

SRA performance targets to meet SSB Condition 3.1

Condition	Current status against Condition	Outcome	Indicators reportable from 01 March	Further improvement and development
<p>3.1 Remedying the failure to act in a timely and effective manner The performance targets must secure that:</p> <p>(a) Case-handling processes include defined, monitored timeframes for all material stages.</p> <p>(b) Delays are identified through monitoring systems and escalated promptly.</p> <p>(c) Senior management oversight routinely assesses timeliness and progression.</p> <p>(d) Operational reporting includes KPIs relating to timeliness, responsiveness and throughput.</p>	<p>(a) Key Performance Indicators (KPIs) are currently in place across our case-handling process, with stage-specific KPIs in place for specific processes including initial assessment and investigations.</p> <p>(b) Existing KPIs are assessed on a monthly basis by the Deputy Executive Director of Investigations.</p> <p>(c) Issues are escalated on a monthly basis to the SRA's Director Team meeting, by exception. Balanced Scorecard Operational Performance is assessed by the SRA's newly formed Executive Committee and Directors and will continue to be reviewed by the SRA Board three times a year or more often if needed / urgent.</p> <p>(d) See reply to (a), above.</p>	<p>An end-to-end investigations process conducted in a timely and effective manner, with pro-active monitoring, identification and escalation of delays, and active oversight by managers and senior managers, supported by reporting of operational KPIs and use of that information to improve outcomes in the public interest, minimising the risk of potential consumer harms escalating.</p>	<p>KPI (Key Performance Indicator) S2: 90% of urgent reports to have an initial assessment within 5 days of receipt</p> <p>KPI S6: 80% of AERT assessments completed within 2 months</p> <p>KPI S14: 93% of investigation cases completed in 12 months</p> <p>KPI S15: 95% of investigation cases completed in 18 months</p> <p>KPI S16: 98% of investigation cases completed in 24 months</p>	<p>The following phased improvements are proposed:</p> <p>Improve KPI S6 performance to 60% by end of first reporting period</p> <p>Improve KPI S6 to 70% by end of second reporting period</p> <p>Improve KPI S6 to 80% by end of third reporting period</p> <p><i>To note: Improving KPI S6 is dependent on manageable volumes of reports of misconduct.</i></p> <p>Review and consider additional measures to include in regular reporting to the Legal Services Board (LSB) from the second reporting period onwards, if appropriate.</p>

Mapping SSB Condition 3.2 to Axiom Directions

To note:

The table below maps SSB Condition 3.2 to the relevant Axiom Directions implementation steps. These steps either (a) have fulfilled, or (b) will fulfil, the performance targets for future delivery in relation to the SSB Conditions.

- Steps highlighted in grey are those already completed
- Steps not yet completed are highlighted in blue

In relation to this Condition, the majority of actions have been completed. The remainder are due for completion by end April 2026 and reporting to the LSB in May 2026. Following the closure of our Axiom programme, as part of our SSB reporting we will share with the LSB ongoing evidence of our transformation programme in relation to risk.

Condition	Mapping to Axiom Directions	Outcome and Axiom Directions headline actions	Relevant Axiom implementation plan steps	Delivery status: completed / due date
<p>Condition 3.2: Remedying failures in risk recognition and emerging patterns</p> <p>The performance targets must secure that:</p> <p>(a) Mechanisms exist to identify, monitor and analyse trends and emerging risks.</p>	(a) Maps to steps under Axiom Directions (2)(a)(i), and 2(a)(ii)	Outcome: Strengthened risk functions and market intelligence to ensure a proactive and integrated approach to identifying and responding to risk across the legal sector to protect public and consumer interests.	2(a)(i) Step 1: Deliver proactive and integrated approach to identify and respond to risks. Although it won't identify every risk, by linking to our evolving harms framework, we will be in a stronger position to identify and understand the potential impact of the most important risks. Our supporting work will be focused on spotting patterns, sharing information, and supporting evidence-based decision making. Our new Risk & Intelligence Framework (RIF) is already in place.	Completed January 2025
	(b) Maps to steps under Axiom Direction 2(a)(iii)	<p><u>Axiom Directions headline actions:</u></p> <p>Within twelve months, focused on the regulatory objectives including consumer protection and the public interest, the SRA will have:</p>	2(a)(i) Step 2: Board to agree Harms Framework, covering all Regulatory Objectives including the impact on consumer interests and the public interest	Completed September 2025
	(c) Maps to steps under Axiom Direction 2(a)(v)		2(a)(i) Step 3: Review of Risk and Data Operating Model.	Due by end of March 2026
	(d) Maps to steps under Axiom Directions 2(a)(iii), 2(a)(iv)			

<p>(b) Information flows across teams are routine, mandated, timely and facilitated by systems.</p> <p>(c) Risk intelligence is escalated rapidly where patterns emerge.</p> <p>(d) Cross-team governance structures ensure that risks are considered holistically.</p>	<p>Relevant Axiom Directions are:</p> <p>2(a)(i) – establish and embed a framework for the ongoing, proactive identification and assessment of risks to consumer interests and the public interest</p> <p>2(a)(ii) – develop risk-based systems and procedures to proactively collect, and analyse market intelligence, including identification and assessment of risks arising from the sale, merger and acquisition of firms</p> <p>2(a)(iii) – develop effective sharing of market intelligence and regulatory data between internal teams to support timely and efficient authorisation, supervisory and enforcement decisions</p>	<ul style="list-style-type: none"> • Tested, evolved and embedded a strategic approach to risk identification and management. No approach can identify every risk, but this approach will: <ul style="list-style-type: none"> ○ Gather insights from across the organisation, and externally, which will allow ‘bottom-up’ intelligence to be captured and marshalled ○ Enable top-down, strategic assessment to identify the key risks related to legal services ○ Deliver more informed, risk-based decision making. • Ensured that all strands of intelligence and risk work, including Horizon Scanning, feed into a single Framework for the identification and management of risk. There will be clear, documented, intelligence flows through the SRA’s RIF. 	2(a)(i) Step 4: Potential new Risk and Data Operating Model agreed and implemented	Through 2026 (part of continuous improvement which will continue beyond the 12- month implementation period for these directions)
			2(a)(ii) Step 1: Establish processes for market risk assessment	Completed January 2026
			2(a)(ii) Step 2: Conduct market risk assessment, including reviewing risks arising from firm structures and from the sale/merger/acquisition of firms	By end of April 2026
			2(a)(iii) Step 1: We will revise the Terms of Reference (ToR) for the Risk and Intelligence Governance Group (RIG) to ensure all operational areas are represented at leadership level. The ToR will also be updated to reflect the responsibility of leaders to incorporate market intelligence and data within their decision making, both in contributing to the RIF but also in taking actions away.	Completed end July 2025
			2(a)(iii) Step 2: To evidence this, we’re suggesting that actions captured in the RIF process could be periodically revisited and evaluated for effectiveness and learning lessons, creating a feedback loop	Trial completed by end December 2025
			2(a)(iii) Step 3: Risk Analysts will support the operational areas in identification and quantification of market risks.	Completed – in place by end December 2025
			2(a)(iv) Step 1: We will revise the Terms of Reference for the RIG to ensure all operational areas are represented at leadership level. The ToR will also be updated to highlight explicitly the responsibility of leaders to ensure policy	Completed end July 2025

	<p>2(a)(iv) - use market intelligence to inform regulatory approaches and policy development to ensure that they are effective in identifying and acting on risks</p> <p>2(a)(v) – demonstrate delivery of all of the above requirements, through internal reporting mechanisms and regular reporting to senior leadership.</p>	<ul style="list-style-type: none"> Developed an approach for a Market Risk Assessment (sometimes called a Strategic Risk Assessment) which will be an analysis of the key risks to consumers, the profession and to regulation. Developed plans for the ongoing development of RIF, including by identifying what additional tools and organisational processes are needed to continue to more effectively gather data and intelligence, identify potential risks and insights, and to address potential harm <p>(some of these actions cover more than one requirement, and some requirements are met by a combination of actions – e.g. 2(a)(i) and 2(a)(ii) overlap significantly.)</p>	making is informed by market intelligence and data.	
			2(a)(iv) Step 2: Providing risk analyst support to policy development projects, as part of working / steering groups to assist with that read across from RIF and to help with analytical products.	Completed end December 2025
			2(a)(v) Step 1: Implement processes for documenting and scoring identified market risks in RMF.	Completed end September 2025
			2(a)(v) Step 2: Review internal reporting mechanisms (including reporting to senior leadership) for RIF.	<p>First review complete end of November</p> <p>Second review due end of April</p>

SRA performance targets to meet SSB Condition 3.3

Condition	Current status against Condition	Outcome	Indicators reportable from 01 March	Further improvement and development
<p>Condition 3.3: Remedying inaccurate and inconsistent assessment and triage The performance targets must secure that:</p> <p>(a) Triage tools, criteria and thresholds are applied consistently across teams.</p> <p>(b) Staff receive regular training on triage decision-making.</p> <p>(c) Decisions are documented clearly and consistently.</p> <p>(d) Quality assurance processes identify and rectify inconsistency.</p>	<p>In summer 2025, the SRA instigated a wide-ranging programme to improve decision-making in our Assessment and Early Resolution team (AERT), which carries out triage. This has already introduced significant improvements. In relation to each of the sub-Conditions:</p> <p>(a) We have introduced strengthened procedures including new Assessment Plans to ensure consistency of decision making in the application of our Assessment Threshold Test (ATT)</p> <p>(b) Investigation Officers are trained on the new strengthened procedures including the application of our ATT and Assessment Plans. This includes training to identify priority and urgent cases for onward referral.</p> <p>(c) The new Assessment Plan was introduced to ensure appropriate criteria are consistently applied, to strengthen and improve documentation of decision making.</p> <p>(d) All decisions to pass cases out to investigations are reviewed by line managers to ensure they are appropriate, with feedback provided to drive continuous improvement</p>	<p>Assessment and triage decisions are accurate, consistent and reliable, supported by clear criteria, well-trained staff, robust documentation, and quality assurance that identifies and corrects any inconsistencies to ensure significant regulatory concerns are identified and addressed at an early stage.</p>	<ol style="list-style-type: none"> 1. 80% of Stage 1 complaints about the SRA are not upheld 2. 100% of new starter case closure recommendations are checked until they are deemed fit to be granted self-signoff 3. Quality assurance reviews demonstrate 90%+ agreement between reviewing officer and case officer in the application of the ATT across sampled cases (sampled from triage cases across all staff, including newly signed off and existing staff), 4. Reporting on training topic and number of training events to Investigations (includes AERT) staff during reporting period 	<p>Update training to enhance consistent application of the Assessment Threshold Test (ATT), and build into the process – by May 2026</p> <p>Enhance quality assurance of decision-making: team manager plus periodic independent checks by other departments i.e. Knowledge and Development – by May 2026</p> <p>Review and consider additional measures – to include in regular reporting to the LSB from the second reporting period onwards if appropriate.</p>

Mapping SSB Condition 3.4 to Axiom Directions

The table below maps SSB Condition 3.4 to the relevant Axiom Directions implementation steps. These steps either (a) have fulfilled, or (b) will fulfil, the performance targets for future delivery in relation to the SSB Conditions.

- Steps highlighted in grey are those already completed
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In relation to this Condition, the Axiom steps are part-way through delivery and are not yet completed. We propose that our final Axiom Directions report (due May 2026) sets out the next steps we intend to take in relation to delivering against this SSB Condition and how we may report to the LSB on these as part of our SSB programme, in particular, in light of our identification of any relevant changes to processes and/or regulatory arrangements (4)(a)(i) Step 2, due end of April 2026, which will take account of this Condition.

Condition	Mapping to Axiom Directions	Outcome and Axiom Directions headline actions	Relevant Axiom implementation plan steps	Delivery status: completed / due date
<p>Condition 3.4: Remedying inadequate scrutiny of financial risk</p> <p>The performance targets must secure that:</p> <p>(a) Financial evidence is subject to structured scrutiny and challenge.</p>	<p>Sub-Conditions 3.4(a), 3.4(b), 3.4(c) and 3.4(d) all map in the round to Axiom Directions 4(a)(i) and 5(a)(i), 5(a)(ii), 5(a)(iii). In particular, we expect these sub-Conditions to be addressed by (4)(a)(i) Step 3: 'Implement any internal changes' following completion of Step 2.</p> <p>Relevant Axiom Directions are:</p> <p>4(a)(i) use an effective risk-based approach to assess the potential for consumer or market harm arising from firms' financial</p>	<p><u>Outcome:</u></p> <p>Strengthened mechanisms to oversee financial risk and firm consolidation activity to better protect and promote the public interest and the interests of consumers and promote and maintain adherence to the professional principles.</p> <p><u>Axiom Directions headline actions:</u></p> <p>(4)(a)(i) Within twelve months, focused on the regulatory objectives including consumer protection and the public interest, the SRA will have:</p> <ul style="list-style-type: none"> • Reviewed the harms that can flow from firms' financial 	4(a)(i) Step 1: Establish and conduct review of potential harms related to financial stability of firms.	End of January 2026
			4(a)(i) Step 2: Identify any relevant changes to processes and/or regulatory arrangements.	End of April 2026
			4(a)(i) Step 3: Implement any internal changes.	Delivery date to be confirmed once review complete and changes identified – some changes may be beyond 12-month period
			4(a)(i) Step 4: If the review identifies changes to regulatory arrangements, then set plan for finalising policy position/proposed	End of May 2026

<p>(b) Contradictory or incomplete financial information is escalated and resolved.</p> <p>(c) Staff undertaking financial scrutiny have access to mandatory specialist training.</p> <p>(d) All financial-risk decisions are recorded with a clear rationale and evidence base.</p>	<p>stability, including where appropriate through obtaining and reviewing firms' financial and accounting information</p>	<p>stability, and made proportionate changes to our arrangements as appropriate, for example potentially by updating firms' obligations to supply us with relevant information.</p>	<p>solution/draft rules and consultation/Board approval thereof/consultation/evaluation of responses/Board making rules/submission to LSB etc once review complete</p>	
	<p>5(a)(i) put in place measures to enable more effective risk-based scrutiny of firms undergoing sale, merger or acquisition, including where relevant ensuring that the SRA receives advance notice of such activities</p>	<p>5(a) Within twelve months, focused on the regulatory objectives including consumer protection and the public interest, the SRA will have:</p> <ul style="list-style-type: none"> Identified arrangements specifying the circumstances in which firms must notify us when they are undertaking activity that will significantly change their profile including because of sale, merger and acquisitions, and when they must notify us Identified arrangements and processes providing for how we will scrutinise the changes firms are undertaking, where proportionate, based on reported and known risk indicators. Identified an appropriate approach to prioritise our actions based on risk and indicators of risk and have clear plans for implementing changes as soon as practicable. 	<p>5(a)(i) Step 1: Develop initial policy options around potential risk indicators and notification requirements.</p>	<p>End of October 2025</p>
	<p>5(a)(ii) proactively use its powers, including for inspection and provision of information, where sale, merger or acquisition of firms presents or may present serious risk to consumers, including to enable an informed assessment of that risk to be made</p>		<p>5(a)(i) Step 2: Identify any rule changes needed, draft rule changes. Prepare consultation.</p>	<p>End of October 2025</p>
	<p>5(a)(iii) make alterations to its regulatory arrangements where the SRA considers existing arrangements are insufficient to carry out the above functions effectively and efficiently.</p>		<p>5(a)(i) Step 3: Implement any appropriate internal process improvements</p>	<p>By end of April 2026</p>
			<p>5(a)(i) Step 4: Finalise policy position. Confirm proposed rule changes. Prepare consultation.</p>	<p>By end of May 2026</p>
			<p>5(a)(ii) Step 5: Board approval to consult on any proposed rule changes.</p>	<p>By end of May 2026</p>
			<p>5(a)(ii) Step 6: Set initial project plan for future development of policy positions to include developing resource and expertise needed</p>	<p>By end of May 2026</p>
			<p>5(a)(ii) Step 7: Consultation on proposed rule changes</p>	<p>Between June – July 2026</p>
			<p>5(a)(ii) Step 8: Set project plan for finalisation and future implementation</p>	<p>By end of August 2026</p>

SRA performance targets to meet SSB Condition 3.5

Condition	Current status against Condition	Outcome	Indicators reportable from 01 March	Further improvement and development
<p>Condition 3.5: Remedying underuse of statutory investigatory powers The performance targets must secure that:</p> <p>(a) Clear frameworks guide when statutory powers must be used.</p> <p>(b) Investigations seek independent evidence and, where the firm poses considerable risk, ensure that this is not solely firm-provided material.</p> <p>(c) Staff receive training on compulsory powers and investigatory best practice.</p> <p>(d) Use of compulsory powers is monitored for consistency and effectiveness.</p>	<p>(a) The SRA has established processes for guiding our use of statutory powers. Our processes are set out for staff in guidance, e.g.: <i>SRA Investigations Work Instructions for Production Notices</i>, updated in April 2025. Production Notices are the SRA's mechanism for using our statutory powers to require the production of information.</p> <p>(b) We have existing guidance in place: <i>SRA Investigation Work Instructions: Requesting external evidence</i> and in April 2025 we updated our Investigation Plan guidance including in relation to external evidence.</p> <p>(c) All investigations staff are given comprehensive induction training on investigatory best practice, including use of compulsory powers. Our training includes <i>Work Instructions for Production Notices</i> and <i>Work Instructions: Requesting external evidence</i>.</p> <p>(d) Production Notices approved by an Investigation Manager and recorded. Production Notices also signed off by an Authorised Decision Maker. Monthly file reviews confirm correct use of statutory powers, both when these are used and when not used.</p>	<p>Statutory investigatory powers are effectively and consistently used. Our people have a clear understanding of investigatory best practice through a rolling training programme and accessible work instructions. Strong investigative practice is evidenced, including independent evidence where relevant and where firms present heightened risk. Usage is monitored to confirm that powers are applied appropriately and deliver intended outcomes that support public goods and protect the consumer interest.</p>	<ol style="list-style-type: none"> 1. Count of Production Notices produced in reporting period 2. 100% of all Production Notices to be reviewed by an Authorised Decision Maker 	<p>Introduce revised approach to file reviews by June 2026, and reach targets on reporting by December 2026:</p> <p>80% of file reviews on closed cases where statutory powers were used confirm correct use of statutory powers – by December 2026</p> <p>80% of file reviews on closed cases where statutory powers were not used confirm this decision was correct – by December 2026</p> <p>80% of file reviews on closed cases confirm correct approach taken to seeking independent evidence – by December 2026</p>

SRA performance targets to meet SSB Condition 3.6

Condition	Current status against Condition	Outcome	Indicators reportable from 01 March	Further improvement and development
<p>Condition 3.6: Remedying failures relating to vulnerable consumers The performance targets must secure that:</p> <p>(a) Vulnerability indicators are codified, consistently identified, recorded and acted upon.</p> <p>(b) Processes include safeguards and adjustments for vulnerable consumers.</p> <p>(c) Staff are trained in recognising and responding to vulnerability, recognising that a wide range of factors can make a consumer vulnerable.</p> <p>(d) Feedback from vulnerable consumers is used to inform process improvements.</p>	<p>We have measures in place to identify and respond to the needs of consumers who may be vulnerable and want to do more to improve how we recognise and support consumers in vulnerable situations to engage effectively with our services. Current measures include:</p> <ul style="list-style-type: none"> - Guidance for SRA staff supporting potentially distressed consumers and those in crisis - Training for staff in responding effectively to consumers in distress and building the knowledge and skills to listen and support people who may be vulnerable - Vulnerability flags in our systems to support the identification of consumers in vulnerable situations, with corresponding guidance and training on our definition of vulnerability and vulnerability indicators - SRA Enforcement Strategy includes consideration of potential harm to consumers in vulnerable situations 	<p>Systems and processes ensure everyone, regardless of their circumstances or characteristics, can interact with us confidently and effectively, applying our approach flexibly according to the needs of the consumer and using best practice and consumer feedback to drive continuous improvement, ensuring that consumers' interests are safeguarded.</p>	<p>1. 90% of sampled investigation cases correctly identified vulnerability.</p> <p>2. 80% of sampled investigation cases (where reasonable adjustments for vulnerable consumers were identified) correctly applied reasonable adjustments.</p>	<p>Incorporate existing vulnerability training into induction and roll out across all public facing teams – by May 2026</p> <p>Seek feedback on current definition, indicators and consumer guidance for vulnerable consumers with consumer groups; including by reviewing good practice across the wider regulatory community to inform and develop our process and materials – by June 2026</p> <p>Roll out reasonable adjustments champions in operational teams – by June 2026</p> <p>Develop updated training package – by Aug 2026</p> <p>Roll out updated training package – by Sept 2026</p> <p>Implement changes to process and supporting materials following testing with consumer groups - by October 2026</p>

	<ul style="list-style-type: none"> - A reasonable adjustments policy for those using our service and reasonable adjustment flags in our system, available in an easy read plain language version - Reviewed and updated work instructions for investigations team to support effective deployment of reasonable adjustments 			<p>Publish vulnerability definition and indicators (updated if necessary) – by October 2026</p> <p>Roll out vulnerability leads in operational teams – by December 2026</p> <p>Review and consider additional measures – to include in regular reporting to the LSB from the third reporting period onwards if appropriate</p>
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Mapping SSB Condition 3.7 to Axiom Directions and performance targets to meet Condition 3.7(d)

To note: the table below maps SSB Condition 3.7 to the relevant Axiom Directions implementation steps. These steps either (a) have fulfilled, or (b) will fulfil, the performance targets for future delivery in relation to the SSB Conditions.

- Steps highlighted in grey are those already completed
- Steps not yet completed are highlighted in blue

In relation to this Condition, the majority of Axiom actions have been completed. The remainder are due for completion by end April 2026 and for reporting to the LSB in May 2026. In a similar way to Condition 3.2, to maintain oversight following the closure of our Axiom programme, we will, as part of our SSB reporting, share with the LSB ongoing evidence of our transformation programme in relation to risk. In relation to sub-Condition 3.7(c) there are multiple routes for staff to raise concerns and challenges, including through the line management structure, to other senior colleagues and through our Risk and intelligence Framework processes; we also have a formal whistleblowing policy in place.

Sub-Condition 3.7(d) is not directly covered by the Axiom Directions. We have included a separate table in relation to performance targets in this area below.

Condition	Mapping to Axiom Directions	Outcome and Axiom Directions headline actions	Relevant Axiom implementation plan steps	Delivery status: completed / due date
Condition 3.7: Remediating failures in governance, escalation and oversight The performance targets must secure that:	(a) and (b) map to steps under Axiom Directions (1)(a)(i) and (1)(a)(iii)	<u>Outcome:</u> Governance changes that deliver demonstrable improvement in regulatory effectiveness and efficiency. These changes result in a regulatory approach that better protects and promotes the public interest and the interests of consumers and promotes and maintains adherence to the professional principles. <u>Axiom Directions headline actions:</u>	1(a)(i) Step 1: Board to agree clear regular reporting cycle to ensure overview of Risk and Intelligence Framework (RIF) activities	Completed end July 2025
	(c) maps to steps under Axiom Directions 2(a)(i), 2(a)(iii) and 2(a)(v)		1(a)(i) Step 2: Improvements include oversight of RIF arrangements (i.e. reports on the processes adopted, including trials of embedded intelligence staff), updates to the Risk Management Framework (RMF) so that Mid-tier Risk Register (MRR) explicitly covers market risks,	Completed end December 2025

<p>(a) Decisions are documented with clear reasoning, evidence and escalation routes.</p> <p>(b) Governance structures provide effective oversight of decisions and risks.</p> <p>(c) Staff concerns and challenge are captured, escalated and acted upon.</p>	<p>Relevant Directions are:</p> <p>1(a)(i) demonstrate improved Board-level oversight of regulatory risk and intelligence activity, including through a clear reporting cycle to the SRA Audit and Risk Committee and Board, which also allows for the appropriate escalation of risks</p> <p>1(a)(iii) ensure consistent, accurate and timely records of all significant governance decisions and regulatory decisions are kept and maintained</p> <p>2(a)(i) establish and embed a framework for the ongoing, proactive identification and assessment of risks to consumer interests and the public interest, including those arising from firm structures</p> <p>2(a)(iii) develop risk-based systems and procedures to proactively collect, and</p>	<p>Within 12 months, focused on the regulatory objectives including consumer protection and the public interest, we will have:</p> <ul style="list-style-type: none"> • Embedded relevant governance structures, involving appropriate Board oversight and an agreed cadence of regular reporting from the Risk and Intelligence Framework (RIF) through to Audit and Risk Committee (ARC) and Board. This will incorporate existing Risk Management Framework (RMF) reporting activities. • Reviewed approaches and implemented updated, proportionate (i.e. not necessarily applying to every decision/action) procedures in respect of (a) regulatory impact assessments; (b) recording key decisions; and (c) evaluation of regulatory effectiveness. 	<p>and regular Audit & Risk Committee review of MRR.</p>		
			<p>1(a)(iii) Step 1: Review arrangements for ensuring consistent, accurate and timely records of all significant governance decisions and regulatory decisions are kept and maintained.</p>	Completed end November 2025	
			<p>1(a)(iii) Step 2: Improve record keeping arrangements and training/guidance as required.</p>	By end April 2026	
			<p><u>Axiom Directions headline actions:</u> Within twelve months, focused on the regulatory objectives including consumer protection and the public interest, the SRA will have:</p> <ul style="list-style-type: none"> • Tested, evolved and embedded a strategic approach to risk identification and management. No approach can identify every risk, but this approach will: <ul style="list-style-type: none"> ○ Gather insights from across the organisation, and externally, which will allow 'bottom-up' intelligence to be captured and marshalled 	<p>2(a)(i) Step 3: Review of Risk and Data Operating Model</p>	Due by end March 2026
				<p>2(a)(i) Step 4: Potential new Risk and Data Operating Model agreed and implemented.</p>	Through 2026 (part of continuous improvement which will continue beyond the 12- month implementation period for these directions)
				<p>2(a)(iii) Step 1: We will revise the Terms of Reference (ToR) for the Risk and Intelligence Governance</p>	Completed end July 2025

<p>analyse market intelligence, including identification and assessment of risks arising from the sale, merger and acquisition of firms</p> <p>2(a)(v) demonstrate delivery of all of the above requirements, through internal reporting mechanisms and regular reporting to senior leadership</p>	<ul style="list-style-type: none"> ○ Enable top-down, strategic assessment to identify the key risks related to legal services ○ Deliver more informed, risk-based decision making. <ul style="list-style-type: none"> ● Ensured that all strands of intelligence and risk work, including Horizon Scanning, feed into a single Framework for the identification and management of risk. There will be clear, documented, intelligence flows through the SRA's RIF. ● Developed an approach for a Market Risk Assessment (sometimes called a Strategic Risk Assessment) which will be an analysis of the key risks to consumers, the profession and to regulation. ● Developed plans for the ongoing development of RIF, including by identifying what additional tools and organisational processes are needed to continue to more effectively gather data and intelligence, identify potential risks and insights, and to address potential harm <p>(some of these actions cover more than one requirement, and some requirements are met by a combination of actions – e.g. 2(a)(i) and 2(a)(ii) overlap significantly)</p>	<p>Group (RIG) to ensure all operational areas are represented at leadership level. The ToR will also be updated to reflect the responsibility of leaders to incorporate market intelligence and data within their decision making, both in contributing to the RIF but also in taking actions away.</p>	
		<p>2(a)(iii) Step 2: To evidence this, we're suggesting that actions captured in the RIF process could be periodically revisited and evaluated for effectiveness and learning lessons, creating a feedback loop</p>	<p>Trial completed by end December 2025</p>
		<p>2(a)(iii) Step 3: Risk Analysts will support the operational areas in identification and quantification of market risks.</p>	<p>Completed – in place by end December 2025</p>
		<p>2(a)(v) Step 1: Implement processes for documenting and scoring identified market risks in RMF.</p>	<p>Completed end September 2025</p>
		<p>2(a)(v) Step 2: Review internal reporting mechanisms (including reporting to senior leadership) for RIF.</p>	<p>First review complete end of November</p> <p>Second review due end of April</p>

Condition	Current status against Condition	Outcome	Indicators reportable from 01 March	Further improvement and development
<p><i>Condition 3.7: Remedying failures in governance, escalation and oversight</i> The performance targets must secure that:</p> <p>(d) Internal audit and assurance mechanisms evaluate decision-making quality and are carried out by persons independent to the team that made the decision.</p>	<p>Current internal quality assurance carries out regular dip sampling of cases including quality of decision making and compliance with guidance, focusing on investigations (and the Assessment and Early Resolution Team where relevant).</p>	<p>Assurance of effective decision-making promoting quality, consistency, and confidence that outcomes are in line with the public and consumer interest.</p>	<p>Quality assurance exercises are carried out to a scheduled annual plan. We expect to cover at least one area of investigations by the end of the current reporting year. We expect to cover other aspects, for example, use of statutory powers, in the following reporting year to understand how our changes are embedded and impacting. We will report to the LSB on the outcomes of these exercises as appropriate.</p>	<p>Expand quality assurance team: in place, trained and operational – tranche one by end February 2026 and tranche two by September 2026</p> <p>Extend quality assurance programme to cover all operational teams in SRA: new schedule and methodology to commence – by November 2026</p>