

Risk Description	Existing Controls	Inherent Score	Further Actions	Risk owner	Target	Residual Score
1. Fitness to practise backlogs compromise regulatory effectiveness (such as inappropriate closure of cases or compromises on quality) and so have an impact on registrants and also reduce public protection	<ul style="list-style-type: none"> Monitoring by the PSA, including performance reviews. Audits of regulators' fitness to practice cases will include consideration of whether cases were closed inappropriately or whether there are quality concerns Escalation process to highlight poor performance to the Secretary of State and HSC Committee Section 29 process can identify concerns about FTP processes and registrants Information from our Concerns function discussed with the PR/s29 team and quarterly at SMT Engagement with registrant and patient bodies as part of the performance review process Monitoring of regulator Council meetings to ensure continued focus on dealing with any backlogs 	L : 3 I : 4 (12)	<ul style="list-style-type: none"> Q3 review of s29 cases (appeals and learning points) and performance review evidence to assess whether there has been any significant change in FtP quality over the last two years (Head of Legal, Head of PR; December 2024) 	Director of R&A	L : 1 I : 4 (4) Priority: **	L : 2 I : 4 (8)
2. Risks to the public arising out of any poor practice by the regulators are not identified by the PSA	<ul style="list-style-type: none"> Monitoring by the PSA, including performance reviews and associated stakeholder feedback Section 29 process can identify concerns about registrants and processes Monitoring of concerns raised about regulator performance Media and stakeholder monitoring Stakeholder engagement to gather information on organisations' and individuals' experiences with the regulators New expectations for regulators to meet the EDI Standard of Good Regulation 	L : 3 I : 3 (9)	<ul style="list-style-type: none"> Review of Standards in 2024/25 will allow consideration of whether the Standards could enable more effective assessment of regulators' performance (Head of Performance Review; March 2025). Consider opportunities to gather evidence directly from regulator staff, and consider any information arising from whistleblowing concerns (Head of Performance Review; December 2024) 	Head of PR	L : 2 I : 2 (4) Priority: *	L : 2 I : 3 (6)
3. Panel fitness to practise decisions which are insufficient to protect the public are not appealed by the PSA	<ul style="list-style-type: none"> Section 29 process considers all but the least risky cases Quality assurance checks on s29 cases Clear processes, regular training and updates for staff Ability to outsource work if required Monitoring case numbers for any increase in numbers as regulators address their backlogs 	L : 3 I : 3 (9)	<ul style="list-style-type: none"> Review of s29 process in 2024 (Director of Regulation and Accreditation; December 2024). 	Director of R&A	L : 2 I : 2 (4) Priority: *	L : 2 I : 3 (6)

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4. Risks to the public arising out of poor practice by the accredited registers (including controversial therapies) are not identified by the PSA	<ul style="list-style-type: none"> Monitoring by the PSA, including the (re)accreditation processes; oversight by the Scrutiny Committee Training for the AR team, moderators and panellists Standard 1(b): public interest test. Media and stakeholder monitoring Issues around cosmetic practices and NHS decisions on complementary therapies being monitored closely. 	L : 3 I : 3 (9)	<ul style="list-style-type: none"> Standard 1(b) and 9 assessments to be completed for all registers by the end of August 2024 (Head of Accreditation) 	HoA	L : 2 I : 2 (4) Priority: *	L : 2 I : 3 (6)
5. The current reform of regulation is implemented poorly and/or reduces effective oversight of the regulators' work, reducing protection of the public	<ul style="list-style-type: none"> The PSA has a clear view on the risks associated with reform and prioritises those that pose greatest risk to the public. We have written to new Ministers (July 2024) to highlight our role in advising on regulatory reform. Distribution of regular parliamentary bulletin to encourage understanding of PSA's work and support stance on regulatory reform. 	L : 4 I : 3 (12)	<ul style="list-style-type: none"> Working with DHSC on revised powers for the PSA (Head of Policy) Feedback to be provided on next s60 Order (Head of Policy) Guidance being developed to support effective implementation of reforms, due to publish September 2024 (Head of Policy) 	<u>Director of P&C</u> HoP	L : 2 I : 2 (4) Priority: *	L : 2 I : 3 (6)
6. Opportunities to improve regulation and registration are missed because the PSA does not engage sufficiently with key stakeholders or does not address current concerns	<ul style="list-style-type: none"> Horizon scanning and media monitoring to keep abreast of emerging issues Policy and research workplan agreed by the executive and the Board Stakeholder engagement strategy and associated plans Stakeholder Relationship Management system launched July 2024. 	L : 3 I : 3 (9)	<ul style="list-style-type: none"> SCFA Action Plan 2024/25 (Policy Team). Analyse findings of the stakeholder perceptions survey launched in September 2024 (Head of stakeholder engagement and communications) 	Director of P&C	L : 2 I : 2 (4) Priority: *	L : 2 I : 3 (6)
7. PSA is not seen to be relevant and beneficial, or any benefits are outweighed by costs and administrative burdens.	<ul style="list-style-type: none"> Strategic and business planning to focus on: statutory functions; making regulation better and fairer; and safer care for all. Horizon scanning and media monitoring to keep abreast of emerging issues. Stakeholder Engagement Strategy. Business plan for 2024/25 and 2025/26 reflect themes in Strategic Plan 2023-26. 	L : 2 I : 3 (6)	<ul style="list-style-type: none"> Business planning to be kept under review in the light of external events which may change PSA priorities, such as the NMC Independent Culture Review and the possible regulation of NHS managers. (Chief Executive; ongoing with planned strategic and business plan review in November 2024) 	CEO	L : 2 I : 2 (4) Priority: *	L : 2 I : 3 (6)
8. A security breach leads to loss of sensitive information	<ul style="list-style-type: none"> Cyber security controls in place and tested and reviewed regularly Annual information security training for all staff and the Board Regular attack simulation emails sent to staff to increase cyber awareness Annual Cyber Essentials Plus assessment and Pen testing 	L : 2 I : 4 (8)	<ul style="list-style-type: none"> Annual penetration testing (Director of Corporate Services; September 2024) 	Director of CS	L : 2 I : 2 (4) Priority: *	L : 2 I : 3 (6)

Risk Description	Existing Controls	Inherent Score	Further Actions	Action owner and due date	Direction	Residual Score
9. PSA lacks the expertise and/or culture to identify problems in its own organisation and/or in those of the regulators or registers with respect to equality, diversity or inclusion, leading to discrimination.	<ul style="list-style-type: none"> Current HR controls and training; including individual objectives for all staff. EDI Standard in the Standards of Good Regulation with revised expectations for 2024. Impact assessments and EDI Standard in respect of Accredited Registers. EIA for all key policies. EDI built into the strategic plan 2023-26 as a priority and there are clear actions for 2024/25 in the business plan. 	L : 3 I : 3 (9)	<ul style="list-style-type: none"> EDI Action Plan in place, being monitored every second month at SMT and reporting to Board (EDI Manager). EDI self-assessment and action plan 2024 (Director of Corporate Services). 	Director of CS	L : 2 I : 2 (4) Priority: *	L : 2 I : 3 (6)
10. Inconsistent approaches to accessing criminal record checks by the statutory regulators and Accredited Registers (AR) could lead to an individual who poses a risk to the safety of patients and service users being able to register.	<ul style="list-style-type: none"> Published position on the need to close any safeguarding gaps. Escalation of this risk with DHSC and other stakeholders. We are engaging with the Home Office and Ministry of Justice on developing mechanisms for all self-employed registrants to access enhanced checks (England and Wales) 	L:3 I: 4 (12)	<ul style="list-style-type: none"> Safeguarding project running throughout 2024 to review approaches by regulators and registers. This includes engagement with NI Access, the Disclosure and Barring Service (DBS) and Disclosure Scotland on a consistent approach for Accredited Registers. Project end date of March 2025 (Head of Accreditation). 	Director of R&A	L : 2 I : 2 (4) Priority: **	L:2 I:4 (8)
11. The findings of the independent review of the NMC's culture raises the risk that there may be issues affecting the regulators' performance that we are unaware of, and consequently unaddressed public protection risks.	<ul style="list-style-type: none"> We have had an initial discussion about the report with the Chairs of the regulators. We continue to closely monitor the NMC's performance through our 2023/24 performance review. We will wait until the findings of the Omambala KC report are available, later this year, before we make a final decision on the NMC's performance. Engagement with all regulators, including seeking information about the arrangements they have in place to support staff who speak up, and to act on concerns. We have analysed the findings of the report in detail to see if there are any learnings for us. As a result, we are considering the evidence we gather and how we could potentially identify relevant issues at an earlier stage. We have established an oversight and support group that will receive regular updates on the NMC's progress, scrutinise the impact of measures introduced by the NMC to improve its culture and performance, and provide insight and 	L:4 I:4 (16)	<ul style="list-style-type: none"> Reviewing our Standards. As part of this, we will look at whether we should consider internal culture, leadership and governance as part of how we assess how well a regulator is delivering on its statutory responsibilities (July 2024-July 2025). Consider escalation/further reviews/special investigations (risk assessment to be reconsidered as new information arises, including following outcome of Omambala KC reviews). 	Director of R&A	L:2 I:2 (4) Priority: ***	L:3 I:4 (12)

	<p>advice on further actions required. The group will include Chief Nursing Officers from the four UK nations, representatives from Unions, policy officials from the DHSC and Devolved Administrations, patient representatives and relevant experts.</p> <ul style="list-style-type: none"> • Reviewing social media/press/blogs for commentary about stakeholder experience and feedback • Seeking stakeholder feedback through concerns route 					
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High Priority: Risks 1, 10 and 11

Medium Priority: Risks 2, 3, 4, 5, 6, 7, 8 and 9

Low Priority: N/A

Score	Likelihood (L)	Definition	Impact (I)	Descriptor
5	Almost Certain Is highly likely to occur at some time in normal circumstances.	Very High > 80%	Catastrophic <ul style="list-style-type: none"> • Critical long-term disruption to business objectives • Critical reputation impact • Intervention by Central Govt. • Huge financial impact 	Catastrophic All potential benefits lost
4	Likely Likely to occur at some time in normal circumstances.	High 0-80%	Major <ul style="list-style-type: none"> • Major disruption to business objectives • High reputation impact – national press and TV coverage • Minor regulatory enforcement • Major financial impact 	Critical Loss of 80-100% of benefits
3	Possible Likely to occur in some circumstances or at some time.	Medium 40-60%	Moderate <ul style="list-style-type: none"> • Noticeable disruption to business and objectives • Extensive reputation impact due to press coverage • External criticism likely • High financial impact 	Significant Loss of 50-80% of benefits
2	Unlikely Is unlikely to occur in normal circumstances, but could occur at some time.	Low 20-40%	Minor <ul style="list-style-type: none"> • Minor disruption to internal business objectives • Minor reputation impact • Moderate financial loss 	Marginal Loss of 25-50% of benefits

Risk Matrix		I M P A C T (I)				
		1 Insignific ant	2 Minor	3 Moderate	4 Major	5 Catastro phic
L I K E L I H O O D (L)	5 Almos t Certai n	5	10	15	20	25
	4 Likely	4	8	12	16	20
	3 Possib le	3	6	9	12	15
	2 Unlikel y	2	4	6	8	10
	1 Rare	1	2	3	4	5

1	<p>Rare May only occur in exceptional circumstances, highly unlikely.</p>	<p>Very low < 20%</p>	<p>Insignificant</p> <ul style="list-style-type: none"> • Insignificant disruption to internal business • Little or no loss of front-line service • No reputation impact 	<p>Negligible Loss of < 25% of benefits</p>
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