Public Board Meeting
18 November 2026, Cardiff
9:00-10:30

professional standards authority
for Health and Social Care

Agenda

			Timing
1.	Welcome, introductions and declarations of interest		9:00-9:00
2.	Apologies		9:00-9:00
3.	Minutes of the meeting on 16 September 2026 (for approval)	(Paper 1)	9:00-9:00
4.	Actions and Matters Arising from the meeting on 16 September 2026		9:00-9:05
5.	Chair's report	(Paper 2)	9:05-9:15
6.	Executive report, project dashboard and risk register	(Paper 3)	9:15-10:00
7.	Finance report	(Paper 4)	10:00-10:05
8.	Committee Reports • Audit and Risk Committee • Reserves Policy • Scrutiny Committee	(Paper 5) (Paper 6) (verbal)	10:05-10:15
9.	Board annual workplan	(Paper 7)	10:15-10:20
10.	Any other business		10:20-10:25
11.	Agree actions		10:25-10:25
12.	Questions from the Public		10:25-10:30

The next Board meeting is scheduled for Wednesday 13 January 2027 at the PSA office.

Unapproved Public Board meeting minutes

16 September 2026

Present	**In Attendance**
Caroline Corby (CC - Chair)	Jane Carey (JC)
Alan Clamp (AC - Chief Executive)	Melanie Venables (MV)
Candace Imison (CI)	Douglas Bilton (DB)
Juliet Oliver (JO)	Catherine Manning
Nick Simkins (NS)	Melanie Hueser (Secretariat)
Ali Jarvis (AJ)	
Geraldine Campbell (GC)	
Eleanor Marks (EM)	**Observers**
Ododo Ediagbonya (OE)	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: Janet Collins (GPhC), Aveen Croash (HCPC), Georgia Cross (HCPC), Anisah Chowdhury (GMC)

1.2. This was Dinah Godfree's last Board meeting. The Chair thanked her for her 15 years at the PSA on behalf of the Board and Executive.

2. Apologies

2.1. There were no apologies.

3. Minutes of meeting held on 15 July 2026

3.1. The minutes of the meeting held on 15 July 2026 were approved as an accurate record.

4. Actions and matters arising from the meeting on 15 July 2026

4.1. The Board reviewed the action log.

4.2. The Fitness to Practise process review action was moved to November to align with Committee scheduling and related regulatory engagement, with an update planned for the Scrutiny Committee and a verbal update to the November Board.

4.3. Discussions on the engagement model for Wales were rescheduled to November due to timing alignment with planned visits.

5. Chair's report

5.1. The Chair introduced the item, giving a brief update covering the summer period and highlighted key regulatory and strategic activity.
5.2. A positive note was made on the 'Look Before You Book' campaign, described as a strong example of preventative work.
5.3. Following publication of papers, we identified an error in the summary of media coverage for the Look Before You Book campaign at paragraph 1.5 of the Chair's report. BBC Radio London, HELLO! and ITV Anglia expressed interest in the campaign and requested further information, but this did not ultimately result in coverage. We apologise for the inaccuracy.
5.4. The Chair confirmed that an escalation letter has been issued about the performance of the General Pharmaceutical Council for not meeting Standard 15.
5.5. The Chair praised the parliamentary bulletin, noting it was well-targeted at lawmakers.
5.6. The Board **noted** the report.

6. Executive report and project dashboard

6.1. The Chief Executive introduced the item, outlining the report's focus on key priorities including the business plan, Mann Review actions, commissioned Scottish Government work (now noted in the project status dashboard annex), and ongoing Fitness to Practise backlog engagement, including a workshop scheduled for early October.
Action: MV to share the Mann Review action plan with Board.
6.2. Risk management updates and the revised risk policy were on this public Board agenda.
6.3. **Regulation and Accreditation:** A change is being made to the performance review cycle of the PSNI, aligning this to the financial year rather than calendar year. This change will take effect from the 2027 review period.
6.4. A lower-than-expected number of Section 29 initial reviews was reported to the Board in July and subsequently reviewed by the team. It was confirmed that no cases have been missed, and that the lower number at that time was due to a higher number of administrative closures along with some cases that were received but not reviewed in the period captured by the data.
6.5. There had been a reduction in cases on which we have undertaken a Detailed Case Review, and the number of cases referred to the courts compared with the previous year, alongside an increase in learning points. Work undertaken by the team to ensure stronger early filtering of cases may have positively contributed to this.
6.6. All Accredited Registers KPIs had been met for the first time, which is a credit to the team.
6.7. **Policy and Comms:** Discussion included emerging AI-related website optimisation costs, described as phased spending using current year budgets if they can be absorbed, with additional funding built in to the draft 2027-28 budget.
6.8. **Healthcare Science Commission (Scottish Government work)**: Progressing on track; currently requesting and gathering data, supported by specialist data skills. Work includes building comparative evidence across four UK countries and engaging with Chief Scientific Officers before moving into analysis.
6.9. **AI Regulation Joint Statement**: Due for imminent publication with PSA, the Accredited Registers Collaborative and all professional regulators as signatories. This is positioned as a significant cross-regulator milestone. Next phase will focus on developing high-level AI regulatory principles, targeted for publication in early 2027, with further discussion planned at the upcoming PSA Board development AI workshop.
Action: MV to share AI regulation joint statement with Board.
6.10. **Comms and Campaign Activity**: Positive early signals from influencer-led and digital "Look before you book" campaign work, with strong media traction. Ipsos research will be rerun to assess behavioural impact, with full evaluation planned for the March Board meeting.
6.11. **Upcoming Engagements & Projects**: Planning underway for Westminster event in early

November.

6.12. The internal audit contract with RSM is in its final year, and a joint procurement exercise with other regulators is about to begin for the next cycle.

6.13. The internal audit procurement process will be overseen by the Audit Committee, and a new contract is planned to be in place from April 2027.

6.14. The group agreed it would be helpful for the internal audit report on the performance review work to be reviewed by the Scrutiny Committee in November.
Action: GM to send the internal audit report on the performance review function to Scrutiny Committee.

6.15. Several recruitment processes are ongoing, including a new Head of Policy with an expected early start in the new year.

6.16. Guardian Jobs closed suddenly, impacting one of the PSA's recruitment routes and requiring a rethink of job advertising strategies.

7. EDI Advisory Group update

7.1. The Co-Chair of the EDI Advisory Group provided an update covering the group's work over the past year since taking over co-chairing.

7.2. Planned activities include marking World Mental Health Day in October and World Human Rights Day in December.

7.3. The group highlighted that recent meetings included a Board member joining the first half-hour, with these discussions described as engaging and useful.

7.4. The Board acknowledged and thanked the co-chairs for their work and contribution to the group.

8. Finance report

8.1. The Director of Corporate Services introduced the item. The latest update was only one material change since the paper: Section 29 legal costs forecast reduced, improving the overall deficit position.

8.2. Administration costs also slightly reduced in line with updated forecasting.

8.3. SEO and website accessibility work being covered within existing budgets, with relatively small costs.

8.4. AI optimisation work expected to run on a subscription/retainer model, with some costs planned for the next financial year. Current year spend expected to be absorbed within existing contingency and budget flexibility.

8.5. Some regulators paid fee invoices late, requiring follow-up and reminders. It was confirmed that interest charging is possible under regulation for late payment but was not applied in this instance.

8.6. Small surplus from commissioned work (~£45k) expected to flow into unrestricted reserves.

8.7. Board expenses were noted as increasing, with a reminder to control travel booking costs and to book well in advance.

9. Committee updates

9.1. **Nominations Committee:** The Chair gave a verbal update on the meeting from the previous week. JO is up for renewal for a second term on the Board and wishes to continue; HR have already started the Privy Council approval process due to the length of the procedure.

9.2. The Committee reviewed governance for the Standard Life pension scheme and considered whether additional external oversight is needed; concluded current arrangements are sufficient for now but will be reviewed again on a scheduled cycle. The new pension arrangement was described

as popular, with around half of staff enrolled.

9.3. Pay-related discussion was noted but deferred to the private part of the agenda.

9.4. The current Chair's term ends in February 2028; the Chair will not be involved in the selection process, which will commence in 2027 and will be led through the Committee with Board member involvement and a process still to be defined.

10. Risk register and Risk Management Policy

10.1. The Chief Executive introduced the item, which was the twice-yearly review of the risk register and Risk Management Policy.

10.2. The horizon scanning process was confirmed as an input mechanism for identifying emerging risks, with agreement it should be reflected more clearly in the policy.

10.3. A key debate focused on whether the reform risk should remain green or be considered for an amber rating due to increasing uncertainty and external delays. There was agreement that the current reform risk may be too broad, with suggestions to split it into separate risks (e.g. legislative reform, under-regulation issues, and public confidence).

10.4. Under-regulation concerns were highlighted, including areas such as cosmetics, managers, and weight-loss drugs.

10.5. The Mann Review implications were discussed as part of a broader reduced public confidence risk rather than a standalone top-level risk.

10.6. Additional risk considerations included regulatory scrutiny expectations (e.g. 'insufficient curiosity' in oversight) and potential duplication of regulatory roles.

10.7. Concerns were raised about increasing organisational pressure, workload, and resource capacity linked to expanding expectations from reforms and reviews.

10.8. The policy was accepted with an addition to explicitly reference the horizon scanning process feeding emerging risks into the register. The Board confirmed approval following agreement on this minor amendment.

11. Board annual workplan

11.1. The Director of Corporate Services introduced the item. The Board requested that a Strategy and Horizon Scanning item be added to the workplan for the January meetings.

11.2. Action: JC to add strategy and Horizon Scanning to the workplan for January.

12. Any other business

12.1. There was no other business discussed.

13. Questions from Members of the Public

13.1. There were no questions.

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

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

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Action Log

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

Mtg. Date	Item No.	Action point	Owner	Date required	Action progress	Status
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	
20 May 2026	5.4	Organise Board workshop on AI.	MV	October 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	Complete. Update included in Executive Report.	
15 July 2026	6.11	Bring the final Quality Mark report to the March 2027 Board meeting.	MV	March 2027	On track.	
16 September 2026	6.1	Share Mann Review action plan with Board.	MV	September 2026	Complete.	
16 September 2026	6.9	Share AI regulation joint statement with Board.	MV	September 2026	Complete.	

16 September 2026	6.15	Send the internal audit report on the performance review function to Scrutiny Committee.	GM	November 2026	Completed – provided to Scrutiny Committee at its November meeting	
16 September 2026	11.2	Add strategy and Horizon Scanning to the workplan for January.	JC	January 2027	Complete.	

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Chair's report

1.1 As you know, this will be my last Board meeting as Chair of the PSA after (almost) six years in role. As a former fitness to practise (FtP) panellist, trepidatious of ever being on the wrong side of a section 29 finding, I came into the PSA with huge respect for the organisation. That respect has only grown over the years. The s29 process works like clockwork and is an important safety valve in the system. Our performance reviews are greatly valued by the statutory regulators and help drive up standards. The recent work to develop and then embed new standards has been exemplary. The policy and communications teams have significant reach and impact; I particularly valued the recent Look Before You Book campaign. Over the last few years our equality, diversity and inclusion (EDI) work, both externally and internally, has made me very proud. Over my tenure it has also been fantastic to see the Accredited Registers programme move from one of fragility to an established, respected and growing programme. All our central functions run smoothly and support delivery of our strategy and business plans. But what has always impressed me the most has been the PSA's clear-eyed focus on public protection. Given all these strengths, it has been a genuine honour to chair this organisation.

1.2 I would particularly like to record my thanks to Alan. Alan is a dedicated, values-led CEO and it has been a real pleasure to work closely with Alan during my time as Chair. I would also like to thank Melanie Hueser. Melanie has, in the nicest way, kept me in check over the last six years, trying to make sure that I don't drop the ball. I am also very grateful to have worked with such dedicated and thoughtful staff and Board members. Finally, I am very grateful to Juliet for agreeing to take over as Interim Chair from 1 January 2027.

1.3 At the time of writing this report (which is earlier in the cycle than usual due to the requirement to translate all board papers into Welsh) I have held appraisal meetings with all but one Board member. 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.
- Strong support for Juliet as the incoming Interim Chair.
- General feeling that we have Board members with the right skills who are working well together.
- Strong desire to keep looking at the issue of AI and how it will impact on registrants and us.
- A suggestion that the Board should spend time thinking about the failures in maternity care and what role we might play in this area.
- Occasionally a feeling that the organisation can be too change averse with a tendency to revert to the way that things have always been done.
- Both ARC and Scrutiny Committee work well.
- Pleasure in the strong staff survey results.
- Strong support for the preventative agenda.
- DA members feeling much clearer about the role; you may remember at the time of the last appraisals DA members felt that the role was not sufficiently defined.

- A question about whether we spend sufficient time talking about the difference between the different nations in the UK and what this might mean for professional regulation and patient safety.

1.4 It is always interesting to reflect on what was not brought up in appraisals as well as what was. The AR programme, our work in EDI, IT and the issues at both the NMC and the PSNI were barely mentioned. With respect to these items, I believe that this probably reflects reduced concern from Board members or confidence that they are being well handled. Reform and FtP backlogs were also rarely raised. With respect to reform, this may be due to the glacial pace. It is interesting to reflect that when I applied for the role of Chair in late 2020, reform and the role the Chair might play in this agenda was a key part of the interview process. The reality is that very little progress has been made, and for many regulators reform still feels many years away. With respect to FtP backlogs, in my view it will be very important that the PSA Board does not accept the status quo and the arguments that can be made that it is beyond the powers of the statutory regulators to address these issues.

1.5 As Chair of the PSA, I have long felt that an area that we must push on is the lacuna in regulation across much of the UK when it comes to non-surgical cosmetic interventions. It was therefore great to see that on 21 October 2026, the government launched a consultation on proposals to strengthen regulation of high-risk cosmetic and wellbeing procedures in England. Under thr proposals, cosmetic surgery, including liquid Brazilian butt lifts, would be restricted to doctors, while specified high-risk non-surgical procedures, including vampire facials and deep chemical peels, could only be performed by doctors, dentists and independent-prescribing nurses, midwives and pharmacists. It is dismaying that there are currently no restrictions over who can carry out these 'no scalpel' procedures, which can harm or kill if not performed safely. The proposals would also restrict specified high-risk procedures to people aged 18 and over, subject to exceptions for NHS provision or the treatment of a medical condition, and would give the Care Quality Commission enforcement powers where providers fail to comply. The consultation runs until 13 January 2027, after which the Government will consider responses before taking forward the draft regulations. I hope that the PSA will continue to take a strong interest in this area and push for changes in Wales and Northern Ireland where patients, mainly women, will otherwise remain unprotected. In Scotland the rules are tighter.

1.6 On 16 October 2026, we held an online session for Board and Council members from the 10 statutory regulators to raise awareness of our new standards. 116 people joined the meeting, and almost all stayed for the entirety of the session. There is clearly a strong appetite for understanding our approach to performance reviews. There was strong support for making this an annual event, particularly as the turnover of Board and Council members is quite high.

1.7 I look forward to seeing you in Cardiff on 17 and 18 November 2026.

Caroline Corby
25 October 2026

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Executive report

1. Summary

1.1. In addition to our statutory duties, the key priorities for the organisation at this point in time are: (1) the Business Plan 2027/28 and Fees Consultation; (2) addressing the recommendations from the Mann Review; (3) delivering the commissioned work for the Scottish Government; (4) working with regulators to address fitness to practise volumes and backlogs; and (5) starting the recruitment process for a new Chair of the PSA.

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 September 2026 and November 2026 Board meetings, the Chief Executive attended a number of stakeholder engagement events, including the following.

- Attending the Health and Social Care Regulators Forum.
- Together with the PSA Chair, meeting Baroness Hayter to discuss the GMC approach to recording sex and gender on its register.
- Meetings with the CEOs of all the regulators to discuss the proposed PSA Business Plan and Budget for 2027/28.
- Chairing a quarterly information-sharing meeting of the PSA, DHSC and officials from the Devolved Administrations.
- Meeting the Department of Health in Northern Ireland (with the Board member for Northern Ireland) to discuss the performance of the PSNI and other regulatory matters in Northern Ireland.
- Chairing a meeting of the NMC Independent Oversight Group.
- Attending a meeting of the regulator Chief Executives Steering Group.
- Making a keynote presentation at the Canadian Network of Agencies for Regulation (CNAR) International Symposium in Montreal ('Successful regulation in a dynamic world') and participating in a panel session on leadership in regulation.
- Attending a meeting of the Advisory Group to the Patient Safety Commissioner for England.
- Recording two podcasts – on effective oversight regulation and right-touch regulation.
- Attending Lord Mann's Conference on antisemitism and other forms of racism in the NHS.

- Meeting the CQC Strategy Team (with the Assistant Director of Intelligence and Insight) to discuss the PSA approach to horizon-scanning.

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

- Attending a meeting of the Advisory Group to the Patient Safety Commissioner for England; and a separate meeting with the Patient Safety Commissioner.
- Together with the PSA Chair and Board Member for Northern Ireland, meeting the Minister of Health for Northern Ireland.
- Meeting NHS England to discuss the regulation of NHS managers.

Summary of risks

3.3. We have assessed the top three known risks facing the PSA as: (1) the backlogs of fitness to practise cases in some regulators – this situation is not improving and we convened a first meeting across regulators in October 2026 to discuss opportunities for improvement; (2) underperformance of the NMC and PSNI – we continue to review 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 supporting the implementation of additional safeguards for non-surgical cosmetics and the commissioned work under Strategic Aim 3.

Regulation and Accreditation

4. Performance Review

Reporting

General Chiropractic Council (GCC)

4.1. On 21 September 2026, we published our periodic review of the GCC's performance for 2025/26. Our assessment also included an audit of its fitness to practise (FtP) function. The GCC met 16 of the 18 Standards.

4.2. The GCC did not meet Standard 10 this year because two of the three sanctions imposed on registrants at final hearings were missing from the register. We therefore concluded that controls to ensure the register's accuracy were insufficient during the review period.

4.3. The GCC did not meet Standard 15 for the third consecutive year because of delays in its FtP investigations. Although timeliness improved at the earlier stages of the process, there was no material improvement in the time taken for cases to reach a final hearing. The GCC is addressing our concerns, and early signs of improvement suggest that the issues are not currently extremely serious. However, overall timeliness has not yet improved significantly, so we have written to the GCC's Chair in line with our escalation process to ensure a continued focus on this area. We will continue to monitor progress.

General Pharmaceutical Council (GPhC)

4.4. On 30 September 2026, we published our periodic review of the GPhC's performance for 2025/26. Our assessment also included an audit of its FtP function. The GPhC met 17 of the 18 Standards.

4.5. The GPhC again failed to meet Standard 15 because FtP cases continue to take too long to resolve. The median time to resolve cases from start to finish has risen annually since 2018/19. The number of older open cases also rose slightly this year, following a significant fall last year.

4.6. Under our escalation policy, we sent a written update on the GPhC's performance 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.

Nursing and Midwifery Council – Independent Oversight Group (IOG)

4.7. At its last meeting on 4 November, the IOG reviewed the NMC's recent staff survey results and considered the future of the Group.

5. Section 29

	1 April 2026 – 30 September 2026	1 April 2025– 30 September 2025
Decisions received by the PSA	1143	1128
Initial reviews (IRs) completed	640	719
Detailed Case Reviews (DCRs) completed	25	48
Statutory deadline decisions	0	4
Case meetings held (including S40B case meetings)	13	17
Appeals lodged	7	15
Learning points sent	143 on 106 cases	126 on 92 cases

5.1. Between 1 April and 30 September 2026, we received a similar number of final fitness to practise panel decisions to the same period last year (an increase of 1.3%).

5.2. We have completed fewer IRs than in the same period last year overall, with a decrease of 79 reviews (11%). As noted in the September Executive Report, the reason for the reduction in IRs overall in this period is difficult to identify with any accuracy, but 43% of decisions in this period were closed administratively (as cases not requiring an initial review) compared to 38% in the same period for 2025.

5.3. We continue to see a significant decrease in the number of DCRs carried out compared to the same period last year (25 compared to 48). We have completed DCRs on 3.9% of initial reviews completed this year, compared to 6.7% last year.

5.4. We also reduced the number of outsourced DCRs in comparison to the same period last year (16% compared to 42% last year). However, with the departure of one of our two

lawyers in July, this figure may increase until such time as our new lawyer begins and undergoes relevant training (see 5.13).

5.5. We have held eight fewer decision-making meetings so far this year, with no statutory deadline meetings being held (compared to four in the same period last year). A decrease in statutory deadline meetings is largely due to a combination of the completed s.29 process review and the efficiencies gained from this, along with lower case meeting numbers. We held case meetings in 52% of cases on which we undertook a DCR this year (compared to 35% for the same period in 2025). Aligned with the decrease in DCR numbers as identified at 5.3 above, this again suggests continued improvement in our scrutiny processes to ensure that only those cases where there are clear material concerns progress to the latter stages of our processes. This in turn makes better use of our internal resources.

5.6. We have appealed eight fewer cases compared to this period last year. As a proportion of cases on which we undertook an initial review, this was less in comparison to the same period last year: we appealed 1.1% of cases on which we undertook an initial review compared to 2.1% in the same period last year.

5.7. We lodged seven appeals between 1 April and 30 September; NMC/Haugh, NMC/Lole, GDC/Rahman (review), GPhC/Jones, NMC/Campbell, and we joined as a party to the GMC appeals of Elwan and Cook. One appeal lodged since 1 April has since been withdrawn owing to our success in the substantive appeal (Rahman review). Since the period reported in the September Executive Report, we have joined one further appeal (GMC/Cook).

5.8. We reported upon the outcome of three appeals between April and July 2026 in the September executive report. Since then, we have seen the conclusion of two further appeals (NMC/Juatco and HCPC/Volindan) both which settled by consent ahead of the hearing, with the cases remitted back to fresh FTP Panels. Several appeal hearings are due to take place in November; including NMC/Slocombe, NMC/Hughes, GMC/Elwan and HCPC/Thomson. The hearing of NMC/Stafford is due to conclude on 9 November after ending part-heard on 9 October. The high-profile appeal of GMC/Abu-Sitta is due to take place over two days on 26 and 27 January 2027.

5.9. Settlements are being explored in several other appeal cases, and all other Section 29 litigation is progressing.

5.10. As reported in the September Executive Report, we have started to instruct all of our panel solicitor firms to provide us with Counsel fee estimates on all appeal cases at the outset of proceedings, to enable us to better predict total costs in appeal cases and retain more control over those costs. This was put into practice recently in respect of the GMC/Cook appeal lodged in August, and our ability to scrutinise Counsel fee estimates from the outset of the proceedings led to a successful negotiated reduction in Counsel's fees.

5.11. We continue to make additional changes to our handling of costs in appeals. More recently this has included ensuring that costs associated with Counsel's completion of outsourced DCRs are recorded on Schedules of Costs to be recouped where we are successful.

5.12. We have sent 78 learning points on 59 cases to the NMC so far between 1 April and 30 September in comparison to 78 on 55 cases in the same period last year. Although there is little comparative change, 15 of the learning points sent between April and September

2026 relate to poor investigation, in comparison to seven in the same period last year. In the July and September Executive Reports, we noted that we had alerted the NMC to concerns regarding the sharp increase in poor investigation learning points. Correspondence with the NMC to address this issue remains ongoing with PR team colleagues. More generally, the next edition of the Learning Points Bulletin will be published in November 2026.

5.13. Our new Legal Review and Operations Officer commenced her 12-month fixed term role with us on 2 September. We have also recently completed recruitment for the vacant Lawyer position, and the successful candidate is due to start with us on 23 November. Finally, in light of our Lead Lawyer's 12-month secondment concluding on 30 October, we have since completed a recruitment round for a nine-month fixed-term Lead Lawyer position, with an offer made to the successful candidate. Their start date is yet to be confirmed.

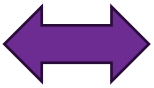
6. Appointments

6.1. Since the last update to the Board, we have provided the Privy Council with advice about a single completed appointments process. This was the HCPC's process which recommended the reappointment of a lay member. We were able to advise the Privy Council it could have confidence in the HCPC's process. We expect to receive a Notice of Recommendation shortly from the HCPC in relation to its recently completed interviews to select a new Chair of Council.

6.2. We have also in this period scrutinised an advance notice from the GPhC. We were satisfied with its plans to run a process to select a lay candidate to recommend for appointment to its Council.

7. Accredited Registers

7.1. At the end of September 2026, all six KPIs were achieved (see table below).

KPI	Met / Not Met	Performance	Direction of Change since Sept Board meeting
90% of full reassessments within three years	**Met**	**93% (26/28)**	
90% of annual checks within one year	**Met**	**96% (27/28)**	
95% of conditions are reviewed within two months of due date	**Met**	**100% (51/51)**	
100% of targeted reviews completed within four months:	**Met**	**100% (1/1)**	
90% of decisions on new Standard One applications made within four months	**Met**	**100% (3/3)**	
90% of decisions on full accreditation made in eight months of receipt	**Met**	**100% (2/2)**	

7.2. Performance against all but one KPI has remained stable. The introduction of the revised Standards and operational procedures has temporarily increased the amount of work required to conduct annual check assessments because we are thoroughly reviewing Accredited Registers against the new expectations in the Standards. This may mean we see some further slight degradation in performance that may take us slightly below KPI levels in coming months before we improve again. However, it is hard to give an accurate prediction because this largely depends on how Accredited Registers engage with the new expectations and queries we need to raise.

7.3. Following an Annual Check assessment, and Share Your Experience submissions, we have initiated a Targeted Review for Play Therapy UK (PTUK). The relevant Standards under consideration are:

- Standard 1 – Good governance
- Standard 5 – Standards and Guidance for Registrants
- Standard 7 – Quality Assurance of Education and Training
- Standard 14 – Investigating and resolving concerns – fairness

The Targeted Review is expected to be completed by April 2027.

Accreditation Decisions

7.4. The Association of Traditional Chinese Medicine (ATCM) full 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 are awaiting the response from the applicant before reconvening an Accreditation Panel.

7.5. We have engaged with the Care Professional Organisation (CPO) about the first stage of assessment in their Full Application. We have agreed that we will receive further documents prior to moving forward with the site visit and audits of functions. We are therefore anticipating that this application will complete later than planned, but still receive a decision in the first half of 2027/28.

7.6. The outcome for the Society of Health Play Specialists (SoHPS) was that the Eligibility and Public Interest standard was provisionally met. The outcome report will be published by the time of the Board's meeting in November.

7.7. The provisional Eligibility and Public Interest assessment for Eye Movement Desensitisation and Reprocessing UK (EMDRUK) is progressing and the Share Your Experience consultation has launched. We anticipate a decision in December 2026.

7.8. We are likely to have announced a new provisional Eligibility and Public Interest assessment for the British Association of Mindfulness-based Approaches (BAMBA). At the time of writing this paper we are awaiting the final step of receiving payment before we launch a Share Your Experience consultation.

Policy, Communications and Engagement

8. Policy

Regulatory reform

8.1. The Legislative Reform Programme Board met on the 30 October. The programme remains on track in so far as PSA planned actions; however, the programme's overall status remains Amber, reflecting dependencies on government decisions and legislative timetables.

8.2. The programme continues to operate in a context of external dependency, and the position is being kept under review as government timetables and consultation activity develops. We wait the next consultation on the GMC Order. There is a potential resource risk for the PSA if NMC and HCPC reform work becomes concentrated in 2027. The scope, legislative route and timescales for NHS managers assurance remain uncertain but we understand that more detailed planning is commencing shortly. Non-surgical cosmetics work is progressing through implementation in Scotland, and consultation on high-risk cosmetic and wellbeing procedures launched in England, details of which are set out in the Chair's report.

8.1. Programme level risks and dependencies are being actively managed, monitored and recorded, with mitigations in place where required where these are within the PSA's control. On 22 October, the Director of Policy and Communications part-chaired and delivered the keynote speech at the Westminster Health Forum session on regulatory reform, highlighting that legislation alone will not deliver effective, preventative

regulation. It must be complemented by continued collaboration and a stronger focus on listening and responding to concerns raised by the public.

PSA Mann review

8.2. Work against the PSA's Mann Review action plan continues at pace, with activity focused on delivery of the PSA-led or coordinated recommendations and preparation of the six-month progress report to the Health and Social Care Committee due in December. During this period, progress has been made on developing the initial scope for the good practice guidance for regulators on equality, diversity and inclusion issues (recommendation 19), which will focus on the handling of fitness to practise cases involving racism and antisemitism; preparations for the regulator workshop covering the same topic on 24 November; and arrangements to take forward coordination of work under recommendation 18 on public information and routes for raising concerns. The PSA is also continuing to coordinate inputs across regulators, with work on track, but with the overall internal RAG rating for the programme remaining Amber due to the volume of interdependent actions that must be completed over the coming weeks.

AI and professional regulation

8.3. The PSA and MHRA continue to co-chair work to develop shared high-level principles for the safe and ethical use of AI by health and care professionals, with patient and public research now underway to test the emerging principles. The Government's response[1] to the National Commission into the Regulation of AI in Healthcare has also identified the PSA as a partner in work to clarify accountability across manufacturers, providers, professionals and regulators, providing an important link between this work and the wider national approach to AI regulation.

Research

8.4. The tender for our research entitled 'What more could pre-registration education and training of health and care professionals do to uphold professionalism, encourage positive working cultures and prevent future misconduct?' was open between 16 September and 14 October. At the time of writing, we are reviewing the broad range of proposals received in response to the tender. The research is due to start in mid-November.

Consultations

8.5. Since the last update to the Board the PSA has submitted responses to a number of consultations and calls for evidence, including the General Chiropractic Council consultation on guidance on sanctions, the Senedd Health and Social Care Committee call for evidence on Priorities for the Seventh Senedd, and the General Dental Council consultation on its Framework for Professionalism.

8.6. On 26 November, the Director of Policy and Communications will give oral evidence to the Committee for Communities on the Northern Ireland Conversion Practices Bill. This follows our response to the consultation, which focused on the implications of the proposals for professional regulation.

[1] Government Response to the National Commission's Recommendations on the Regulation of AI in Healthcare. - GOV.UK

Parliamentary events

8.7. Preparations continue for the PSA's programme of parliamentary engagement across the four UK nations. By the time the Board meetings, the joint PSA and All-Party Health Group (APHG) reception in Westminster on 11 November will have taken place. The event provided an opportunity to engage parliamentarians and stakeholders on the contribution of professional regulation to patient safety, workforce reform and wider health and care priorities.

8.8. Work is also continuing on the Northern Ireland parliamentary event at Stormont. Following a decision to reschedule the event from October 2026, a revised date in January 2027 has been agreed, with agenda planning, speaker engagement and stakeholder liaison progressing in partnership with parliamentary sponsors. Together, these events support the PSA's objective of raising awareness of the value of effective professional regulation and strengthening relationships with policymakers across the UK.

Wales stakeholder engagement

8.9. Over the summer the PSA undertook a Wales Engagement Survey to better understand stakeholders' priorities for engagement in Wales, including issues they would like the PSA to focus on and preferred approaches to engagement. The survey received 27 responses. The findings highlighted patient safety and prevention, workforce pressures, fairness and consistency in regulatory processes, and professional regulation in Wales as key areas of focus. Respondents expressed a preference for collaborative, interactive engagement, alongside a mix of online and in-person approaches. Wider feedback emphasised the importance of reflecting the Welsh context, including Welsh language, rurality and health inequalities, and of engagement being inclusive and responsive to stakeholder feedback.

8.10. The findings provide useful insight into stakeholder views, although the relatively small number of responses should be taken into account. The findings will be considered alongside wider stakeholder perception work to inform the PSA's future approach to stakeholder engagement in Wales. In the meantime, we have discussed with the PSA Board member for Wales, and planned a provisional sequencing of engagement to build on engagement as part of the Cardiff Board meeting and inform our planned event in the Senedd in 2027.

Regulation of non-surgical cosmetic procedures in Wales

8.11. We are pleased to see Senedd research published on the parliament website on the regulation of non-surgical cosmetic procedures. The research cited the PSA's advocacy work in several places including a link to the manifesto we developed and promoted in the run-up to the Senedd elections earlier this year.

9. Communications and engagement

PSA website

9.1. Changes to improve the accessibility of our website continue to be made, with a set of adjustments deployed to the live site in October. As previously reported, this is ongoing work with further improvements planned. The Cabinet Office highlighted some areas for us to focus on as part of their regular auditing of a sample of public sector sites. Some of this work was already included in our plans and we will be reporting our progress on addressing them to the Cabinet Office before the end of the year.

9.2. We have contracted an agency to support our AI optimisation work, beginning in November. The initial contract is for a period of six months at the cost of £6,955. This is being funded from the existing communications budget. The aim is over time to increase PSA's visibility, discoverability, authority and accuracy in AI overviews.

Look Before You Book Campaign

9.3. The campaign continues to raise awareness of the Accredited Registers Quality Mark and encourage people to make informed choices when accessing health and wellbeing services.

9.4. The campaign has combined digital and outdoor advertising, influencer partnerships and media outreach, using messaging which focuses on counselling and psychotherapy, non-surgical cosmetics and private pregnancy scans.

9.5. Performance to date has been encouraging with over 1.76 million advertising impressions generated to 12 October. Meta has been particularly effective in driving engagement, generating nearly 8,000 landing page views.

9.6. Six influencer partnerships have helped to extend the campaign's reach to new audiences, using trusted voices to communicate the importance of checking practitioner credentials. The results from this activity are being collated by our partner agency and will be shared as soon as it's available.

9.7. PR activity has drawn on new consumer research commissioned by the PSA and real-life experiences to highlight gaps in public understanding of regulation and the importance of making informed choices. We were pleased to secure coverage on the BBC website and in Marie Claire.

9.8. Work is also progressing on more generic campaign materials to promote the Quality Mark across the wider range of occupations covered by Accredited Registers.

9.9. Performance continues to be monitored and optimised, with learning informing the next phase of activity. Follow-up polling in Q4 to assess changes in recognition and understanding of the Quality Mark.

10. Intelligence and Insight

10.1. Planning is underway for the research conference on 24 February at Coin Street conference centre with our partners Professor Ann Gallagher, Brunel University, and Professor Robert Jago, RHUL. The first notice of the event and call for content proposals has been issued to stakeholders. The theme of the event will be regulation, education and the workforce. Content proposals and abstracts have been requested by 3 December with the plan to issue the programme for the event, and open online registration, before Christmas.

10.2. We will shortly be inviting proposals from academics to partner with us for this event in 2027-28 and beyond.

10.3. We continue to receive invitations to present on Right-touch regulation. The AD(I&I) will be giving presentations to the Medical Council of Ireland and stakeholders on 5 November, and to the Compassion in Regulation Forum on 24 November.

10.4. Work is underway on a project to identify principles of good preventative regulation, to complete by the end of the financial year. An update on progress will be provided at the meeting.

Corporate Services

11. IT

11.1. For the first time, independent penetration testing identified no high or critical vulnerabilities across PSA's internal and external facing systems. This reflects our cloud-first approach, together with ongoing proactive work by the IT team to identify, manage and remediate cyber security risks.

11.2. PSA now benefits from £1m of cyber insurance cover, providing access to specialist support and financial protection in the event of a cyber incident.

12. Finance

12.1. The latest Finance Report is on the agenda.

13. People

13.1. Natasha Jones will be joining us as a Lawyer in the S29 team on 23 November 2026.

13.2. Dinah Godfree left the PSA on 18 September 2026. Jonathan Everett will be starting on 4 January 2027 in the role of Head of Policy.

13.3. Lewis Stubbs (Lead Lawyer) left the PSA on 30 October 2026. A successful candidate has been appointed to the 9-month secondment post, subject to paperwork.

13.4. Ana Cojocaru (Finance Administrator) will be returning from maternity leave on 16 November 2026. Anne Moguem, who has been in the role for the duration of the maternity leave period, will be leaving us on 25 December 2026.

13.5. Meenakshi (Accreditation Officer) will be returning from maternity leave on 1 December 2026.

13.6. Helena Gackowska (Accreditation Officer) will be leaving us at the end of her fixed term contract on 23 November 2026.

13.7. In the 2026-29 People Strategy we committed to reviewing the organisational values and making any necessary changes. In September, ELT discussed the approach and agreed a proportionate, evidence-led review examining relevance, understanding, behaviour and impact. At the Staff Corporate Day in September, we carried out a Values Reality Check exercise. We have gathered evidence from that exercise, the 2025 Culture Assessment and the 2025 staff survey. ELT reviewed the evidence on 19 October and have agreed the next step which will be to conduct a further staff survey based on conclusions from the evidence gathered to date.

13.8. We will shortly be starting work on planning a recruitment campaign working with Nominations Committee to appoint a new Chair to replace Caroline.

14. Governance

14.1. The audits on the s29 Case Management System and Payroll were both finalised and discussed at the recent Audit and Risk Committee (ARC) meeting.

14.2. The internal audit on Internal Communications is in progress.

15. EDI

15.1. The expanded PSA Equality Impact Assessment (EIA) Toolkit has been launched. The five-part toolkit consists of the current corporate EIA template and the EIA template notes, which support staff to complete the template correctly. In addition, the toolkit now includes new sections that covers general EIA guidance, an EIA checklist and a corporate EIA action tracker. The EIA guidance sets out eight key steps for completing a good EIA and introduces our commitment to publish EIAs on our website—an action from the 2025/26 EDI self-assessment. The EIA checklist will be used by ELT to review the organisation wide impact of EIA work and to identify where improvements can be made to our EIA work.

15.2. We have completed work on PSA's EDI self-assessment for 2025/26 against Performance Review (EDI) Standard 3. At the ELT workshop in September, ELT agreed that we continue to meet the EDI standard. A summary report has been shared with the Board and sent to the Regulators and Accredited Registers.

15.3. In October we announced that we had achieved a Silver TIDE award in recognition of our work to build a more inclusive workplace https://www.professionalstandards.org.uk/news-and-updates/news/psa-receives-silver-tide-award-workplace-inclusion

15.4. This was the PSA's first year taking part in the Talent Inclusion and Diversity Evaluation (TIDE) diversity, equality and inclusion self-assessment and benchmarking tool developed by Onvero. Our final evaluation score was shared previously with the Board.

KPIs up to 30 September 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]	1143 [1128]
	Number of Cases considered at a s29 case meeting or statutory deadline meeting [compared with same period last year]	13 [21]
	Appeals lodged [compared with same period last year]	7 [15]
	100% of relevant decisions considered within statutory deadline	99.9% [99.8%] [2]
Performance Reviews	100% of 2025 performance reviews published within three months of end of review period	100% (4/4)
Public concerns about Regulatory bodies	100% of concerns acknowledged within five working days since 1 April 2026	99.6% (232/233)
Accredited Registers – current processes	90% of Registers have a full assessment within three years of the previous assessment.	93% (26/28)
	90% of decisions about the annual check within one year of the previous assessment.	92% (27/28)
	95% of Conditions are reviewed within two months of when they were due.	100% (51/51)
	100% of targeted reviews are completed within four months of the date initiated.	100% (1/1)

[2] One decision was sent to us after our deadline for appeal had expired.

	90% of decisions about new Standard 1 applications are made within four months of receipt. 90% of decisions about full accreditation (Standards 2-9) are made within eight months of receipt.	100% (3/3) 100% (2/2)
Finance	Budgeted income / expenditure variance less than 5%	5.1% (2738/2884)
IT	85% of helpdesk calls to be closed within 1 day System unavailability below 10 hours	100% (199/199) 0 Hours
Information security	No incidents reported to the Information Commissioner's Office	0
Information requests (FOI / SAR / EIR)	All (100%) Subject Access Requests dealt with within statutory deadlines All (100%) Freedom of Information Act requests dealt with within statutory deadlines	2/2 24/24
Complaints	100% of complaints acknowledged in five days Response to all complaints to be completed within 28 days	2/2 2/2
Social media (1 August – 30 September)	Total number of followers across our social media channels (compared with same period last year in brackets) Number of new followers across our social media channels (compared with same period last year in brackets) Number of engagements with our social media posts (compared with same period last	10,002 [8,556] 404 [261] 629 [630]

	year in brackets). *Engagements include likes, reactions, comments, replies and shares*. NB: All data in this section based on most recent reporting period.[3]	
Website usage (1 August – 30 September)	Data on website usage since last reporting period with same period last year in brackets • Total page views across the website • Check a Practitioner landing page and practitioner specific pages • Accredited Registers home page and related Accredited Registers pages NB: All data in this section based on most recent reporting period.	66, 614 [80,700] 17, 084 [23,834] 9,252 [11,962]

[3] 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	30/10/2026

Overall Project Portfolio RAG	GREEN

Overall Status Commentary
Healthcare science commission for Scottish Government – Evidence gathering and analysis has continued during October. Good progress has been made in securing stakeholder evidence, although delays in receiving data from primary sources are creating some pressure on the original timetable. **Good Practice Guidance** – The project is underway and has moved into evidence gathering and further scoping, including engagement with regulators and PSA colleagues. Work remains on track for publication in September 2027.

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
Healthcare Science (HCS) Right-touch assurance assessment - commission for the Scottish Government	Melanie Venables	26/08/26	29/04/27	29/04/27	£0[1]	£0	**A**	• **October 2026** – Evidence gathering and analysis has continued during October. Good progress has been made in securing stakeholder evidence, although delays in receiving data from primary sources are creating some pressure on the original timetable. The team is following up outstanding data while progressing analysis of the evidence already received, including consideration of patient harm and risk. • The programme remains focused on providing final advice to the Scottish Government in April 2027, although

[1] Project is fully funded by the Scottish Government. Expenditure is covered by the agreed commission income, therefore budget monitoring is focused on delivery within the commissioned resource envelope rather than against a separate PSA project budget.

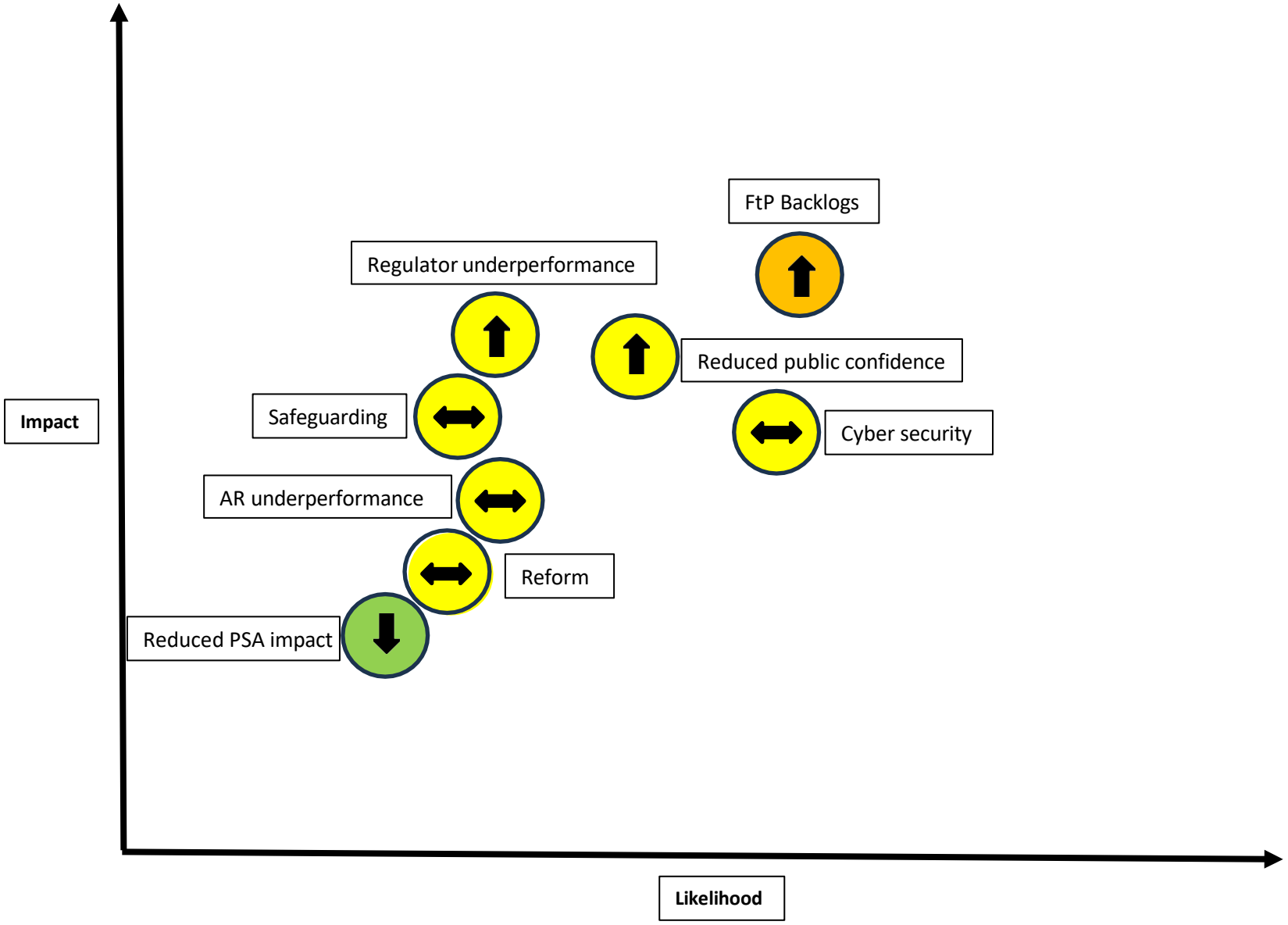
Project / Programme	Owner / Lead	Start Date	Baselined End Date	Current End Date	Planned Budget	Current Expend	Project RAG	Project Status Commentary
								the implications of the evidence-gathering delays for the interim milestones are being kept under review.
Good Practice Guidance – how regulators deal with Fitness to Practise cases involving racism and antisemitism	Melanie Venables	21/09/26	30/09/27	30/09/27	£0	£0	**G**	• **October 2026** – The overall focus of the guidance, project brief and detailed delivery plan have been developed and agreed. The project has moved into evidence gathering and further scoping. The proposed scope and priority issues are being tested with regulators and PSA colleagues, including through a regulator survey to help refine the scope and identify relevant evidence sources, alongside an evidence review. Upcoming milestones include completion of the scoping survey and a regulator workshop in November, followed by analysis and drafting of the guidance from December. Publication remains planned for September 2027.

Key Risks	Mitigations
HCS Commission: Lack of / difficulties with accessing primary data	• Close working with Scottish Govt officials to access primary data held by Health Boards in particular • Proactive stakeholder management • Clarity on data protection and application of Freedom of Information (FOI) • Appropriate IT software in place
Good practice guidance: Sensitivities relating to subject matter and/or Mann Review	• Engage with a diverse range of groups • Monitor stakeholder responses to wider Mann review recommendations

recommendation stakeholder responses lead to criticism of the guidance.	• Ensure robust scoping and evidence gathering to support guidance

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

PSA Risk Dashboard (Residual Risk): November 2026



PSA Strategic Risk Register: November 2026

Risk Description	Causes and Effects	Inherent Score	Existing Controls	Assurance and Level	Residual Score	Target Score	Planned Actions	Commentary
Risk description **[1]** Fitness to practise backlogs compromise regulatory effectiveness. **Risk Owner**: GM **Risk Lead:** AD-B **Last Updated:** 30 September 2026 **Last Reviewed:** 30 September 2026	**Causes** • Increasing referrals • Ineffective FtP processes • Lack of resources • Third party delays **Effects** • Negative impact on complainants, witnesses and registrants • Increased costs • Reduced public protection • Reduced public confidence in regulation	**I = 3** **L = 4** **17** **HIGH**	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**	**I = 3** **L = 3** **13** **MEDIUM**	**I = 2** **L = 2** **5** **VERY LOW**	Convening regulators to consider what radical changes are needed to help address backlogs. **[Director of R&A; October 2026]** Further analysis of the different causes of backlogs through the PR process. **[Director of R&A; ongoing]**	Increasing. Issues not being addressed, and existing controls having limited impact due to increases in referrals to regulators. PSA outputs emphasise the importance of quality. Additional interventions needed during 2026/27 to try to reduce backlogs, including additional analysis of causes and convening regulators. Degree of PSA control: **medium.** Within risk tolerance: **no – further action needed.**
			Escalation process to highlight poor performance to the Secretary of State and HSC Committee	Action by SoS and/or HSC Committee Assurance level: **low**				
			Section 29 process can identify concerns about FTP quality. Section29 publishing blogs and LP bulletins on areas of concern identified and/or appeals.	Tracking issues in individual cases and across cases. Assurance level: **high**				
			Information from our Concerns function discussed regularly with the PR/s29 teams and quarterly at SMT	Analysis of volume and nature of concerns; follow up by PR/s29 teams. Assurance level: **medium**				
			Monitoring of regulator Council meetings to ensure continued focus on dealing with any backlogs	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
Risk description **[2]** Risks to the public arising out of poor practice by the regulators are not identified by the PSA and/or not addressed by regulators. **Risk Owner**: GM **Risk Lead:** AD-B **Last Updated:** 30 September 2026 **Last Reviewed:** 30 September 2026	**Causes** • Regulator poor performance • Performance information not shared with PSA • PSA analysis does not identify performance risks **Effects** • Performance issues not addressed. • Reduced confidence in PSA • Issues with registrant competence and/or conduct • Reduced public protection • Reduced public confidence in regulation	**I = 3** **L = 3** **13** **MEDIUM**	Monitoring and reporting by the PSA, including performance reviews (new standards, including governance) and associated stakeholder feedback	Performance data, standards met and stakeholder feedback Assurance level: **moderate**	**I = 3** **L = 2** **9** **LOW**	**I = 2** **L = 2** **5** **VERY LOW**	PR processes undergoing changes to be more risk-based. **[Head of PR; ongoing]** Following up on s29 learning points in the PR process. **[Head of PR; ongoing]**	Increasing risk due to major underperformance at the NMC (and, to a lesser extent, the PSNI). Degree of PSA control: **high.** Within risk tolerance: **no – further action needed.**
			Section 29 process can identify concerns about registrants and processes	Section 29 collaborative work with PR team; plus direct feedback to regulators via appeals and learning points. Assurance level: **moderate**				
			Monitoring of concerns raised about regulator performance	Concerns Officer liaison with PR and s29 teams; plus quarterly analysis of concerns and reporting to SMT. Assurance level: **moderate**				
			Horizon scanning, media and stakeholder monitoring	Possible issues at regulators identified via media/other. Assurance level: **low**				
			Establishment and chairing of the Independent Oversight Group (IOG) for the NMC from September 2024.	Additional oversight for largest and most underperforming regulator, involving a wide range of stakeholders. Assurance level: **moderate**				

Risk Description	Causes and Effects	Inherent Score	Existing Controls	Assurance and Level	Residual Score	Target Score	Planned Actions	Commentary
Risk description **[3]** Risks to the public arising out of poor practice by the Accredited Registers are not identified by the PSA and/or not addressed by ARs. **Risk Owner**: GM **Risk Lead:** OA **Last Updated:** 30 September 2026 **Last Reviewed:** 30 September 2026	**Causes** • AR poor performance • Performance information not shared with PSA • PSA analysis does not identify performance risks **Effects** • Performance issues not addressed. • Reduced confidence in PSA • Issues with registrant competence and/or conduct • Reduced public protection • Reduced public confidence in AR	**I = 3** **L = 3** **13** **MEDIUM**	Monitoring and reporting by the PSA, including the (re)accreditation processes (including powers to set conditions and recommendations)	Performance data, standards met, conditions and/or recommendations addressed, and stakeholder feedback Assurance level: **moderate**	**I = 3** **L = 2** **9** **LOW**	**I = 2** **L = 2** **5** **VERY LOW**	Implementation of new standards and procedures **[HoA; ongoing from July 2026].**	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. Degree of PSA control: **high.** Within risk tolerance: **no – further action needed.**
			Public interest test.	Assessment of whether the AR comes under the remit of the PSA and if accreditation would be in the public interest. Assurance level: **moderate**				
			Horizon scanning, media and monitoring	Possible issues at ARs identified via media/other. Assurance level: **low**				
			Monitoring of concerns raised with AR team about AR performance	Possible issues at ARs identified via concerns. Assurance level: **low**				

Risk Description	Causes and Effects	Inherent Score	Existing Controls	Assurance and Level	Residual Score	Target Score	Planned Actions	Commentary
Risk description **[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. **Risk Owner**: MV **Risk Lead:**- HoP **Last Updated:** 30 September 2026 **Last Reviewed:** 30 September 2026	**Causes** • Not a government priority • Insufficient DHSC and/or regulator resources • Poor quality legislation • Slow and ineffective implementation • Insufficient resources **Effects** • Very slow pace of reform • Challenges in oversight of regulators at various stages of reform • Reduced regulatory effectiveness with too few corrective safeguards	**I = 3** **L = 3** **13** **MEDIUM**	The PSA has a clear view on the risks associated with reform and prioritises those that pose greatest risk to the public.	Clear PSA position on reform and public protection opportunities and risks Assurance level: **moderate**	**I = 3** **L = 2** **9** **LOW**	**I = 2** **L = 2** **5** **VERY LOW**	Legislative Reform Programme Board monitoring developments and engaging with DHSC/DA and regulators to shape future reform. **[DP&C, Policy Manager; ongoing]**	The GMC Order has 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, with further delays to GMC Order. Degree of PSA control: **low.** Within risk tolerance: **no – further action needed**
			Communications to encourage understanding of PSA's work and support stance on regulatory reform. Contributing to decisions on reform for the GMC through response to DHSC consultations.	Presentations, consultation responses, stakeholder engagement present consistent position on reform. Assurance level: **low**				
			Published guidance to support the effective implementation of reform.	Guidance published in 2025; further guidance will be considered in the light of the GMC Order. Assurance level: **moderate**				

Risk Description	Causes and Effects	Inherent Score	Existing Controls	Assurance and Level	Residual Score	Target Score	Planned Actions	Commentary
Risk description **[5]** PSA is not seen to be relevant and beneficial, or any benefits are outweighed by costs and administrative burdens. **Risk Owner**: AC **Risk Lead:** AC **Last Updated:** 30 September 2026 **Last Reviewed:** 30 September 2026	**Causes** • 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 **Effects** • Fees not approved • Challenge and scrutiny from parliament, DHSC, DA and media • Changes to PSA oversight role	**I = 3** **L = 2** **9** **LOW**	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. Horizon scanning and media monitoring to keep abreast of emerging issues. Communications and Engagement Strategy and associated plans.	Consultation on strategic plan, business plans and fees to seek feedback on PSA priorities. Assurance level: **moderate** Quarterly horizon-scanning in place to inform business plan priorities and in-year reaction to emerging issues. Assurance level: **moderate** PSA priorities, actions and positive impact shared with all stakeholders. Assurance level: **moderate**	**I = 2** **L = 2** **5** **VERY LOW**	**I = 2** **L = 2** **5** **VERY LOW**	Business planning to be kept under review in the light of external events which may change PSA priorities. **[CEO; ongoing]** Standards Review and use of Right-Touch Regulation in our work (including developing new risk assessment tools for PR). **[DoRA; ongoing]**	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, AI Commission and the Mann Review. Key stakeholder on reform. Degree of PSA control: **high.** Within risk tolerance: **yes.**

Risk Description	Causes and Effects	Inherent Score	Existing Controls	Assurance and Level	Residual Score	Target Score	Planned Actions	Commentary
Risk description **[6]** A cyber-attack leads to: IT system unavailability leaving PSA unable to operate BAU; or loss of sensitive information. **Risk Owner**: JC **Risk Lead:** AB **Last Updated:** 30 September 2026 **Last Reviewed**30 September 2026	**Causes** • Direct cyber-attack on PSA systems • Human error permits attack (such as phishing) or loss of information **Effects** • 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.	**I = 4** **L = 3** **18** **HIGH**	Cyber security controls in place and tested and reviewed regularly.	Control score reported quarterly to SMT as part of IT Report. Controls include multi-factor authentication, device and endpoint security, vulnerability scanning, access reviews, backups, monitoring and incident response. Level of assurance: **moderate**	**I = 3** **L = 2** **9** **LOW**	**I = 2** **L = 2** **5** **VERY LOW**	Schedule next Penetration Testing September 2026	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. Degree of PSA control: **medium.** Within risk tolerance: **no – further action needed.**
			Annual information security training for all staff and the Board	Quality of training (including assessment) verified by DPO. Annual compliance checked by HR. Level of assurance: **low**				
			Regular attack simulation emails sent to staff to increase cyber awareness	Variety of approaches used. Non-compliance followed up with informal training and re-assessment. Level of assurance: **low**				
			Annual Penetration testing and Cyber Essentials Plus Assessment	Penetration test report plus Cyber Essentials Plus accreditation. Level of assurance: **high**				
			Weekly monitoring of data loss prevention audit logs by the IT team	Weekly reports and mitigating actions. Level of assurance: **moderate**				

Risk Description	Causes and Effects	Inherent Score	Existing Controls	Assurance and Level	Residual Score	Target Score	Planned Actions	Commentary
Risk description **[7]** Inconsistent approaches to accessing criminal record checks by the regulators and ARs could lead to an individual who poses a risk to the safety of the public being able to register. **Risk Owner**: GM **Risk Lead:** AD-B/OA **Last Updated:** 30 September 2026 **Last Reviewed:** 30 September 2026	**Causes** • 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 **Effects** • Public exposed to risks of harm from professionals with criminal convictions.	**I = 3** **L = 3** **13** **MEDIUM**	Escalation of this risk with DHSC and other stakeholders.	Regular reporting of risk. Assurance level: **low**	**I = 3** **L = 2** **9** **LOW**	**I = 2** **L = 1** **3** **VERY LOW**	Application of new standards and effects of the removal of the supervision exemption to be monitored through assessments of regulators and ARs.	Risk remains unchanging and low following introduction of new standard, new processes and assurance from data analysis. Degree of PSA control: **medium.** Within risk tolerance: **no – further action needed.**
			New standards have changed our expectations on criminal convictions checks.	Seeking assurance from regulators and ARs that appropriate and proportionate checks are carried out as part of admission and ongoing suitability to remain on registers. Assurance level: **moderate**				
			Collecting data to support our analysis of the extent of risks arising from failure to disclose convictions.	PR, s29 and AR data being used to assess issues arising from failure to disclose. Assurance level: **low**				
			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)	Focus on potential higher-risk group of self-employed. Assurance level: **low**				

Risk Description	Causes and Effects	Inherent Score	Existing Controls	Assurance and Level	Residual Score	Target Score	Planned Actions	Commentary
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. **Risk Owner**: MV **Risk Lead:** HoP **Last Updated:** 30 September 2026 **Last Reviewed:** 30 September 2026	**Causes** • Issues of significant harm associated with regulator poor performance • Public assumptions about regulatory coverage and the impact of regulation on risk • Perceptions of under-regulation in certain sectors, such as cosmetics • Changing job roles **Effects** • 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	**I = 3** **L = 3** **13** **MEDIUM**	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.	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**	**I = 2** **L = 3** **8** **LOW**	**I = 2** **L = 2** **5** **VERY LOW**	Supporting the implementation of additional safeguards for non-surgical cosmetics. Consultation live autumn 2026. **[DoPC; ongoing]** 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]** Scottish Government Commission **[2026/27] [DoPC; ongoing]** Providing advice on the regulation of NHS managers (initially a barring scheme) **[DoPC; ongoing]**	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. Thirlwall Inquiry seeking rapid action on regulation of NHS managers. Degree of PSA control: **low.** Within risk tolerance: **no – further action needed.**
			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.	Tool in use; requires further development; may not lead to steps to mitigate risks. Level of assurance: **low**				
			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	Feedback useful for PR and AR, but quality of evidence may be variable. Level of assurance: **low**				
			Better reporting of performance to identify required areas for improvement.	Improvements made to reports in recent years; greater use of recommendations from April 2026. Level of assurance: **low**				
			Right-touch regulation includes an explanation of the role (and limits) of regulation.	Awareness of regulation among the general public remains low. Level of assurance: **low**				

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.

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professional standards authority
for Health and Social Care

Finance report

Date: 18 November 2026

Title: Finance report

Author: Marija Hume

Responsible Director: Jane Carey

Paper for Information

Open paper

1. Executive summary as at 30th of September 2026

Regulatory Activity

1.1. Regulatory Activity is forecast to close the 2026/27 financial year with a deficit of £276k (£29k lower deficit than reported at the September Board meeting) compared with a budgeted deficit of £168k. The budgeted deficit reflects the planned refund to regulators through fee reductions.

1.2. The forecast position is primarily driven by higher than budgeted Section 29 legal costs. As reported last financial year, a number of Section 29 hearings have taken place later than originally anticipated in 2025/26, resulting in a higher level of costs being incurred in 2026/27. The forecast also includes two unsuccessful cases where PSA is liable for both its own legal costs and the costs of the regulators and registrants.

1.3. The forecast also includes an additional £65K for a commissioned research project that was postponed from 2025/26.

Accredited Registers

1.4. The Accredited Registers programme is currently forecast to perform broadly in line with budget, apart from communications costs due to a number of projects. Approval has been received to use funds from unrestricted reserves to fund these.

Commissions

1.5. 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 (which is line with actual expenditure so far).

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	300	79
Investment interest	139	100	124	24
Conferences income	8	0	6	6
Total income	**5,733**	**5,924**	**6,033**	**109**
Staff costs	3,796	4,106	4,031	75
Recruitment costs	27	15	10	5
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	355	(21)
Audit costs	67	80	76	4
IT costs	159	223	216	7
Board appointments	3	0	28	(28)
Board remuneration/expenses	140	154	168	(14)
Depreciation/Capital costs	54	50	50	0
Conferences	30	52	40	12
Commissioned Policy advice and research	7	90	155	(65)
Comms	19	16	31	(15)
Other policy costs	79	125	119	6
Direct S29 legal costs and case review	506	607	812	(205)
Other costs	95	92	70	22
Total admin costs	**1,644**	**1,986**	**2,278**	**(217)**
Surplus/(deficit)	**293**	**(168)**	**(276)**	**(108)**

2.2. £21k 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. £14k overspend in Board remuneration and expenses due to timing differences between forecast and actual costs incurred, including costs associated with the Board effectiveness review.

2.4. Board appointments now includes the costs of recruiting a new Chair in 2026/27 instead of in 2027/28.

2.5. £205k overspend in Section 29 legal costs and case reviews due to the timing of hearings, with a number of cases progressing later in the year than originally anticipated, resulting in higher costs being incurred during the year. The overspend also reflects increased Section 29 activity and includes two lost cases (PSNI and GMC) where PSA is liable for both its own legal costs and the costs of the regulators and registrants (cost totalling to about £150k).

2.6. £79k 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.

2.7. £65k overspend in commissioned policy and research are additional funding for research that has been approved by board.

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	800	2
Staff costs	466	494	487	7
Comms Costs	13	80	114	(34)
Overheads	193	206	206	0
Others	3	11	13	(2)
Surplus/(Deficit)	**98**	**7**	**(20)**	**(27)**

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	3,336	110
Social Security	407	481	426	55
Pension	597	673	659	14
Temp/Agency	211	0	97**	(97)
Total staff costs	**4,378***	**4,600**	**4,518**	**82**

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

** seconded staff – offset against underspend in salaries

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**	**50**	**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	9,368	(90)
Total assets	**10,043**	**11,431**	**11,341**	**(90)**
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**	**2,436**	**(90)**
Reserves				
Unrestricted	972	979	997	18
Restricted	1,715	1,547	1,439	(108)
Total Reserves	**2,687**	**2,526**	**2,436**	**(90)**

8. Cashflow

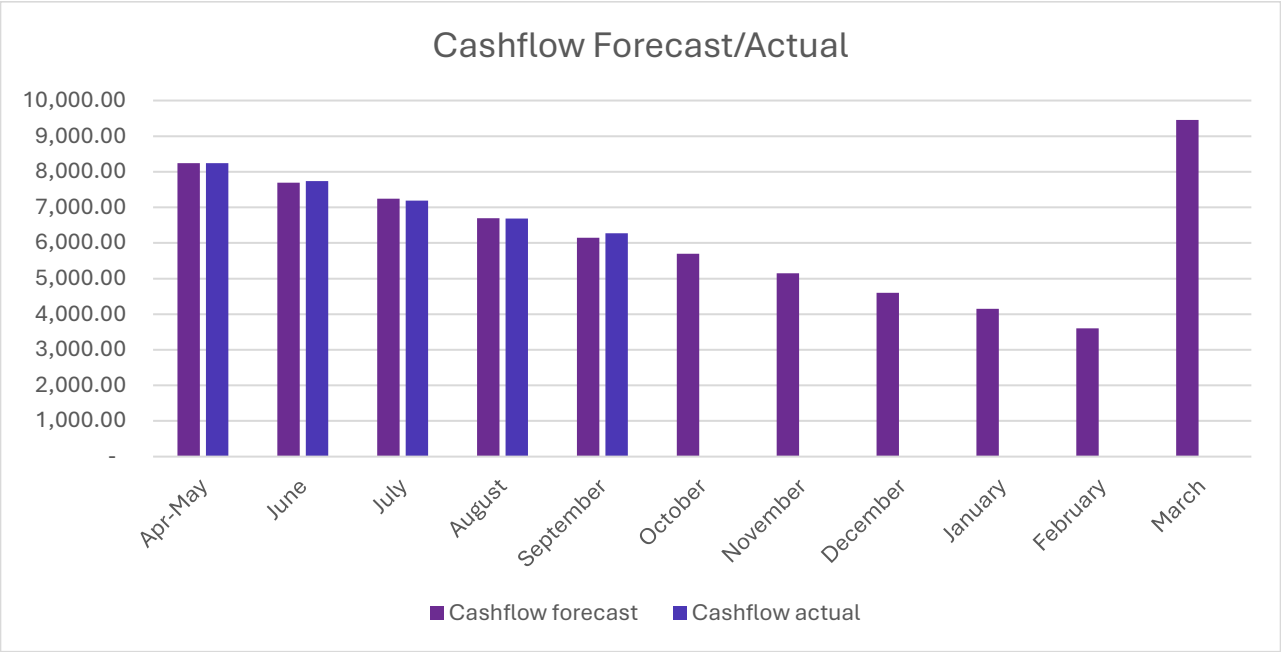
Cash and investments as at 01/04/2026	7,910	7,910
Income	**Projected (Full year)**	**Actual (year to date)**
Fees Income	7,030***	1,430*
Accredited Registers	1,080****	105
Interest	100	65
S29	221	106**
Other	0	0
Total Income	**8,431**	**1,706**
Outgoings		
Payroll	4,600	2,194
Other costs	2,283	1,152
Total Outgoings	**6,883**	**3,346**
	31/03/2027	**31/07/2027**
Cash and investments	**9,458**	**6,270**

*Five regulators had 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



professional standards authority
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COMMITTEE ALERT, ADVISE, ASSURANCE REPORT TO BOARD

Committee:	**Audit and Risk Committee**
Meeting Date:	**12 October 2026**
Chair:	**Nick Simkins**

KEY ITEMS DISCUSSED AT THE MEETING				
TO ALERT (alert the Board to any areas of particular importance or urgency)				
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)				
Issue	**Committee Update**	**Assurance Received**	**Action**	**Timescale**
Internal Audit	RSM provided a progress update. Three audits have been completed since the last update. Performance Management Standards, S29 CMS and Payroll. Internal Communications audit was nearly complete.	All three audits received Reasonable Assurance. S29 CMS audit also provided some advisory elements.	Recommendations made 3 Low 6 Medium 0 High	Individual implementation dates have been agreed for each.
Risk Management Policy	The Committee annually reviews the Risk Management Policy.	The Committee approved the updated policy as it had been approved at the Board in September (with one minor addition identified at the Board meeting to include a reference to horizon-scanning).		

Reserves Policy	The Committee annually reviews the Reserves Policy.	The Committee agreed to recommend the Reserves be increased to £1.496m to align with the budget.	On the Board agenda for approval.	

ASSURE (assure the Board on any areas of assurance that the Committee has received)				
Issue	**Committee Update**	**Assurance Received**	**Action**	**Timescale**
Horizon Scanning	The Committee reviewed a paper on the PSA approach to horizon scanning	The Committee was happy with the approach.	Horizon scanning will form part of the Risk Register item on the committee agenda going forward.	
Change Management	The Committee had a deep dive discussion on change management.		A summary of the discussion is being captured. This will provide a picture of how change is being controlled. The Committee will revisit the topic annually to check on how it is going.	

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Reserves Policy

Date: 18 November 2026

Title: Reserves Policy

Author: Jane Carey

Responsible Director: Jane Carey

Paper for Approval

Open paper

1. Issue

1.1. The Reserves Policy is reviewed annually by Board.

2. Recommendation

2.1. The Board is asked to approve that

- the reserves level be increased to £1.496 million from April 2027.

3. Analysis

3.1. The Reserves Policy is reviewed and updated annually by the Audit and Risk Committee (ARC) before being shared with the Board for approval. The ARC reviewed the updated draft version at their October 2026 meeting.

3.2. Our reserves policy, reviewed annually, is to hold an agreed level of financial reserves, sufficient to ensure that our statutory functions can continue to operate. This is to accommodate unexpected expenditure peaks and cash flow deficiencies.

3.3. The timing of the determination of the fees is not fully within our control and should there be a delay in the receipt of the fee income we will face cash-flow problems and could have difficulty in meeting its expenditure requirements and statutory duties.

3.4. The cash-flow issues are linked to the receipt of the fee income. If the consultation process is not concluded by the Privy Council and Secretary of State for Education in time for the determination to be made by the beginning of March, then we will face the prospect of having no income at the start of the financial year.

3.5. We may also have to address financial shortfalls arising during the fiscal year. The budget for any given year has to be estimated prior to the commencement of the consultation exercise, which being lengthy has to commence early in the preceding year, thus there could be occasions when

we have to address unexpected expenditure during the year after the fee has been determined – for example costs arising from an increase in workload, legal costs, the need to undertake an investigation or changes to legislation.

3.6. While we have the power to consult on an additional fee during the year, the time that this would take makes it an impractical means of addressing such issues. Seeking additional fees also means that the regulatory bodies would be asked to provide funding that they had not budgeted for, resulting in pressure on their own budgets.

3.7. Having reserves that can be called upon will also eliminate the need to pay arrangement fees and interest on any monies borrowed.

3.8. The policy agrees to hold reserves of three months' total operating costs (for 2026/27 £1.446 million), within which it draws a distinction between:

- A restricted element associated with regulatory and standards work
- An unrestricted element associated with all our work.

3.9. In 2025/26 the Board agreed that going forward the PSA will typically retain 50% of excess restricted reserves to fund any unanticipated additional expenditure, such as s29 appeals, and will return 50% to the regulators as part of the fee setting process.

3.1. The risk of the temporary cash flow issues relating to the consultation process still remain therefore we propose to continue the policy at three months total operating costs. Our annual operating costs have increased in the last few years and the budget for 2026/27 was £5,771m so we set total reserves at £1.446m. However, the proposed budget for 2027/28 is further increased to £5.985 so we propose that the total reserves level from April 2027 be increased to £1,496m.

4. Finance and Resource

4.1. The work is funded from existing resources for 2027/28. The Current Reserves position is as follows

Reserves	**2026/27 £000**			**2027/28 £000**		
	Restricted	**Unrestricted**	**Total**	**Restricted**	**Unrestricted**	**Total**
As at 31/03/2026	1,715	972	2,687	1,433	983	2,416
Non current assets	89	-	89	89	-	89
Cash reserves	**1,626**	**972**	**2,598**	**1,344**	**983**	**2,327**
Deficit/Surplus budgeted M5	**- 282**	**11**	**- 271**	**-**	-	**-**
Cash Reserves available	1,344	983	2,327	**1,344**	**983**	**2,327**
Reserves required	964	482	1,446	997	499	1,496

Surplus reserves	**380**	**501**	**881**		**347**	**484**	**831**

5. EDI implications, including Welsh Language

5.1. There are no EDI implications to the approach.

6. Communications

6.1. This Committee's recommendations will be discussed with the Board at its November meeting.

7. Internal Stakeholders

7.1. All Board members and staff.

8. External Stakeholders

8.1. The Regulators and Accredited Registers.

9. Annexes List

Annexe A: Reserves Policy

professional standards authority for Health and Social Care

1. Purpose

1.1 The PSA has agreed to hold reserves of three months' total operating costs (from 2027/28 £1.496 million) to cover unexpected in year costs within which it draws a distinction between:

1.2 A restricted element associated with regulatory and standards work (27/28 £0.997m)

1.3 An unrestricted element associated with all the PSA's work (27/28 £0.499m)

1.4 The intention is that the restricted element will amount to £0.997 million and the unrestricted £0.499 million and could cover unexpected expenditure during the year after the fee has been determined - for example costs arising from an increase in its workload, the need to undertake an investigation, changes to legislation or significant additional legal costs in S29 cases.

1.5 The level and make-up of our reserves will be reported through our Annual Report.

1.6 Any money taken from reserves during the year will need to be replaced in the following year(s).

1.7 Should there be a need to draw upon the restricted element of the reserves we will report this to the regulatory bodies at an appropriate point

Fixed assets

1.8 The financing of the PSA's fixed assets is attributed to the restricted element of the reserves on the basis that regulatory and standards work represents the PSA's statutory function.

Unrestricted reserve surplus

1.9 At present the PSA holds in excess of the 1/3rd (unrestricted) target of one months' total operating cost.

1.10 This unrestricted reserve surplus (currently circa £0.880 million) is regarded as available for the PSA to use, as appropriate, in relation to development work associated with the PSA's strategic plans.

Restricted reserve surplus

1.11 Typically, the PSA will retain 50% of excess restricted reserves to fund any unanticipated additional expenditure, such as s29 appeals, and will return 50% to the regulators.

1.12 It is anticipated that any surplus will be used to develop regulatory practice, including:

- Research projects
- Specific events
- Supporting the Accredited Registers programme.

Version	Description of version	Date
1.0	Approved by ARC and Board	January 2021
1.1	Increased to match 24/25 budget	October 2023
1.2	Updated words to remove Authority and increase for 25/26 budget	November 2024
1.3	Increased to match 26/27 budget and recognise 50% of excess be returned to regulators in fee setting	October 2025 for approval by ARC
1.4	Increased to match 27/28 budget	ARC review Oct 26

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Board work programme 2026/27

Date	Work programme
July/August 2026	• Subset of Board (Business Plan Review Committee) to consider 2027/28 Regulated Activity and Accredited Registers business plans and budgets.
September 2026	• Business Plan 2027/28 and Fees Consultation approval • Board member appointments/renewals (Nominations Committee) • Risk register review
November 2026 (Wales/Cymru)	• Mid-year review of 2026/27 Business Plan
January 2027	• Staff Survey 2026 • Scrutiny Committee update report • Strategy and Horizon Scanning • Mann Review Report to the Board
March 2027	• 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.
May 2027	• Delegate authority to ARC to approve the Annual Report and Accounts • Committee update reports
July 2027	• Annual People Report • Business Planning 2028/29 • Committee update reports • Risk Register review • Annual review of Governance and Assurance Frameworks