Public March Board meeting

Wednesday, 19 March 2025, 09.30-11.20

SWE office, Sheffield

professional standards authority

Agenda

			Timing
1.	Welcome, introductions and declarations of interest		09:30-09:30
2.	Apologies		09:30-09:30
3.	Minutes of the meeting on 15 January 2025 (for approval)	(Paper 1)	09:30-09:30
4.	Actions and Matters Arising from the meeting on 15 January 2025		09:30-09:35
5.	Chair's report	(Paper 2)	09:35-09:40
6.	Executive report and project dashboard	(Paper 3)	09:40-10:00
7.	Finance report	(Paper 4)	10:00-10:05
8.	Committee annual reports • Audit and Risk Committee • Scrutiny Committee • Nominations Committee	 (Paper 5) (Paper 6) (Paper 7)	10:05-10:10
9.	Committee updates • Audit and Risk Committee • Scrutiny Committee	 (Paper 8) (Paper 9)	10:10-10:15
10.	Escalation process	(Paper 10)	10:15-10:20
11.	Report from Devolved Administration Member for Wales/Cymru	(Paper 11)	10:20-10:25
12.	Plans for a Board meeting in Northern Ireland	(Paper 12)	10:25-10:35
13.	Commissioned work	(Paper 13)	10:35-10:50
14.	Non-surgical cosmetics	(Paper 14)	10:40-11:15
15.	Board workplan 2024/25	(Paper 15)	11:15-11:15
16.	Any other business		11:15-11:20
17.	Agree actions		11:20-11:20
	Questions from the Public		11:20-11:20

Board meeting

Minutes of the public meeting

15 January 2025

Unapproved Minutes of the Board meeting, 15 January 2025

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

In Attendance
Marija Hume
Dinah Godfree
Akua Dwomoh-Bonsu
Osama Ammar
Rachael Culverhouse-Wilson
Jen Hurst
Suzanne Dodds
Oyinkan Onile-Ere
Rebecca Moore
Collette Byrne
Amrit Kaur
Jemima Grimwade
Melanie Venables
Jane Carey
Graham Mockler
Douglas Bilton
Melanie Hueser (Secretariat)

Observers
See below

1. Welcome and Introductions & 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: Carole Haynes (NMC), Anisah Chowdhury (GMC) and Nasia Nicou- Panayiotou (HCPC).

1.2 This was the first Board meeting for AJ and GC. The Chair welcomed them, and the Board members introduced themselves.

2. Apologies

2.1 There were no apologies.

3. Minutes of meeting held on 20 November 2024

3.1 The minutes of the last Board meeting held on 20 November 2024 were accepted as a true and correct record and approved.

4. Actions and Matters Arising from the meeting on 20 November 2024

4.1 All actions were complete or on track.

5. Chair's report

5.1 The Chair introduced the item and updated the Board on further activities. The recruitment for the new Welsh Board member was on track and interviews were planned for 17 February.

5.2 It was confirmed that CI and AJ will join the Scrutiny Committee and GC will join the Audit and Risk Committee.

5.3 The Board agreed that plans for more engagement with staff would be welcome.

Action: AC and CC to discuss opportunities for staff to engage with the Board.

6. Executive report and project dashboard

6.1 The Chief Executive introduced the item. The Standards review project was on track for the consultation to begin in February.

6.2 The latest regulator registrants figures had been confirmed as being close to 2 million healthcare professionals.

6.3 An announcement on the Government's priorities for professional regulation had not yet been received from the government. The Board will be kept updated on any announcements, including in relation to regulatory reform.

6.4 AC had given evidence to the Thirlwall Inquiry in January, primarily in relation to regulation of managers. The invitation for this had come after the PSA had approached the Inquiry and offered for AC to give evidence.

6.5 AC will also give evidence to the Fuller Inquiry, likely around regulation of mortuary technicians and funeral directors. The Board will be kept informed.

6.6 The Board queried what work was being done on non-surgical cosmetics and it was confirmed that the issue was kept live and was raised where appropriate. The Policy team were engaging with the consultation team in Scotland at the moment. The Board agreed that this engagement was useful and hoped that it could be used as well to encourage more cooperation with the UK Government on the issue. The Board welcomed the suggestion that something will be planned for this quarter.

Action: MV to bring an update on non-surgical cosmetic interventions to the March Board meeting.

6.7 **Section 29:** It was confirmed that training for panel members was progressing and that the number of statutory deadline decisions which had been high due to low numbers of panel members was now decreasing.

6.8 **Accredited Registers Programme:** An appeals panel had upheld the appeal from The International Foundation for Therapeutic and Counselling Choice, which had appealed the initial assessment that they did not meet Standard 1. They were submitting further information and a Share Your Experience process will take place.

6.9 The event in Belfast on 24 January which was being organised in partnership with the Patient and Client Council was up to 100 attendees. CC, AC, GC and MV were all due to attend.

6.10 The PSA's new website had now launched. MV thanked the Comms team for their work on this.

6.11 Work around parliamentary engagement was showing success. More invitations and requests for meetings had been received.

6.12 A summary of the Research Conference feedback was included in the report. There had been a small cost to the event of about £2500. The Board queried whether a small increase in attendee fees might be possible so that the event became cost neutral.

Action: DB to update the Board in March about the Research conference delegate fee increase to cover cost.

6.13 It was highlighted that while the main research from the conference had not been published yet the conference was only one of a number of opportunities to share the learning and that other events were being organised.

6.14 It was confirmed that the Board will be consulted about themes for future conferences.

6.15 The final report for the work commissioned by the General Teaching Council of Scotland was scheduled to be completed in mid-February.

6.16 **Corporate Services:** The internal audit report on accounts payable had been received, with three recommendations. The interim NAO report had also been received and preparations for the annual audit had started.

6.17 Regulator registrant numbers had been received and confirmation of the fees from the Privy Council was expected soon.

6.18 A session on the new pension scheme for staff will be organised.

6.19 It was confirmed that the internal EDI culture assessment will take place over the next three months.

7. NMC Performance Review report and update from the Independent Oversight Group

7.1 The Director of Regulation and Accreditation introduced the paper, seeking the Board's endorsement and feedback on the proposed process of publishing a partial assessment report based on the standards not affected by the NMC's unpublished external reviews.

7.2 It was explained that the delays to the NMC's Performance Review had come about due to the delays in publication of the NMC's external reviews. As the delay had been announced in increments the team had to make a decision several times whether to wait with the review or go ahead.

7.3 The Board queried whether the PSA had now received assurance that there would be no further delays. There had been no assurance that this would not happen and cut-off points for decision making had been agreed so that there would be enough time to assess the other standards whether the report had been received or not.

7.4 The Board highlighted the danger of missing to act on urgent issues if the PSA continued to wait for the report before publishing the Performance Review.

7.5 The Board asked for reflection on lessons learned from this issue and how we would act differently in future. It was confirmed that this would be built in, with the option of applying those lessons to future Performance Reviews, which draw on the PSA's own investigations.

7.6 It was queried how the PSA could be confident that the NMC reports still expected would not be commenting on areas proposed to be covered in the partial assessment. It was confirmed that this would be highlighted in the partial assessment, including reserving the possibility that additional assessments will be undertaken. The terms of reference for the outstanding reports did not overlap with any of the standards that will be covered by the initial partial assessment.

7.7 The Board and executive agreed that there were outstanding risks around further delays and risking publication of the Performance Review and that there was no really good option to choose from at the moment. The team will continue to assess the assessment and publication schedule as more information becomes available.

7.8 The Board **approved** the plan to publish a partial assessment of the standards not affected by the NMC's external reviews by 31 March 2025 and then to publish a full report by July 2025. These reports will be accompanied by clear communications about our approach.

7.9 The Board also received an update on the NMC Independent Oversight Group, which had now met a number of times. AC will also discuss all of these issues at his introductory meeting with the new NMC Chief Executive which was scheduled for 22 January.

8. Right Touch Regulation (RTR) consultation proposals

8.1 The Assistant Director of Intelligence and Insight introduced the item, asking for confirmation from the Board that the work undertaken so far on the proposal was headed in the right direction. The proposal had been informed by discussions had with external stakeholders, including the Institute of Regulation's policy group.

8.2 The Board emphasised that both the options of more and less regulation should be considered within this work.

8.3 The Board highlighted the need to keep devolution in mind for this work, too, and acknowledged the difficulties around assessing risk.

Action: DB to circulate the RTR stakeholder paper to the Board for comment before issuing and begin planning for a RTR Board session in March 2025.

8.4 The Board was **content** with the proposals.

9. Finance report

9.1 The Director of Corporate Services introduced the item. The forecast additional deficit was now at £168,000, which was lower than the previous forecast.

9.2 It was confirmed that the spend on the website project was within budget.

9.3 The Board **noted** the report.

10. Committee updates

10.1 **Scrutiny Committee:** The Board **noted** the report.

11. Reports from Devolved Administration members

11.1 As Moi Ali and Tom Frawley had ended their term at the PSA on 31 December 2024 they had been asked to submit their reports to the January meeting instead of the March meeting.

11.2 The Wales report will come to the March meeting.

11.3 The Board **noted** the reports.

12. Accredited Registers (AR) Programme final 2025/26 budget

12.1 The Head of Accreditation introduced the item, highlighting the recommendation to keep the current fee model and to align the dates in the AR Programme to align with the wider PSA business planning process.

12.2 The proportion of income allocated to communication and engagement was also recommended to be increased.

12.3 While it was not possible to confirm until registrant numbers were submitted after 1 February, signs from assessments are that registrant numbers are broadly similar or increasing to the previous year.

12.4 It was confirmed that the reserves for the programme were of a sufficient level. The Board advised that the surplus should be monitored closely over the 2025/26 financial year.

12.5 The Board **approved** the AR Programme's business plan.

13. May Board meeting in Northern Ireland

13.1 The Chief Executive introduced the item. The plan was to hold the Board meeting and stakeholder meetings in May in Belfast but for the strategic planning session to take place separately in a Teams meeting in the first half of April.

13.2 The Board **approved** the plan.

14. Board workplan 2024/25

14.1 The Board **noted** the workplan.

15. Any other business

15.1 There was no other business discussed.

16. Questions from Members of the Public

16.1 There were no questions.

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

Signed by Chair…… Date……

Board meeting

Minutes of the public meeting

15 January 2025

professional standards authority

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
15 January 2025	5.3	Discuss opportunities for staff to engage with the Board.	AC/CC	March 2025	Complete: lunch with the Board planned for after the July 2025 meeting plus follow-up meetings if required.	
15 January 2025	6.6	Bring an update on non-surgical cosmetic interventions to the March Board meeting.	MV	March 2025	Complete	
15 January 2025	6.12	Update the Board in March about the Research Conference delegate fee increase to cover cost.	DB	March 2025	Complete	
15 January 2025	8.3	Circulate the RTR stakeholder paper to the Board for comment before issuing and begin planning for a Right Touch Regulation Board session in March 2025.	DB	March 2025	Complete	

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Chair's Report

1.1 Our Board last met on 13 January 2025 in London. This Board meeting will be held in Sheffield as part of our programme of holding around a third of our Board meetings away from the London office and combining these events with stakeholder engagement. We will be hosted by Social Work England (SWE). SWE has kindly arranged a really interesting programme for us plus, given we have several new Board members, it will be a great opportunity for us to spend some informal time together.

1.2 The campaign for a member from Cymru/Wales was launched in January 2025 and interviews took place on 17 February 2025. We have an excellent candidate to recommend to the Welsh Government. I hope to be able to give you more detail on their background at the Board, however, this will depend on the turnaround time and approval of the Welsh Government.

1.3 On 10 February 2025, Alan, Juliet and I interviewed candidates for the role of Interim Director of Regulation and Accreditation to cover the year when Graham will be away. We had a strong field, which was great. Alan should be able to update you on the successful candidate at the Board meeting.

1.4 We continue to have concerns about the performance of some of the statutory regulators including the Pharmaceutical Society of Northern Ireland (PSNI) (their next Performance Review will be published at the end of March), the Nursing and Midwifery Council (NMC) (Board members will be familiar with the issues) and with Fitness to Practice (FtP) backlogs, including at SWE (next Performance Review will be published at the end of March). Alan and I have been discussing how to raise the FtP issues more effectively with Ministers. This is partly as backlogs are a longstanding concern, but also because we have sent a number of escalation letters over the years with limited impact.

1.5 Alan and I continue with our periodic catch ups with the Chairs and CEOs of the statutory regulators. In the last month we met with the Health and Care Professions Council (HCPC) which was a positive meeting. On 5 February 2025, I also spoke on regulation as part of a panel at an event organised by the Institute of Regulation.

1.6 On 11 March 2025, I am very much looking forward to joining the Strategic Staff Day where I will lead one of the sessions, covering Board membership, priorities and vision for the PSA. This is partly in response to the recent staff questionnaire where scores relating to understanding the work of the Board were markedly lower than other scores. To build stronger ties between the Board and staff, we will also have a lunch for all staff and Board members following our Board meeting on 16 July 2025 in London.

1.7 It is that time of year when we begin the planning for Board appraisals. These will only be for Board members who have been in role for at least six months. Melanie will be in touch to set up mutually convenient times.

1.8 Finally, this is Marcus's last Board meeting as Marcus's term ends on 30 April 2025. I have now worked with Marcus for four years and it has always been a pleasure. Marcus has been a fantastic Devolved Administration (DA) member for Cymru/Wales, a great Board member and also a wise Vice-Chair. I will very much miss Marcus's counsel, contributions and humour.

1.9 I am grateful that Juliet has agreed to take on the Vice-Chair role. As planned, Juliet will also be taking over chairing Scrutiny Committee and will join Nominations Committee.

Caroline Corby
5 March 2024

Annexe A: Project Status Dashboard

Status Date	19/03/2025

Overall Project Portfolio RAG	Amber

Overall Status Commentary
Website redevelopment – New website is live. Positive reception from stakeholders, tidying up towards project closure in April. **Standards review** – Consultation launched on 13 February and will close on 8 May 2025. Board decisions planned for July and November 2025 on revised standards and implementation plans. **Safeguarding** – Evidence collection is now well underway to support Board decisions aligned to the Standards Review project. While uncertainty remains over the appetite for and timing changes to the law in England and Wales, the project has been designed to account for the uncertainty, including preparing options for the Board to manage uncertainty while still taking action to enhance public protection. **Right-touch regulation** – A discussion document has been published on the website and distributed to stakeholders, seeking responses by 2 May. **Sexual misconduct** – Three further well-attended presentation and discussion sessions have been held, with more being planned. **GTCS commission** – phase 3 nearing completion with complete draft report having been submitted to GTCS. Deadline has been extended to end March 2025.

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
Website redevelopment	Melanie Venables	01/09/23	31/03/24	08/01/25	£143,200 (website plus project manager)	£145,124 (to end of March 2025)	**A**	• Refining content on new website • Winding down hosting of old site • Settling into new BAU arrangements for ongoing hosting and support • The extra funds used to address technical issues and keep project

Project / Programme	Owner / Lead	Start Date	Baselined End Date	Current End Date	Planned Budget	Current Expend.	Project RAG	Project Status Commentary
								on-track were covered by the contingency set aside for the project from within the operational budget.
Standards Review	Graham Mockler	01/05/24	31/03/26	31/03/26	£0	£22,080	**A**	• Project Initiation Document approved by the Executive Leadership Team. • Internal engagement complete. • Pre-consultation engagement with external stakeholders completed mid-September. • Service-user focus groups completed by Patients Association. Funding was not allocated for the project at initiation, but the £22k spent on this workstream has been funded within existing budgets. • Consultation document approved by the Board in January 2025 • Consultation launched on 13 February and will close on 8 May 2025. • Board decisions planned for July and November 2025. Board workshop being added to the calendar.
Strengthening safeguarding	Melanie Venables, Graham Mockler	01/09/23	31/03/24	31/07/25	£0	£0	**G**	• While there remains uncertainty over timing and content of the UK Government's response to the Bailey review, the project has been designed to account for the potential that the Board may wish to defer or pause implementation of changes to Standards and implement further measures to mitigate risk.

Project / Programme	Owner / Lead	Start Date	Baselined End Date	Current End Date	Planned Budget	Current Expend.	Project RAG	Project Status Commentary
								• Survey of regulators completed and analysis to be completed prior to further engagement with regulators at the Policy Forum in May 2025. • Further s.29 data is being routinely collected and analysed in tranches to support insight generation • Standards review consultation is now live
Sexual misconduct project	Douglas Bilton	01/06/24	31/12/25	31/12/25	£0	£0	**G**	• Three further well attended online presentation/discussion sessions held in February and March
GTCS commission	Douglas Bilton	07/05/24	31/12/24	28/03/25	n/a	n/a	**G**	• Full draft of report submitted to GTCS 6/03/25 • End date deferred to end March allow for consideration of some complex issues
Right-touch regulation	Douglas Bilton	5/11/24	30/09/25	30/09/25	£0	£0	**G**	• Discussion document published and circulated seeking stakeholder views on a range of issues relating to scope and content. Comments requested by 2 May.

Key Risks	Mitigations
Website redevelopment – new website does not deliver intended benefits	• Positive feedback from users so far • External user-testing to be conducted in May 2025 • Benefits outlined from outset and will be assessed in 6 months time by the Project Board
Strengthening safeguarding - If we do not fully understand how the regulators interact with others in the system about criminal records checks and disbarring, there could be	• Internal learning workshops to help understand legal implications of potential changes. • Review of regulators' current arrangements included in project plan. • Further consultation and engagement on any changes before implementation.

negative unintended consequences of any new requirements we introduce.	
Sexual misconduct project - Project does not adequately cover different aspects of this problem	• Statutory regulators and Accredited Registers have an open invitation to comment on and propose themes, discussion subjects and sessions • Other participants and stakeholders to be invited to suggest areas for discussion • External stakeholders leading parallel workstreams of relevance to the subject to be invited to present • Sexual misconduct was included as a subtheme at research conference
GTC(S) commission - Risk of capacity changes in PR team affecting timely delivery	• Income from work provides resource to implement a solution to any capacity problems should they arise
Standards Review - Project overrunning due to requiring further additional actions such as further consultations Resources need to be redirected to performance review BAU An increase in AR assessments (e.g. new Standard One applications) may limit the time available for the project New ways of working by reviewing the Standards jointly may cause confusion when it comes to decision making	• Engagement with stakeholders ahead of and during consultation to gather wide insights. Project timeframes allow for period between publication and implementation date • Consider areas to be deprioritised / timeframe changed across PR and other projects. • Schedule assessments to avoid busy phases of project where possible. • Regular project team meetings to discuss and resolve emerging issues.
Right-touch regulation- new version of *Right-touch regulation* does not capture or reflect views of stakeholders as to its contribution to future regulatory decision making	• Project began with discussion with some key stakeholders • A discussion document has been sent out for comment to a wide range of stakeholders (7 March), building on the enhanced functionality of the SRM, with a deadline for responses of 2 May.

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

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professional standards authority

Executive report

1. Summary

1.1 In addition to our statutory duties, the key priorities for the organisation at this point in time are: (1) the standards review project; (2) revising right-touch regulation; (3) promoting and supporting legislative reform for the regulators; and (4) closely monitoring the performance of the Nursing and Midwifery Council (NMC), including its response to the recommendations in the report of the Independent Culture Review.

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 January 2025 and March 2025 Board meetings, the Chief Executive attended a number of stakeholder engagement events, including the following.

- *Right-touch regulation* meetings with the General Dentist Council (GDC) and Social work England (SWE).
- Meeting the CEO of the Jersey Care Commission.
- Giving evidence to the Thirlwall Inquiry and Fuller Inquiry.
- A meeting of the Alemi Oversight Group with the Department of Health and Social Care (DHSC).
- Chairing two meetings of the NMC Independent Oversight Group.
- Together with the Chair, a meeting with the Chairs and CEOs of the Health and Care Professions Council (HCPC), NMC and the Legal Services Board.
- A meeting with the Health Services Safety Investigations Body.
- Chairing an Institute of Regulation round table event for regulators of professions.
- Together with the Director of Policy and Communications, meeting Anna Dixon MP to discuss the work of the All-Party Parliamentary Group (APPG) on Patient Safety.

- Making presentations at Patient Safety Forum and World Health Organisation events.

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

- Attending a joint Patient and Client Council (NI)-PSA event in Belfast.
- Together with the Chair, a meeting with the Chair and CEO of the HCPC.
- Chairing a panel at the Institute of Regulation Annual Conference.
- Attending a meeting of the regulators' Chief Executives Steering Group.
- Making a presentation at the Nursing and Midwifery Board of Ireland.
- Chairing a meeting of the NMC Independent Oversight Group.
- Attending the quarterly meeting with the DHSC and officials from the Devolved Administrations.

4. Summary of risks

4.1 We have assessed the top three known risks facing the Authority as: (1) the backlogs of fitness to practise cases in some regulators; (2) the lack of clarity about the use of Disclosure and Barring Service (DBS) and other criminal record checks by regulators and registers; and (3) the implications of the independent reviews of the NMC and the impact on regulatory effectiveness and public protection.

5. Regulation and Accreditation

Performance review

Reporting

5.1 On 3 March 2025, we published a Monitoring Report for the General Optical Council (GOC). The GOC met all 18 Standards. Our report outlines how the GOC met Standard 3 and the examples of good practice we saw while carrying out our review, including using staff networks to embed Equality, Diversity and Inclusion (EDI), sharing learning about EDI and widening participation through its annual education reports; and using the findings of its registrant and public perceptions surveys to inform its work. The report can be found here.

NMC

5.2 Our 2023/24 periodic review of the Nursing and Midwifery Council (NMC) was originally due to be published in September 2024. In autumn 2023 the NMC commissioned three independent reviews to look into issues raised in whistleblowing disclosures.

5.3 To allow our review of the NMC to include this relevant information, we decided to await the outcomes of all three reviews and take them into account for our 2023-24 performance review.

5.4 The first of the three independent reviews has been published. We have not yet seen the outcome of the other two reviews. These are both being led by Ijeoma

Omambala KC: one into the NMC's handling of the fitness to practise cases raised through the whistleblower's concerns, and the other into the NMC's handling of whistleblowing disclosures.

5.5 We brought an approach to the Board for approval in January and have subsequently reconsidered this because of the changing timeline for the publication of the independent reviews. We believe it is in the public interest for us to report on the NMC's performance in a timely way. We will therefore complete this year's review and publish our report by June 2025 without waiting any longer for the evidence from the Omambala reviews. In assessing a regulator, the judgements we make incorporate a range of evidence to form an overall picture of performance. We will use the evidence we have already gathered to make decisions, and will be clear within our report where we expect evidence from the ongoing independent investigations may be relevant.

5.6 We are clear that the Omambala reviews are important and are likely to be relevant to our view of the NMC's performance. We will consider them in detail when they are available, including deciding how we can most appropriately report on what they tell us.

Standards Review

5.7 On Thursday 13 February 2025, we launched a three-month consultation on our Standards of Good Regulation and Standards for Accredited Registers. At the time of writing this paper the consultation has been open for less than three weeks. 26 complete responses have been made. 130 further responses have been started and we will encourage completion of responses using the contact details provided by respondents as well as our other communications channels. The current position suggest that we are likely to hit our forecast of c.200 responses, which is significantly more than previous consultations on the standards.

5.8 Predictably, at this early stage, the majority of completed responses (25) are from individuals because insufficient time has elapsed for organisations to consider and govern their responses. Most respondents are based in England and are practitioners on statutory or Accredited Registers (22). Seven responses are from people who have identified themselves as members of the public.

5.9 Alongside the consultation, we have also put out a call for evidence. This can include published research, data or other evidence, which suggests ways professional regulation and registration could improve. This evidence will be used to shape thinking about the future of public protection and the revised Standards.

Section 29

5.10 The table below sets out the key statistics so far for this financial year, compared to the same period in the previous financial year.

	1 April 2024 – 28 February 2025	**1 April 2023 – 28 February 2024**

Decisions received by the PSA	2025	2196
Initial reviews completed	1116	1397
Detailed Case Reviews (DCRs) completed	65	83
Statutory deadline decisions • No appeal • Appeal	 9 11	 10 21
Case meetings held: • Sufficient • Insufficient but no appeal • Appeal	 6 6[1] 10[2]	 5 0 12[3]
Appeals lodged	20[4]	30[5]
Learning points sent	122	116

5.11 We had anticipated in the last Board paper that we would appeal approximately 26 cases for the financial year, however given current figures, we are likely to be slightly lower than this. This remains an estimate, and a few appeals could easily skew this. However, the lower appeal numbers are reflective of the lower numbers of decisions we are reviewing at each stage of our process. Between 1 April 2023 and 28 February 2024, we appealed 36% of DCRs we completed.[6] Between 1 April 2024 and 28 February 2025, we appealed 31% of DCRs we completed.[7] Therefore, current appeal numbers are similar to 2023/2024 as a percentage of DCRs carried out (cases we had identified through an initial review as being potentially insufficient). We have no concerns with the number of appeals we have brought.

5.12 Two appeals have been lodged since the previous Board meeting (NMC/Graham, NMC/Palmer). Two appeal hearings took place in PSA v HCPC & Sharaf, and PSA v GMC & Garrard, and we were successful in both appeals. We settled two appeals by consent (NMC/Tasker, GDC/Shanley) and there are

[1] This includes one decision not to join as a party to a GMC appeal.
[2] This includes one decision to confirm a statutory deadline appeal and one decision to join as a party to a GMC appeal.
[3] This includes one decision to join as a party to a GMC appeal, and three decisions to confirm appeals already lodged under the statutory deadline procedure.
[4] This includes one decision to join as a party to a GMC appeal.
[5] This includes one decision to join as a party to a GMC appeal.
[6] 30 appeals / 83 DCRs completed = 36%.
[7] 20 appeals / 65 DCRs completed = 31%.

other cases where we are waiting for the court to seal the agreed consent orders.

5.13 We carried out two days of recruitment for two permanent lawyers with decisions being made shortly. The business case for an additional 1 FTE administrator role was approved and will be recruited for shortly.

5.14 The EDI audit on the S29 process was completed and we received the report in January 2025. This report was provided to the Scrutiny Committee to review and consider, and we are implementing recommendations where required.

5.15 We produced a learning points bulletin in February 2025. We shared this with the regulators and published it on our website.

Appointments

5.16 Since the last update to the Board, we have provided the Privy Council with advice concerning seven appointments processes. These include the following four competitive processes,

- The NMC's process to find its next Chair of Council
- The GOsC's recommendation of a registrant candidate from Wales
- The GOC's process to find two candidates (one lay and one registrant)
- The HCPC's process to recommend four candidates for appointment (three lay and one registrant).

5.17 We also considered three reappointment processes,

- The GPhC's recommendation to reappoint its Chair
- The NMC's process to recommend a single registrant member
- The GOC's recommendation of a single registrant Council member.

5.18 We were able to advise the Privy Council that it could have confidence in all seven processes.

5.19 We have also considered an advance notice of recommendation from the GCC as it begins its process to find two candidates to recommend to the Privy Council.

Accredited Registers

5.1 At the end of January 2025, our performance against KPIs is as follows:

KPI	Met / Not Met	Performance	Direction of change since Jan Board
90% of full reassessments within three years	Met	100% (28 out of 28)	
90% of annual checks within one year	Met	100% (28 out of 28)	
95% of conditions are reviewed within	Not Met	83% (91 out of 109)	

5

two months of due date:			
100% of targeted reviews completed within four months:	Met	100% (2 out of 2)	Not previously reported to Board
90% of decisions on new Standard One applications made within four months	Not met	50% (2 out of 4)	
90% of decisions on full accreditation (standards 2-9) made in eight months of receipt	No active full applications since KPI introduced	N/A	Introduced in April 2024 – not reported previously

5.2 Improvement in the KPI for conditions to be reviewed within two months has slowed after the more significant gains reported to the Board at its last meeting. However, the direction of travel remains positive. We forecast that the KPI will be met by the middle of 2025, as long as performance remains steady, and as the majority of the remaining 18 out-of-KPI conditions from 2024 are removed from the rolling average. All but two of those conditions arose from late submission by the Accredited Register, and the remaining two resulted from an administrative error that has now been fully resolved.

5.3 There has been no change in performance against the KPI for Standard One assessments to complete within four months of receipt. This is owed to two of the applications being complex and either subject to an appeal or adjournment which are summarised in paragraph 5.4.

Accreditation Decisions

5.4 No new applications have reached conclusion over this period. However, the National Association of Care and Support Workers (NACAS) has resumed following an adjournment. To date, we have received no further evidence from the International Foundation for Therapeutic and Counselling Choice (IFTCC) following an appeal.

6. Policy and Communications

Policy and research

Barriers to complaints research

6.1 Our research exploring the barriers and enablers to making a complaint about a health or care professional is progressing well. The approach has involved

qualitative interviews with members of the public and health and care professionals who both have, and have not, made a complaint to a regulator or accredited register. In addition, the agency has conducted a brief audit of the existing evidence in the field of complaints and produced a behavioural map of the complaint user journey. The research is solutions-focused, and therefore the next stage of the project is a co-creation workshop with research participants (members of the public and health and care professionals) and PSA staff to find potential solutions to some of the barriers identified.

6.2 A final report of the research is due to be delivered in early April. We aim to publish in the first half of next financial year. Our proposal to present the findings at the CLEAR conference in Chicago in September 2025 has also been accepted.

Refocusing regulation

6.3 We initiated our *Refocusing regulation* project at the end of January. The aim is to develop our understanding of how professional regulation and registration can be more preventative, by identifying tangible ways in which regulators and registers can support safe care, while also limiting any negative unintended consequences of regulation.

6.4 The focus of this initial phase is to feed into current reviews of our Standards for the regulators and Accredited Registers. We are working to identify ways in which regulators and registers could adapt to a more preventative approach, through a review of relevant evidence. The 'call to evidence' launched as part of the Standards Review consultations will be a key element of this.

6.5 We will decide whether to extend the project beyond the Standards Review as part of strategic and business planning for 2026 onwards.

New Regulatory Data and Artificial Intelligence (AI) Group

6.6 The rapid development and deployment of technologies such as AI present new opportunities, and risks, in terms of how the regulators discharge their statutory functions. On 13 January 2025, the UK Government launched its AI opportunities plan, signalling support for use of these technologies within healthcare and other sectors to be expedited.

6.7 We are establishing a new Regulatory Data and AI Group to share learning (best practice, risks, barriers and enablers) on use of AI by the regulators, and to facilitate collaboration on opportunities to use AI to enhance public protection. Implications for professional regulation of the direct impact of AI on professional practice is outside of the Group's scope and will be considered through other channels such as the current Standards Review.

6.8 Membership of the Group will be limited to the regulatory bodies we oversee, but we intend to maintain close links with similar work by key stakeholder such as the NHS and systems regulators. Meetings will be held bi-monthly, with the first to be held at the end of April 2025. We will report on the activities of the Group to the Board through this report.

Regulation of NHS managers in England.

6.9 In February we submitted a response to the UK Government consultation on *Leading the NHS: proposals to regulate NHS Managers*. The PSA agrees that

NHS managers should be regulated in some form but as our response details, the appropriate regulatory model needs careful consideration and may require different approaches for the wide and diverse range of roles in scope of the consultation.

6.10 It was difficult to conclude which model would work best without a detailed assessment of risks for the different groups but, with the evidence available to date, the PSA believes that a voluntary register with NHS backing would be the most pragmatic solution at this stage. This solution would be the quickest to introduce and can provide both professional development as well as accountability, but with the agility to support a phased approach and potentially progress to statutory regulation in the future. We think it would be important for any such register to be accredited.

6.11 We continue to work closely with NHS England and the DHSC on proposals.

Communications

6.12 We have been receiving positive feedback from stakeholders on our new website with comments reflecting that they find it more attractive and easier to navigate. We continue to refine and fine-tune the site as we are wrapping up the final parts of the redevelopment project and settling into our new business-as-usual support arrangements. We anticipate formally closing the project in April 2025.

6.13 We have a small social media advertising campaign live using Meta and Google Ads to promote the use of accredited registers to the public. As well as general messages explaining how the Quality Mark can provide assurance to those seeking healthcare services, the campaign also specifically targets those using counsellors, sonographers and aestheticians. The latter helps to bolster our messages around non-surgical cosmetics by promoting patient safety while we await further regulation.

6.14 This campaign will run to the end of March 2025. We will be measuring user engagement with the ads (clicks from the ads to our campaign landing page). This is the first ‘consumer’ advertising campaign we have run in recent years, which will provide useful datasets against which we can benchmark the success of future campaigns.

Engagement

6.15 Our Policy Connect membership is beginning to offer several opportunities for engagement with the work of the All-Party Parliamentary Health Group (APHG) in Westminster. Over the coming months, the APHG will be running events and inquiries related to the NHS 10-year healthcare plan and we are considering which of the activities will offer the most value in terms of building strategic relationships, increasing visibility of our role and expertise across parliament, and advocating for change.

6.16 A focus of our stakeholder engagement currently is on understanding the key workforce challenges in each of the four countries. On 5 March, Board Member Ali Jarvis and the Director of Policy and Communications met with the Scottish Government, and NHS Scotland as well as attending a reception at the Scottish Parliament hosted by the MDDUS on the topic of ‘moral distress’ amongst health professionals.

6.17 Our event *Professionals and the Public: In Partnership for Patient Safety,* which we are running in partnership with the Patient Client Council NI, was due to take place in Belfast at the end of January but needed to be postponed due to the severe weather and travel restrictions on the planned date. The new date is the 28 March and we expect the majority of the 100 people originally registered to attend.

6.18 On 25 March, we will hold our annual Welsh Regulatory seminar in partnership with the Welsh Government. The focus is on how use of data, collaboration and education and training can promote patient safety.

7. Intelligence and Insight

Research

7.1 We have begun the process of securing a date and venue for the 2025 research conference. The dates that we are initially exploring are either 18 or 20 November – either side of the November Board meeting.

7.2 We have done some initial calculations on how much we would need to charge for tickets for the event to cover all of its costs. As reported to the Board in January, last year we charged £75, and this resulted in a final cost to the Authority of £2,521.86.

7.3 We have looked at two venues using the charges that they have advised will apply in November. These are both venues which we have previously used for this and other events. Venue A would result in a charge of £99 per ticket, and Venue B would result in a charge of £140 per ticket. Both are community-based facilities, and we have successfully run events at both.

7.4 These figures are based on total attendance of 160, and a range of meeting rooms and a normal level of catering throughout the meeting. We have additionally allowed £1,000 for any additional expenses and contingency. These figures also assume use of Eventbrite for registration and payment, and a charge for this service at a similar level to that applied in 2024/25.

7.5 Of the 160 total, we would propose to allocate up to 10 free tickets to patient groups and charities. 50 places would be held for speakers, our research partner(s), PSA staff and Board members, leaving 100 tickets for which there would be a charge.

Commissions and projects

7.6 We are continuing to arrange discussions on different aspects of sexual misconduct. The most recent round of online lunchtime presentation and discussion sessions on 12 February, 28 February and 4 March have been extremely well-attended, with over 200 people having registered for the latter two and actual attendance of 99, 145 and 116. More sessions are being planned.

7.7 Our work continues in the third and final phase of commissioned review of the General Teaching Council for Scotland's Fitness to Teach (conduct) process. We submitted a complete draft of the final report to the GTCS on 6 March. The draft includes a range of recommendations for the GTCS to consider as opportunities for improvement of the process in future.

7.8 We published a discussion paper on issues concerning the scope and content of the next edition of *Right-touch regulation* on 7 March. We have contacted key stakeholders directly to seek their input and views on the issues raised. We have requested responses by 2 May.

8. Corporate Services

IT

8.1 Copilot – In January ELT approved the purchase of 10 Microsoft Copilot licenses to be distributed across Directorates as part of a trial. The aim is to understand whether an AI tool such as Copilot could demonstrate value for money by helping to improve efficiency and productivity at the PSA. The IT team have been trialling Microsoft Copilot since January and will be allowing each member of staff to have an opportunity to experience Copilot over the next six months. Copilot users will be asked to evaluate their experience throughout the trial.

8.2 Cyber Essentials Plus – We successfully achieved the annual Cyber Essentials and Cyber Essentials Plus certification in February. Cyber Essentials is a government-backed certification scheme that helps organisations protect themselves against common cyber threats, and it includes cyber liability insurance for eligible businesses. Cyber Essentials Plus is an advanced certification that includes an independent technical audit to verify that cybersecurity measures are in place. A huge thank you to the staff that allowed their security specialists to check their laptops during a working day.

8.3 SharePoint – The default SharePoint landing page in PSA device browsers was expanded to make it more informative and engaging. The redesigned home page now has a dedicated event calendar that highlights EDI awareness days, religious events and can support PSA events. The page also includes useful information such as commonly used links and contact details.

Finance

8.4 The Finance Report is on the agenda.

People

8.5 We have undertaken recruitment for the two vacant substantive Scrutiny Officer roles and are pleased to confirm that Rhys McCarthy, who has been in the post on a fixed term basis, was successful and has accepted one of the permanent roles. The second post has also been recruited to, subject to recruitment checks.

8.6 Interviews have also been held for the two vacant, substantive Lawyer posts, and we expect to appoint to these roles shortly subject to recruitment checks.

8.7 Max Sesay has had his fixed term role as Accreditation Officer made permanent.

8.8 Michael Humphreys has resigned and will be leaving his role as Scrutiny Manager on 25 April 2025 and recruitment for this post will begin in March 2025.

8.9 Amrit Kaur's fixed term Scrutiny Officer role comes to an end on 31 March 2025.

8.10 Helen O'Neill's fixed term Parliamentary Engagement Officer role comes to an end on 31 March 2025.

8.11 Daisy Blench, Policy Manager is returning from maternity leave on 7 April, and Kate Lawson, who was recruited as maternity cover, will be leaving us on 4 April.

8.12 We are in the process of recruiting a one-year fixed term Administrator to support the s29 team.

8.13 Graham Mockler, Director of Regulation and Accreditation will start a one-year sabbatical in April 2025 (date TBC). We advertised the vacancy as a one-year appointment and have successfully found a secondee. We are just finalising recruitment checks.

8.14 The interviews have been held for the Welsh, Non-Executive Director, and the role has been recruited to, subject to Welsh Government approval.

Governance

8.15 The Stakeholder Engagement internal audit is in progress and the final report is expected before the end of March 2025.

EDI

8.16 Work continues on the PSA culture assessment. This is an internal project that is building our understanding of:

- The extent to which staff feel that EDI, our values and inclusive ways of working are embedded in what we do.
- What inclusion looks and feels like at the PSA.
- How EDI is reflected in our values and inclusive working.
- The different experiences of staff based on protected characteristics, socio-economic background and intersectionality.

8.17 Thematic staff focus groups will be taking place throughout March.

8.18 Planning work has started for the second EDI self-assessment against Performance Review Standard 3. This will start in April 2025.

8.19 The EDI Working Group has launched a staff pulse survey on stress. This is the third in a series of surveys designed to quickly test and understand staff views on important EDI issues identified by the Group. The pulse survey will run during March.

KPIs up to 31 January 2025

Our performance against our KPIs is set out below:

Area of work	Key performance indicators	Performance to date in 2024/25
Section 29 decisions (figures to 28 February)	Number of cases received [compared with same period last year] Number of Cases considered at a case meeting or statutory deadline meeting [compared with same period last year] Appeals lodged [compared with same period last year] 100% of relevant decisions considered within statutory deadline [compared with last year]	2025 [2196] 42 [48] 20 [30] 99.7%[8] (2019/2025)
Performance Reviews	100% of 2024 performance reviews published within three months of end of review period	75% (6/8)[9]
Public concerns about Regulatory bodies	100% of concerns acknowledged within five working days since 1 April 2024[10]	99% (315/319)
Accredited Registers – current processes	90% of Registers have a full assessment within three years of the previous assessment. 90% of decisions about the annual check within one year of the previous assessment.	100% (28/28) 100% (28/28)

[8] This is due to five cases being sent to us after the deadline for appeal had already passed, and one case being a GMC appeal, at which point our deadline becomes irrelevant.
[9] The HCPC's KPI was missed by two months as further information came to light after the Panel had made its final decision. The decision was taken that the further information needed to be put before the Panel for consideration, which led to late publication of the report. The NMC's KPI was missed as the decision was taken to await the outcomes of the three independent reviews into the regulator's culture, handling of FtP cases and the whistleblowing concerns so that information can be incorporated into the report. We have now changed our approach and extended the review period. However, the KPI remains unmet.
[10] A concern was missed this month by 16 days due to not being transferred from another mailbox. Another further concern, that required a postal response, was responded to in 14 days.

	95% of Conditions are reviewed within two months of when they were due. 100% of targeted reviews are completed within four months of the date initiated. 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.	83% (91/109) 100% (2/2) 50% (2/4) N/A – no full applications received
Finance	Budgeted income / expenditure variance less than 5%	1.74% [4,247/4,322]
ICT	85% of helpdesk calls to be closed within 1 day System unavailability below 10 hours	[280/280] 100% 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	100% [1/1] 100% [17/17]
Complaints	100% of complaints acknowledged in five days Response to all complaints to be completed within 28 days	100% [5/5] 100% [5/5]
Social media	Total number of followers across our social media channels (compared with same period last year in brackets)	7619 (6554)

	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 year in brackets). *Engagements include likes, reactions, comments, replies and shares.*	915 (751) 3350 (3495)
Website usage	Year-to-date data on website usage from April 2024 to date 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	 565,257 (503,462) 148,500 (156,940) 86,045 (85,770)

Finance Report
19 March 2025

professional standards authority

1. Executive Summary

1.1 The latest end of year forecast position as at the end of January in Regulatory activity is showing a deficit of £101k. This is in addition to the budgeted/expected deficit of £290k that was due to the fee reduction to regulators for 2024/25.

1.2 The main drivers for the end of year forecast deficit in Regulatory Activity are:

- £275k increase in S29 legal costs. These costs have increased due to the higher number of cases and increased legal fees. The legal costs budget overspend are not unexpected as the budget was set at £369k (in July 2023) before the significant increase in costs over the last 18 months. Section 29 activity in 2024/25 is similar to 2023/24 and therefore the budget is insufficient (to address this, the indicative budget for 2025/26 has been set at £657k; an additional £288k compared to 2024/25).
- Website development costs (project delayed from 2023/24) including the project manager position. It has previously been agreed that these costs are funded from reserves.
- Costs associated with implementation of the new HR and Payroll System. This project was delayed from last year therefore most of the costs were incurred this year.
- These deficits are counteracted by: greater investment income; anticipated underspends in staff costs due to higher vacancy rate and staff recharges associated with the General Teaching Council for Scotland (GTCS) project; as well as significant savings in Board recruitment costs.

1.3 A surplus of £27k is expected in Accredited Registers. This is lower than the original budget and is due to an approved additional post in the team that was not originally budgeted. As well as increasing staff costs this has also increased overheads thus reducing overall surplus.

1.4 The GTCS project is expected to generate a net surplus of £32k and is due to complete before the end of the financial year.

2. Sectoral summary - Regulatory Activity

2.1 Income and expenditure breakdown.

Table 1

Income and expenditure	2023/24 Actual Previous year comparison	2024/25 Budget	2024/25 End of year forecast	Forecast /Budget variance
	£'000	£'000	£'000	£'000
Income				
Fee Income from regulators	4,637	4,869	4,869	0
Operating Income				
S29 cost recoveries	276	119	218	99
Investment interest	50	8	120	112
Conferences income	6	0	6	6
Total Income	**4,969**	**4,996**	**5,213**	**217**
Staff costs	**3,400**	**3,615**	**3,542**	**73**
Recruitment costs	42	15	40	(25)
Training and Conferences	50	73	59	14
HR and payroll costs	61	14	57	(43)
Staff travel	10	10	5	5
Occupancy costs	278	324	324	0
Audit costs	63	68	67	1
IT costs	129	136	130	6
Board appointments	0	100	57	43
Board remuneration/expenses	129	145	138	7
Depreciation/Capital costs	75	50	67	(17)
Conferences	18	45	18	27
Commissioned Policy advice and research	63	75	76	(1)
Comms	5	45	52	(7)
Other policy costs	84	109	189	(80)
Direct S29 legal costs and case review	654	369	644	(275)
Other costs	149	93	139	(46)
Total admin costs	**1,702**	**1,671**	**2,062**	**(391)**
Surplus/(deficit)	**(133)**	**(290)**	**(391)**	**(101)**

2.2 £25k overspend in recruitment costs are due to a larger proportion of staff being recruited from specialist recruitment agencies.

2.3 £43k overspend in HR and payroll costs are due to the delayed (from 2023/24) implementation of the new HR and payroll and payroll IT system and additional Legal HR costs.

2.4 £17k overspend in Depreciation/Capital is non-cash depreciation expense. Cash capital expenditure is on track and is listed below.

2.5 £80k overspend in other policy costs is largely due to website development costs (project delayed from 2023/24) – already committed from Reserves. £54k of the project manager and content upload assistant's costs relating to the same project are included in the staff line. Detailed costs for the project are as follows:

Total forecast expenditure for the project (incl. staff costs)	£157,124
Total spend 2023/24	£16,640
Total forecasted expenditure for 2024/25	£84,354

2.6 £275k overspend in direct legal costs is due to increased number of Section 29 appeals and higher legal costs.

2.7 The above is counteracted by lower staff costs (higher turnover than predicted and staff cost recharges for GTCS project), lower Board recruitment costs and higher than predicted interest due to early investment and higher interest rate.

3. Sectoral summary – Accredited Registers

Table 2

Income and expenditure	2023/24 Actual Previous year comparison	2024/25 Budget	2024/25 Forecast	Forecast /Budget variance
	£'000	£'000	£'000	£'000
Registers income	674	691	697	6
Staff costs	404	407	433	(26)
Comms costs	30	43	49	(6)
Overheads	149	149	176	(27)
Other	5	10	12	(2)
Surplus/(deficit)	**86**	**82**	**27**	**(55)**

4. Sectoral summary – Advice to other organisations

Table 2

Income and expenditure	2023/24 Actual Previous year comparison	2024/25 Budget	2024/25 Forecast	Forecast /Budget variance
	£'000	£'000	£'000	£'000
GTCS income	0	0	92	92
GTCS expenditure	0	0	60	60
Surplus/(deficit)	**0**	**0**	**32**	**32**

4.1 Surplus has reduced since last forecast. This is due to internal staff costs being higher than initially expected.

5. Staff costs

Table 4

Income and expenditure	2023/24 Prev year comparison	2024/25 Budget	2024/25 Forecast	Forecast /Budget variance
	£'000	£'000	£'000	£'000
Salaries	2,956	3,115	3,049	66
Social security	333	366	341	25
Pension	505	541	538	3
Temp Agency	10	0	107	(107)
Total staff costs	**3,804**	**4,022**	**4,035**	**(13)**

6. Capital

Table 5

Capital Expenditure	2023/24 Actual Prev year comparison	2024/25 Budget	2024/25 Forecast	Forecast /Budget variance
	£'000	£'000	£'000	£'000
Intangible assets	0	0	0	0
IT Equipment	24	40	40	0
F&F	19	10	10	0
Total Capital costs	**43**	**50**	**50**	**0**

7. Statement of Financial Position

Table 6

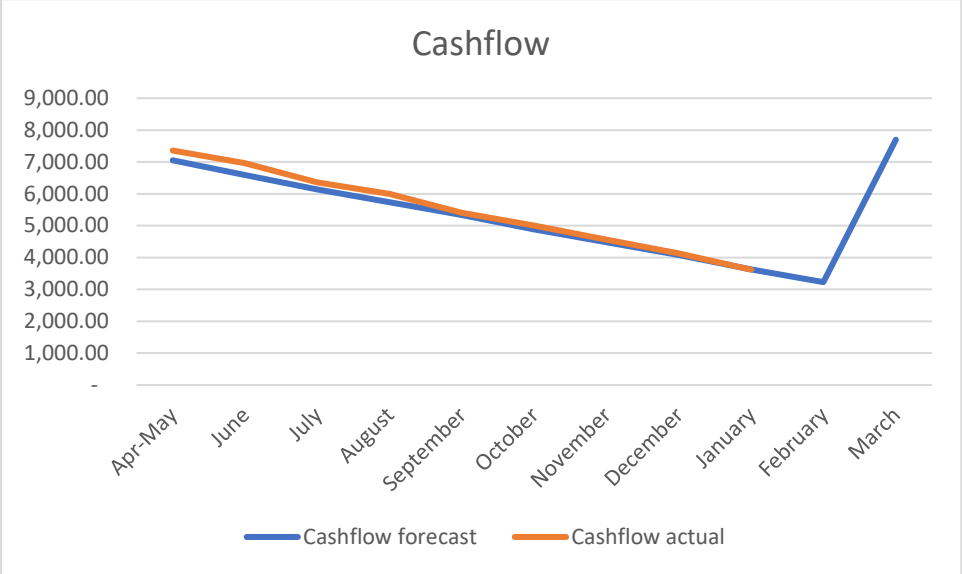
	2023/24 Actual Prev year comparison	2024/25 Budget	2024/25 Forecast	Forecast /Budget variance
	£'000	£'000	£'000	£'000
Intangible assets	92	92	92	0
Property, plant & equipment	68	68	68	0
Right of use asset – property lease	635	475	475	0
Total	**795**	**635**	**635**	**0**
Trade and other receivables	374	554	554	0
Cash and cash equivalents	7,907	7,699	7,575	(124)
Total assets	**8,281**	**8,253**	**8,129**	**(124)**
Trade and other payables	(5,981)	(6,225)	(6,225)	0
Lease liability	(183)	(202)	(202)	0
Provisions	(23)	(23)	(23)	0
Total	**(6,187)**	**(6,450)**	**(6,450)**	**0**
Lease liability	(534)	(291)	(291)	0
Net assets	**2,355**	**2,147**	**2,023**	**(124)**
Reserves				
Unrestricted	807	889	866	(23)
Restricted	1,548	1,258	1,157	(101)
Total reserves	**2,355**	**2,147**	**2,023***	**(124)**

* Required reserves (according to the policy) for 2024/25 are £1.29m (0.86m restricted and 0.43m unrestricted)

8. Cashflow

Table 7

Cash and investments as at 01/04/2024	**£'000** £ 7,907	**£'000** £7,907
Income	***Projected (Full year)***	***Actual (Year to date)***
Fees income	4,869	0
Accredited registers	691	383
Interest	8	102
Section 29	119	211
Other		18
Total Income	**5,687**	**714**
Outgoings		
Payroll	(4,022)	(3,404)
Administration costs	(1,873)	(1,600)
Total Outgoings	**(5,895)**	**(5,004)**
	31/3/2025	**31/01/2025**
Cash and investments	**7,699**	**3,617**



The required reserves for 2024/25 are £1.29m (£0.86m restricted and £0.43m unrestricted)

9. Financial Risks and Opportunities

Risks

- S29 direct legal costs could increase further due to higher number of appeals. At this stage of the financial cycle the costs from these appeals are likely to impact next year's costs.

Opportunities

- Savings have been made in some administrative cost areas
- Staff costs are lower due to higher vacancy rate and recharges for GTCS work
- S29 cost recoveries are projected to increase in line with higher number of successful appeals
- Forecasted profit from GTCS is about £32k which will increase unrestricted reserves

professional standards authority

Title: Audit and Risk Committee Annual Review

Author: Nick Simkins

Responsible Director: Jane Carey

Paper for Information

Open paper

1. Terms of reference

1.1 The terms of reference of the Audit and Risk Committee (ARC) are comprehensive and reviewed by the Board annually.

1.2 The role of the Committee is to support the Board in its responsibilities relating to the strategic processes for risk, control, and governance. It takes the lead in relations with the internal and external auditors. It also provides support by reviewing the comprehensiveness of assurances which meet the PSA's and Accounting Officer's needs in relation to the accuracy and integrity of the annual accounts.

1.3 In February every year the Committee agrees a detailed workplan which ensures that all aspects of the terms of reference are covered during the year.

2. Committee Membership

2.1 The Board members who have served on the ARC between April 2024 and March 2025 are Frances Done, Tom Frawley, Nick Simkins, Ruth Ajayi and Geraldine Campbell. There have been a number of changes in membership during the year.

2.2 Frances Done stood down as a Board member and ARC Chair in July 2024. Nick Simkins was appointed as the new ARC Chair in July 2024 following an external recruitment process and approval by the Privy Council. Tom Frawley stood down in December 2024 following the end of his term of office as a Board member. Ruth Ajayi was appointed to the Committee in June 2024 following her appointment as an Associate Board member in May 2024. She will serve on the Committee for a one year term.

2.3 Geraldine Campbell joined the Committee in February 2025 following her appointment to the Board in January 2025.

2.4 The Committee continually considers whether it has the necessary skills and experience to cover the areas for which it is responsible. This has been relevant again this year given the number of changes to the Membership. There are presently no significant gaps in the skills of the Committee Members.

2.5 Members of the Committee have continued to undertake their role on the Committee with the necessary commitment with excellent attendance. Training and development opportunities are offered to the Committee members as part of the Board training programme and as requested by individual members.

2.6 Jane Carey, Director of Corporate Services (DCS), Melanie Hueser, Executive Assistant and the Corporate Services team have continued to provide excellent support to the Committee, with good quality papers circulated on time, enabling the Committee to operate effectively.

2.7 The Chair of the Committee regularly liaises with the DCS, the Board Chair, the Chief Executive, and with the internal audit engagement partner and manager. He also meets as necessary with the external audit engagement partner and manager, particularly in relation to the annual audit of the PSA's financial statements.

3. Meetings

3.1 The Committee meets four times a year with two meetings focussed largely on matters relating to the authority's annual report and financial statements and the related assurance processes.

3.2 Due to the nature of ARC meetings which involve the need for members to offer both support and appropriate challenge, and the number of people who need to attend, the meetings are normally held in person with virtual attendance being allowed. This accommodates Members' personal time commitments and minimises travel time and cost. The Committee appreciates the willingness of both internal and external audit representatives to attend in person as far as possible.

3.3 At the Committee meetings the approach adopted by members is to provide both support and challenge to the Executive in relation to the important areas under discussion. The DCS and Chief Executive always respond constructively and in a non-defensive manner to matters raised by the Committee. Discussions are appropriately robust, and contributions are welcomed from all attendees.

3.4 At the end of each meeting the Committee members take the opportunity to meet in private with either the internal auditors, the external auditors, or the DCS/Chief Executive to discuss relevant matters confidentially.

3.5 The opportunity is taken for the Committee to look more closely at key risk issues during our meetings, via 'deep dives'. During 2024/25, this has not been possible due to competing priorities for agenda items, but these will be re-introduced in 2025/26.

4. Revised Committee meeting procedures

4.1 The new Chair upon appointment carried out a review of how the Committee operates and conducts its business to ensure the methods and ways of working were in line with current and best professional practice.

4.2 A number of procedural changes were made without any fundamental alterations to what was already a highly efficient and effective Committee, these were as follows.

4.3 Administrative arrangements:

- Timing and duration of meetings reviewed and revised;
- Preparation of Committee Chair Board pack;
- Agenda formulation pre-meet with DCS; and
- Revised format of report covering papers.
- Prior to meetings sharing agenda with Board Chair and Chief Executive to discuss any matters arising or AOB to be considered by the Committee.
- Map assurance framework with Scrutiny Committee to ensure no duplication or gaps.
- Open invitation to any PSA member of staff to observe the Committee meetings.
- Consider composition and skills required for the Committee with the upcoming changes of Board members.
- Consider training and support required of new members appointed
- Discuss and review work of other ALBs Audit & Risk Committees.

5. Providing assurance to the Board

5.1 The ARC undertakes the Board's liaison with internal audit which is a key provider of assurance in relation to risk, control, and governance. The Committee approves, and contributes ideas for, the annual internal audit programme and has maintained a close liaison with the internal auditors, RSM.

5.2 The Committee also maintains a good relationship with the external auditor, the NAO, and pays particular attention to the range of assurances that the Board needs in relation to the annual report and accounts.

5.3 The Committee focusses strongly on strategic risk, regularly interrogating the risk register maintained by the Executive Leadership Team and draws the Board's attention to any important issues and encourages the Board to engage in thorough discussions on risk on a regular basis.

5.4 The ARC minutes are circulated promptly after each meeting to all Board members and a summary of the meeting is submitted to the next available Board meeting. Any immediate issues of concern are discussed with the Chair and Chief Executive.

5.5 The Internal Audit is currently carried out by RSM. The ARC is satisfied with the service, advice and support it receives from RSM. The current contract is due to expire in May 2025. PSA is part of an internal audit consortium along with

Ofqual, Ofwat, Office of the Rail Regulator and the General Dental Council. This consortium has indicated a recommendation to award a two year extension of the contract up to May 2027. This will be recommended to the PSA Board in March 2025.

5.6 The Internal Audit workplan for 2024/25 focused on 4 specific areas of review, namely:

- Accredited registers;
- Key financial controls – accounts payable;
- Section 29 – decision making and processes; and
- Stakeholder engagement.

6. Conclusion on Committee effectiveness

6.1 Taking account of the above, the Audit and Risk Committee has concluded that it is operating effectively in discharging its obligations and responsibilities to the PSA Board.

Board Committee Annual Review

professional standards authority

Name of Committee: Scrutiny Committee

Chair of Committee: Marcus Longley

1. Terms of reference

1.1 The Committee's role is to review, monitor and report on the operation of the PSA's work in scrutinising the work of the 10 health and care regulatory bodies, the processes for approving appointments to those bodies, and the Accredited Registers programme. The Committee oversees the work of the Regulation and Accreditation Directorate, which was created in April 2023 by bringing the Accredited Registers programme into the directorate responsible for oversight of the regulators.

2. Committee Membership

2.1 The Committee is comprised of three members and is Chaired by Marcus Longley. Other Board members on the Committee during 2024/25 were:

- Moi Ali (April to end of December 2024 (end of Board term))
- Juliet Oliver
- Candace Imison (February 2025 onwards)
- Ali Jarvis (February 2025 onwards)

2.2 Marcus Longley will be departing the Board when his term concludes in April 2025. At this point, Juliet Oliver will become the Scrutiny Committee Chair.

2.3 The Committee's agenda is wide, and the Committee members bring an appropriate range of experience and expertise to the task. Changes in membership following member terms ending have been organised to enable continued effective scrutiny of the work of the Regulation and Accreditation Directorate.

2.4 The Committee is attended by the following members of the executive:

- Alan Clamp (CEO)
- Graham Mockler (Director of Regulation and Accreditation and lead executive for the Committee)
- Akua Dwomoh-Bonsu (Head of Performance Review)

- Osama Ammar (Head of Accreditation) (Melanie Venables from April to July 2024)
- Rachael Culverhouse-Wilson (Head of Section 29) (Simon Wiklund from April to July 2024)
- David Martin (Concerns and Appointments Officer)
- Melanie Hueser (Secretariat)

2.5 Other members of the Regulation and Accreditation Directorate also attend meetings.

3. Meetings

3.1 The Committee meets four times per year. Meetings last two hours and are usually held remotely.

3.2 The Director of Regulation and Accreditation is the lead executive. The Director and Chair meet approximately one month ahead of each meeting to discuss and agree the agenda. Papers are shared with the Committee one week ahead of the meeting and cover standing agenda items, key areas of work and key issues.

4. Providing assurance to the Board

4.1 In addition to regular updates on the work of each team within the Directorate, the Committee focuses in detail on one or more areas at each meeting. This year, the areas reviewed by the Committee included:

- The Accredited Registers and performance review Standards review project.
- The performance review team's oversight of the NMC, and other regulators, in light of the whistleblowing concerns and the Independent Culture Review.
- The work of the Independent Oversight Group, set up to monitor the NMC's response to the Independent Culture Review, and the Ijeoma Omambala KC reviews of fitness to practise cases and the NMC's handling of whistleblowing disclosures.
- The scoping of a lessons learned review following the performance review process of the NMC for 2023/24.
- A review of the performance review escalation process, used to raise concerns about the performance of individual regulators.
- Changes made to performance review processes following the evaluation of the first year of the new approach.
- The introduction of the assessments of Accredited Registers against Standard 9 on equality, diversity and inclusion.
- An update on work undertaken in appointments processes in relation to equality, diversity and inclusion, ahead of publication of a blog on the PSA website in November 2024.

- A deep dive into conditions and outcomes issued in the Accredited Registers programme.
- An update on progress with the section 29 review, including work done to share learning more effectively across regulators.
- An update on the cost management approach applied in section 29.
- Progress in relation to introducing a new quality assurance approach in our section 29 work.

4.2 The Board receives a regular update on the Committee's work through a report at each public meeting following a Committee meeting.

5. Conclusion on Committee Effectiveness

5.1 The Committee is working effectively. All Committee members and attendees fully participate in Committee discussions. The Committee challenges the executive on its work and this year has identified actions in relation to multiple areas to obtain further assurance. This assurance has been provided on each occasion.

Nominations Committee

professional standards authority

Date: 4 March 2025

Title: Nominations Committee Annual Review

Author: Caroline Corby

Responsible Director: Jane Carey

Paper for Information

Open paper

1. Terms of reference

The Committee's key responsibility is to ensure that the Board has the appropriate board membership.

2. Committee Membership

As well as the Chair, during 2024/25 the Committee membership was made up of Frances Done and Marcus Longley, the chairs of the two Board sub-committees. Frances left the PSA in July 2024 and Nick Simkins then became chair of ARC and joined the Committee.

Alan Clamp (CEO), Jane Carey (Director of Corporate Services and lead executive for the Committee) and Melanie Hueser (Secretariat) attend the meetings.

The Committee's agenda is quite narrow. The Committee members have the appropriate experience and skills or are able to request the expertise of others when appropriate.

This Committee's workload is important but relatively light. All members and attendees have a strong attendance record and are diligent in completing the work.

3. Meetings

Under its Terms of Reference, the Committee meets when required. During 2024/25 meetings have been held roughly every three months as there were four recruitment processes for NEDs to oversee. In 2025/26 it is expected that the Committee will meet less frequently as the only appointment it will be overseeing is the planning for the next Associate Board Member.

Meetings tend to be short, at around an hour, and are usually held remotely.

Jane Carey is the lead executive. Jane shares the agenda with me ahead of time. Papers are shared in good time with all members and attendees and cover all the key issues.

All Committee members and attendees fully participate in Committee discussions.

4. Providing assurance to the Board

This has been a busy year for the Committee. In early 2024/25 we recruited a new Chair of ARC. Nick Simkins, an existing PSA board member, was the successful candidate. This created a vacancy on the Board and so the Committee oversaw the recruitment of a NED appointed by the Privy Council. Candace Imison was the successful candidate.

In autumn 2024, the Committee oversaw the recruitment of devolved administration NEDs for Scotland and Northern Ireland. Ali Jarvis and Geraldine Campbell were the successful candidates.

In February 2025, the Committee oversaw the recruitment of the devolved administration member for Wales/Cymru. Interviews have taken place, and a recommendation is shortly to be made to the Welsh Government.

During 2024/25, the Committee also oversaw the setting up of a new defined contribution scheme for staff members who are not in the NHS Pension Scheme (which was closed to new members in 2023). Standard Life will be the new provider from 1 April 2025, replacing NEST. The Standard Life scheme should be more financially beneficial to staff and so is to be welcomed.

The Board receives a regular update on the Committee's work through full publication of the minutes. The Chair also provides a verbal update when appropriate.

5. Conclusion on Committee Effectiveness

The Committee is working effectively. A minor change to the Terms of Reference is recommended to change clause 5.1 from:

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

To:

The Nominations Committee will meet as required, with an expectation that is meets at least annually.

Annexe A – Terms of Reference

Nominations Committee Terms of Reference

1. Role

The Nominations Committee ensures that the Authority has an appropriate Board membership.

The Executive Assistant acts as Secretary to the Committee.

2. Membership

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

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

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

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

3. Reporting

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

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

4. Responsibilities

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

- Examine the processes and procedures related to Board appointments and make proposals to the Board for any changes. PSA's The Board in this context covers members appointed by the Privy Council, the devolved administrations and any Associate Board members
- Regularly review the structure, size and composition (including the skills, knowledge, experience and diversity) of the Board and make recommendations to the Board with regard to any changes
- Give full consideration to succession planning for Board members in the course of its work, taking into account the challenges and opportunities facing the Authority, and the skills and expertise needed on the board in the future

- Act as or appoint a recruitment panel, and as such be responsible for identifying and nominating for the approval of the Board candidates to fill Board vacancies as and when they arise, working to PSA's documented recruitment processes and paying regard to PSA's good practice advice to regulators
- Ensure that annual performance reviews are conducted for all Board members
- Review the results of the annual Board effectiveness review that relate to the composition of the Board
- Work and liaise as necessary with all other Board committees
- The Committee shall also make recommendations to the Board concerning:
    - Formulating plans for succession for Board members and in particular for the key roles of Chair and Chief Executive
    - Suitable candidates for the role of whistleblowing champion
    - Membership of other Committees, in consultation with the Chairs of those Committees
    - The re-appointment of any Board member at the conclusion of their specified term of office having given due regard to their performance and ability to continue to contribute to the Board in the light of knowledge, skills and experience required
    - Any matters relating to the continuation in office of any Board member at any time including the suspension or termination of service subject to the provisions of the law and their service contract.
    - Any matters relating to staff remuneration (previously the remit of Finance Committee)
    - Any matters relating to Board remuneration.

5. Meetings

The Nominations Committee will meet as required, with an expectation that it meets at least annually in June.

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

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

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

6. Quorum

The quorum for any meeting will be two members.

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

Version Control

Please note all Committee Terms of reference sit within the Governance Framework and the version control will be used to link the changes.

Printed documents are uncontrolled. This document is only valid on the day it was printed.

Version	Description of Version	Date Completed
1.0	ToR agreed and signed off by Board	March 2019
1.1	Reviewed as part of the Board review of the Governance Framework. Minor update to ToR to remove the reference to an external person doing the Chair appraisal.	January 2021
1.2	Reviewed as part of the Board review of the Governance Framework	Board review March 2022
1.3	Reviewed as part of the Board review of the Governance Framework	Board review January 2023
1.4	Nominations Committee review	March 2023
1.5	Nominations Committee review	March 2024
1.6	Nominations Committee review	March 2025

professional standards authority

COMMITTEE ALERT, ADVISE, ASSURANCE REPORT TO BOARD

Committee:	**Audit and Risk Committee**
Meeting Date:	**6 February 2025**
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	1) RSM provided a progress update. Accounts Payable audit was complete. Draft report on S29 audit has been shared and is near final. 2) IA plan for 25/26 also presented includes audits on Policy team review – Q1 Cyber Security Q2 Workforce Planning Q2/3 (focussing on single points of failure), Business Principles Q4 3) The procurement process to extend the RSM internal audit contract until May 2027 is nearly concluded.	Accounts Payable was given Reasonable Assurance.	ARC approved 25/26 internal audit plan. Extension contract to be issued and signed by PSA and RSM.	

Whistleblowing Policy	The Committee reviews the policy annually. Geraldine suggested some areas for improvement.	The Committee reviewed the updated policy and recommended it be updated taking account of Geraldines's feedback for resubmission to the committee in May.		
Anti Fraud and bribery policy	The Committee reviews the policy annually. Geraldine suggested some areas for improvement.		Committee agreed we should produce a supplementary process doc to fill the gap.	
NAO	NAO presented their Audit strategy for the 24/25 financial accounts audit			

ASSURE (assure the Board on any areas of assurance that the Committee has received)				
Issue	**Committee Update**	**Assurance Received**	**Action**	**Timescale**
				.

professional standards authority

COMMITTEE ALERT, ADVISE, ASSURANCE REPORT TO BOARD

Committee:	**Scrutiny Committee**
Meeting Date:	**20 February 2025**
Chair:	**Marcus Longley**

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**
AR and PR Standards review consultation	The Committee received an update on progress with this work and early figures on responses following the launch of the consultation a week prior to the meeting.	The Committee noted the positive early figures, and received assurance that plans for ongoing communications to drive responses were in place.	None	N/A
Accredited registers deep dive – consistency of EDI Standard 9 decisions	The Committee received a paper outlining work to review the consistency of decisions made under the first round of assessments against the new Standard 9 to assess Registers against EDI.	The Committee received assurance that the process is working, and noted that it will take time to demonstrate impact on whether the Standard is making a real difference. The panel also sought and received assurance on whether our approach in relation to this Standard adheres to the principle of proportionality in the same manner as the rest of the programme, particularly considering the burden on the Registers.	Measuring the impact of this work is already included in the plans for this work. It will be brought back to the Committee at a future date.	November Scrutiny Committee meeting.
Scoping the NMC lessons learned review	The Committee received a draft scope for a review to learn lessons from our	The Committee welcomed the approach planned in the paper and the	Further work on scoping and timings to will be undertaken by the	September Scrutiny Committee

	approach to overseeing the NMC's performance.	openness to being self-critical through a lessons-learned review. The Committee considered the timings of the review, and the benefits of waiting for all independent reviews to be completed vs initiating work that might allow us to identify changes at an earlier point.	performance review team in response to the Committee's feedback. Update to be provided to the Committee on work completed to date at its September meeting.	meeting (initial report to the Committee. Content will depend on timings of independent reviews).
Performance review escalation process update	The Committee received an updated escalation process document.	The Committee approved the changes to the escalation process, which moves decision-making to the panel and away from the Committee and Board. The Committee agreed that it is appropriate for the decision on escalation to be made by those making the decision on the Standards. The Committee queried the impact of escalation, which is part of ongoing considerations within the team and PSA.	Process to be included in March Board papers for Board approval.	March Board meeting.
Section 29 decision-making	The Committee received a proposal for a pilot for changes to decision-	The Committee provided feedback on the approach and approved the	Minor changes to be made to the process and success criteria to be developed	April 2025

	making within sections 29, to allow greater flexibility of panel membership and reduce the likelihood of statutory deadline decisions.	proposed pilot which aims to allow greater flexibility and greater clarity on panel membership. The Committee noted that building in objective measures of success for the pilot was critical ahead of its implementation.	ahead of implementation.	
Section 29 audit	The Committee received a copy of the audit of section 29 processes, focusing on EDI.	The Committee were assured by the report, which provided an outcome of reasonable assurance with one medium and seven low priority management actions.	Management actions from the audit are due between the end of March 2025 and March 2026.	March 2025-March 2026

ASSURE (assure the Board on any areas of assurance that the Committee has received)				
Issue	**Committee Update**	**Assurance Received**	**Action**	**Timescale**
Scrutiny Committee annual report and workplan	The Committee received its annual report and workplan.	The Committee approved the annual report and workplan, both with minor changes.	Committee annual report to be provided to the Board at its March meeting.	March Board meeting.
Accredited Registers, appointments, performance review and section 29 updates	The Committee received its usual updates on each area of the work it oversees.	The Committee was satisfied with progress on each area of work, and provided feedback on the presentation of section 29 statistics, particularly on learning points and what these are showing us.	Consideration to be given to the presentation of section 29 learning point statistics.	June Committee meeting.

professional standards authority

Date: 19 March 2025

Title: Performance Review escalation process

Author: Steve Wright

Responsible Director: Graham Mockler

Paper for Approval

Open paper

How does this work contribute to Strategic objective 1: To protect the public by delivering highly effective oversight of regulation and registration: To improve the process through which Government, Parliament and the devolved administrations are made aware of serious or intractable concerns arising from our performance review work.

1. Issue

1.1 In March 2020, the PSA introduced a process to enable it to escalate serious or intractable concerns arising from its performance review work to others, particularly in Government and Parliament. This was last updated in 2022 to reflect the changes made to the performance review process.[1]

1.2 This paper invites the Board to consider a number of proposed changes which seek to clarify and streamline the escalation process. A draft revised escalation process document is annexed to this paper.

1.3 The Scrutiny Committee considered and approved the revised escalation process at its meeting on 20 February 2025.

2. Recommendations

2.1 The Board is asked to approve the revised escalation process.

3. Background

3.1 At its meeting on 17 October 2019, the Scrutiny Committee asked the Performance Review team to develop a clear escalation procedure to highlight and raise serious concerns to the Board and the Department of Health and

[1] Professional Standards Authority process for escalating performance review concerns

Social Care. A draft process was considered by the Scrutiny Committee at its meeting on 20 February 2020 and approved by the Board on 25 March 2020. Changes to specific parts of the process were made in February 2021 and June 2022.

3.2 Under the current process, a decision-making panel considers whether its concerns about a regulator may meet the criteria set out at paragraph 2.3 of the process document at the provisional and/or final panel meeting, after it has made its decisions against the Standards. The Performance Review team drafts a paper for the panel to submit to the Scrutiny Committee, summarising the panel's concerns and making a recommendation about a) whether or not to escalate, and b) what form that escalation should take. The Scrutiny Committee considers the panel's recommendation and makes its own recommendation to the Board. For reasons of efficiency and timeliness, approval from the Scrutiny Committee and Board is sought by the Director of Regulation and Accreditation by email rather than at meetings.

3.3 Since its introduction, the process has been used to escalate concerns about four regulators:

- HCPC: 2019/20
- GPhC: 2020/21
- GDC: 2021/22
- NMC: 2021/22

On each occasion, escalation was triggered by the regulator failing to meet one or more of our Standards regarding fitness to practise for three consecutive years.

3.4 In most cases, escalation took the form of a letter from the PSA Chair to the Secretary of State for Health and Social Care and the Chair of the Health and Social Care Committee.[2] However, in the case of the GPhC, the Board decided it would be appropriate to escalate its concerns first to the GPhC Chair (in respect of the 2020/21 and 2021/22 performance reviews) before escalating further to the Secretary of State and Health and Social Care Committee (for the 2022/23 and 2023/24 performance reviews). For each regulator, we write a follow-up escalation letter at the end of each subsequent performance review following initial escalation.

4. Analysis

4.1 The escalation process has provided the PSA with an additional tool through which it can highlight concerns about the performance of regulators to key stakeholders. The thresholds for escalation and the aggravating and mitigating factors (set out in section 2 of the process document) have proven to be workable and we do not propose any changes to those. The three key changes we propose relate to the way the process operates:

[2] Copied to the Chair of the Health and Social Care Committee and the Chair of the regulator.

Responsibility for decision making

4.2 As described above at paragraph 3.2, under the current process the Board makes the final decision on whether, and how, to escalate concerns about regulators. This follows a recommendation from the Scrutiny Committee, which in turn follows a recommendation from the decision-making panel. Since the escalation process was introduced, the Scrutiny Committee and the Board have approved all the recommendations made by decision-making panels.[3]

4.3 This paper proposes that the decision whether, and how, to escalate, should be made by the decision-making panel. These panels already hold responsibility for making decisions against the Standards; it is argued that panels are therefore best placed to also make decisions about escalation, having the detailed knowledge about the regulator and the circumstances at the time.

4.4 The Board would retain oversight of escalation in two important ways which are unchanged in the proposed new process:

- Decision-making panels would retain Board representation through the Chief Executive Officer, who chairs all panel meetings.
- The Chair of the PSA would still review and approve all correspondence issued in their name, under the escalation process.

4.5 Furthermore, the Scrutiny Committee and Board would still be kept informed of the use of the escalation process through regular updates provided by the Head of Performance Review at each meeting.

Publication of escalation letters

4.6 Under the current process, we publish information about our consideration of escalation in our performance review reports and accompanying web statements. It is proposed that, under the new process (see Annexe A, paragraph 3.4), we would also start to publish escalation letters on our website alongside our performance review reports. In doing so, we would provide greater transparency for stakeholders and demonstrate that we are taking active steps to raise our concerns with the Government and Parliament. If agreed, this change would take effect from the start of each regulator's 2024/25 performance review.

Terminating the escalation process

4.7 Paragraph 4.3 of the proposed process has been updated to clarify how the escalation process may be terminated. Once a regulator is subject to the escalation process, subsequent decision-making panels will consider whether those issues that triggered the escalation have been resolved.

Other changes

4.8 Two minor changes to the process are also proposed:

- Para 3.1: The Performance Review team will draft the escalation template in advance of the panel meeting so that it can be discussed at the meeting itself, rather than subsequently via email. This is to provide a better forum for panel members to discuss the issues as a group and with performance

[3] In February 2021, the escalation process was amended so that the initial recommendation regarding escalation was transferred from Directors Group (now ELT) to the decision-making panel.

review colleagues. The panel will still formally agree the decision record via email, but this should reduce the elapsed time this part of the process takes.

- Para 3.3: The panel's consideration of escalation will now be included in the decision record that is sent to the regulator within a week of the panel meeting. This provides regulators with more advanced warning of the decision to escalate and the form it will take.

5. Finance and Resource

5.1 The changes proposed will streamline the escalation process and free up staff time to focus on other elements of the performance review process. There will be a small reduction in time spent by members of the Scrutiny Committee and Board to review the documentation and make recommendations.

6. Impact Assessment

6.1 It is expected that publishing our escalation letters will enhance the effectiveness of our performance review work by exerting additional pressure on regulators when we have identified serious concerns about their performance.

7. EDI implications, including Welsh language

7.1 There are no direct EDI implications arising from the proposed changes. Any measures to improve the effectiveness of our performance review process may have positive impacts for people sharing protected characteristics; we know that some groups are disproportionately overrepresented in regulators' fitness to practise processes, so improvements to those process resulting from our escalation process may have some indirect benefits.

7.2 There are no specific Welsh language considerations for this policy. In line with our approach to other publications, we will produce a Welsh language version upon request.

8. Timescale

8.1 Subject to Board approval, the new process will take effect from the start of the 2024/25 review cycle. The first set of final panel meetings for 2024/25 are likely to take place in April/May 2025, with the first reports published by the end of June 2025.

9. Communications

9.1 Subject to Board approval, the revised process document will be circulated to regulators and published on the website. From the start of the 2024/25 cycle, application of the escalation policy will be set out in performance review reports and escalation letters will be published on the website.

10. Internal Stakeholders

10.1 The Performance Review team continues to engage with the Communications team regarding the visibility of the PSA's work to encourage and support regulators to address areas of poor performance against the Standards of Good Regulation.

11. External Stakeholders

11.1 Regulators have an obvious interest in the new process and how it is implemented. Their stakeholders are likely to welcome greater transparency around the use of the policy and how the PSA is working to address areas of poor performance.

12. Annexes

12.1 A: Proposed escalation process (with tracked changes)

12.2 B: Proposed escalation process (clean)

Escalation of performance review concerns

Process document

1. Purpose

1.1 The purpose of this process is to address two concerns. The first is to ensure that the ~~Authority~~ PSA is aware of continuing concerns about a regulator's performance and, secondly, can consider whether to escalate them further, particularly if the regulator does not appear to be taking effective action to address them. The ~~Authority~~ PSA has no power to require regulators to take action and it is therefore important that others, particularly in Government and Parliament, should be aware of any concerns.

1.2 It should be stressed that the escalation is not automatically required every time a regulator fails to meet a Standard~~of concerns is likely to be exceptional~~. Regulators do address the bulk of concerns we raise in performance reviews and it is important to recognise that some issues may be difficult for the regulator to address swiftly. The process is designed to ensure that concerns are only escalated when they are serious and/or intractable and that decisions are made consistently while taking into account the relevant factors for each individual situation.

2. Thresholds for escalation

2.1 The performance review team keeps a record of Standards met and not met for each regulator over the years. Where one or more Standards have not been met for three or more years, the escalation process will be engaged.

2.2 If the three-year threshold is not met, but concerns are so serious that, in the view of the team, consideration should be given to escalation, the escalation process will be followed. Seriousness will be determined by the aggravating and mitigating factors outlined at paragraph 2.3, below.

2.3 The consideration of whether escalation should be recommended will include an assessment against the following factors:

- How serious are the issues that have caused the Standard(s) to not be met? Do the findings of the report have implications for public protection, public confidence in the profession, or the upholding of professional standards?
- How many Standards have not been met, and for how long?
- How widespread are the issues?
- How long have the issues been occurring?
- Has the regulator recognised the issues? Had the regulator identified the issues prior to the performance review?

- Does the regulator have in place a plan to remedy the issues?
- Has the regulator already undertaken action to begin to remedy the issues? Is there any evidence of early impact of this action?

3. Process

~~3.1~~ Where issues are identified that may engage the escalation process, the performance review team will complete the escalation template at Annex A for consideration by the decision-making Panel. This paper will be tabled at the final Panel meeting, after the Panel has made its decision against the Standards. To avoid influencing the Panel's decision-making process, the escalation paper will not be shared with the Panel or the regulator in advance. The team will make a recommendation either to escalate, including the form this should take, or not to escalate. ~~this will be raised in the month 12 decision-making Panel meeting.~~

~~3.2~~3.1 ~~Following the month 12 Panel meeting, the escalation template at Annex A should be completed by the relevant performance review team member and provided to the Panel for consideration within one week of the meeting, including a recommendation to either escalate or not escalate. This will allow time for the recommendation to be considered by the Panel and any questions to be resolved ahead of this being submitted to the Scrutiny Committee.~~ The escalation ~~template~~ paper will need to contain enough detail to enable the ~~Committee~~ Panel to make an informed decision.

~~3.3~~3.2 ~~The team will consider and recommend the actions to be taken through escalation. This may include~~Escalation will take the form of a letter to the regulator's Chair / President, setting out our concerns, together with a programme of closer monitoring of the regulator's work in the relevant area. It may also involve ~~one or more of:~~a letter to the relevant Secretary of State / Minister and/or a letter to the Chair of the relevant Select Committee.

- ~~a programme of closer monitoring of the regulator's work in the relevant area.~~

~~3.4 Once the Panel has reviewed the team's recommendation, this should be provided to the Scrutiny Committee outside of a meeting with a decision requested within one week.~~

~~3.5 The Committee will consider the recommendation and endorse or alter this. If the Committee determines that the issue should be escalated to the Board, it should use the template at Annex A to do so, being clear as to its reasons for doing so and its independent consideration of the issues. In the interests of timeliness, this is likely to be done outside of a regular Board meeting.~~

~~3.6 If the Committee determines the issues should not be escalated, it should outline the reasons for its decision and note this in its next report to the Board.~~

~~3.7~~3.3 ~~Where the Board has accepted a recommendation to escalate, the regulator should be informed once this decision has been made.~~ The performance review team will document the Panel's discussion regarding escalation (including where this does not result in a decision to escalate) as part of the Panel

Decision Record, which should be sent to the regulator within a week of the meeting. This will provide the regulator with sufficient notice of ~~the~~ any escalation. Where an escalation letter is being sent to external parties, the regulator should be provided with the letter for information shortly ahead of this being sent.

~~3.8~~ Escalation letters (including subsequent update letters) should be sent, along with a copy of the report, to recipients prior to publication of the report.

~~3.9~~3.4 ~~The regulator should also be notified of a consideration that does not result in escalation.~~ From the start of the 2024/25 performance review cycle, we will publish information about our consideration of escalation within our reports and web statements. Escalation letters will be published on our website.

3.5 The Scrutiny Committee will be kept informed of the use (and conclusion) of the escalation process through the performance review update reports at each meeting. Escalation letters will be attached to the next available update report.

~~3.10 If support is required by the Committee or Board at any stage of the escalation process, this may be provided by the performance review team.~~

4. Updates

4.1 ~~In each escalation letter, we should explain that we will provide~~As part of this process, the regulator's Chair / President, the Secretary of State / Minister and relevant Select Committee Chair will be provided with annual updates alongside future performance review reports until the issues that triggered the escalation process have been resolved. This will be set out in the original escalation letter.

4.2 In the annual update letters, we should note any significant developments, set out what actions we are taking to support the regulator to resolve the issues, and what (if anything) we are asking~~would like~~ the recipient of the letter to do.

4.3 The issues that triggered the escalation process will be considered as part of subsequent performance reviews and discussed at provisional and/or final Panel meetings. The Panel will decide whether those issues have been resolved to the extent that annual updates or further escalation is not required. The Panel's decision and reasoning will be set out in the relevant Panel Decision Record and sent to the regulator. If the Panel decides that the issues have been resolved, the next update letter will confirm this and state that no further annual updates will be provided on those issues. ~~When the issues have been resolved, the update letter should explain that we will not provide further annual updates on those issues.~~ This concludes the escalation process.

~~4.4 The HOPR should refer to annual update letters in their quarterly reports to the Scrutiny Committee. at each meeting~~

Annex A

Template for escalating concerns

1. Introduction

1.1 This paper outlines the performance review team's consideration of [ongoing / serious] performance review concerns about [regulator] and the team's recommendation relating to escalation.

~~Or:~~

~~1.2 This paper outlines the Scrutiny Committee's consideration of [ongoing / serious] performance review concerns about [regulator] and the Committee's recommendation for escalation by the Board.~~

2. Summary of concerns

2.1

3. Consideration of escalation factors

3.1 How serious are the issues that have caused the Standard(s) to not be met? Do the findings of the report have implications for public protection, public confidence in the profession, or the upholding of professional standards?

•

3.2 How many Standards have not been met, and for how long?

•

3.3 How widespread are the issues?

•

3.4 How long have the issues been occurring?

•

3.5 Has the regulator recognised the issues? Had the regulator identified the issues prior to the performance review?

•

3.6 Does the regulator have in place a plan to remedy the issues?

•

3.7 Has the regulator already undertaken action to begin to remedy the issues? Is there any evidence of early impact of this action?

•

4. Recommendation

4.1 [Concluding summary of relevant aggravating and mitigating factors].

~~4.2 It is recommended that the Scrutiny Committee [escalates / does not escalate] this to the Authority's Board for consideration of further escalation to the [Chair of regulator / Department of Health and Social Care / Department for Education / Secretary of State for Health and Social Care / Secretary of State for Education] to outline the Authority's concerns as detailed above.~~

~~Or:~~

~~4.3 The Scrutiny Committee [recommends / does not recommend] that the Chair of the Board writes to the [Chair of regulator / Department of Health and Social Care / Department for Education / Secretary of State for Health and Social Care / Secretary of State for Education] to outline the Authority's concerns as detailed above.~~

~~4.4~~4.2 It is recommended that the PSA escalates the issues set out above by writing to the Chair / President of the regulator and the

Title	Organisation	Addressed to Y/N	Copied to Y/N
Secretary of State for Health and Social Care	UK Government		
Secretary of State for Education	UK Government		
Chair of the House of Commons Health and Social Care Committee	UK Parliament		
Chair of the House of Commons Education Committee	UK Parliament		
Minister of Health	NI Government		
Chair of the Committee for Health	NI Assembly		
Cabinet Secretary for Health and Social Care	Scottish Government		
Convenor of the Health, Social Care and Sport Committee	Scottish Parliament		
Cabinet Secretary for Health and Social Care	Welsh Government		
Chair of the Health and Social Care Committee	Welsh Assembly		

Or

~~4.5~~4.3 It is recommended that escalation is not required.

Document Control

Version Control

Printed documents are uncontrolled. This document is only valid on the day it was printed.

Version	Description of Version	Date Completed
1.0	Escalation of concerns process	March 2020
1.1	Updated to reflect learning from implementation, including bringing decisions to not escalate to the Scrutiny Committee level consideration of escalation, moving initial recommendation review to the decision-making panel rather than Directors Groups, and reordering sections	February 2021
1.2	Updated to take account of new performance review approach and to include notification of consideration of escalation in addition to escalation itself	June 2022
1.3 (draft)	Updated to move decision making regarding escalation from Scrutiny Committee and/or Board level to the relevant decision-making Panel. New section added to set out the process for annual updates and the termination of the escalation process. Minor drafting changes to reflect current PSA style and performance review language and terminology.	Tbc

Escalation of performance review concerns

Process document

1. Purpose

1.1 The purpose of this process is to address two concerns. The first is to ensure that the PSA is aware of continuing concerns about a regulator's performance and, secondly, can consider whether to escalate them further, particularly if the regulator does not appear to be taking effective action to address them. The PSA has no power to require regulators to take action and it is therefore important that others, particularly in Government and Parliament, should be aware of any concerns.

1.2 It should be stressed that the escalation is not automatically required every time a regulator fails to meet a Standard. Regulators do address the bulk of concerns we raise in performance reviews, and it is important to recognise that some issues may be difficult for the regulator to address swiftly. The process is designed to ensure that concerns are only escalated when they are serious and/or intractable and that decisions are made consistently while taking into account the relevant factors for each individual situation.

2. Thresholds for escalation

2.1 The performance review team keeps a record of Standards met and not met for each regulator over the years. Where one or more Standards have not been met for three or more years, the escalation process will be engaged.

2.2 If the three-year threshold is not met, but concerns are so serious that, in the view of the team, consideration should be given to escalation, the escalation process will be followed. Seriousness will be determined by the aggravating and mitigating factors outlined at paragraph 2.3, below.

2.3 The consideration of whether escalation should be recommended will include an assessment against the following factors:

- How serious are the issues that have caused the Standard(s) to not be met? Do the findings of the report have implications for public protection, public confidence in the profession, or the upholding of professional standards?
- How many Standards have not been met, and for how long?
- How widespread are the issues?
- How long have the issues been occurring?
- Has the regulator recognised the issues? Had the regulator identified the issues prior to the performance review?
- Does the regulator have in place a plan to remedy the issues?

- Has the regulator already undertaken action to begin to remedy the issues? Is there any evidence of early impact of this action?

3. Process

3.1 Where issues are identified that may engage the escalation process, the performance review team will complete the escalation template at Annex A for consideration by the decision-making Panel. This paper will be tabled at the final Panel meeting, after the Panel has made its decision against the Standards. To avoid influencing the Panel's decision-making process, the escalation paper will not be shared with the Panel or the regulator in advance. The team will make a recommendation either to escalate, including the form this should take, or not to escalate. The escalation paper will need to contain enough detail to enable the Panel to make an informed decision.

3.2 Escalation will take the form of a letter to the regulator's Chair / President, setting out our concerns, together with a programme of closer monitoring of the regulator's work in the relevant area. It may also involve a letter to the relevant Secretary of State / Minister and/or a letter to the Chair of the relevant Select Committee.

3.3 The performance review team will document the Panel's discussion regarding escalation (including where this does not result in a decision to escalate) as part of the Panel Decision Record, which should be sent to the regulator within a week of the meeting. This will provide the regulator with sufficient notice of any escalation. Where an escalation letter is being sent to external parties, the regulator should be provided with the letter for information shortly ahead of this being sent.

3.4 Escalation letters (including subsequent update letters) should be sent, along with a copy of the report, to recipients prior to publication of the report. From the start of the 2024/25 performance review cycle, we will publish information about our consideration of escalation within our reports and web statements. Escalation letters will be published on our website.

3.5 The Scrutiny Committee will be kept informed of the use (and conclusion) of the escalation process through the performance review update reports at each meeting. Escalation letters will be attached to the next available update report.

4. Updates

4.1 As part of this process, the regulator's Chair / President, the Secretary of State / Minister and relevant Select Committee Chair will be provided with annual updates alongside future performance review reports until the issues that triggered the escalation process have been resolved. This will be set out in the original escalation letter.

4.2 In the annual update letters, we should note any significant developments, set out what actions we are taking to support the regulator to resolve the issues, and what (if anything) we are asking the recipient of the letter to do.

4.3 The issues that triggered the escalation process will be considered as part of subsequent performance reviews and discussed at provisional and/or final Panel meetings. The Panel will decide whether those issues have been resolved to the extent that annual updates or further escalation is not required. The Panel's decision and reasoning will be set out in the relevant Panel Decision Record and sent to the regulator. If the Panel decides that the issues have been resolved, the next update letter will confirm this and state that no further annual updates will be provided on those issues. This concludes the escalation process.

Annex A

Template for escalating concerns

1. Introduction

1.1 This paper outlines the performance review team's consideration of [ongoing / serious] performance review concerns about [regulator] and the team's recommendation relating to escalation.

2. Summary of concerns

2.1

3. Consideration of escalation factors

3.1 How serious are the issues that have caused the Standard(s) to not be met? Do the findings of the report have implications for public protection, public confidence in the profession, or the upholding of professional standards?

-

3.2 How many Standards have not been met, and for how long?

-

3.3 How widespread are the issues?

-

3.4 How long have the issues been occurring?

-

3.5 Has the regulator recognised the issues? Had the regulator identified the issues prior to the performance review?

-

3.6 Does the regulator have in place a plan to remedy the issues?

-

3.7 Has the regulator already undertaken action to begin to remedy the issues? Is there any evidence of early impact of this action?

-

4. Recommendation

4.1 [Concluding summary of relevant aggravating and mitigating factors].

4.2 It is recommended that the PSA escalates the issues set out above by writing to the Chair / President of the regulator and the

Title	Organisation	Addressed to Y/N	Copied to Y/N
Secretary of State for Health and Social Care	UK Government		
Secretary of State for Education	UK Government		
Chair of the House of Commons Health and Social Care Committee	UK Parliament		
Chair of the House of Commons Education Committee	UK Parliament		
Minister of Health	NI Government		
Chair of the Committee for Health	NI Assembly		
Cabinet Secretary for Health and Social Care	Scottish Government		
Convenor of the Health, Social Care and Sport Committee	Scottish Parliament		
Cabinet Secretary for Health and Social Care	Welsh Government		
Chair of the Health and Social Care Committee	Welsh Assembly		

Or

4.3 It is recommended that escalation is not required.

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1.1	Updated to reflect learning from implementation, including bringing decisions to not escalate to the Scrutiny Committee level consideration of escalation, moving initial recommendation review to the decision-	February 2021

	making panel rather than Directors Groups, and reordering sections	
1.2	Updated to take account of new performance review approach and to include notification of consideration of escalation in addition to escalation itself	June 2022
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professional standards authority

DA Board Member report 2024

Board member name: Marcus Longley
Devolved administration: Wales/Cymru
Summary of stakeholder engagement activities in 2024 We have engaged with a range of Welsh stakeholders over the course of 2024, the most significant activity being: • The July 2024 PSA Board Meeting was held in Cardiff and was followed by a roundtable event for Welsh stakeholders. The event was focused on improving workplace culture and considered areas where workplace culture and professional regulation intersect. This included consideration of codes of conduct, the regulation of NHS managers, and tackling discriminatory and inappropriate behaviour. The roundtable was attended by a range of stakeholders from across Wales including from the Welsh Government, health boards, unions, Health Education and Improvement Wales, Public Health Wales, and the Royal College of Nursing. • Following the Board meeting and stakeholder roundtable, bilateral meetings were held with some of our key partners in Wales: Alyson Thomas, Chief Executive of Llais; Eluned Morgan MS, formerly the Cabinet Secretary for Health and Social Care, and now First Minister; and Mabon ap Gwynfor MS, Plaid Cymru health spokesperson and member of the Health and Social Care Committee. • Welsh stakeholders play a key part of our Nursing and Midwifery Council Independent Oversight Group. The Welsh representatives on the group are Karen Jewell (Chief Midwifery Officer, Wales), Sue Tranka (Chief Nursing Officer, Wales), Ian Owen (Welsh Government) and Ben Eaton (Llais). • There were changes to ministerial positions in the Welsh Government over the course of 2024 and we wrote to new First Minister of Wales, Eluned Morgan, Cabinet Secretary for Health and Social Care, Mark Drakeford, and Cabinet Secretary and Minister for Mental Health and Early Years, Sarah Murphy, to welcome them into post. • In 2024 the Policy Team consulted on guidance for regulators on Accepted Outcomes and Rulemaking. As part of our stakeholder engagement and outreach work we held two roundtable events to seek views from stakeholders. A representative of Llais attended one of these events and also submitted a formal response to our consultation. • The policy team have held routine meetings with Welsh stakeholder organisations, including with the Welsh Government and Health Education and Improvement Wales (HEIW). • The PSA has responded to two Welsh Government consultations over the course of 2024. One related to licensing of special procedures in Wales, and

the other concerned parameters of practice for the registered nursing associate role.

- We have continued to attend meetings of the Welsh Language Standards Joint Regulators Forum and responded to a survey from the Welsh Language Commissioner concerning the Welsh Language Standards.
- In March 2024 we held our seventh annual Welsh Regulatory Seminar in conjunction with the Welsh Government. The theme of the seminar was 'The role of professional regulation in retaining and building the health and care workforce'. The keynote address was delivered by Eluned Morgan (at the time the Cabinet Secretary for Health and Social Services). Other speakers included representatives from health boards, regulators, BAPIO Wales, Health Education and Improvement Wales, Social Care Wales and the Welsh Government. One hundred percent of those who completed the post-event survey stated that the event had either met or exceeded their expectations.
- Plans for the 2025 seminar are in place. The seminar will be the PSA's first bilingual event, with simultaneous live translation available throughout.

Suggestions for PSA work priorities in relation to the Devolved Administration in 2025

- Pressures on the Welsh NHS remain significant as painstaking progress to address the impact of the Pandemic on all aspects of care slowly bears fruit. There is great interest across the sector in how to redress the decline in productivity, to hasten innovation, and to ensure that all staff (including registrants) are able to operate at the peak of their scope of practice. The need to retain an effective focus on the quality and safety of care throughout all of this change remains a challenge. Particular priorities for the coming year should include:
  - 2025 Welsh regulatory seminar
  - Possible engagement with Welsh Government around the implementation of the Nursing Associate role in Wales and how their proposed 'parameters of practice' model intersects with the NMC Code
  - Engagement with Welsh Government officials on the regulation of NHS managers
- This will be my last report as the Board member from Wales. I should like to record my particular gratitude to the PSA staff who have provided such an invaluable focus on Wales over the last eight years and have supported me so ably in my role, most notably Daisy Blench and Polly Rossetti.

Date: 19 March 2025

Title: Plans for a Board meeting in Northern Ireland

Author: Alan Clamp

Responsible Director: Alan Clamp

Paper for Approval

Open paper

1. Issue

1.1 The PSA's remit covers all four countries of the UK. As part of its commitment to working effectively with the respective Governments, and to provide opportunities for stakeholder engagement, the PSA holds Board meetings across the four nations of the UK on a revolving basis.

1.2 This paper sets out the plans for holding a Board meeting in Northern Ireland (NI) in May 2025.

2. Recommendation

2.1 The Board is asked to approve the draft plan set out in the paper.

3. Background

3.1 As part of its stakeholder engagement activities, the Board agreed to have a Board meeting every other year in Scotland, Cymru/Wales or NI; with another event focused on each of those countries in the intervening year (which may be organised with the respective government or other key stakeholder).

3.2 In addition to the Board meeting, the visits to the devolved administrations involve stakeholder engagement activities.

3.3 The Board has expressed the wish to periodically extend this approach to different regions of England and will be holding its meetings in Sheffield in March 2025.

4. Analysis

4.1 An indicative timetable for the Board meeting and associated stakeholder engagement in NI in May 2025 is set out below.

Date and time	Activities
Wednesday 21 May: up to 1300	Board member arrival in Northern Ireland
Wednesday 21 May: 1400-1800	Stakeholder engagement meetings: **A:** Healthcare provider visit (tba) **B:** RQIA (confirmed) **C:** Patient and Client Council (confirmed) **D:** Health Minister (confirmed) To be followed by a discussion on the meetings for the whole Board 1700-1800
Thursday 22 May: 0900-1200	Board meetings
Thursday 22 May: 1200-1300	Lunch and depart

5. Finance and Resource

5.1 Additional financial resources have been built into the 2025/26 budget to cover travel, accommodation and subsistence costs. Options are being explored for cost-effective venue hire.

5.2 Some additional staff and Board time will be involved in organising and facilitating the visit.

6. Impact Assessment

6.1 It is hoped that this activity will broaden our stakeholder engagement. It should also raise the profile of our work and support the mitigation of risks where stakeholder engagement is a factor.

7. Timescale

7.1 Subject to approval, the detailed event plan will be shared with the Board in April 2025.

8. Communications

8.1 The visit to NI will provide opportunities for communications on the stakeholder meetings and public Board meeting.

9. Internal Stakeholders

9.1 All teams will be involved in planning and delivering the meetings.

10. External Stakeholders

10.1 NI stakeholders and the wider stakeholder group.

professional standards authority

Date: 19 March 2025

Title: Commissioned work

Author: Douglas Bilton

Responsible Director: Douglas Bilton

Paper for Information and Approval

Open paper

How does this work contribute to Strategic Objectives 1-3?
Strategic objective 1: To protect the public by delivering highly effective oversight of regulation and registration
This work develops our skills in regulatory oversight, expands our knowledge of different regulatory models and approaches, and enables staff to undertake their work in a different context
Strategic objective 2: To make regulation fairer and better
This work is focussed on working with clients to make recommendations and support plans for regulatory improvement
Strategic objective 3: To promote and support safer care for all
Although not necessarily in the context of health and care, this work supports clients to protect the public more effectively

1. Issue

1.1 The PSA has undertaken commissioned work in 2024/25. We are currently in the final stage of providing advice to the General Teaching Council for Scotland on its Fitness to Teach (conduct) process. This includes a performance review using adapted Standards 14-18, a review of the legislation and Rules, and an efficiency review. A draft full report was sent to the GTCS on 6 March.

1.2 The Board is asked to note the following background about how this type of work comes about, is commissioned and fulfilled. It is asked to approve a number of improvements in our arrangements for responding to commissions and an indicative level of activity in the future.

2. Recommendations

2.1 That we continue to undertake commissioned work for organisations outside our statutory oversight, and that we usually limit this to one project within a financial year. We might look to take on more work only subject to very close attention to available resources, and assurance that there would be no interruption to the delivery of our statutory work.

2.2 That we improve our approach to planning and estimating the amount of time that we will spend on completing the work, such that our costs to the client more closely match actual time spent and we do not put delivery of our own objectives at risk.

2.3 That we make some improvements to the process documentation for this work so that it is supported more effectively and that we communicate more effectively with potential clients about the service we can offer.

2.4 That we identify ways to prepare clients better for the commencement of work, so that it runs as smoothly as possible for both parties.

2.5 That we undertake some research on how other public bodies undertake such work to identify any opportunities to improve our approaches.

3. Background

3.1 The PSA has undertaken commissioned work for many years. This work provides a modest profit, except where the commission comes from a UK Government. In that instance, Section 26A of the *National Health Service Reform and Regulation of Health Professions Act* 2002 states that when the Authority is asked for advice by 'the Secretary of State, the Welsh Ministers, the Scottish Ministers or the relevant Northern Ireland department…it must comply with such a request', and that this could be advice on any matters related to our statutory remit. We have not provided advice in this context for some years. Where advice is commissioned under Section 26A we would charge for the work, but the rates used would not include profit.

3.2 The focus of this paper however is work for clients outside our statutory oversight. Examples of these projects previously undertaken include:

- *A review conducted for the Saskatchewan Registered Nurses Association* 2019
- *A legislation and governance review conducted for Engineers and Geoscientists British Columbia (EGBC*) in 2018, and a further review for the EGBC in 2021
- *Cost-effectiveness and efficiency review of the Australian National Registration and Accreditation Scheme for health professionals* 2014
- *Performance review of the Medical Council of New Zealand* 2010.

3.3 The work is usually a combination of different elements of performance review including case file audit, and policy work. We have also looked at other areas which are outside our usual remit including cost-effectiveness. This has included working with a partner, the Centre for Health Service Economics and Organisation at Oxford University, for the work in Australia included in the list at 3.2.

3.4 The principal governing document for how we fulfil these commissions is *Commissioning advice from the Authority*, March 2020. This includes process guidance and a 'commissioning proforma' discussed below.

3.5 The work usually results from a direct approach by the client, although on a few occasions we have responded to a public invitation to tender. Often the client will approach us without a very clear view on what they would like to commission. We will discuss alternative approaches with them, and likely timescales, and will usually then present costed options.

3.6 The costing of the options is based on the rate card for the financial year in which the work will fall, and an estimate of how much time will be required to fulfil the work by the team who will need to be involved. The project team is usually drawn from different teams within the PSA depending on the nature of the work required.

3.7 Before a contract is signed, the PSA lead for the work must complete a 'commissioning pro-forma' (annex 3 to *Commissioning advice from the Authority*) which requires the project lead to complete key details about the proposed work, and crucially, a section which ELT must sign off which confirms that staff capacity will be available.

3.8 We use a standard PSA contract. The contract sum is the estimate as per paragraph 3.6. We have usually only charged more where at a later stage the client asks for a substantive additional piece of work to be undertaken.

3.9 Typically these projects have taken 6-9 months to complete from commencement of the work to completion and final payment.

4. Analysis

4.1 This work offers the PSA a number of benefits which include:

- A modest additional income stream
- Staff development opportunities, arising from work in a different context – the regulation of different professions inside and outside health, often working outside the UK, and within a commercial agreement
- The opportunity to share learning and good practice
- The opportunity to support regulators to improve and become more effective in the fulfilment of their statutory duties, and in doing so to build our reputation for expertise.

4.2 We have delivered a series of pieces of work to the satisfaction of the client and that have been valued. This is despite the fact that we have often been operating outside our usual geographical territory and sometimes in the regulation of professions outside health and care.

4.3 The document *Commissioning advice from the Authority* needs to be reviewed. It is a combination of internal process guidance and advice to potential commissioners, and these would both be more effective if separated and rewritten accordingly. The process descriptions could be improved. For example, the period of time during which the bulk of the work is done is referred to as the 'Commission drafting stage'.

4.4 We can make improvements to the internal process for estimating the time that the work will take. In the past we have focused on the central tasks to fulfil the commission, for example, the time taken to complete the audit of a case file. We have not given enough recognition to other necessary managerial and administrative tasks such as:

- internal reporting of progress
- resolution of our positions on more challenging or nuanced issues
- adapting to unexpected circumstances in relation to our other, statutory work such that the project can continue to proceed with minimal or no interruption.

4.5 We should also allow more time for:

- communications activity including around the time of publication, which is usually a few months after the work has been completed
- monitoring media activity
- responding to Freedom of Information requests
- responding to and dealing with other queries and approaches including from members of the public who are involved with the client in different ways.

4.6 It is sometimes the case that issues will arise which are unexpectedly controversial or complex to resolve and require particularly detailed and careful consideration by us and the client. We will usually need to agree how the matters will be reported so that we provide honest and robust feedback in a published report but without resulting in unnecessary difficulties for the client. This is another element which we should allow for in our estimates.

4.7 The best approach may be to apply a standard uplift (say 20%) to the estimate as based on the central tasks. We propose to do more work on this when we have concluded the GTCS project.

4.8 We can be more effective in advising clients on what will be necessary to prepare the ground for our work so that it will run as smoothly as possible. For example, there is almost always a need for the client to share data with us, and this often presents technical and information governance challenges, or at least, an arrangement needs to be made, and this can sometimes be complex and time-consuming. This can hold up the progress of work if the arrangement has not been put fully in place in advance of work commencing.

4.9 We would benefit from understanding more about how other public bodies undertake paid commissions, to see if there is useful learning from any alternative approaches.

5. Finance and Resource

5.1 Income from fees received from the contracts for advice to other organisations is recognised in the Financial Statements when the performance obligations of each separate contract have been met. This could be at a particular point of time e.g. presentation of the final report or over the period that the costs are incurred, where the contract specifies that the customer will be liable for all costs until project completion.

5.2 Income recognition over time is based on agreed staff costs and direct expenditure incurred and recognised in the accounts. Income and expenditure from these contracts are accounted for separately from all other income and expenditure streams.

5.3 Surplus or deficit resulting from this activity is recognised in the Statement of Comprehensive Net expenditure and Statement of Financial position where it forms part of the unrestricted reserves.

5.4 As discussed, the work is charged according to a rate card which is updated annually. We use a proforma to secure sign off from ELT on the availability of the required resources. The work is managed and reported as a project on the dashboard.

5.5 As discussed above, we can improve our approach to estimating the amount of resource that will be needed in the ways set out above. This could then be reflected in a standard uplift on the time estimated for the core tasks, for example 20%. We will do more work on this when the GTCS contract has been concluded.

6. Impact Assessment

6.1 No particular issues to consider.

7. EDI implications, including Welsh language

7.1 We will always look for opportunities to promote EDI within these projects.

8. Timescale

8.1 We propose to complete the actions set out at paragraphs 2.2-2.4 in Q1 of the next financial year. Should the need for any staff training emerge, we will aim to arrange this in Q2.

9. Communications

9.1 On completion and publication of a new version of the commissioning guidance and associated information provided on our website, these will be highlighted to stakeholders. We will engage with staff internally on their ideas for improvements in our approach.

10. Internal Stakeholders

10.1 All staff – as any may potentially be involved in future projects. As above we will seek ideas for improvement.

11. External Stakeholders

11.1 Our external stakeholders for the work are principally regulatory organisations outside our statutory remit, who we will update as described at 9.1 when we produce new guidance, and in doing so, raise awareness of the service that we

can provide. However, we also seek to raise awareness of these projects with the regulators and ARs within our overview as the reports will often be of interest to them.

professional standards authority

Date: 19 March 2025

Title: Update for Board on regulation of non-surgical cosmetics

Author: Dinah Godfree, Head of Policy

Responsible Director: Melanie Venables, Director of Policy and Communications

Paper for Information

Open paper

How does this work contribute to Strategic Aim 2, To make regulation and registration better and fairer? This paper will keep the Board informed of key developments in this area, to support future decision making

1. Issue

1.1 The field of non-surgical cosmetics is recognised as an area of risk in healthcare, with regular prominent news stories highlighting the harm that can be caused by rogue practitioners working in unregulated environments.[1]

1.2 This paper sets out the current state of play across the four UK nations, the PSA's relevant policy positions, and our policy, communications and engagement activity, along with next steps.

2. Where the PSA stands

2.1 The PSA has been highlighting the unmanaged risks in this sector for a number of years and encouraging governments across the UK to take action.

2.2 It is the PSA's position that the level of assurance for health and care roles should be proportionate to the risk of harm arising from practice, context and patient vulnerability.[2] We support licensing in principle as one regulatory tool for managing occupational risk, and have been supportive of the tiered approach proposed in 2023 by the then UK Government for England, and in the recent consultation by the Scottish Government on a similar model.

[1] What is a liquid BBL? Non-surgical butt lift leads to first death in the UK | The Standard
[2] Right-touch assurance | PSA

2.3 Ahead of the introduction of a licensing scheme we have been encouraging those seeking non-surgical cosmetic procedures to choose a practitioner on a register accredited under our Accredited Registers programme.

2.4 The PSA accredits two registers for non-surgical cosmetic practitioners: Save Face and the Joint Council for Cosmetic Practice (JCCP). Accreditation provides assurance to the public and employers that practitioners are subject to high standards of competence and are covered by robust complaints processes, helping to ensure that people receiving care are better protected.

2.5 We encourage all eligible non-surgical cosmetic practitioners to join an Accredited Register to demonstrate their competence and reduce risk to the public.

2.6 This is a position we have articulated now in several consultation responses, stakeholder briefings, and public statements. We continue to reiterate this as opportunities arise.

2.7 It is worth noting that the introduction of Standard One ("public interest test") in July 2021 has allowed for more in-depth analysis of the risks and benefits of activities undertaken by AR registrants. This helped us identify a recommendation for the JCCP in relation to clients with body dysmorphia, which they have since taken forward into policy.[3] This is an example of how the assurance provided by the AR programme was strengthened by the introduction of Standard One.

3. Background

England

3.1 The 'Keogh review' (2013) into the regulation of non-surgical cosmetic interventions recommended the development of a national standard for education and training by Health Education England (HEE). Consequently, HEE published a report on *Education, Training and Qualifications Framework for Non-Surgical Cosmetic Treatments*, advising that formal mechanisms should be implemented to regulate the provision of approved education and training programmes. It recommended that an approved list of training and education providers should be introduced. The Joint Council for Cosmetic Practice (JCCP) was established to implement the HEE Education and Training Framework in 2018. Its Chair, Professor David Sines, also led the Keogh review.

3.2 In 2020, the All-Party Parliamentary Group (APPG) on Beauty, Aesthetics and Wellbeing launched a year-long review of the current regulation of non-surgical cosmetics within England. The PSA gave evidence to the review in support of developing consistent practice-based standards for non-surgical cosmetic interventions, in addition to education and training standards. This was in keeping with messaging in our public consultation on the future shape of the Accredited Registers programme, published in December 2020, for additional regulatory

[3] Our evidence review for Standard 1 suggested potential risks arising from the work of JCCP registrants if not equipped to identify and take appropriate action for clients with Body Dysmorphic Disorder (BDD). In response to this, the JCCP published a guidance paper for registrants on Patient Emotional and Psychological Safety. The guidance reflects the JCCP's 'understanding of the vulnerable nature of many individuals seeking cosmetic procedures necessitates a renewed focus on this specific area of concern'. It proposes actions that JCCP Registrants might seek to undertake to assure themselves that someone is not experiencing BDD before they undertake treatment.

controls such as licensing and consistent standards to be considered for higher risk unregulated roles.

3.3 The APPG's report of its review into the current regulatory landscape, published in July 2021, made recommendations in areas such as legal definitions, standards, regulation and ethics to strengthen the regulatory framework but fell short of calling for statutory regulation. It also recommended introduction of national minimum training standards and a licensing scheme for non-surgical cosmetic practise.

Primary legislation

3.4 Botulinum toxin ('Botox')is a regulated medicine, which means that it must be supplied by a healthcare professional on a statutory register – and any supply coming from elsewhere is illegal.[4] This principle applies to other regulated medicines used in non-surgical cosmetics. Since October 2021, it has also been a criminal offence to administer Botox or fillers by way of injection for a cosmetic purpose to a person under 18 in England.

3.5 Further to this, the Health and Care Act 2022 introduced powers for the Secretary of State for Health and Social Care (SoS) to introduce through secondary legislation a statutory licensing regime in England for non-surgical cosmetic procedures such as Botox and fillers.

3.6 The powers contained within Section 180 of the Act will allow the SoS to make regulations:

- *(a) prohibiting an individual in England from carrying out specified cosmetic procedures in the course of business, unless the person has a personal licence;*
- *(b) prohibiting a person from using or permitting the use of premises in England for the carrying out of specified cosmetic procedures in the course of business, unless the person has a premises licence.*

3.7 The legislation allows regulations to be made to prohibit an individual from carrying out certain procedures unless they hold a personal licence and prohibit the using of premises for procedures unless they hold a premises licence. The legislation captures in broad terms the types of non-surgical cosmetic procedure which will be covered by a scheme and includes provision within a schedule for the imposition of fees, the creation of criminal offences and financial penalties. However, the legislation requires further detail to be included within regulations following public consultation.

Consultation on a licensing scheme in England (2023)

3.8 Following the passing of the primary legislation, the Department of Health and Social Care consulted on a licensing scheme for England in 2023. We were broadly supportive of the proposals, which set out a tiered approach with greater assurance through Care Quality Commission (CQC) for the higher risk procedures, and licensing for lower-risk interventions. We urged the Government to ensure the scheme was simple and transparent, so that patients/clients would be able to check that providers were appropriately regulated for the treatments they were providing. We expressed support for a minimum age of 18 for access

[4] The Human Medicines Regulations 2012

to non-surgical cosmetic procedures, encouraged the Government to consider how best to make use of existing regulatory mechanisms, including Accredited Registers, as part of the proposals

3.9 We also stressed the importance of alignment across the four nations of the UK, to reduce the risk of 'cosmetic tourism' across the UK.

3.10 Following the consultation, no decisions were announced prior to the change of government, and the current Government has yet to make any formal announcements on the issue. We continue to liaise with UK Government officials on a regular basis to encourage swift action.

Scotland

3.11 In 2020, Scottish Government consulted publicly on the regulation of non-medically trained providers of non-surgical cosmetic procedures. Their response to the consultation published in July 2022 reported that the majority of respondents agreed with the need for further regulation and committed to develop legislation to restrict who can carry out certain procedures.

3.12 A further consultation was published late last year, setting out proposals that are broadly analogous to those for England. Our response highlights similar points to those we made to the 2023 consultation for England, setting out our core position as above, but also highlighting the need for simplicity for patients to understand and use a tiered system, our support for banning of high-risk procedures for under-18s, and the importance of four-country alignment among other things. We also highlighted the potential for Accredited Registers to play a role in the scheme, noting that, unlike the 2023 England consultation, there was no reference to the programme in the consultation document.

Wales

3.13 A different approach has been taken in Wales. Focus there has been on introducing a licensing scheme for 'Special Procedures', which are defined as being capable both 'of being performed for aesthetic or therapeutic purposes', and 'of causing harm to human health'. Part 4 of the Public Health (Wales) Act 2017 created a mandatory licensing scheme for practitioners and businesses carrying out 'Special Procedures', defining these as acupuncture (including dry needling), body piercing, electrolysis and tattooing (including semi-permanent makeup). The legislation allows for the Minister to extend the definition of 'special procedures' through secondary legislation,[5] however it currently covers none of the high risk non-surgical cosmetic procedures that are being considered for regulation in other parts of the UK, such as Botox and BBL.

3.14 The Welsh Government consulted on the licensing scheme and supporting regulations in 2023 and 2024[6] respectively – our responses[7][8] were supportive, but highlighted the need for the scheme to fit with the existing regulatory

[5] Under s.93 of the Public Health (Wales) Act 2017.
[6] https://www.gov.uk/government/consultations/healthcare-regulation-deciding-when-statutory-regulation-is-appropriate/healthcare-regulation-deciding-when-statutory-regulation-is-appropriate#alternatives-to-statutory-regulation
[7] Professional Standards Authority response to Welsh Government consultation on Mandatory Licensing of Special Procedures in Wales | PSA
[8] Professional Standards Authority response to Welsh government consultation on draft regulations & guidance for a mandatory licensing scheme for special procedures | PSA

landscape. In particular, we voiced concerns about the proposals for exemptions for certain categories of practitioners, and specifically the decision not to allow an exemption for practitioners on an Accredited Register since membership of these registers is voluntary.

3.15 The direction the Welsh Government has taken here, highlights how non-surgical cosmetic procedures include procedures which fall under the definition of healthcare, alongside other potentially risky non-healthcare procedures, such as tattooing, skin piercing and sunbeds.

Northern Ireland

3.16 Regulation of non-surgical cosmetic procedures has not had the same policy drive behind it in Northern Ireland as in England and Scotland. News stories are emerging about botched procedures putting people at risk, but most recently, the Department of Health was reported as having confirmed that “there are currently no plans to introduce mandatory licensing for non-surgical cosmetic procedures.”[9]

3.17 As it stands therefore, there is no legal requirement for businesses or practitioners offering non-surgical cosmetic procedures in Northern Ireland to be registered or licensed by councils.

3.18 At the time of the passing of the Health and Care Act 2022 in England, individual Councils in Northern Ireland came together to write to Robin Swann (the then Minister of Health) to ask for better regulation of cosmetic treatments in Northern Ireland, along with the introduction of a licensing scheme for non-surgical cosmetic procedures.

3.19 In the absence of a licensing scheme, Councils in Northern Ireland publish advice on their websites about how to choose a practitioner, and we have seen examples of this, which make reference to the AR programme.[10]

4. Analysis

Current activity and next steps

4.1 In addition to responding to relevant consultations, we are also actively engaging with officials in England and Scotland on the development of the proposals. The UK Department of Health and Social Care has indicated that it is "urgently looking at options for tougher regulation" for England.[11] We consider that more active engagement of this type would be beneficial in Wales and Northern Ireland in particular, to try to raise awareness of the risks, and we are developing plans for this.

4.2 In the absence of effective regulatory safeguards, we continue to help mitigate the risks through communications and AR-related activities:

- Social media: Identifying topical moments to reissue our messages such as during the festive party season when traditionally there is more demand for cosmetic treatments and following high profile media coverage of another case of patient harm. Currently live is an AR Quality Mark online advertising

[9] Call for regulation of Northern Ireland cosmetic industry after near-death experience | UTV | ITV News
[10] : https://www.ardsandnorthdown.gov.uk/article/2350/Are-you-thinking-of-having-a-cosmetic-treatment
[11] 'Dangerous' liquid Brazilian butt-lifts by celebrity injector exposed - BBC News

campaign using Meta and Google Ads – both include a targeted segment on cosmetics encouraging people considering treatments to check their practitioner – with a link to a landing page on our website.

- Inclusion of our key messages highlighting incidents of patient harm, urging more speed in introducing licensing schemes, consistency across the four nations and the use of accredited practitioners in our external newsletter and parliamentary bulletin.
- Considering the risks through public interest (Standard One) of accreditation of current Accredited Registers, with the potential to apply conditions and recommendations that support public protection through routine Full Renewal or Targeted Review processes.
- Proactively approaching unaccredited registers to encourage applications for accreditation or collaboration with Accredited Registers.
- Giving advice to anyone who contacts us with questions or concerns about non-surgical cosmetics on how to complain to a regulator or Accredited Register, and how to stay safe if they consider treatment in future.

4.3 Finally, the Nursing and Midwifery Council (NMC) is currently reviewing its position on remote prescribing of non-surgical cosmetic medicines[12]. We met with NMC colleagues during their call for views in September last year and are currently awaiting the outcome of the review.

5. Finance and Resource

5.1 The Quality Mark campaign is fully accounted for in the 2024/25 AR budget. Increased allocation of AR income to communications and engagement in 2025/26 provides further opportunity to consider public facing awareness raising related to non-surgical cosmetic procedures alongside other AR promotional activities.

6. Impacts including EDI and Welsh language

6.1 Decisions on accreditation must be accompanied by a broad impact assessment under the law. We publish and update impact assessments for initial accreditation and ongoing accreditation decisions that consider shared protected characteristics, cost and market effects, and social and environmental factors.

6.2 Our impact assessments for the two registers of non-surgical cosmetic practitioners have highlighted the positive effects of accreditation of registers on protecting people from risks of harm, particularly for populations who are more likely to suffer stigma, or poor mental health related their appearance.[13]

6.3 The introduction by government of any additional forms of regulation could have an economic impact on the businesses and independent practitioners offering

[12] NMC seeks views on remote prescribing of non-surgical cosmetic medicines - The Nursing and Midwifery Council

[13] Accredited Registers Impact Assessment - Accredited Register - Save Face 23 February 2024.pdf; Accredited Registers Impact Assessment - Accredited Register - Joint Council for Cosmetic Practitioners (JCCP) 1 March 2023.pdf

non-surgical cosmetic treatments. This is a factor that is assessed by governments at the point of consulting on proposals and any legislation.

6.4 We will apply our policies for compliance with the Welsh Language Standard in all our activities where this is relevant, such as translation of any social media activity, the audience for which includes individuals in Wales.

7. Timescale

7.1 n/a.

8. Communications

8.1 See above.

9. Internal Stakeholders

9.1 The PSA's work on non-surgical cosmetics involves the Policy, Communications, Accredited Registers teams, and to a more limited extent the Performance Review team. We will continue to keep the Board updated on developments in this area.

10. External Stakeholders

10.1 In addition to government officials and ministers across all four UK nations, our work in this area is relevant to employers, local authorities, and some of the statutory regulators who have registrants who are also working in non-surgical cosmetics.

professional standards authority

Board work programme 2025

Date	Work programme
January 2025	• Staff Survey 2024 • Accredited Registers final 2025/26 budget approved (including sign off of any surplus generated being ringfenced for AR) • Scrutiny and Nominations Committee update reports • Devolved Administration Board member reports (Scotland and Northern Ireland)
March 2025 Sheffield	• Annual report from Nominations, Scrutiny and Audit and Risk Committees including review of terms of reference • Devolved Administration Board member report (Wales)
May 2025 Belfast	• Annual People Report • Strategic Plan 2026-29 • Business Planning for 2026/27 • Risk Register Review by the Board • Delegate authority to ARC to approve the Annual Report and Accounts • ARC, Scrutiny and Nominations Committee update reports
July 2025	• Business Plan 2026/27 (including value for money) • Strategic Plan 2026-2029 • Standards review consultation analysis • ARC, Scrutiny and Nominations Committee update reports • S29 Annual Report • Annual review of Governance and Assurance Frameworks
July/August 2025	• Subset of Board (Business Plan Review Committee) to consider 2026/27 Regulated Activity and Accredited Registers budgets.
September 2025	• Business Plan 2026/27 and Fees Consultation approval • Risk Register review by the Board • ARC, Scrutiny and Nominations Committee update reports •
November 2025	• Mid-year review of 2025/26 Business Plan • Revised Standards for approval