The Board delegate to the Chief Executive all day to day operations of the PSA, within the agreed budget and business plan for that year, including (but not limited to):

- Approval of all policies setting out the operations of the three directorates, in discussion with the Executive Leadership Team
- Expenditure authority for matters within the agreed budget
- Overall budget responsibility
- Accounting Officer role.

Removal of the Chair

3.3 The Board may take the decision to suspend the Chair, subject to a vote, for one of the following reasons:

- The Board has reasonable grounds for suspecting that the Chair no longer lives or works wholly or mainly in the United Kingdom
- The Board has reasonable grounds for suspecting that the Chair is subject to any investigation or proceedings in the United Kingdom relating to a criminal offence, or in any other part of the world relating to an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence and, in the Board's opinion it would not be appropriate for the Chair to continue to participate in proceedings of the Board while the investigation or proceedings is or are ongoing
- The Board has reasonable grounds for suspecting that the Chair is subject to any investigation or proceedings concerning the Chair's professional conduct by any licensing body and, in the Board's opinion it would not be appropriate for the Chair to continue to participate in proceedings of the Board while the investigation or proceedings is or are ongoing.

3.4 The Privy Council may remove the Chair from office if:

- The Chair ceases to live or work wholly or mainly in the United Kingdom
- The Chair fails to attend any meeting of the Board for a period of three consecutive months without the consent of the Board unless the Privy Council is satisfied that—
 - (i) the absence was due to a reasonable cause
 - (ii) the person in question will be able to attend meetings of the Board within such period as the Privy Council considers reasonable.
- The Privy Council is satisfied that the Chair is no longer able to perform the duties of the Chair because of adverse physical or mental health; or
- The Privy Council is satisfied that the Chair's continued membership of the Board would be liable to undermine public confidence in the Board's ability to exercise its functions.

Code of Conduct

3.5 Board Members will comply with the Code of Conduct for Members of the Board as set out at Annex B.

Reviewing the Board's performance

3.6 The Board will review its own performance and that of its Committees regularly.

3.7 The Chair will review the performance of all Board members regularly. The Chair's performance will be reviewed annually by an appropriate process led by the Deputy Chair, including 360-degree feedback.

Review of the Governance Framework

3.8 This Governance Framework will be reviewed as and when required by the Board, but at least once every 12 months. All proposed changes and the relevant rationale will be brought to the Board for approval.

Annexe A – Rules of procedure for meetings of the Board

Frequency of meetings

- 3.9 The Board will meet at least four times in each financial year. The period between any two consecutive meetings of the Board shall be no greater than four months.
- 3.10 An emergency meeting of the Board may be called by the Chair or the Chief Executive where in their opinion an urgent matter has arisen or following receipt of a written request to the Executive Assistant, signed by at least two Board members, setting out the reason a special meeting is required.
- 3.11 The Board will hold development and strategy events at least once a year. The purpose of such events will be to provide an opportunity to reflect more thoroughly on strategy and key issues and also to develop its working practices.

Location of Board meetings

- 3.12 Physical Board meetings will usually be held in either London or in one of the Devolved Administrations. Board members will be expected to attend in person except with prior agreement by the Chair.

Notice of meetings

- 3.13 Board meetings will normally be called well in advance and, in any event, with a minimum of five clear working days' notice. A Board meeting may exceptionally be called at less than five clear working days' notice. Notice of a Board meeting will be given to Board members in writing (including by email). Failure to receive notice of a Board meeting will not invalidate that Board meeting or any business transacted at it.
- 3.14 By the end of each calendar year, the Executive Assistant will propose, for the Board's approval, a schedule of meetings of the Board and any Committees currently established for the financial year commencing the following April.

Agenda and papers

- 3.15 The agenda and papers for Board meetings will normally be circulated at least five clear working days in advance of the meeting.
- 3.16 The papers for each meeting will include:
- An agenda drawn up by the Executive Assistant in consultation with the Chair and Chief Executive which shall indicate the matters to be discussed at the meeting
 - Any other supporting documents and information relevant to the matters to be discussed as the Chair or Chief Executive feel are appropriate.
- 3.17 Non-receipt of papers by individual Board members does not invalidate a Board meeting or any business transacted at that meeting.
- 3.18 Where a meeting of the Board is called at short notice the Executive Assistant will distribute notice of the meeting and the papers relating to the business to be transacted at the earliest practical opportunity. Papers may be distributed by email.
- 3.19 With the permission of the Chair, papers may exceptionally be tabled at a Board meeting or circulated after the agenda.

Executive attendance at meetings

- 3.20 Members of the Executive will normally attend meetings of the Board. On occasion non-board members may be asked to withdraw from the meeting for specific items of business. Other members of staff may be requested to attend meetings of the Board to support the consideration of specific items of business.

Other attendees at meetings

- 3.21 The Board may invite other individuals to attend meetings of the Board, for example the Board may wish to hear a particular Stakeholder's point of view on a matter. The invitation may be for the entire meeting or for a specific item(s); the invitee is not obliged to attend. Any individual attending a Board meeting in this capacity will not be entitled to vote and may be asked to withdraw from the meeting at any point.

Quorum

- 3.22 Any decision made by a properly constituted Board satisfying the requirements of these procedure rules shall be deemed to be a decision made by the Board.
- 3.23 In order to ensure that there has been proper input to, and scrutiny of, decisions it is necessary to have a quorum for meetings of the Board. The quorum for meetings of the Board shall be four Board members.
- 3.24 If a Board member cannot participate in a discussion and/or voting on any matter as a result of a declaration of interest they will not count in the quorum for that item.
- 3.25 If a quorum is not available for the discussion of any matter(s) this will be recorded in the minutes and the decision made will be ratified at the next quorate meeting of the Board.
- 3.26 If a Board meeting becomes inquorate during the course of the meeting any decisions made will be ratified at the next quorate meeting of the Board. If those members present at an inquorate meeting determine that a decision that falls to be taken by that meeting is of such significance that the decision should be taken by a quorum, that decision may be taken under the deferred decision provision.
- 3.27 All or any of the Board members may, participate in a Board meeting by video conference, telephone or any communication technique that allows all persons participating in the meeting to participate effectively. Board members participating in this manner will be deemed to be present at the meeting and shall be entitled to make decisions and to vote and be counted in the quorum.
- 3.28 Written comments on agenda items submitted by a Board member who is absent may be circulated to those Board members that are present and read out at an appropriate point in the meeting. This provision does not apply to members who are not permitted to participate in a matter as a result of the declaration of a conflict of interest.

Chair

- 3.29 If present, the Chair will preside over all Board meetings.
- 3.30 In the absence of the Chair, whether this be temporarily on the grounds of a declared conflict of interest or otherwise, the Board will appoint the Deputy Chair to Chair the meeting.
- 3.31 It is the responsibility of the Chair or member presiding at the meeting to:

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- Ensure that adequate views are sought in order to make informed decisions
 - Determine whether a vote is required and how it is carried out
 - Adjourn the meeting, if necessary, for whatever period of time they believe is appropriate.

Conflict of interest

3.32 All Board members must comply with the procedure for conflicts of interest set out in the Code of Conduct at Annex B to the Governance Framework.

Order of business

3.33 The normal order of business at every meeting of the Board will be:

- To receive any apologies for absence
- To consider any declarations of interest
- To receive, modify (if necessary) and approve as a true and accurate record the minutes of the previous Board meeting; once approved the minutes will be signed by the Chair
- To deal with any matters arising from the minutes of the previous Board meeting in the order in which they appear
- To receive a report on any urgent decisions taken between meetings
- To consider such business as is set out on the agenda for the meeting
- To receive reports and recommendations from any Committee or Sub-Committee of the Board
- To consider if the public Board papers may be published
- To consider, at the discretion of the Chair, any items of other business
- Any matters presented to the Board for information only.

3.34 The order of business may be varied by agreement of the Board at the Chair's discretion.

Voting

3.35 Decisions of the Board will normally be made by consensus rather than by formal vote. Failing consensus, decisions will be made by a vote when:

- The Chair (or in the Chair's absence the member acting in that capacity) feels that there is a body of opinion amongst Board members at the meeting that disagrees with a proposal or has expressed reservations about it and no clear consensus has emerged
- A Board member who is present requests that a vote be taken and this is supported by at least one other Board member
- The Chair feels that a vote is appropriate.

3.36 If a vote is taken, the number voting for, against and any abstentions shall be recorded in the minutes. The Chair will cast his/her vote at the same time as the Board. Voting shall normally take place by a show of hands or such other means of assent or dissent as the Chair deems appropriate.

3.37 In the event of an equality of votes, the Chair shall have a second and casting vote. The decision will be carried by a simple majority. The Chair's ruling as to the outcome of such a vote shall be final.

Deferral of decision

- 3.38 Any Board member may propose to defer a decision on an agenda item in order that the Board can be provided with additional information to support the taking of that decision, or for any other reason. If this is agreed, the decision to defer the taking of the decision, together with the reason for doing so, will be recorded in the minutes of the meeting together with a proposed timescale for returning the matter to the Board for consideration.
- 3.39 A deferred decision may be taken through postal or email correspondence outside of the Board meeting, where this is agreed in the meeting.
- 3.40 All deferred decisions taken between Board meetings will be reported on and reflected in the minutes of the Board meeting subsequent to the decision being taken.

Urgency

- 3.41 During the course of business, matters may arise between scheduled Board meetings that require urgent Board approval or discussion and cannot be postponed until the next convened Board meeting. Where decisions that would ordinarily be taken at Board meetings have to be made on an urgent basis they may be taken by the Chair, in consultation with the Chief Executive. A decision taken under this provision will be reported at the next Board meeting together with an explanation of the reasons for urgency. The decision will be recorded in the minutes of the Board meeting to which it is reported.
- 3.42 If the Chair and the Chief Executive consider the urgent decision to be of a significant nature they will request the Executive Assistant to arrange for the matter to be decided or discussed via electronic business or at an emergency Board meeting. The Executive Assistant will be instructed to convene such a meeting.
- 3.43 In the case of a decision made by electronic business, in order for a recommendation to be approved:
- A response must be received from at least four Board members appointed at that time
 - A majority of the responses received must be in favour of the recommendation.

Governance and records

- 3.44 Any point of order alleging a breach of these procedure rules shall be heard immediately. The Chair's ruling on the point of order shall be final.
- 3.45 The Executive Assistant or their representative will be present at meetings of the Board and any meetings of a Committee or Sub-Committee of the Board to record any decisions made. If the Executive Assistant or their representative is not present no decision will be deemed to have been taken. The Chief Executive and/or the Chair will agree any representative of the Executive Assistant. This will normally be a member of the Corporate Services team.
- 3.46 The Executive Assistant shall be responsible for ensuring that the minutes of the meeting, including a record of any resolution passed by the Board and any Committee or Sub-Committee are retained. The Chair (or in the Chair's absence the Board member acting in this capacity) will be asked to agree the minutes before they are presented to the Board for approval at the next Board meeting; once approved the

minutes will be signed by the Chair.

- 3.47 Once approved by the Board the open minutes will be published on the website. Open papers will be published on the PSA website before the Board meeting at which they will be considered, and are shared with observers. Board papers will be deleted before the next meeting when the next set are uploaded. The agenda for the private meeting will be scheduled together with the open papers, including an explanation for each item discussed in private.
- 3.48 Any proposed decisions made at Board workshops held outside of formal Board meetings must be ratified at the next Board meeting.

Reserved matters

- 3.49 Those matters set out at in paragraph 3.1 of the Governance Framework are reserved to the Board for decision. This does not preclude other matters being referred to the Board for decision.
- 3.50 Where it is a matter of judgement as to whether a matter is reserved to the Board or not, the Chair in consultation with the Chief Executive will determine whether the matter is reserved to the Board and should be referred to the Board.

Decisions by correspondence

- 3.51 The Executive Assistant will manage the process for decisions by correspondence set out below:
- Papers will be produced for all items related to decisions by correspondence clearly setting out the recommendations to the Board and options considered together with any supporting analysis necessary
 - The Executive Assistant will agree with the report author and the Chair a timeline for a decision to be taken. This will include sufficient time for the Board to read the report, seek clarification on the issues raised and to confirm their decision on the recommendations in the report
 - The Executive Assistant will circulate the report to the Board electronically and set out the timeline above. Questions or points of clarification should be directed to the Executive Assistant who will arrange for a response to be drafted and circulated to all Board members in line with the agreed timeline
 - Board members should confirm their decision on the recommendations in the report by the deadline indicated in the timeline. Once this deadline has passed the Executive Assistant will confirm to the Board and report the decision of the Board.
- 3.52 In order for a recommendation to be approved:
- A response must be received from at least four Board Members appointed at that time
 - A majority of the responses received must be in favour of the recommendation.

Annexe B - Code of Conduct for Board members

Behaviours when acting as a member of the PSA's Board

- 3.53 When working as members of the Board, members are expected at all times to work to assist the corporate aims and objectives of PSA. If they are unable to support specific aims and objectives, they must make their position clear to the Board whilst accepting

that the majority view will prevail.

- 3.54 Board members should act impartially and should not be influenced by social or business relationships. No-one should use their public position to further their public interests. Where there is a potential for private interests to be material and relevant to Authority business, the relevant interests should be declared and recorded, and entered into a register which is available to the public.
- 3.55 Board members must inform the Executive Assistant and Chair of any changes to these commitments. They must ensure that no conflict arises, or could be reasonably perceived to arise, between public duties for PSA and private interests – financial or otherwise. When a conflict of interest is established, the member should withdraw and play no part in the relevant discussion or decision.
- 3.56 Board members are expected to work in a collegiate and supportive fashion with other Board members. If they have concerns about the behaviour or approach of Board members, the Board member should act as follows:
- In the first instance discuss their concerns with the individual concerned and resolve them if possible
 - If this is not possible, they should raise their concern with the Chair who will discuss it with the Deputy Chair.
 - The Chair will then decide what approach to take. Options will include:
 - Meeting with the individuals concerned (separately and/or jointly)
 - The appointment of a fellow Board member to look into the matters raised as a ‘neutral’ third party
 - Or a more formal inquiry if appropriate.
- 3.57 Should the Chair feel that problems of conduct remain even after these steps have been taken, then he/she should seek the advice of the relevant Privy Council or Devolved Administration representative.
- In the event of concerns from a Board member about the conduct of the Chair of the Board, then the same principles should apply as in this section. In the event that the Board member feels that their concerns cannot be resolved, then they should seek the advice of the Deputy Chair, who will meet with the Board to discuss. If further advice is required this may be sought from the Chief Executive or Privy Council. Where a concern is raised about the Deputy Chair, then the Chair would discuss this with the Audit and Risk Committee Chair.

Relations with staff

- 3.58 Relations with staff require a certain formality. Board members and staff will and need to work together on aspects of PSA’s work and need to have confidence in each other.
- 3.59 If a Board member has concerns about the conduct of a member of staff, they should raise the matter with the Chief Executive. If they have concerns about the conduct of the Chief Executive, they should raise the matter with the Chair. Staff and Board members should avoid making critical comments about each other to third parties.

Behaviours when acting in other capacities

- 3.60 These are defined as behaviours relating to PSA but exhibited during the other non-PSA

responsibilities/offices held by each Board member.

- 3.61 Board members are expected at all times to acknowledge their role as a member of PSA's Board in the same corporate and positive style that the Board seeks to promote. They should be mindful when writing or speaking on matters relating to professional health or care regulation that they have an obligation to present the policy and views of PSA, but may nevertheless be perceived as doing so, they should make it clear in what capacity they are acting and that any views that they express are not those of PSA.
- 3.62 Should a member of the Board feel that a fellow member of the Board is not acting as outlined above, they should proceed as outlined above.

Gifts and hospitality

- 3.63 Board members should avoid accepting any personal gift in the course of business.
- 3.64 If Board members consider that it is appropriate to accept a corporate gift you should declare this in the gift and hospitality register, which is circulated by PSA's Finance team every quarter.
- 3.65 If Board members are unsure about whether it is appropriate to accept a corporate gift, then they should discuss this with the Chair or Chief Executive.
- 3.66 For the avoidance of doubt, this includes corporate hospitality, i.e. invitations to football, cricket matches, etc. However, reasonable hospitality such as drinks, parties and business lunches would not normally be excluded. Where there is any doubt regarding what is acceptable they should discuss this with the Chair or Chief Executive.
- 3.67 It is an offence under the Bribery Act 2010 to request, agree to receive, or accept a bribe; it is also an offence to offer, promise or give a bribe.

The seven principles of public life

Selflessness

Holders of public office should act solely in terms of the public interest.

Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

Openness

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

Honesty

Holders of public office should be truthful.

Leadership

Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

Six principles of good governance

1. **Good governance means focusing on the organisation's purpose and on outcomes for the public:**
 - Being clear about the organisation's purpose and its intended outcomes for the public
 - Making sure that stakeholder receive a high-quality service
 - Making sure that PSA provides value for money.
2. **Good governance means performing efficiently in clearly defined functions and roles:**
 - Being clear about the functions of the Board
 - Being clear about the responsibilities of non-executives and the Executive, and making sure those responsibilities are carried out
 - Being clear about relationships between Board members and the public.
3. **Good governance means promoting values for the whole organisation and demonstrating the values of good governance through behaviour:**
 - Putting organisational values into practice
 - Individual Board members behaving in ways that uphold and exemplify good governance.
4. **Good governance means taking informed, transparent decisions and managing risk:**
 - Being rigorous and transparent about how decisions are taken
 - Having and using good-quality information, advice and support
 - Making sure that an effective risk management system is in operation.
5. **Good governance means developing the capacity and capability of the governing body to be effective:**
 - Making sure that Board members have the skills, knowledge and experience they need to perform well
 - Developing the capability of people with governance responsibilities and evaluating their performance, as individuals and as a group

-
- Striking a balance, in the membership of the Board, between continuity and renewal.
- 6. Good governance means engaging stakeholders and making accountability real:**
- Understanding formal and informal accountability relationships
 - Taking an active and planned approach to dialogue with an accountability to the public
 - Taking an active and planned approach to responsibility to staff
 - Engaging effectively with institutional stakeholders.

Annexe C – Committee and Executive Terms of Reference

Audit and Risk Committee Terms of Reference

1. Role

The PSA has established an Audit and Risk Committee as a Committee of PSA's Board to support them in their responsibilities of risk control and governance by reviewing the comprehensiveness of assurances in meeting PSA's and Accounting Officer's assurance needs and reviewing the reliability and integrity of these assurances.

2. Membership

Membership of the Audit and Risk Committee will consist of three non-executive members of PSA's Board, none of whom may be the Chair of PSA.

The Chair of the Committee is appointed by the Privy Council for a designated term of office.

The Chair of the Board will be responsible for identifying the other Committee members and for what term and this will be agreed by the Board.

3. Reporting

The Audit and Risk Committee will formally report in writing to the Board after each meeting through provision of the approved minutes.

Each Board meeting agenda will include an opportunity for the Audit and Risk Committee Chair to raise any necessary matters with the Board.

The Committee will also annually review its own effectiveness and report the results of that review to the Board.

The Audit and Risk Committee will provide the Board with an Annual Report, summarising the main areas of work undertaken by the Committee during the previous year, and timed to support finalisation of the accounts and the Governance Statement.

4. Responsibilities

The Audit and Risk Committee will advise the Board and the Accounting Officer on:

- The strategic processes for risk, control and governance and the Governance Statement, including an assessment of the risks identified by the executive team and evaluation of the mitigating action being taken

- The accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit as well as levels of error identified
- The planned activity and results of both internal and external audit
- Adequacy of management response to issues identified by audit activity, including external audit's management letter
- Assurances relating to the corporate governance requirements for the organisation
- Any proposals for tendering for Internal Audit services or for purchase of non-audit services from contractors who provide audit services
- Anti-fraud policies, whistle-blowing processes, and arrangements for special investigations
- PSA's Treasury Management Policy
- PSA's Reserves Policy.

5. Rights

The Audit and Risk Committee may:

- Co-opt additional members for a period to provide specialist skills, knowledge and experience
- Procure specialist ad-hoc advice at the expense of the organisation, subject to budgets agreed by the Board.

6. Access

The Head of Internal Audit and the representative of External Audit will have free and confidential access to the Chair of the Audit and Risk Committee.

7. Meetings

The Audit and Risk Committee will meet at least three times a year.

Audit and Risk Committee meetings will normally be attended by the Accounting Officer and Director of Corporate Services, together with the Head of Internal Audit (outsourced) and a representative from external audit.

The Audit and Risk Committee may ask any other officials of the organisation to attend to assist it with its discussions on any particular matter.

The Board or Accounting Officer may ask the Audit and Risk Committee to convene further meetings to discuss particular issues on which they may want the Committee's advice.

The Audit and Risk Committee may ask any or all of those attending, but who are not members of the Committee, to withdraw to facilitate open and frank discussion of particular matters.

The Chair may identify a member of the Committee to act as Vice-Chair as necessary.

8. Quorum

The quorum for any meeting will be two members of the Committee.

9. Information Requirements

For each meeting, the Audit and Risk Committee will be provided with:

- A progress report from the Head of Internal Audit summarising:
 - work performed (and a comparison with work planned)
 - key issues emerging from Internal Audit work
 - management response to audit recommendations
 - changes to the Internal Audit plan
 - any resourcing issues affecting the delivery of Internal Audit objectives.
- A progress report from the External Audit representative summarising work done and emerging findings.

Twice during the year, the Committee will be provided with:

- A report summarising any significant changes to the organisation's Risk Register, including information on the top risks with detailed analysis of each.

As and when appropriate the Committee will also be provided with:

- Proposals for Terms of Reference of Internal Audit
- The Internal Audit strategy
- Internal Audit's Annual Report
- Quality Assurance reports on the Internal Audit function
- The draft accounts of the organisation
- The draft Governance Statement and other required narratives
- A report on any changes to accounting policies
- A report outlining any and all action taken in response to anyone raising serious concerns (whistleblowing)
- A report on any fraud or suspected fraud within PSA
- The External Audit strategy
- External Audit's management letter/s, and any other reports
- A report on any proposals to tender for audit functions
- A report on co-operation between Internal and External Audit.

10. Training

Members of the Audit and Risk Committee will be expected to undergo training to meet their responsibilities, as required.

Nominations Committee Terms of Reference

1. Role

The Nominations Committee ensures that PSA has an appropriate Board membership. The Executive Assistant acts as Secretary to the Committee.

2. Membership

Membership of the Nominations Committee will consist of three Board members.

The committee will be chaired by PSA's Chair. The Chair of the Audit and Risk Committee and the Chair of the Scrutiny Committee are automatically members of the committee.

Membership of the committee will be reviewed at least annually and proposals for change will be subject to the approval of the Board.

The Deputy Chair (if not already a member of the Committee) will assist the committee in the Chair's annual performance review and (re)appointment process.

3. Reporting

Following each meeting, the Chair of the Committee will report to the Board in private session.

The Committee will also annually review its own effectiveness and report the results of that review to the Board.

4. Responsibilities

The Nominations Committee, supported by the Chief Executive, advises the Board about its appointments, and in particular it will:

- Examine the processes and procedures related to Board appointments and make proposals to the Board for any changes. The Board in this context covers members appointed by the Privy Council, the devolved administrations and any Associate Board members
- Regularly review the structure, size and composition (including the skills, knowledge, experience and diversity) of the Board and make recommendations to the Board with regard to any changes
- Give full consideration to succession planning for Board members in the course of its work, taking into account the challenges and opportunities facing PSA, and the skills and expertise needed on the board in the future
- Act as or appoint a recruitment panel, and as such be responsible for identifying and nominating for the approval of the Board candidates to fill Board vacancies as and when they arise, working to PSA's documented recruitment processes and paying regard to PSA's good practice advice to regulators
- Ensure that annual performance reviews are conducted for all Board members
- Review the results of the annual Board effectiveness review that relate to the composition of the Board
- Work and liaise as necessary with all other Board committees
- The Committee shall also make recommendations to the Board concerning:
 - Formulating plans for succession for Board members and in particular for the key roles of Chair and Chief Executive
 - Suitable candidates for the role of whistleblowing champion
 - Membership of other Committees, in consultation with the Chairs of those Committees
 - The re-appointment of any Board member, including the Chair, at the conclusion of their specified term of office having given due regard to their performance and ability to continue to contribute to the Board in the light of knowledge, skills and experience required

-
- Any matters relating to the continuation in office of any Board member at any time including the suspension or termination of service subject to the provisions of the law and their service contract.
 - Any matters relating to staff or Board remuneration that sits outside the remit of the Business Plan Review Sub-Committee such as pensions.

5. Meetings

The Nominations Committee will meet as required, with an expectation that it meets at least annually in June following the Board's strategy session in May.

The Nominations Committee may ask any other officers of PSA, to attend meetings to assist it with its discussions on any particular matter.

The Committee may obtain, if necessary, outside legal, comparative or other independent professional advice and secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

The Nominations Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. Quorum

The quorum for any meeting will be two members.

The Chair of the Committee is permitted to co-opt additional members of the Committee when this is necessary to conduct business

Scrutiny Committee Terms of Reference

Role

The Scrutiny Committee provides assurance to the Board in relation to the PSA's statutory oversight functions for regulators and Accredited Registers. It provides focused, strategic scrutiny of the processes, systems and outputs relating to these functions.

In order to undertake its role, the Committee seeks assurance from, and acts as a critical friend in relation to, the PSA's statutory oversight functions. In particular, this includes work in the following areas:

- Providing effective oversight of, and challenge in relation to, strategic and operational work towards the PSA's statutory oversight functions.
- Monitoring the tracking and mitigation of emerging or ongoing risks, issues and themes relating to the PSA's statutory oversight functions that may affect public protection and the quality of regulation.
- Seeking assurance on the management of key change programmes, and strategic and operational readiness in relation to these, for example regulatory reform and the introduction of new Standards.
- Reviewing deep dives into certain areas of the PSA's statutory oversight functions, as identified by the relevant team or requested by the Committee. One deep dive will be completed per operational area per year.

-
- Scrutinising operational progress reports relating to the performance of the PSA's statutory oversight functions.

4. Responsibilities

The Scrutiny Committee has responsibility for assurance and strategic challenge in relation to the PSA's statutory oversight functions. It is required to provide assurance to the Board on this work.

As part of this, it will:

- Direct its scrutiny towards issues that may affect public protection and the quality of regulation.
- Provide input to the strategic direction of the PSA's statutory oversight functions.
- Provide feedback and challenge on the processes and systems used to undertake the PSA's statutory oversight functions, including the use of data and intelligence to drive regulatory improvement.

5. Membership

Membership of the Scrutiny Committee will consist of three Board members.

The Chair of the Board will be responsible for identifying Committee members and for nominating the Chair. This will be agreed by the Board

Membership of the Committee will be reviewed annually. The Scrutiny Committee is permitted to co-opt additional members to the Committee when this is necessary to conduct business.

6. Meetings

6.1 The Scrutiny Committee may ask any or all of those attending, who are not members of the Committee, to withdraw if a private discussion is required.

6.2 Meetings will normally be attended by:

- Chief Executive
- Director of Regulation and Accreditation
- Head of Accreditation
- Head of Performance Review
- Head of Section 29
- Concerns and Appointments Officer
- Executive Assistant (secretariat)
- Other members of staff who are responsible for the topics to be discussed.

Other members of staff may attend meetings on occasions. All staff are welcome to attend as observers.

The Scrutiny Committee may ask any other officials of the organisation to attend to assist with its discussions on any particular matter.

The Scrutiny Committee will meet at least three times a year.

The quorum for meetings will be two Committee members.

7. Reporting

The Scrutiny Committee will formally report in writing to the Board after each meeting

using the Committee report template.

The Scrutiny Committee will provide the Board with an Annual Report, summarising the main areas of work undertaken by the Committee during the previous year. This will include an assessment by the Committee of its own effectiveness against these Terms of Reference for consideration by the board. This report will be timed to support finalisation of the accounts and the Governance Statement.

Business Plan Review Sub-Committee Terms of Reference

1. Role

The Business Plan Review Sub-Committee ensures that the budget aspects of the business plan, including staff and Board remuneration are discussed and recommendations made to the Board.

2. Membership

The Business Plan Review Sub-Committee will consist of three Board members.

The members of the committee will include the Chair of the Board, the Chair of ARC and the Chair of Scrutiny Committee.

The Chief Executive and Director of Corporate Services must also attend any meeting.

3. Reporting

The Business Plan Review Sub-Committee will formally report in writing to the Board after each meeting through provision of the approved minutes.

4. Responsibilities

The Business Plan Sub-Committee holds responsibility to advise the Board on the following areas -

- Budget aspects of the Business Plan
- Staff and Board remuneration.

5. Meetings

The Business Plan Review Sub-Committee will meet twice annually usually in July and August.

The CEO and Director of Corporate Services will also attend meetings

The Committee may ask any other officers of PSA, to attend meetings to assist it with its discussions on any particular matter.

The Committee may obtain, if necessary, outside legal, comparative or other independent professional advice and secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. Quorum

The quorum for any meeting will be two Board members.

The Chair of the Committee is permitted to co-opt additional members of the Committee when this is necessary to conduct business.

Executive Leadership Team and Senior Management Team Terms of Reference

1. General Notes on these Terms of Reference

The Executive Leadership Team (ELT) and Senior Management Team (SMT) perform different but related functions. As a result, the Terms of Reference for both groups are contained in one document.

These Terms of Reference are an essential part of the induction materials for:

- Heads of Function
- Directors
- The Chief Executive Officer (CEO)

These Terms of Reference are subject to review annually at the March meeting of SMT (prior to the start of each financial year)

2. ELT Terms of Reference

Role

Provide effective leadership of the organisation and work with the Board to develop and implement the strategic and business plans.

Responsibilities

ELT's responsibilities are:

- Working closely with the Board to agree the organisational strategy
- Defining the organisation's vision, mission and values
- Leading and managing the PSA in accordance with the strategy set by the Board
- Leading on and being accountable for operational matters and organisational performance
- Ensuring legal and financial compliance
- Promoting the efficient and effective deployment of staff and other resources,
- Modelling expected Leadership behaviours
- Encouraging high standards of propriety
- Protect and enhance the PSA's reputation
- Representing the PSA in public.

Membership

The membership of ELT is:

- The CEO
- Directors
- Assistant Director (Intelligence and Insight).

Meetings

Meetings are held weekly, except in weeks when the SMT meets.

Reporting

Report is bi-monthly to the Board via the Executive Report and other relevant papers

Quorum

Quorum for ELT is at least three members.

3. SMT Terms of Reference

Role

The role of SMT is to support ELT in the running of the organisation.

Responsibilities

SMT's responsibilities are:

- Translating organisational strategy into operational Business Plans
- Delivering and monitoring the Business plan (services, programmes and projects) through a separate quarterly meeting
- Monitoring KPIs and budgets
- Identifying, escalating and managing risks
- Supporting and co-ordinating implementation of HR policies and PSA initiatives
- Implementing policies set by ELT/Board
- Providing insight from operations and horizon scanning to ELT
- Recommending operational improvements
- Coordinating operational matters, supporting staff wellbeing, promoting the efficient and effective deployment of staff and other resources, promoting effective communication throughout the organisation, encouraging high standards of leadership, management and propriety.

Membership

The membership of SMT is:

- The CEO
- Directors
- Assistant Director (Intelligence and Insight)
- Heads of function.

Meetings

Meetings are held monthly; usually the last Monday of the month.

SMT Agenda

The table below summarises the core agenda items for SMT meetings.

Monthly

Directorate updates

Project updates

Risk register

EDI action plan

Governance Report

Finance briefing

External Issues

Quarterly**Separate meeting –**Quarterly monitoring of
business plan for
reprioritisation

Comms update

Concerns update

Procurement report

EDI Advisory Group
updateStaff Engagement Forum
update

Assurance Framework

People Strategy action
tracker

EDI Action plan

As necessary

Board agendas

Initiatives affecting
the strategic plan
or more than one
directorate

Annex D - Schedule of financial delegations

	Board	CEO	Director Group
Annual budget	All		
Changes to delegations under this schedule	All		
Material changes to budget Note 1 any use of reserves not covered by refund to regulators.	All		
Capital expenditure (unbudgeted)	All		
Non-contractual payments to staff (all should be notified to Board for information)	Over £25k	Up to £25k	
Non s29 litigation Increased and wider thresholds	Over £50k	Between £10k and £50K	Under £10k responsible Director
Section 29 litigation	£	Over £50k	Up to £50k Director Regulation and Accreditation
Unbudgeted expenditure But within agreed limits so no impact on reserves Note 2	Over £100,000		Up to £100k
No board involvement required			
Budgeted capital expenditure Note 3			All All
Commercial contracts Note 4 PSA purchasing a service		Over £25K	Up to £25K Director Corp Services only
Commissioning Contracts PSA delivering a service		Over £25k	Up to £25k
Employment contracts			Director Corp Services
Virements between delegated budgets (Note 5)			All
Virements within directorate budgets			< £10K

Note 1 – Material – not previously defined –define as any use of reserves not covered by refund to regulators.

Note 2 – Unbudgeted – not previously defined - previous threshold for Board approval was £25K but we have established there was no particular logic to this figure. Suggest threshold is set at having no impact on reserves and linked to 2% materiality – so anything above £100k needs Board approval. Then anything under is for discussion under virements.

Note 3 – Budgeted – included in annual budget agreed by Board at outset.
Agree it is good practice to inform Board/ Finance Committee about major capital outgoings

Note 4 – The right to sign contracts on behalf of the PSA that a) commit the PSA to purchasing a service - delegate commercial contracts to Director Corporate Services (DCS) up to £25k.

If CEO identifies a potential conflict of interest for a contract >£25k, he reserves the right to delegate to the Director of Corporate Services.

b) commit the PSA to delivering a service – delegate commissioning contracts to relevant Director up to £25k

Employment contracts – delegated to Director of Corporate Services

Note 5 – Virements – between Policy and Communications, Regulation and Accreditation and Corporate Services and within directorates if > £10K.

Underspends identified in year to go into central pot that directors can bid for.

Version Control

Version	Description of version	Date
1.3	Clarification of 2.18; the role of the Deputy Chair	3 March 2021
1.4	Amendment to 2.18 and 3.58 to reflect the role of the Deputy Chair as proposed by Nominations Committee May 2021	May 2021
1.5	Removal of the need for contracts to be signed by The CE (as this will move to the DoCS) and an update to reflect Board meetings being held across the Devolved Administrations.	14 December 2021
2.0	Addition of Annex D - Schedule of financial delegations as agreed by Finance Committee 3 March 2021	14 December 2021

2.1	Clarification of the Board's role in approving Stakeholder engagement work; explanation of Annex D included in section 3 under Scheme of Delegation; an amendment to reflect that Finance Committee rather than Nomination Committee oversee the staff reward strategy	24 January 2022
2.2	<p>Removal of paragraph 2.16 and 2.2 (of version 2.1) due to repetition.</p> <p>Paragraph 2.2 deleted, this was a formatting error and should not have been numbered. We confirm this for cross referencing purposes.</p> <p>Amendment to paragraph 2.26 (previously 2.29 in version 2.1) to reflect current practice.</p> <p>Update to Nominations Committee ToR to remove the reference to an external person doing the Chair appraisal.</p> <p>Para 31.1 removing the reference to Board remuneration from the Finance Committee ToR as this is done by the Nominations Committee.</p>	1 March 2022
2.2	Annual review by Board	March 2022
2.2	Annual review by ARC	6 October 2022
2.3	<p>Changes to reflect ARC comments (below)</p> <p>Make reference to the Associate Board member in the Governance Framework</p> <p>Add reference to Annual Review of each Committee's effectiveness made to the Board</p> <p>Update the version control and take out the 'no change' references in annex D which related to the last review.</p>	17 October 2022
2.3	Board review due Nov 2022	Reviewed Nov 2022
3.0	Changes to reflect that there will no longer be a Finance Committee from January 2023 and that the Committee's tasks be split between the other Committees, and a sub-section of the Board will meet to review the budget.	December 2022
3.0	Approved by Board	Jan 2023

3.1	Updated to include v1.3 of the Nomination Committee ToR	April 2023
3.2	Updating the language to reflect the change of Authority to PSA and changes to Directorate names. Change to 3.51 from 'electronic business' to 'decisions by correspondence' for clarity.	March 2024
3.3	Removed the need for a member of the Board to attend all s29 case meetings as agreed at the Board Meeting on 20 March 2024	March 2024
3.3	Reviewed by ARC	May 2024
3.4	Updated 3.48 to reflect Board paper and minute publishing process	May 2024
3.5	Update to 3.13 to set out that the Board should attend Board meetings in person except with prior permission of the Chair. Updates to 2.0, 3.28 and 3.30 to amend the length of term from 4 to 3 years and the expected maximum term from 8 to 6 years.	Ratified Sept 2024
4.0	Inclusion of the Business Plan Review Sub-Committee and confirmation that recommendations for staff and Board annual remuneration should sit with them. Update to the Scrutiny Committee ToR to confirm that their role is to ' <i>Oversees quality assurance of s29 decisions</i> '. Under Financial Delegations annex D the amount that Directors can approve for s29 litigation has increased.	April 2025
4.1	Addition of terms of reference for the Business Plan Sub-Committee	May 2025
4.2	Board review and approval subject to the following changes 2.3 refer to the appointment of a Deputy Chair, 2.5 change to 'live and work', 2.9 refer to terms moving from four years to three.	July 2025
4.2	Above changes ratified by Board	July 2025
4.2	ARC Annual review	May 2026
5	Addition of ELT and SMT ToR to Annex C, 2.43 AR panel additional remuneration details, 2.50 additional details about the role of the Scrutiny Committee, 2.53 a definition of the AAA alerts system used in Committee reporting 3.1 addition of determining risk appetite to decisions retained by the Board, 3.48 Decisions made at workshops and other Board meetings to be ratified at the next Board mtg. Scrutiny Committee ToR reviewed and updated.	July 2026

Assurance Framework V4.3

1. Introduction

Purpose

- 1.1 The Assurance Framework exists to assure the Board that the Professional Standards Authority (PSA) is being operated appropriately.
- 1.2 This document is scrutinised annually by the Audit and Risk Committee and then approved by the Board.

Format

- 1.3 The framework is structured around those areas of good governance that will always require assurance, as opposed to the PSA's risk register which will continually evolve to respond to dynamic risks. These areas form the basis of the risks set out below.
- 1.4 The means of assurance listed are features of PSA's operation via which, through personal experience or through evidence available at Board level, Board members are able to make a judgement about the level of assurance provided.
- 1.5 It is intended as a tool for the Board in ensuring that it carries out its governance responsibilities effectively.
- 1.6 The Senior Management Team (SMT) will review the framework on a quarterly basis in order to ensure that proposed actions are carried out effectively and signed off, actions taken updated in the framework and noted in the version control.
- 1.7 This paper should be reviewed annually in May as part of the Audit and Risk Committee work plan, or more often if required, and the outcome reported to Board.

Assurance Mapping

Mitigating controls	Management oversight	Governance	Independent assurance	Action plan (including date and who is responsible for completing the action)
Principle 1: PSA is ineffective in delivering its corporate governance objectives				
<ul style="list-style-type: none"> • The Business Plan for 2026/27 has been agreed by the Board • The strategic plan for 2026-29 has been agreed and published. • Governance Framework and Scheme of Delegation is in place and is reviewed annually • PSA produces and publishes its Annual Report and Accounts • The Executive Leadership Team (ELT) meets regularly and is proactive in planning activities and risk management • The Senior Management team (SMT) meet monthly 	<ul style="list-style-type: none"> • Directorate plans link into the organisational business plan • Strategic reviews are undertaken when necessary • Link between PSA's strategic objectives and individual objectives • Staff and management groups such as the SMT and Staff Engagement 	<ul style="list-style-type: none"> • Executive report to the Board six times a year • Annual Report and accounts to Audit and Risk Committee and to the Board • Business and strategic plans agreed by the Board • Strategic Risk register reviewed by the Audit and Risk Committee three times a year and this is reported to the Board. • Board has sight of the risk register at every Board meeting 	<ul style="list-style-type: none"> • Internal audit (RSM) of strategic areas agreed by ARC annually, this includes adherence to business principles every second year and Internal audit input into ARC meetings • External audit (NAO) of PSA's finance management and controls, Annual Report and input into ARC meetings • Privy Council review and approve the Fees Consultation based on the Business Plan • Parliamentary Select Committees – may identify areas for closer scrutiny on an ad hoc basis 	<ul style="list-style-type: none"> • The Board to agree the Business Plan for 2027/28 – Overseen by CE by July 2026 • The Director of Corporate Services to develop an action plan from the Board Effectiveness review to be overseen by the Nominations Committee by June 2026.

Mitigating controls	Management oversight	Governance	Independent assurance	Action plan (including date and who is responsible for completing the action)
<p>to discuss Directorate operational matters such as the risk registers</p> <ul style="list-style-type: none"> • The Audit and Risk Committee is actively engaged in monitoring organisational risks • Board meets six times a year • Board committees meet regularly in line with their terms of reference and report regularly to Board • All Board and committee decisions are ratified at quorate meetings • Board and committee meeting minutes are recorded and held in line with PSA's retention schedule • Board members have appropriate training and development • Annual appraisals for Board members including self-evaluation 	<p>Forum are in place</p> <ul style="list-style-type: none"> • Annual staff survey • Directorate operational Risk Registers in place and reviewed monthly. Actions are allocated to individuals with dates for monitoring • Learning and development plan produced annually based on appraisals and reviewed by the ELT • Key performance indicators (KPIs) are discussed at SMT and reported to Board. 	<p>and conducts a detailed it twice each year. Actions are allocated to individuals with dates for monitoring</p> <ul style="list-style-type: none"> • Board receives update against KPIs at each meeting and annually • Board reviews the Governance Framework and Scheme of Delegation annually • Nominations Committee review themes arising in Board appraisals and report to Board. • Board carry out an annual assessment of their effectiveness. 	<ul style="list-style-type: none"> • Tri – annual external review of the Board Assessment (Board Effectiveness Review last completed in 2025/26 and next due in 2028/29). 	

Mitigating controls	Management oversight	Governance	Independent assurance	Action plan (including date and who is responsible for completing the action)
<ul style="list-style-type: none"> Annual assessment review of Board effectiveness Annual review of committee effectiveness undertaken and reported to the Board Informal contact between Board members. 				
Principle 2: PSA fails to fulfil its strategic objectives				
<ul style="list-style-type: none"> Board sets strategic direction and strategic objectives annually Board approves Business Plan and Fees Consultation Board monitors implementation of Business Plan on a regular basis. Policy framework is in place to support a transparent and consistent approach to policy work.. 	<ul style="list-style-type: none"> Directorate plans link into the Business Plan and are reviewed periodically by the ELT Strategic reviews are undertaken when necessary Link between PSA's strategic objectives and individual objectives 	<ul style="list-style-type: none"> Directorate business plans are shared with the Board at the annual Board business planning sessions Business Plan, Strategic Plan and Fees Consultation are agreed by the Board Performance against the Business Plan is reviewed by the Board regularly 	<ul style="list-style-type: none"> Internal audit (RSM) of strategic areas agreed by ARC annually, this includes adherence to business principles every second year. Internal audit input into ARC meetings External audit (NAO) of PSA's finance management and controls, Annual Report and input into ARC meetings Privy Council oversight and approval of the Business Plan and Fees Consultation 	<ul style="list-style-type: none"> Periodic reporting to the Board of the project dashboard (ongoing)

Mitigating controls	Management oversight	Governance	Independent assurance	Action plan (including date and who is responsible for completing the action)
	<ul style="list-style-type: none"> Strategies for individual areas which link to PSA's strategic objectives are in place Staff and management project groups in place. 	<ul style="list-style-type: none"> Periodic reporting to the Board of the project dashboard 	<ul style="list-style-type: none"> Regulator feedback on the Business Plan and Fees Consultation Department for Health and Social Care and Department for Education feedback on the Business Plan and Fees Consultation. 	
Principle3: Risk management arrangements are not effective				
<ul style="list-style-type: none"> Board approves risk management policy on an annual basis Directors review risk within their teams regularly and collectively review / update risk register monthly and reports to the Audit and Risk Committee Audit and Risk Committee reviews and challenges risk register three times a 	<ul style="list-style-type: none"> Directors review risk within their team on a regular basis Directors meet on a quarterly basis to collectively review and update the risk register. Escalation considered at meetings to 	<ul style="list-style-type: none"> Audit and Risk Committee review the risk register three times a year and reports to the Board Board has sight of the risk register at every Board meeting and conducts a detailed review of it twice each year. Scrutiny Committee provides oversight 	<ul style="list-style-type: none"> Internal audit (RSM) of strategic areas agreed by ARC annually (ad hoc) and feedback at ARC meetings External audit (NAO) of PSA's finance management and controls, Annual Report and input into ARC meetings 	

Mitigating controls	Management oversight	Governance	Independent assurance	Action plan (including date and who is responsible for completing the action)
<p>year and provides a report to Board</p> <ul style="list-style-type: none"> Board has sight of the risk register at every Board meeting and conducts a detailed it twice each year. Scrutiny Committee provides rigorous oversight of the PSA's s29 responsibilities (with periodic involvement of Scrutiny Committee members in case meetings), annual reviews and the Accredited Registers programme. Concerns about repeated poor performance by the regulators will be escalated to the Secretary of State, the Chair of the Select Committee and the devolved administrations. 	<p>assess regulators' performance against Standards of Good Regulation</p> <ul style="list-style-type: none"> S29 case meetings will have either two or three trained and experienced panels members. The case procedures set out how the panel should be made up in each case The Scrutiny Committee provides rigorous oversight of the PSA's s29 responsibilities, annual regulator performance reviews and the 	<p>of PSA's s29 procedures and reports regularly to the Board.</p> <ul style="list-style-type: none"> The Scrutiny Committee considers recommendations to escalate concerns about the performance of a regulator to the Board in accordance with the Escalation Process. The Board makes final decisions to escalate. 		

Mitigating controls	Management oversight	Governance	Independent assurance	Action plan (including date and who is responsible for completing the action)
	Accredited Registers programme			
Principle4: Internal control arrangements are not effective				
<ul style="list-style-type: none"> • Audit and Risk Committee contributes to and approves an annual internal audit plan • Audit and Risk Committee receives and challenges internal audit reports • Tracker held for the management of internal audit recommendations and reports on progress to the Audit and Risk Committee • Audit and Risk Committee receives annual report from Head of Internal Audit • Head of Internal Audit or a representative attend all 	<ul style="list-style-type: none"> • Director of Corporate Services manages the internal audit relationship on a day to day basis and updates ELT regularly • ELT are invited to contribute and suggest areas for audit based on corporate requirements • The internal audit tracker is reviewed by Corporate Services on a 	<ul style="list-style-type: none"> • Audit and Risk Committee oversees the internal audit process including approving the annual audit plan • Internal audit attends every meeting of the Audit and Risk Committee and has direct access to the Chair of the Audit and Risk Committee • Internal audit meets privately with Audit and Risk Committee members on an annual basis • Internal Audit reviews the 	<ul style="list-style-type: none"> • Internal audit (RSM) of strategic areas agreed by ARC annually. Internal audit input into ARC meetings 	<ul style="list-style-type: none"> • Audit and Risk Committee annually reviews effectiveness of internal audit (May 2026)

Mitigating controls	Management oversight	Governance	Independent assurance	Action plan (including date and who is responsible for completing the action)
<p>meetings of Audit and Risk Committee</p> <ul style="list-style-type: none"> • Audit and Risk Committee members meet privately with Head of Internal Audit annually • Head of Internal Audit has access to Chair of Audit and Risk Committee • Audit and Risk Committee reviews effectiveness of internal audit annually. 	<p>monthly basis and actions shared with other Directorates via the Governance report</p> <ul style="list-style-type: none"> • The Director responsible for the area being audited reviews and is invited to comment on the audit findings. 	<p>progress of recommendations and reports to Audit and Risk Committee</p> <ul style="list-style-type: none"> • Audit and Risk Committee reviews effectiveness of internal audit annually and reports to the Board. 		
Principle 5: Information management and Cyber Security arrangements are not effective				
<ul style="list-style-type: none"> • Audit and Risk Committee receives and challenges Annual Assessment of Information Risk Management and an Annual review of Cyber Security • Information Communications Technology and Information Security 	<ul style="list-style-type: none"> • The Data Protection Officer (DPO) undertakes the Annual Assessment of Information Risk Management • The IT manager to undertake an annual review of 	<ul style="list-style-type: none"> • The Audit and Risk Committee signs off the Assessment of Information Risk Management and the cyber security review on an annual basis • Board is informed of the completion of the Annual 	<ul style="list-style-type: none"> • Internal audit (RSM) of strategic areas agreed by ARC annually and feedback at ARC meetings. • The Information Commissioners Office through the Annual Data Controller registration, self-reporting and reports from the public. The ICO have the right 	<p>Introduction of an annual cyber security report to ARC (June 2026, Head of IT)</p> <p>Testing of the revised Business Continuity Plan (Q2 2026/27, Head of IT)</p>

Mitigating controls	Management oversight	Governance	Independent assurance	Action plan (including date and who is responsible for completing the action)
<p>regularly included in internal audit plan and tested independently</p> <ul style="list-style-type: none"> The Business Continuity plan is reviewed and tested on an annual basis 	<p>cyber security annually</p> <ul style="list-style-type: none"> Each of the Information Asset Owners' (IAO) produce statements to be included in the report which is signed by the Senior Information Risk Officer (SIRO) ICT and information security testing is conducted internally once a year and externally twice a year (penetration testing and Cyber Essentials Plus) and reported in the annual assessment All staff and Board members 	<p>Assessment and the outcomes of testing</p>	<p>to perform spot audits at any time.</p> <ul style="list-style-type: none"> Cyber Essentials plus accreditation body 	

Mitigating controls	Management oversight	Governance	Independent assurance	Action plan (including date and who is responsible for completing the action)
	<p>receive training on an annual basis</p> <ul style="list-style-type: none"> • Regular IT updates reported through the Executive Report • The results of the Business Continuity Plan are reported to ELT and will be reported to Board through the Executive Report. 			
Principle 6: Financial management arrangements are not effective				
<ul style="list-style-type: none"> • Board sub committee meets twice a year in August/September to carry out detailed review of draft budget • Board approves annual budget. 	<ul style="list-style-type: none"> • Finance report to SMT monthly • Head of Finance meets with budget holders monthly 	<ul style="list-style-type: none"> • Board approves annual budget • Board receives financial reports at each meeting • Audit and Risk Committee receive 	<ul style="list-style-type: none"> • Internal audit (RSM) of strategic areas agreed by ARC annually, this includes input into ARC meetings • External audit (NAO) of PSA's finance management and controls, Annual Report and input into ARC meetings 	

Mitigating controls	Management oversight	Governance	Independent assurance	Action plan (including date and who is responsible for completing the action)
<ul style="list-style-type: none"> ● Board receives financial reports at each meeting ● Audit and Risk Committee review annually the Treasury Management Policy and the Reserves Policy ● Internal Audit review bi-annually PSA's adherence to the business principles and reserves policy ● Audit and Risk Committee receives and challenges external auditors (National Audit Office) plans and reports ● Audit and Risk Committee receives report from National Audit Office in relation to annual accounts ● Audit and Risk Committee members meet privately with National Audit Office annually ● Audit and Risk Committee reviews annual report and 		<ul style="list-style-type: none"> ● reports from internal audit every second year on PSA's adherence to the business principles and reserves policy ● Audit and Risk Committee receives and challenges external auditors (National Audit Office) plans and reports ● Audit and Risk Committee receives report from National Audit Office in relation to annual accounts ● Audit and Risk Committee members meet privately with National Audit Office annually ● Audit and Risk Committee reviews annual report and 	<ul style="list-style-type: none"> ● Privy Council oversight through the Business Plan and Fee consultation ● Regulator's scrutiny through the Business Plan and Fee consultation ● Department of Health and Social Care and Department for Education Scrutiny through the Business Plan and Fee consultation. 	

Mitigating controls	Management oversight	Governance	Independent assurance	Action plan (including date and who is responsible for completing the action)
<p>accounts and advises Board</p> <ul style="list-style-type: none"> • Board reviews and approves annual report and accounts • Financial controls regularly included in internal audit plan • Scheme of delegation reviewed regularly 		<p>accounts and advises Board</p> <ul style="list-style-type: none"> • Board reviews and approves annual report and accounts. 		
Principle 7: PSA fails to recruit and retain high quality staff				
<ul style="list-style-type: none"> • Annual staff survey undertaken and reported to the Board • Nominations Committee provides oversight of Human Resources strategies affecting staff pay and benefits • Nominations Committee to oversee Board, Chief Executive and director recruitment 	<ul style="list-style-type: none"> • The staff forum meets bi-monthly to review the progress of the staff survey action plan • HR policies are reviewed on a two-year cycle to maintain best practice • Changes to the Employee Handbook are 	<ul style="list-style-type: none"> • Board review the People report including the staff survey outcomes and progress against actions and progress against the People Strategy twice a year • Nominations Committee oversee HR strategies affecting pay and benefits 		<ul style="list-style-type: none"> • Report on People Strategy progress to the Board annually through the People Report (Head of HR and Governance – May 2025) • Implement People Strategy 2026 – 2029 (Head of HR and Governance – detailed action plan with timescales included as part of the Strategy)

Mitigating controls	Management oversight	Governance	Independent assurance	Action plan (including date and who is responsible for completing the action)
<ul style="list-style-type: none"> • Human Resource areas regularly included in internal audit plan • People strategy in place and updates on the strategy and people matters provided to each Board meeting • Learning and development requirements and implementation is overseen by the ELT and reported to Board twice a year. • Equality, Diversity and Inclusion (EDI) issues are considered by the EDI manager and project group which includes a cross section of staff, senior management and Board members. 	<ul style="list-style-type: none"> • reviewed by the ELT when required and staff are consulted on any changes which affect them • The Employee Handbook is reviewed externally once a year by our HR third party advisor • The People Strategy 2029/29 to be reviewed quarterly by the SMT • Accreditation from the Disability Confident Scheme is sought every three years to 	<ul style="list-style-type: none"> • Nominations Committee oversees recruitment to Chief Executive and Director positions • Chair sets performance objectives (agreed with the Board) for the Chief Executive based on PSA’s strategic aims • The EDI group invites Board member attendance, and matters are reported at every Board meeting. 		

Mitigating controls	Management oversight	Governance	Independent assurance	Action plan (including date and who is responsible for completing the action)
	<p>ensure best practice</p> <ul style="list-style-type: none"> The EDI group meet regularly, and issues are reported to the SMT 			
Principle8: Relationships with stakeholders are sound				
<ul style="list-style-type: none"> Chair holds bilateral meetings with Chairs of regulators and reports to Board Chief Executive has meetings with regulators and other key stakeholders and reports to Board Chair holds bilateral meetings with key stakeholders in devolved administrations and reports to Board Wales / Scotland / Northern Ireland Board member relationships 	<ul style="list-style-type: none"> Head of Stakeholder engagement provides monthly updates to the SMT Chief Executive and Executive Leadership Team meet regularly with the Department of Health and Social Care Chief Executive and Policy and Comms team meet regularly 	<ul style="list-style-type: none"> Chair and CEO report regularly to the Board on meetings with key stakeholders Progress of Stakeholder Engagement Strategy regularly reported to the Board Board meetings are held once a year on a rotational basis in the Devolved Administrations The Non-Executive Directors from each 	<ul style="list-style-type: none"> Internal audit (RSM) of strategic areas agreed by ARC annually (ad hoc) and feedback at ARC meetings 	

Mitigating controls	Management oversight	Governance	Independent assurance	Action plan (including date and who is responsible for completing the action)
<p>with key stakeholders in devolved administrations</p> <ul style="list-style-type: none"> • Chair and Chief Executive relationship with Department of Health and Social Care, Department of Education and Privy Council • Periodic independent stakeholder perception survey and reports to Board • Stakeholder strategy and plans are in place • Stakeholder engagement regularly in internal audit plan. 	<p>with Devolved Administrations.</p>	<p>Devolved administration report on their actions.</p>		
<p>Principle9: Operational delivery is not effective</p>				
<ul style="list-style-type: none"> • Routine Chief Executive notifications to Board on current issues 	<ul style="list-style-type: none"> • ELT discuss current issues on a weekly basis 	<ul style="list-style-type: none"> • The Chief Executive meets weekly with the Chair to report on any issues 	<ul style="list-style-type: none"> • Internal audit (RSM) • External audit (NAO) 	

Mitigating controls	Management oversight	Governance	Independent assurance	Action plan (including date and who is responsible for completing the action)
<ul style="list-style-type: none"> Reporting to Board against the Business Plan and KPIs Media coverage and reports on 'near misses' Business Continuity Plan and associated tests are reported to the Audit and Risk Committee periodically. 	<ul style="list-style-type: none"> SMT meet monthly to review operational matters Staff insight is sought through staff and manager forums The Business Continuity Plan is reviewed annually Chief Executive and ELT oversee the publication of operational advice and guidance. 	<ul style="list-style-type: none"> An Executive report outlining progress and issues is reported to the Board at every meeting Progress report against the Business plan and KPIs are reported to the Board at every meeting Issues related to the Business Continuity Plan and associated tests are reported to the Audit and Risk Committee regularly 		
Principle 10 – PSA fails to deliver on Equality, Diversity and Inclusion (EDI)				
<ul style="list-style-type: none"> EDI issues are considered by the EDI manager and the staff group which includes a cross section of staff and a member of the Board and ELT are 	<ul style="list-style-type: none"> ELT discuss the action plan monthly Staff insight is sought through updates at the 	<ul style="list-style-type: none"> Progress report against the action plan is reported to the Board at regular intervals Board committees oversee actions 	<ul style="list-style-type: none"> Internal audit (RSM) 	<ul style="list-style-type: none"> To deliver the action plan for 2026-27 by 31 March 2027

Mitigating controls	Management oversight	Governance	Independent assurance	Action plan (including date and who is responsible for completing the action)
invited to join each meeting <ul style="list-style-type: none"> An EDI action plan is in place for 2026/27 Equality Impact assessments are carried out on all new projects/policies. 	all staff meeting the EDI group and staff and manager forums,	relevant to that committee at their meetings.		

Version Control

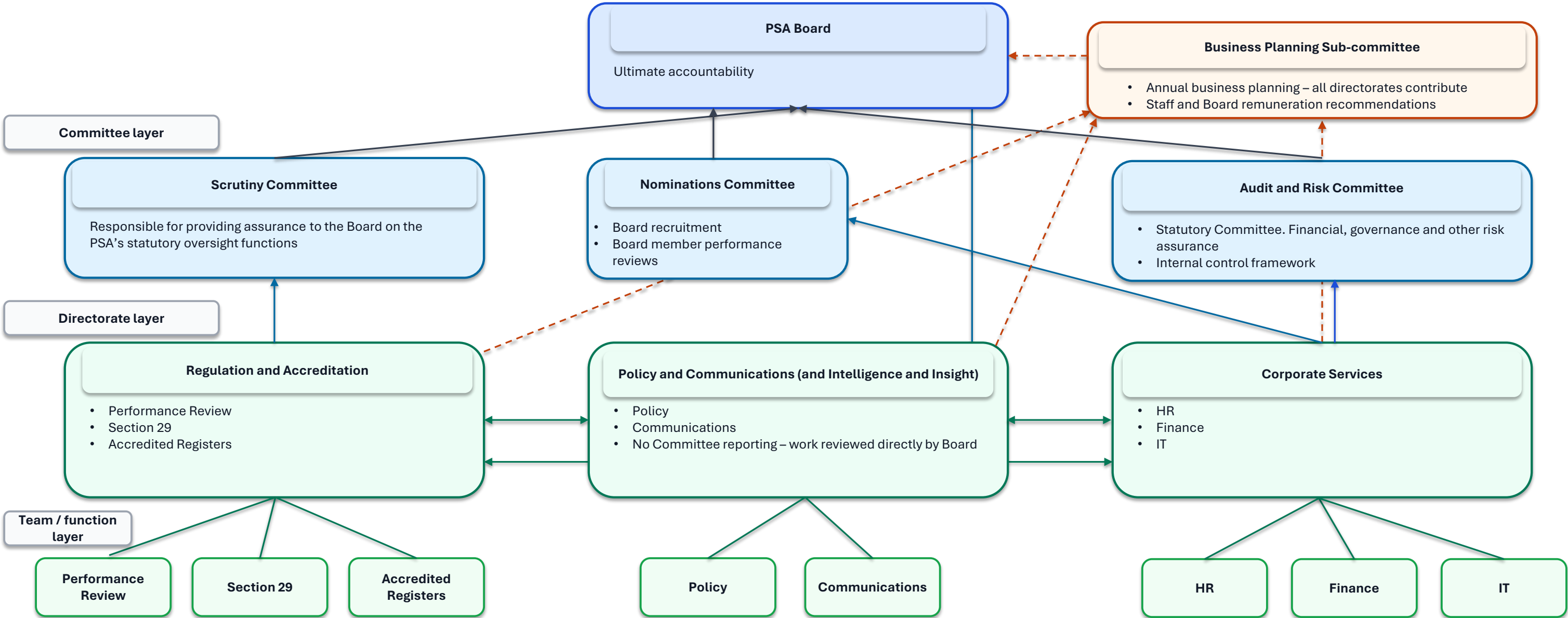
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Version	Description of Version	Date Completed
1.0	Implementation of a new approach to take into account assurance mapping and audit recommendations Agreed by Board	March 2021
2.0	Amended to reflect the areas external bodies oversee more accurately and update dates for Recommendations agreed by ARC May 2021	May 2021
2.1	Action plan updates for ARC meeting 07 October 2021 reviewed and agreed.	7 October 2021
2.1	Board mid-year review due 19 January 2022	19 January 2022
2.2	DG annual review of Framework	April 2022

Version	Description of Version	Date Completed
3.0	<p>ARC review of Framework and associated changes.</p> <p>Removal of parliamentary review of the annual report as a form of assurance.</p> <p>Addition of Directorate level risk registers for Standards and Policy and Scrutiny and Quality as a form of assurance.</p> <p>Changes to the Mitigating Controls:</p> <ul style="list-style-type: none"> • Page 3, Annual Assessment Review, add the tri-annual external review. • Add the project management arrangements to the framework. Under Governance and in the action plan, add 'Periodic reporting to the Board'. • Page 8, remove finance and technology strategies coming to the Board annually. • Page 13, add the Board and stakeholder meetings planned in the Devolved Administrations. <p>Inclusion of EDI as a separate risk (risk 10)</p>	May 2022
3.1	Mid-year review by ARC	6 October 2022
3.2	<p>Minor changes recommended by ARC;</p> <ul style="list-style-type: none"> • Added the external Board evaluation to the action plan • Added 'Audit and Risk Committee reviews effectiveness of internal audit annually' to the action plan column for March 2023 	17 October 2022
3.2	Board annual review	
3.3	Amendment to reflect the escalation of performance review matters	9 December 2022

Version	Description of Version	Date Completed
4.0	Reallocation of matters previously delegated to Finance Committee	9 December 2022
4.0	Approved by Board	January 2023
4.1	Update to reflect new titles and actions for 24/25	April 2024
4.1	Approved by Board	September 2024
4.2	Changes to reflect change of oversight from ELT to SMT and also the trial of the new s29 review process	April 2025
4.2	Approved by Board	July 2025
4.3	Risk 5 updated to include more robust cyber security and business continuity processes, risk 7 updated to include more oversight of the People Strategy 2026-09	April 2026
4.3	To be reviewed by ARC	May 2026
4.4	1.3 Clarification that the Framework is based on general good governance principles rather than the risk Register and risks relabelled as principles. Addition of the Policy Framework as a mitigating control under principle 2. Update to principle 5 to specifically include business continuity testing as a method of assurance, confirmation that the risk register will go to every Board meeting as part of the Executive report. There is also an additional assurance under principle 3 (pt 6) mitigation regarding the role of the Scrutiny Committee.	June 2026

PSA Assurance Map



Key

- Green text = Strategic Aim 1
- Blue text = Strategic Aim 2
- Purple text = Strategic Aim 3

Scrutiny Committee Assurance Map

Committee layer

Directorate layer

Policy and Communications (and Intelligence and Insight)

Work in collaboration with R&A that contributes to or influences Scrutiny Committee assurance:

- Regulatory reform
- Collaborative project work, e.g. Standards review
- Consultation responses, e.g. non-surgical cosmetics
- Feedback on guidance not consulted on
- Thematic work, e.g. AI, sexual misconduct
- Commissioned work, e.g. General Teaching Council Scotland, Scottish Government commission
- Intelligence gathering and sharing
- Good practice guidance
- Reviewing reports with recommendations for regulators
- Comms relating to reports and major issues
- Reactive work to significant external events (policy and comms)

Team / function layer

Policy Communications

PSA Board

Ultimate accountability

Scrutiny Committee

Responsible for providing assurance to the Board on the PSA's statutory oversight functions

Regulation and Accreditation

Responsible for reporting to the Scrutiny Committee. Work overseen by the Scrutiny Committee includes:

- Regular updates and deep dives into all areas of R&A work, including S29 appeals, escalation of performance review concerns and Accreditation appeals
- PSA work to identify and consider how to address thematic risks and issues
- Strategic and business planning
- Project work and implementation, e.g. regulatory reform, Standards review
- Major process improvement projects or programmes

Performance Review Section 29 Accredited Registers

Business Planning Sub-committee

Annual business planning, including budget and remuneration recommendations

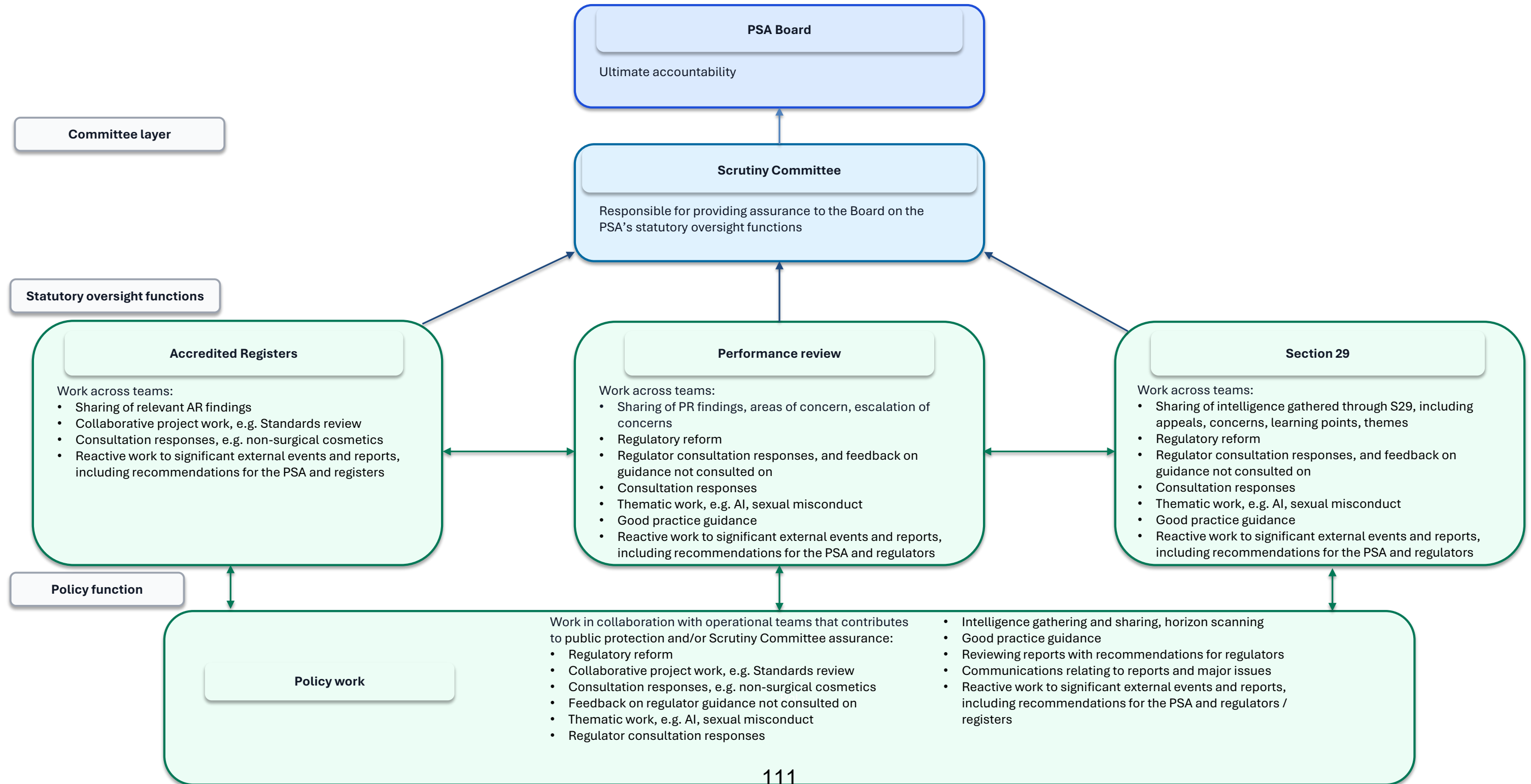
Corporate Services

Work in collaboration with R&A that contributes to or influences Scrutiny Committee assurance:

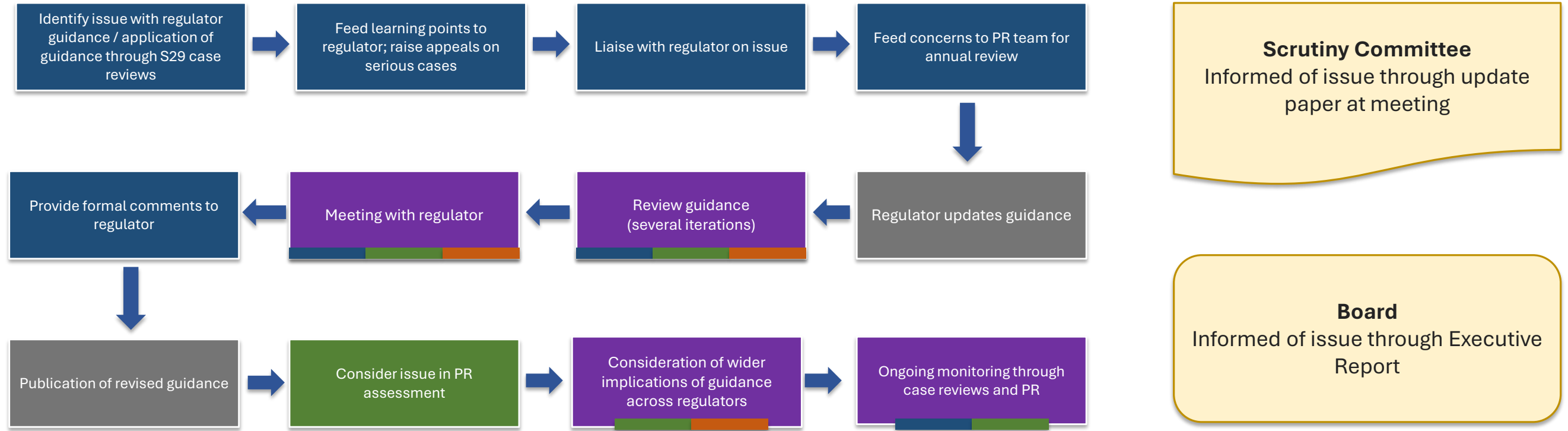
- Strategic and business planning
- AI work
- Finance reporting and S29 cost analysis

HR Finance IT

Scrutiny Committee Assurance Map – public protection work across teams



Flowchart: Example cross team involvement in issue resolution – Process/guidance issue identified through S29



Legend ■ S29 team ■ PR team ■ Policy team ■ Cross-team action ■ Governance ■ Regulator

Risk register cover paper

Date: 15 July 2026

Title: Risk register cover paper

Author: Alan Clamp

Paper for Information

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

1. Issue

- 1.1. In line with the PSA Risk Management Policy, the organisation's main risks are reviewed: monthly by the Senior Management Team; at each meeting by the Audit and Risk Committee (ARC); twice each year by the full Board.
- 1.2. The external review of board effectiveness completed by MKS in March 2026 recommended making changes to the format of the Strategic Risk Register and a Board discussion on risk tolerance.
- 1.3. This paper has the June 2026 Strategic Risk Register at Annexe A.

2. Recommendation

- 2.1. The Board is asked to discuss the new PSA Strategic Risk Register, including the indicative tolerance of each risk, and to identify if any changes are required.

3. Background

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

4. Analysis

- 4.1. The highest priority risks are: (a) fitness to practise backlogs compromising regulatory effectiveness; (b) public confidence in regulation and the healthcare system undermined as a result of perceived regulatory failures and/or over- or under-regulation.

5. Finance and Resource

5.1. The work is funded from existing resources for 2026/27.

6. EDI implications, including Welsh language

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

6.2. The risk register can be made available in Welsh if requested.

7. Timescale

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

8. Communications

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

8.2. The risk register will now come to the Board at every meeting, as an annexe to the Executive Report.

9. Internal Stakeholders

9.1. All Board members and staff.

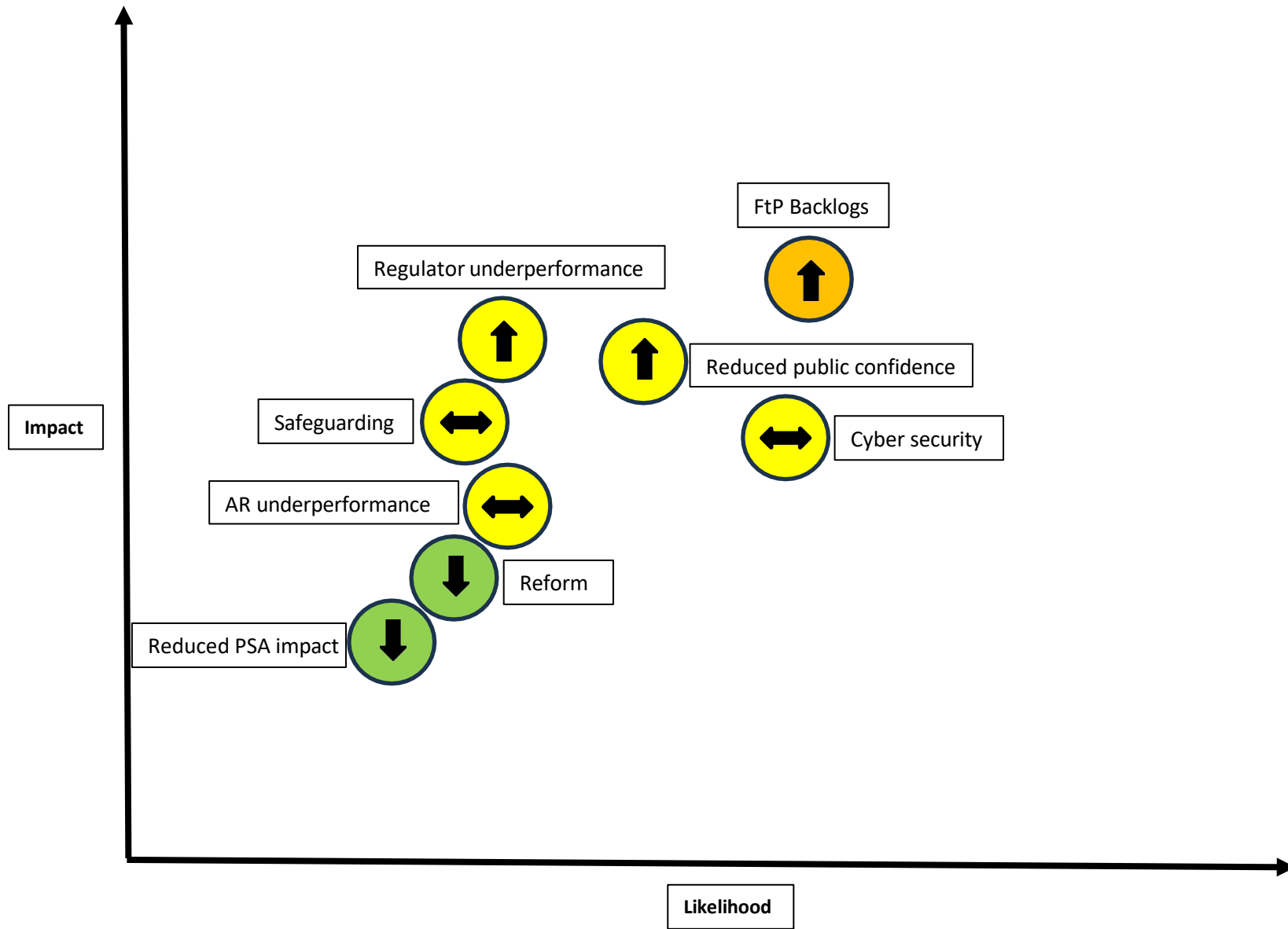
10. External Stakeholders

10.1. There are currently no external stakeholders.

11. Annexes List

11.1. Annexe A: Strategic Risk Register (as at June 2026)

PSA Risk Dashboard (Residual Risk): July 2026



PSA Strategic Risk Register: July 2026

Risk Description	Causes and Effects	Inherent Score	Existing Controls	Assurance and Level	Residual Score	Target Score	Planned Actions	Commentary
<p>Risk description</p> <p>[1] Fitness to practise backlogs compromise regulatory effectiveness.</p>	<p>Causes</p> <ul style="list-style-type: none"> Increasing referrals Ineffective FtP processes Lack of resources Third party delays <p>Effects</p> <ul style="list-style-type: none"> Negative impact on complainants, witnesses and registrants Increased costs Reduced public protection Reduced public confidence in regulation 	<p>I = 4 L = 3</p> <p>18 HIGH</p>	Monitoring by the PSA, including engagement with registrant and patient bodies as part of the performance review process	Performance data and stakeholder feedback Assurance level: moderate	<p>I = 3 L = 3</p> <p>13 MEDIUM</p>	<p>I = 2 L = 2</p> <p>5 VERY LOW</p>	<p>A further S29 in-depth review of appeals and learning points in relation to sexual misconduct cases but over a longer period of time is being carried out to identify themes and trends - discussed at S29 conference in May 2026. [Head of Legal]</p> <p>S29 publishing blogs and LP bulletins on areas of concern identified and/or appeals. [Head of Legal; ongoing]</p> <p>Convening regulators to consider what radical changes are needed to help address backlogs. [Director of R&A; September 2026]</p>	<p>Issues not being addressed; risk increasing and existing controls having limited impact due to increases in referrals to regulators. Additional interventions needed in 2026/27 to try to reduce backlogs.</p> <p>Degree of PSA control: medium.</p> <p>Within risk tolerance: no – further action needed.</p>
<p>Risk Owner: GM</p>			Escalation process to highlight poor performance to the Secretary of State and HSC Committee Assurance level: low	Action by SoS and/or HSC Committee Assurance level: low				
<p>Risk Lead: AD-B</p>			Section 29 process can identify concerns about FTP quality Assurance level: high	Tracking issues in individual cases and across cases. Assurance level: high				
<p>Last Updated: 8 June 2026</p>			Information from our Concerns function discussed regularly with the PR/s29 teams and quarterly at SMT Assurance level: medium	Analysis of volume and nature of concerns; follow up by PR/s29 teams. Assurance level: medium				
<p>Last Reviewed: 7 May 2026</p>			Monitoring of regulator Council meetings to ensure continued focus on dealing with any backlogs Assurance level: low	Council papers, clarity of data presentation, scrutiny by council members. Assurance level: low				

Risk Description	Causes and Effects	Inherent Score	Existing Controls	Assurance and Level	Residual Score	Target Score	Planned Actions	Commentary
<p>Risk description</p> <p>[2] Risks to the public arising out of poor practice by the regulators are not identified by the PSA.</p>	<p>Causes</p> <ul style="list-style-type: none"> Regulator poor performance Performance information not shared with PSA PSA analysis does not identify performance risks <p>Effects</p> <ul style="list-style-type: none"> Performance issues not addressed. Reduced confidence in PSA Issues with registrant competence and/or conduct Reduced public protection Reduced public confidence in regulation 	<p>I = 3</p> <p>L = 3</p> <p>13</p> <p>MEDIUM</p>	<p>Monitoring and reporting by the PSA, including performance reviews and associated stakeholder feedback</p>	<p>Performance data, standards met and stakeholder feedback</p> <p>Assurance level: moderate</p>	<p>I = 3</p> <p>L = 2</p> <p>9</p> <p>LOW</p>	<p>I = 2</p> <p>L = 2</p> <p>5</p> <p>VERY LOW</p>	<p>Changes to standards, including a new Standard on governance from July 2026.</p> <p>Actions identified from the NMC lessons learned review completed in February 2026 [TBC]</p> <p>An audit of the PR process as part of the programme of internal audits for 2026/27 to completed in June 2026 [actions TBC].</p>	<p>Increasing risk due to major underperformance at the NMC (and, to a lesser extent, the PSNI).</p> <p>Degree of PSA control: high.</p> <p>Within risk tolerance: no – further action needed.</p>
<p>Risk Owner: GM</p>			<p>Section 29 process can identify concerns about registrants and processes</p>	<p>Section 29 collaborative work with PR team; plus direct feedback to regulators via appeals and learning points.</p> <p>Assurance level: moderate</p>				
<p>Risk Lead: AD-B</p>			<p>Monitoring of concerns raised about regulator performance</p>	<p>Concerns Officer liaison with PR and s29 teams; plus quarterly analysis of concerns and reporting to SMT.</p> <p>Assurance level: moderate</p>				
<p>Last Updated: 8 June 2026</p>			<p>Media and stakeholder monitoring</p>	<p>Possible issues at regulators identified via media.</p> <p>Assurance level: low</p>				
<p>Last Reviewed: 7 May 2026</p>			<p>Establishment and chairing of the Independent Oversight Group (IOG) for the NMC from September 2024.</p>	<p>Additional oversight for largest and most underperforming regulator, involving a wide range of stakeholders.</p> <p>Assurance level: moderate</p>				

Risk Description	Causes and Effects	Inherent Score	Existing Controls	Assurance and Level	Residual Score	Target Score	Planned Actions	Commentary
<p>Risk description</p> <p>[3] Risks to the public arising out of poor practice by the Accredited Registers (including controversial therapies) are not identified by the PSA.</p>	<p>Causes</p> <ul style="list-style-type: none"> AR poor performance Performance information not shared with PSA PSA analysis does not identify performance risks <p>Effects</p> <ul style="list-style-type: none"> Performance issues not addressed. Reduced confidence in PSA Issues with registrant competence and/or conduct Reduced public protection Reduced public confidence in AR 	<p>I = 3</p> <p>L = 3</p> <p>13</p> <p>MEDIUM</p>	<p>Monitoring and reporting by the the (re)accreditation processes (including powers to set conditions and recommendations)</p>	<p>Performance data, standards met, conditions and/or recommendations addressed, and stakeholder feedback</p> <p>Assurance level: moderate</p>	<p>I = 3</p> <p>L = 2</p> <p>9</p> <p>LOW</p>	<p>I = 2</p> <p>L = 2</p> <p>5</p> <p>VERY LOW</p>	<p>From July 2026 we will introduce clearer tests for the eligibility and public interest test related to unlawful practice and ongoing management of the risks related to practitioners. We are also introducing greater standardisation of risk management for practitioners so we can report with more confidence and greater speed on the measures in place to manage risk to the public across all Accredited Registers.</p> <p>[HoA; July 2026]</p>	<p>Currently stable, although expanding the AR Programme may increase the risk due to possibly including a more diverse range of therapies; and/or less 'accreditation ready' registers.</p> <p>Degree of PSA control: high.</p> <p>Within risk tolerance: yes.</p>
<p>Risk Owner: GM</p>			<p>Standard 1(b): public interest test.</p>	<p>Assessment of whether the AR comes under the remit of the PSA and if accreditation would be in the public interest.</p> <p>Assurance level: moderate</p>				
<p>Risk Lead: OA</p>			<p>Media and stakeholder monitoring</p>	<p>Possible issues at ARs identified via media.</p> <p>Assurance level: low</p>				
<p>Last Updated: 8 June 2026</p> <p>Last Reviewed: 7 May 2026</p>			<p>Monitoring of concerns raised with AR team about AR performance</p>	<p>Possible issues at ARs identified via concerns.</p> <p>Assurance level: low</p>				

Risk Description	Causes and Effects	Inherent Score	Existing Controls	Assurance and Level	Residual Score	Target Score	Planned Actions	Commentary
<p>Risk description</p> <p>[4] The reform of regulation is not continued for all regulators, is implemented poorly and/or reduces effective oversight of the regulators' work, reducing protection of the public.</p>	<p>Causes</p> <ul style="list-style-type: none"> Not a government priority Insufficient DHSC and/or regulator resources Poor quality legislation Slow and ineffective implementation Reduced PSA oversight <p>Effects</p> <ul style="list-style-type: none"> Very slow pace of reform Challenges in oversight of regulators at various stages of reform Reduced regulatory effectiveness with too few corrective safeguards 	<p>I = 3 L = 2 9 LOW</p>	<p>The PSA has a clear view on the risks associated with reform and prioritises those that pose greatest risk to the public.</p>	<p>Clear PSA position on reform and public protection opportunities and risks</p> <p>Assurance level: moderate</p>	<p>I = 2 L = 2 5 VERY LOW</p>	<p>I = 2 L = 2 5 VERY LOW</p>	<p>Regulatory Reform Programme Board monitoring developments and engaging with DHSC/DA and regulators to shape future reform. [HoP; ongoing]</p>	<p>Overall declining. The GMC Order is improved on the previous reform legislation, although the rationale and expectations relating to reviewing interim order decisions require clarification. The biggest risk at the moment is the slow pace of reform.</p> <p>Degree of PSA control: low.</p> <p>Within risk tolerance: yes.</p>
<p>Risk Owner: MV</p> <p>Risk Lead: DG</p>	<p>Communications to encourage understanding of PSA's work and support stance on regulatory reform.</p> <p>Contributing to decisions on reform for the GMC through response to DHSC consultation (June 2026)</p>		<p>Presentations, consultation responses, stakeholder engagement present consistent position on reform.</p> <p>Assurance level: low</p>					
<p>Last Updated: 6 July 2026</p> <p>Last Reviewed: 7 May 2026</p>	<p>Published guidance to support the effective implementation of reform.</p>		<p>Guidance published in 2025; further guidance will be considered in the light of the GMC Order.</p> <p>Assurance level: moderate</p>					

Risk Description	Causes and Effects	Inherent Score	Existing Controls	Assurance and Level	Residual Score	Target Score	Planned Actions	Commentary
<p>Risk description</p> <p>[5] PSA is not seen to be relevant and beneficial, or any benefits are outweighed by costs and administrative burdens.</p>	<p>Causes</p> <ul style="list-style-type: none"> PSA misses performance issues in regulators and AR PSA not seen to be driving improvements in regulators and AR Appeals not taken forward; declining success rates in appeals; s29 feedback does not improve FtP Research, policy and comms work deemed to add little value Processes burdensome; costs too high <p>Effects</p> <ul style="list-style-type: none"> Fees not approved Challenge and scrutiny from parliament, DHSC, DA and media Changes to PSA oversight role 	<p>I = 3</p> <p>L = 2</p> <p>9</p> <p>LOW</p>	<p>Strategic and business planning to focus on: statutory oversight functions; driving improvements in regulation and registration; and collaboration to make the overall system of healthcare regulation more cohesive, coherent and preventative.</p>	<p>Consultation on strategic plan, business plans and fees to seek feedback on PSA priorities.</p> <p>Assurance level: moderate</p>	<p>I = 2</p> <p>L = 2</p> <p>5</p> <p>VERY LOW</p>	<p>I = 2</p> <p>L = 2</p> <p>5</p> <p>VERY LOW</p>	<p>Business planning to be kept under review in the light of external events which may change PSA priorities. [CEO; ongoing]</p> <p>Standards Review and</p> <p>use of Right-Touch Regulation in our work (including developing new risk assessment tools for PR). [DoRA; September 2026]</p>	<p>Declining. New Strategic Plan in place with good support from stakeholders. Commissions from DHSC and Scottish Government. Contributions to (and some actions from) the Review of Social Work Regulation and the Mann Review. Key stakeholder on reform.</p> <p>Degree of PSA control: high.</p> <p>Within risk tolerance: yes.</p>
<p>Risk Owner: AC</p>			<p>Horizon scanning and media monitoring to keep abreast of emerging issues.</p>	<p>Quarterly horizon-scanning in place to inform business plan priorities and in-year reaction to emerging issues.</p> <p>Assurance level: moderate</p>				
<p>Risk Lead: AC</p>			<p>Communications and Engagement Strategy and associated plans.</p>	<p>PSA priorities, actions and positive impact shared with all stakeholders.</p> <p>Assurance level: moderate</p>				
<p>Last Updated: 8 June 2026</p> <p>Last Reviewed: 7 May 2026</p>								

Risk Description	Causes and Effects	Inherent Score	Existing Controls	Assurance and Level	Residual Score	Target Score	Planned Actions	Commentary
<p>Risk description</p> <p>[6] A cyber-attack leads to: IT system unavailability leaving PSA unable to operate</p> <p>BAU; or loss of sensitive information.</p>	<p>Causes</p> <ul style="list-style-type: none"> Direct cyber-attack on PSA systems Human error permits attack (such as phishing) or loss of information <p>Effects</p> <ul style="list-style-type: none"> System or parts of system unavailable or corrupted, impacting functions Ransomware costs Loss of information causing harm to individuals, reputational damage and/or ICO referral. 	<p>I = 4</p> <p>L = 3</p> <p>18</p> <p>HIGH</p>	<p>Cyber security controls in place and tested and reviewed regularly.</p>	<p>Control score reported quarterly to SMT as part of IT Report.</p> <p>Controls include multi-factor authentication, device and endpoint security, vulnerability scanning, access reviews, backups, monitoring and incident response.</p> <p>Level of assurance: moderate</p>	<p>I = 3</p> <p>L = 2</p> <p>9</p> <p>LOW</p>	<p>I = 2</p> <p>L = 2</p> <p>5</p> <p>VERY LOW</p>	<p>Schedule next Pen Testing September 2026</p>	<p>Steps taken since the internal audit in 2025 are managing this risk. It is stable but it is unlikely to reach the position of decreasing.</p> <p>Degree of PSA control: medium.</p> <p>Within risk tolerance: yes.</p>
<p>Risk Owner: JC</p>			<p>Annual information security training for all staff and the Board</p>	<p>Quality of training (including assessment) verified by DPO. Annual compliance checked by HR.</p> <p>Level of assurance: low</p>				
<p>Risk Lead: AB</p>			<p>Regular attack simulation emails sent to staff to increase cyber awareness</p>	<p>Variety of approaches used. Non-compliance followed up with informal training and re-assessment.</p> <p>Level of assurance: low</p>				
<p>Last Updated: 8 June 2026</p>			<p>Annual Penetration testing and Cyber Essentials Plus Assessment</p>	<p>Penetration test report plus Cyber Essentials Plus accreditation.</p> <p>Level of assurance: high</p>				
<p>Last Reviewed: 7 May 2026</p>			<p>Weekly monitoring of data loss prevention audit logs by the IT team</p>	<p>Weekly reports and mitigating actions.</p> <p>Level of assurance: moderate</p>				

Risk Description	Causes and Effects	Inherent Score	Existing Controls	Assurance and Level	Residual Score	Target Score	Planned Actions	Commentary
<p>Risk description [7] Inconsistent approaches to accessing criminal record checks by the regulators and</p> <p>AR could lead to an individual who poses a risk to the safety of the public being able to register.</p>	<p>Causes</p> <ul style="list-style-type: none"> No consistent direct checking by regulators and AR Assumptions about checks invalid (e.g. done by employers or agencies) Insufficiently frequent/robust checking Inappropriate persons exploit loopholes <p>Effects</p> <ul style="list-style-type: none"> Public exposed to risks of harm from professionals with criminal convictions. 	<p>I = 3 L = 3 13 MEDIUM</p>	<p>Escalation of this risk with DHSC and other stakeholders.</p>	<p>Regular reporting of risk.</p> <p>Assurance level: low</p>	<p>I = 3 L = 2 9 LOW</p>	<p>I = 2 L = 1 3 VERY LOW</p>	<p>New Standard 11 from July 2026 on 'Continuing suitability for registration' addresses this risk directly and supporting evidence frameworks makes clearer our expectations for assessment and mitigation of this risk.</p> <p>Permit checks of self-employed practitioners undertaking regulated activity and change the definition of regulated activity in safeguarding legislation to include activities related to children and young people who are not supervised [expected to come into force in summer 2026]</p>	<p>Risk remains unchanging and relatively high prior to introduction of new standard, new processes and assurance from data analysis.</p> <p>Degree of PSA control: low.</p> <p>Within risk tolerance: no – further action needed.</p>
<p>Risk Owner: GM</p>			<p>New standards have changed our expectations on criminal convictions checks.</p>	<p>Seeking assurance from regulators and AR that appropriate and proportionate checks are carried out as part of admission and ongoing suitability to remain on registers.</p> <p>Assurance level: moderate</p>				
<p>Risk Lead: AB-D/OA</p>			<p>Collecting data to support our analysis of the extent of risks arising from failure to disclose convictions.</p>	<p>PR, s29 and AR data being used to assess issues arising from failure to disclose.</p> <p>Assurance level: low</p>				
<p>Last Updated: 8 June 2026</p> <p>Last Reviewed: 7 May 2026</p>			<p>Engagement with the Home Office and Ministry of Justice, and national agencies, on developing mechanisms for all self-employed registrants to access enhanced checks (England and Wales)</p>	<p>Focus on potential higher-risk group of self-employed.</p> <p>Assurance level: low</p>				

Risk Description	Causes and Effects	Inherent Score	Existing Controls	Assurance and Level	Residual Score	Target Score	Planned Actions	Commentary
<p>Risk description [8] Public confidence in regulation and the healthcare system undermined as a result of perceived regulatory failures and/or over- or under-regulation.</p> <p>Risk Owner: MV</p> <p>Risk Lead: DG/OO</p> <p>Last Updated: 8 June 2026</p> <p>Last Reviewed: 7 May 2026</p>	<p>Causes</p> <ul style="list-style-type: none"> Issues of significant harm associated with regulator poor performance Public assumptions about regulatory coverage and the impact of regulation on risk <p>Effects</p> <ul style="list-style-type: none"> Perceptions of under-regulation in certain sectors, such as cosmetics Changing job roles Reduced public confidence in, and support for, regulation and services. Calls for changes in regulation (that may or may not be based on an objective assessment of risk) Ineffective regulation of new roles 	<p>I = 3 L = 3 13 MEDIUM</p>	<p>Standard One for AR allows for an assessment of the risks of unregulated roles, and for escalation to the Government where voluntary registration may not be sufficient.</p> <p>The PSA has a Right-touch Assurance (RTA) tool which it can be commissioned by the Government to use to determine the inherent risk of a health or care related profession.</p> <p>Share Your Experience submissions, AR and regulator engagement and horizon scanning/media monitoring provide insight into service user experiences where regulation may not be proportionate to public protection</p> <p>Better reporting of performance to identify required areas for improvement.</p> <p>Right-touch regulation includes an explanation of the role (and limits) of regulation.</p>	<p>Standard One assessment provides useful evidence but may not result in further work to manage the risks. DHSC commission (March 2026). Level of assurance: low</p> <p>Tool in use; requires further development; may not lead to steps to mitigate risks. Level of assurance: low</p> <p>Feedback useful for PR and AR, but quality of evidence may be variable. Level of assurance: low</p> <p>Improvements made to reports in recent years; greater use of recommendation from April 2026. Level of assurance: low</p> <p>Awareness of regulation among the general public remains low. Level of assurance: low</p>	<p>I = 2 L = 3 8 LOW</p>	<p>I = 2 L = 2 5 VERY LOW</p>	<p>Supporting the implementation of additional safeguards for non-surgical cosmetics. [DoPC; ongoing]</p> <p>We are aware of increasing concerns about counselling and psychotherapy, audiology, sonography and some healthcare science roles, and are working with stakeholders to understand the current risks and to identify whether further actions are required. [DoPC ongoing]</p> <p>Scottish Government Commission [2026/27] [DoPC; ongoing]</p>	<p>Increasing risk due to underperformance of NMC and PSNI. Under-regulation beginning to be assessed via commissioned work. Additional safeguards on cosmetics not yet in place.</p> <p>Degree of PSA control: low.</p> <p>Within risk tolerance: no – further action needed.</p>

Scoring Matrix

5 - Almost Certain	11 Medium	16 High	20 Very High	23 Very High	25 Very High
4 - Likely	7 Low	12 Medium	17 High	21 Very High	24 Very High
3 - Possible	4 Very Low	8 Low	13 Medium	18 High	22 Very High
2 - Unlikely	2 Very Low	5 Very Low	9 Low	14 Medium	19 High
1 - Rare	1 Very Low	3 Very Low	6 Low	10 Medium	15 High
↑ Likelihoods → Impacts	1 - Negligible	2 - Minor	3 - Moderate	4 - Significant	5 - Major

Assurance level definitions

High: strong evidence controls are effective

Moderate: controls working but under pressure

Low: weak evidence or clear gaps

Uncertain: not enough evidence

Degree of PSA control: defined as **high** if relating to our operational processes; **medium** if subject to PSA public reporting or if the risk is changing quickly; and **low** if controlled by third parties and PSA may only have limited influence.

Website Redevelopment Benefits Realisation

Date: 15 July 2026

Title: Website Redevelopment Project Benefits Realisation Review

Author: Oyinkan Onile-Ere

Responsible Director: Melanie Venables

Paper for Noting

Open paper

How does this work contribute to our Strategic Aims: Our website is a critical channel for sharing our work and priorities with our stakeholders. Its effectiveness supports our ability to inform, influence and deliver our three Strategic Aims.

1. Issue

- 1.1. A benefits realisation assessment is part of the process the PSA undertakes for relevant major projects. This assessment has been recently conducted for the Website Redevelopment Project and presented to both the Project Board and Executive Leadership Team. The findings of the assessment are being shared with the Board for their consideration.

2. Recommendations

- 2.1. The Board is asked to note the findings, and further actions. These are primarily to:
 - Invest in AI optimisation
 - Drive website engagement through expanded partnerships and digital channels
 - Develop more insightful and actionable communications KPIs

3. Background

- 3.1. The Website Redevelopment Project ran from March 2024 until April 2025 (website went live in January 2025). The project was delivered within budget and essentially to time (one week's delay) and was overseen by a Project Board which conducted a full implementation review of the project including identifying any lessons learned which can be fed into future projects.
- 3.2. The Project Brief outlined three specific project benefits. This paper sets out the assessment of whether those benefits have been realised, for noting by the Board.

4. Analysis

4.1. The following three benefits were identified at the outset of the project:

- Benefit 1: Improved user experience
- Benefit 2: Improved accessibility
- Benefit 3: Improved audience engagement

4.2. Our findings were as follows:

Benefit	Based on	Assessment
1 Improved user experience	Analytics using Microsoft Clarity Qualitative user surveys and interviews (July 2024 and January 2026 – small numbers) Feedback from stakeholders	Benefit realised on several fronts
2 Improved accessibility	Accessibility assessment by website developers (March 2025) Shaw Trust accessibility tests (Jan & May 2026)	Improvements seen and partial compliance achieved
3 Improved audience engagement	Microsoft Clarity Google Analytics	Overall website traffic is reducing but engagement is above average and fairly stable

4.3 Benefit 1: improved user experience

In July 2024 as part of the discovery phase of the redevelopment project, we undertook user-testing. This involved getting the views of those who use our website frequently to transact business (regulators and registers) as well as those who visit us less frequently to gather information (diverse members of the public/service-users). We used a survey and one-to-one task-based interviews to gather views. The key feedback was to:

- Use more plain English

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- Make the search function more effective
 - Have the site work well on mobile phones as well as desktops
 - Make navigation easier with a better website structure
- 4.4 This feedback was used to shape the development of the site. We contracted the services of a copywriter to review content before it was uploaded to the new site. The brief was to use simpler, less technical language and the feedback received on the updated text has been positive. Although some of the PSA's work does need to use precise and sometimes technical language, we continue to work to keep our language simple and easy to understand where we can.
- 4.5 The search function is one of the areas of greatest difference on the new site. It now has good filtering options and our Microsoft Clarity tool - which we use for analysing aspects of website use - shows that while only a small proportion of visitors use our search function (which may suggest they can find what they want without the need of this extra support) it is effective at helping users find what they are looking for. We continue to keep an eye on the search functionality and review whether tweaks are needed to the algorithm based on what analytics show.
- 4.6 The site was redeveloped with mobile use in mind. This was the first time this had been done at the PSA and all new design decisions were first tested on mobile to ensure they worked well before being taken forward. As development continues and new features are being added to the site, this mobile-testing has become standard practice. While mobile remains important for access, our analytics show that desktop usage for accessing our site has increased and now delivers longer engagement times, deeper exploration of content and greater completion of complex journeys.
- 4.7. The website's new site map was developed based on the needs of the user personas identified during the discovery phase. This means that we considered each type of user and the sort of activity they would be undertaking on our site to make sure that the site map catered well for them and overall was clearly structured and signposted. Anecdotal feedback (see below) as well as the low proportion of visitors using our search function indicate that this has been well received. As part of continuous improvement, we will also be seeking feedback from colleagues on the website.
- 4.8. An area where improvement is needed is on our third-party cookie consent widget. It interacts differently with certain browsers and this has led to one public complaint. Due to the way it operates, our analytics show that it introduces some confusion, repeated clicking and hesitation among users which is not ideal. We have compared the offerings of other suppliers in terms of performance and cost and have identified an alternative tool which we will be moving to in the coming months. We will monitor the performance of the new widget once it is in place and there has been time to gather data about its performance.

4.9 Our pre-development audit described our website as being outdated and having an inconsistent design. The latter was not just unwelcome from an aesthetic perspective but contributed towards making the website less accessible and was not a good reflection on the organisation as a whole. We were able to bring the newly developed guidelines from our brand refresh to bear on the development of the new website design. We took our brand personality traits of being ‘modern’ and ‘accessible’, broader colour palette and brand imagery and applied them to the website with the result being a much fresher, attractive and contemporary look and feel to the new site. We conducted a follow-up survey with users in 2026 and this is an aspect on which we have received positive feedback.

4.10 Examples of unprompted feedback received:

“Well done for getting your new website over the line! Your previous site was like me, showing signs of age. We spend a lot of time on websites, and yours is now a much more joyous visit experience – these things matter. I can find stuff too, even though I had got familiar where it was hitherto.”

Regulator CEO

“Just wanted to drop you a line to say well done on such an awesome new website – I love how clean it is, while still remaining very functional and easy to find the information I needed. Very good work – and inspiring for future work on our own site!”

Regulator Communications Lead

4.11 **Benefit 2: improved accessibility**

A key aim of the redevelopment project was to make our website more accessible to a wider audience group and compliant with accessibility requirements for public sector organisations.

4.12 The redevelopment brought an opportunity to build-in features to make the site more accessible and we introduced some key enhancements including:

- Making it mandatory to include alt text on all image uploads, built into the back-end system
- Using a broader range of images representing diversity across our website
- Increasing the font size across the entire website as part of the revamped design
- Ensuring that the colours and contrasts used in the new design are more accessible
- Adding a Welsh Language translation tool to the website so all pages can be instantly translated rather than just a select few as was the case with the previous website

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- 4.13. On going live with the new website, our developers conducted compliance testing using automated tools. The report from these tools was that we were partially compliant with Web Content Accessibility Guidelines (WCAG) 2.2 AA. The non-accessible elements were mainly third-party tools such as videos embedded from other platforms (such as YouTube and Vimeo) and Weglot (our Welsh translation tool).
- 4.14. Given the emphasis we have placed on accessibility as an organisation, we decided that in addition to the tests our developers undertook, we would conduct independent testing of our accessibility. When we launched the new site, we already had further development work planned which we knew would take several months so we agreed to allow that work to be done before conducting the independent testing.
- 4.15 The Shaw Trust is an employment charity which provides website accessibility testing among other services. Their aim is to test for accessibility barriers which may exclude older people or people with disabilities. We commissioned the Shaw Trust to do the testing which delivered a report in January 2026 showing several areas of non-compliance with WCAG 2.2 AA. The difference between the testing that our developers did and that done by the Shaw Trust is that our developers used a particular automated tool to test compliance whereas the Shaw Trust conducted testing using both automated tools (different ones from our developers) and humans who use assistive technology. The use of assistive technology by real people is known to throw up different issues from those raised by the tools and several areas where improvements were needed on our website were highlighted by the Shaw Trust.
- 4.16. Our developers undertook remedial work up to May 2026 to rectify the compliance issues flagged at no additional cost to the PSA. A second round of testing was then conducted in May 2026 which highlighted that further work was needed. This is ongoing.

4.17 When we set accessibility compliance as an objective for the project, we were not familiar with the area nor with what it would take to meet that objective. Accessibility requirements are quite challenging and having learnt more about it we now understand that it is rare for any public sector organisation (including ones much larger than ours) to achieve ‘fully compliant’ status. This is because the various tools available for testing will flag things up differently, the guidance is always being updated so it is not a static goal, third-party tools can be a constraint as can resourcing. Gov.uk and many other public sectors sites are partially rather than fully compliant for these reasons (see compliance table in the annex). The [Gov.uk advice](#) is to keep working towards greater accessibility while being transparent by explaining the causes of non-compliance in some areas (such as the impact of third-party features) and decisions taken about the disproportionate burden of rectifying some issues.

4.18 We have accepted that we may only be partially compliant with Level AA going forward, in line with the approach taken by our peers including most of our ten regulators, as well as the enforcement body for the accessibility regulations. Given our commitment to being inclusive and accessible, we will continue to assess our compliance at appropriate intervals and will do development work accordingly to keep improving. We will also update our accessibility statement regularly. We are committed to being transparent about where shortcomings lie as well as continuing to do work that is reasonable and proportionate to improve our accessibility compliance.

4.19 **Benefit 3: improved audience engagement**

We are interested in both a qualitative and quantitative assessment of audience engagement. For the quantitative assessment, we have been looking at analytics for the new website comparing them against the old website as well as against how the new website performed the previous year. The statistics show a marked decrease in overall quantity of visitors to the website. This is not a phenomenon which is exclusive to us. Many organisations have observed this pattern in their web traffic.

Quantitative assessment

Metric	1 Jan-31 Dec 2024 (1 year/ old website)	1 Jan-31 Dec 2025 (1 year / new website)	% change
Sessions	364,742	254,313	30% reduction
New Users	254,920	117,773	54% reduction
Downloads	36,187	33,622	7% reduction
Engagement Rate	64%	63%	1% reduction

Metric	1 Jan-31 May 2025 (5 months/ new website)	1 Jan-31 May 2026 (5 months/ new website)	% change
Sessions	115,801	80,216	31% reduction
New Users	67,776	28,063	59% reduction
Downloads	15,621	12,633	19% reduction
Engagement Rate	64%	61%	3% reduction

4.20 As the top two rows of the tables above show, there has been and continues to be a steady decline in visitors and new users to our website. As we identified in the discovery phase of the redevelopment project, two of our main user groups are 1) regular visitors made up primarily of regulators, ARs and related stakeholders who understand who we are and are seeking specific information, and 2) infrequent or first time visitors who may be less clear on who we are and what we offer. Those who are seeking healthcare practitioners form part of this second group and our Check A Practitioner tool is used to direct them onwards. These first-time users will often only be on our website briefly and may never return having found out what they need or discovered that we do not provide what they are after. First-time users have always made up a significant proportion of our website visitors and as the figures reflect, there has been a sharp reduction in their numbers over the past year or so.

4.21. There appear to be two key reasons for this decline in overall numbers driven in part by the significant reduction in the number of first-time users. The first reason is down to the effect of increasing use of Artificial Intelligence (AI) in searches (introduced to UK Google searches in August 2025). Google search results these days serve users an AI overview which captures user attention, synthesises information and often satisfies their information need without requiring a visit to a website. This means that these first-time users who just need information to understand what we offer or just want a quick answer on something, can now get it without visiting our website because the search provides the answer. An in-depth study conducted in October 2025 (Studio 36 Digital) found that 54% of UK searches now result in zero clicks to external websites.

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- 4.22 Industry experts are clear that this effect of AI is not a temporary anomaly but a structural shift. It will not be reversed. This means we need to accept it, consider its implications and decide how we work with this change.
- 4.23 Our understanding of the type of audiences we attract on our website is important when considering how much of a problem the declining session figures are. It appears that the type of traffic we are losing is primarily infrequent, first-time users who are not as strategically important for us because they are those who still get the basic information they need about us from AI. This makes it important to check the information that AI holds about us and also to make sure we are appearing as part of the answer in relevant AI searches. It is also essential to make sure that the decline is not due to technical issues on our website, poor user experience or a lack of relevant or valuable information on our site which can impact both audience groups. The fact that our engagement rate is above average and fairly stable (the Google Analytics 4 average engagement rate for an informational website is 55%) as well as the positive feedback we have had from stakeholders suggests a good experience is being delivered by our website.
- 4.24 Although we are seeing some reduction in downloads on our website, this is much less than the reduction in traffic and is partly dependent on the quantity and subject matter of the downloadable content we upload. However, this is an area we need to keep an eye on.
- 4.25. The second reason for our decreasing numbers is that some of our previous website traffic has been due to direct referrals from other websites. In particular this has been the case with some NHS sites which are speciality specific and mention our Accredited Registers programme with links to our website so users can find out more and check for registered practitioners. We have recently discovered that the NHS has changed some of those pages and removed references and links to us. We are unsure of the reason for this and have been in touch with NHS contacts to try to rectify the references. This work is ongoing.

Qualitative assessment

- 4.26. As mentioned under Benefit 1, the new website has delivered improvements for users in terms of the design, navigation, structure, language and overall user-experience. These improvements all play a part in increasing engagement with the website. The changes we have made have been well-received by our stakeholders to the extent that we have received unprompted positive feedback on it. The strong and fairly stable engagement rate also speaks to this.

Further actions to maintain benefits realisation

Our website is a vital way in which we share information with the public and our stakeholders and must remain an effective way of engaging with those needed. We need to accept the impacts of the AI shift. It is likely to be impractical and ineffective to try to regain previous web traffic numbers; rather we should invest time in driving higher-quality traffic albeit at lower volumes. Our focus should be on ensuring the right audiences are attracted to our website due to its relevance and the value it offers. To support this, we intend to take action in three areas:

Investing in AI optimisation

- 4.27 We will work with an external agency in the coming months to audit our website and then make changes to improving its discoverability by AI so that more of our content will appear in AI answers. This involves similar considerations to search engine optimisation as they work around the same core principles of plain English, use of key words and leaning towards content that provides explainers and is authoritative. This AI optimisation work will take some time and we will explore whether a year-long retainership may be most beneficial and efficient.
- 4.28. Alongside this we will conduct our own (necessarily limited) audit of current AI responses about us and what we do, to check the interpretation and accuracy of the answers and assess whether there is work to do to seek adjustments in this area.

Driving website engagement through expanded partnerships and digital channels

- 4.29 Given that traditional searches are less likely to result in visits to our website, it becomes more important to encourage direct referrals to our website from relevant sources. A key element of our communications approach has been to seek partnerships with other stakeholders and aim to place more of our content on third party channels. We have begun to have blogs authored by PSA staff featured on the websites of other organisations, have colleagues participating in podcasts and secured inclusion of our information in the newsletters of others. We will continue to expand this approach and will aim to rectify and extend the NHS web referrals to our AR programme.
- 4.30. In March 2025 we decided to step down our presence on X, only using that social media channel for specific types of messages. This has resulted in fewer followers on the channel and less traffic from there to our website content. We still include a link to our website on almost all our social media posts and continuously experiment with new ideas to keep our channel dynamic, interesting and relevant. For example, we have begun a series of monthly hot topics which bring together a range of work we and others have done around specific issues. As we go, we are developing new landing pages for each of these topics which curate the content and we signpost audiences to these landing pages. Our newsletters are growing in popularity with new subscribers added following each issue. The articles each contain a link back to our website. We will continue to consider additional activities we can undertake to encourage appropriate website views and engagement with us in other ways. Giving specific content a digital boost with some targeted paid promotion is also an option we may take up.

Developing more insightful and actionable communications KPIs

- 4.31 Our current set of communications KPIs which are shared with the Board every meeting present the current indicators as a comparison to the figures from the previous year. With the landscape shift and trend outlined above, this may no longer be the most helpful approach as we know that the numbers will be lower than they have previously been. In comparing the data that way it may raise concerns unnecessarily. We are therefore considering how best to provide figures which give the Board and Executive the visibility needed to give assurance, highlight notable trends or anomalies and allow for interrogation in a more useful way. For example, it may be better to set the current data against benchmarks. This would be aligned to the approach taken for KPIs in some of the other areas of our work. The Board will be considering KPIs in September and we will set out our proposals for new communications KPIs as part of that consideration.

5. Finance and Resource

- 5.1. Costs for the Shaw Trust accessibility work were budgeted for in 2025/26. The follow-up testing which has been undertaken is included as part of the package.
- 5.2. AI optimisation work will require the services of an external supplier. The requirements and costs are being scoped. Funds are set aside in the Communications budget every year for website development. The intention is to use some of the existing website redevelopment pot for this work.

6. EDI implications, including Welsh Language Scheme

- 6.1. This is as set out above in the accessibility section.

7. Timescale

- 7.1. The assessment has been completed. Follow-up actions will be undertaken throughout this financial year. Depending on when the AI optimisation work begins and if a one-year retainership seems efficient, it may continue beyond the current financial year.

8. Communications

- 8.1. Details are as above.

9. Internal Stakeholders

- 9.1. Feedback on the website was sought from staff shortly after launch and acted upon. At any point, colleagues can and do share thoughts directly with the Comms Team. In addition, the views of colleagues on the website will be proactively sought again in the coming weeks.

10. External Stakeholders

- 10.1. Feedback from various subgroups of external stakeholders were sought and their views as well as their web activity have been summarised above.

11. Annexes List

Annex – Table showing the accessibility compliance status of various public bodies

Website Redevelopment Benefits Realisation

Annex: Public bodies' accessibility compliance status with Web Content Accessibility Guidelines (WCAG)

Organisation	Status
Gov.uk	Partially compliant
General Medical Council	Partially compliant
Nursing & Midwifery Council	Partially compliant
Social Work England	Partially compliant
Health and Care Professions Council	Partially compliant
Care Quality Commission	Partially compliant
National Institute for Health and Care Excellence	Partially compliant
Solicitors Regulation Authority	Partially compliant
London Borough of Harrow	Partially compliant
Legal Services Board	Partially compliant
Ofgem	Partially compliant
Equality and Human Rights Commission	Partially compliant

Board work programme 2026/27

Date	Work programme
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 • 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 • Board member appointments/renewals • Risk register review
November 2026 (Wales/Cymru)	<ul style="list-style-type: none"> • Mid-year review of 2026/27 Business Plan • Risk register review
January 2027	<ul style="list-style-type: none"> • Staff Survey 2026 • Scrutiny Committee update report • Risk Register review
March 2027	<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 • Optional item – If AR 27/28 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.