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## Chair's Report – 21 May 2026

### 1. Purpose of Report

For those of you who are new to this report, its purpose is to flag developments at the HCPC from the Chair's perspective and to update on activities of note.

### 2. Highlights

#### Council survey

At our previous meeting, Helen Gough kindly agreed to progress with our Council effectiveness work. Together with governance colleagues, consideration has been given to gathering information from Council members to explore wider Non Executive Director experiences from our current Council Members, increasing our links with other organisations and learning through networks. A survey was issued to our Council Members who hold Non Executive roles or voluntary office with external networks and also our Apprentices. Responses have been received and are being collated and we look forward to discussions later in the year.

#### Development of new Key Performance Indicators (KPIs)

With the advent of the HCPC's new strategy, comes the need for and responsibility to devise a related set of KPIs.

The current KPIs have been in place for around 4 years, and it is an opportune time to review and refresh them, learning from best practice from within the healthcare sector as well as other sectors.

Council will be crafting these at a workshop facilitated by our internal auditors, RSM, with advice from executive colleagues.

#### Discrimination Awareness Training

Just as HCPC colleagues and our registrants require an understanding of how discrimination can manifest in the workplace, as a Council we will also take part in discrimination awareness training on 25 June, focusing on antisemitism and Islamophobia.

#### Trauma-informed thinking

Council greatly appreciated the erudite seminar produced for us by colleague Dr. Rebekah Eglinton, on trauma-informed thinking. Bekah was able to illustrate effective approaches from her deep professional experience and knowledge of major inquiries. She was, for example, Chief Psychologist to the Independent Inquiry into

Child Sexual Abuse. It was an important time of learning and reflection, sensitively led.

### **3. Council and Committees**

Due to London Underground strikes and consequent travel disruption, the Council meeting we had planned for May, face-to-face, will now take place through the Microsoft Teams platform.

### **4. Speaking engagements**

14 April - Integrated Health Summit, King's College

At this all-day summit, I was delighted to be joined on the platform by Professor Beverley Harden MBE FCSP, Deputy Chief Allied Health Professional for England. Linda Hindle OBE, Deputy Chief Allied Health Professional for England and National Engagement Lead for Police, Fire and Ambulance Service Office for Health Improvement and Disparities, had made an important prior contribution to Beverley's data and thinking and I thank them both most warmly.

Despite an intensive day of engagements, Lord Victor Adebawale CBE made time to deliver a powerful keynote speech on integrated healthcare and the 10 year plan. Delivery can seem so complicated and integrated healthcare, "should be natural for the NHS and yet, it has suffered from years of power play".

"We should be focused on reversing the inverse care law. It cannot be right that middle class health improves at the expense of the working class.

"It is all too easy to forget that the persistent and growing health inequalities in the UK damage everyone's interests. In the NHS money currently follows activities, not outcomes."

There was so much richness, pragmatism, experience and wisdom distilled into Lord Adebawale's narrative.

We are at the start of real opportunity to have a system-wide approach to health and care in the broadest, joined up sense. There are already examples of making the 10 year plan's three shifts work, such as those described by Simon Morioka in a fireside chat about the neighbourhood health simulations his organisation PPL has been running in collaboration with the Department for Health and Social Care (DHSC). Chartered Society of Physiotherapy CEO John Cowman gave a vivid description of excellence in localised healthcare, psycho-social factors in healthcare systems and how to scale innovation.

Finally, it was a great pleasure to be able to welcome Helen Grantham from our Council, an active contributor from the floor and in the breakout sessions.

## 5. Stakeholders and colleagues

### Internal

16 April - Grzegorz Drozd, Council Apprentice

Greg has rapidly got into the pattern of Council and is making an important contribution to our thinking on the issues associated with violence in the healthcare professional context and domestically. We aim to bring a paper to Council shortly. Thank you to Council Member Catharine Seddon for her involvement in the study of the topic.

### External

I would like to thank, and acknowledge the excellent work of Adam Haxell, Strategic Relationships & Public Affairs Lead, and policy and communications colleagues, in preparing the briefing material that supports many of these meetings.

1 April - College of Paramedics CEO - The House of Lords Public Services Committee has just launched an inquiry into the role of ambulance services in supporting accident and emergency departments and has begun taking evidence. We will be sharing any relevant information with the Committee.

The inquiry will consider the current demand for, and performance of, ambulance services and emergency departments, the interfaces between ambulance services and emergency departments, and how ambulance services can be used to support emergency department capacity and deliver better patient outcomes in England. The inquiry follows on from previous work done by the Committee in 2022, highlighted in its 'Emergency healthcare: a national emergency' report. The report identified that the emergency care system was under unprecedented strain in which patients faced substantial delays in accessing emergency care, causing distress and increasing clinical risk.

Clearly, this is highly relevant to our role as regulator and indeed, to the new HCPC strategy.

1 April - Society of Radiographers (SoR) CEO – I briefed on the new strategy:

- Patients at the Centre of Smarter, Preventative Regulation

Objective: To shift regulation from reactive investigation to proactive prevention of harm by embedding patient experience, data, and behavioural insight into every aspect of our work, ensuring that the voices and needs of patients drive our priorities and decisions.

- Supporting Healthcare Workforce Development Through Proportionate, Agile Regulation

Objective: To deliver modern, enabling regulation that strengthens the UK healthcare workforce by supporting safe, effective practice, removing unnecessary barriers, and adapting to the evolving and diverse needs of professionals and patients.

- Technology-Enabled Regulatory Excellence and Organisational Sustainability

Objective: To invest in our people, harness emerging technologies and modernise our systems to deliver efficient, high-quality, and user-focused regulation that meets the evolving needs of public protection.

- Strengthening Public Protection through the Regulation of NHS Senior Leadership

Objective: To extend regulatory oversight to NHS 'hospital managers', ensuring consistent standards of accountability, professionalism, and ethical leadership - strengthening public protection.

The SoR's CEO will be retiring this year, so we spoke about succession plans and the inauguration of the Society's next President.

2 April – Chartered Society of Physiotherapists CEO – As well as discussing the Integrated Care Summit, we caught up on a range of topics and expressed a mutual desire to discuss options for collaboration on AI.

15 April - Health Care Professionals and Domestic Abuse Meeting – I had been invited to join this group, which was initially focused on doctors and nurses. The group has agreed to broaden its scope in order to be more inclusive.

16 April - Chief Scientific Officer, Scotland - The pre-election period ('purdah') began on 26 March and runs until the elections on 7 May. During this period there are some limitations on what officials can say, particularly on anything deemed politically controversial or directly related to the policy position of a political party. Within limits, I was able to speak about the fee rise, new legislation in Scotland, AI and HCPC's new strategic plan.

20 April - CAHPO England – update about restructurings and the next strategy. I congratulated the CAPHO on the prominence and embedded 'feel' of Greener AHP Week.

20 April - Royal College Webinar on Domestic Abuse and Support Needs - I attended the webinar online. Unsurprisingly, some of the information was harrowing, so I am pleased to have a further opportunity to thank Dr. Rebekah Eglinton for her trauma-informed seminar.

20 April - NMC catch up about neighbourhood health and professional regulation – with the Health Sector and Regulatory Strategic Lead, I discussed our respective strategic approaches on themes that also included advanced practice and the regulation of non-surgical cosmetic procedures.

30 April - CAHPO Scotland – is moving on and will have a replacement announced shortly. We acknowledged the great foundations on which the relationship with HCPC will build.

**Future meetings and events include:**

The ‘corporate memory’ session for Council has been postponed due to strikes on the London Underground. A new date of 22 October has been arranged.

14 May - PSA roundtable (in person) – I will be presenting and hopefully, stimulating discussion on this quickly changing topic, from the perspective of a Chair’s responsibilities.

Chief Scientific Officer

Cybersecurity as Leadership

HCPC Chairs

Senior Council Member

Patient Safety Commissioner

Transforming Public Safety

Society of Radiographers President’s inauguration

A practical guide to improving sexual safety in mental health wards – I will be chairing and also, speaking at, this forthcoming online conference.