

Audit Committee, 5 September 2017

Social Worker Risk Register & Risk Treatment Plan

Executive summary and recommendations

Introduction

1. The Social Worker Risk Register and Risk Treatment plan is a document reflecting current and recent levels of risk recognised by risk owners, related to the project to migrate Social Workers in England to a new regulator. Social Work England
2. The Project risk register is separate from the Enterprise Risk Register and Risk Treatment plan
3. This Social Worker Risk Register and Risk Treatment plan is continually under review. Residual risk is implicitly accepted for any current risk register unless otherwise indicated.
4. Preliminary legislation was passed by the last government.

Decision

The committee is requested discuss the risk register.

Background information

None

Resource implications

None

Financial implications

None

Appendices

None

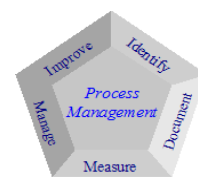
Date of paper

29th August 2017

Risk Register & Risk Treatment Plan Social Workers in England

Marc Seale, Chief Executive & Registrar

Report to Audit Committee, (End August 2017)



July 2017 Risk Assessment

Contents	Page
Contents page	3
Top HCPC risks	4
Changes since last published	6
Strategic risks	7
Operations risks	8
Communications risks	9
Corporate Governance risks	10
Information Technology risks	11
Partner risks	12
Education risks	13
Project Management risks	14
Quality Management risks	15
Registration risks	16
HR risks	17
Legal risks	18
Fitness to Practise risks	19
Policy & Standards risks	20
Finance risks	21
Information Security risks	22
Appendix i Glossary and Abbreviations	23
Appendix ii HCPC Risk Matrix	24
HCPC Risk Matrix terms detail	25
Appendix iii HCPC Strategic Objectives & Risk Appetite	26

"Top Risks" (High & Medium after mitigation)

Historic Risk Scores

ID	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Mitigation I	Mitigation II	Mitigation III	CURRENT RISK SCORE	Historic Risk Scores															
							Apr-17															
S.15.1	Lost contribution caused by transfer of SW in England from HCPC to SW (England)	Finance Director	Medium term financial plan updated and reviewed as more detail of government's plans become available	Annual budget setting process and 6 and 9 month reforecast processes enable short term reductions in controllable costs	Break clauses in leases and other measures to minimise fixed costs; propose fee increase if necessary to cover balance of lost contribution	High	High															
S.8.1	Time Quality That communication around the content of the legislation is not forthcoming, leading to a lack of ability for HCPC to sufficiently prepare in time for the transfer	Government / DfE; Project Sponsor Project Lead	Early and frequent communication with D of E Project Team / Government departments to ensure that timeframes allocated to the transfer are adequate			High	High															
S.8.4	Time Quality That expectations around case progression, registrant application processing and course approval at the point of transfer are unrealistic given the timeframe assigned to the transfer process	Project Lead	Early expectation setting with the receiving organisation to manage a smooth transferral process			High	High															
S.1.3	Governments ambitious timetable leads to project failure.	HCPC Chief Executive & EMT	On going regular contact with Gvmt depts	Chair to write to Secs of State asking for further clarification		High	Medium															
S.1.4	Brexit reduces availability of governments legal advice to New Reg	HCPC Chief Executive / EMT	On going regular contact with Gvmt depts			High	Medium															
S.1.7	Lack of Parliamentary time impacts delivery of project requirements	HCPC Chief Executive & EMT	On going regular contact with Gvmt depts	Delay project if required by government departments		High	New															
S.15.6	Funding shortfall for transfer project (pre-transfer)	Finance Director	Medium term financial plan updated and reviewed as more detail of government's plans becomes available	Annual budget setting process and 6 and 9 month reforecast processes enable short term reductions in controllable costs	Break clauses in leases and other measures to minimise fixed costs; propose fee increase if necessary to cover balance of lost contribution	Medium	Medium															
S.2.1	Operational costs increased due to loss of volume discounts and scalability opportunities	EMT	Changes to supplier contracts	Fee rise to maintain service levels		Medium	Medium															
S.2.2	Changes to timetable for profession migration disrupt resource planned around specific date	EMT	Delay non time critical work to deliver Social Worker England project	Increase contractor resource		Medium	Medium															
S.5.1	New Regulator fails to deliver to timetable and our operations and performance are compromised (as awaiting transfer out of SW records)	Director of IT, Project Portfolio Mgr	Share HCPC's migration expertise with new Regulator project team			Medium	Medium															
S.6.1	Loss of Registrants results in shortfall of SW Partners for existing or ongoing FTP cases, post transfer	Director of HR, Partner Mgr, Director of FTP	Outsource existing / ongoing SW cases to service provider post transfer	D of E funding of service provider	Outsourced contractors SLA	Medium	Medium															
S.7.2	Timing of HCPC's planned disengagement with approvals and monitoring of SW programmes disrupted by transfer delays	Director of Education	Reorganise visit and approval schedule to allow for ongoing SW work.	Obtain temporary contractor cover for required education processes		Medium	Medium															
S.1.5	Delay in transfer triggers significant political and media scrutiny (FOI requests etc)	HCPC Chief Executive & EMT	On going regular contact with Gvmt depts	Bespoke Communications plan for specific outcomes		Medium	Medium															
S.1.6	HCPC's working relationship with DoH is damaged through inability to deliver on time	HCPC Chief Executive & EMT	On going regular contact with Gvmt depts			Medium	Medium															

Description		Risk owner (primary person responsible for assessing and managing the ongoing risk)	Mitigation I	Mitigation II	Mitigation III	CURRENT RISK SCORE	Apr-17												
S.1.1	Non financial impact of transfer on HCPC's culture	HCPC Chief Executive & EMT	Communications to managers and employees	Management openness and employees assistance scheme		Medium	Medium												
S.8.2	Quality That stakeholder management is poorly undertaken by HCPC	Project Lead	Clear identification of stakeholders and early allocation of responsibility within the project team			Medium	Medium												
S.8.3	Quality That expectations around the data that will be transferred is unachievable given any HCPC systems and data limitations	Project Manager	Accept the risk and manage expectations within the receiving organisation as best as possible			Medium	Medium												
S.8.5	Time Quality That due to inexperience the receiving organisation is unco-operative or unclear in stipulating their data requirements, which would lead to delays in HCPC preparations	Project Manager	Early expectation setting with the receiving organisation to manage a smooth transferral process			Medium	Medium												
S.8.6	Time Quality That there are delays in implementing technology solutions in the receiving organisation which could have a knock on effect to HCPC preparations for data transfer	Project Manager	Early expectation setting with the receiving organisation to manage a smooth transferral process			Medium	Medium												
S.8.8	HCPC's non-Social Worker England projects delayed due to poorly constrained or slipping time scales of Social Worker England project & conflicting commitments	EMT	Monitoring of budget and work plans	Experience of HCPC's EMT	Experience of HCPC project management	Medium	Medium												
S.13.1	Retain legacy FTP cases without clear case transfer and funding arrangements in place	Director of Fitness to Practice, Director of Finance	Cost allocation and overhead charging method agreed with DfE prior to transfer	Request additional funding for specific cases	Reforecasting budget processes and resource allocation	Medium	Medium												
S15.3	Social workers may cancel direct debit instructions for their HCPC fees in 2018-19 due to their previous experience of a double registration fee hit when transferring from the GSCC to HCPC in 2012, causing a shortfall in income and additional work.	Finance Director, Head of Registration	Communications plan to support ongoing payment prior to transfer to new regulator	Ongoing regular contact with DH and DfE		Medium	Medium												
S15.4	Cost of work leading up to the transfer and/or cost of any functions undertaken on behalf of SWE after the transfer not fully covered by DH / DfE grant, including related overheads	HCPC Accounting Officer	Early discussions with DoH & DfE w.r.t. cost of transfer	Undertake fully funded activities only		Medium	Medium												

Changes since the previous iteration of HCPC's Risk Register

Category	Ref#	Description	Nature of change in this version
Operations	S.2.3	Due to no clear govt timetable HCPC delays investment in internal projects	New risk added
Finance	S.15.1	Council req revision as fee rise not yet agreed	Mit III include "potential to" run fee rise process

Overview of Risk Management and Risk Treatment process

Throughout the year existing Risk Register & Risk Treatment Plan

the effectiveness of mitigations and the levels of residual risk.

Future risks are also documented, evaluated and monitored against the same criteria.

Every six months these changes and additions to risks are updated in the risk register and formally documented by the Director of Operations or Head of Business Process Improvement, and the Top Ten Risks (High & Medium only after mitigation) are recorded.

Individual risks are linked to the current Statement of Applicability by the ISO27001 Clauses noted in the ISMS Risks column on each page.

Strategic Objectives are linked to individual risks where applicable.

THE HEALTH AND CARE PROFESSIONS COUNCIL
 RISK ASSESSMENT & RISK TREATMENT PLAN July 2017

Strategic

Ref	Category	ISMS Risks	Ref #	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Impact before mitigations July 2017	Likelihood before mitigations July 2017	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation July 2017	RISK score after Mitigation June 2017
1	Strategic		S.1.1	Non financial impact of transfer on HCPC's culture	HCPC Chief Executive & EMT	3	4	12	Communications to managers and employees	Management openness and employees assistance scheme		Med	Med
	Strategic		S.1.2	HCPC's reputation tainted by new regulator's early failure to deliver service standards, blaming HCPC hand over	HCPC Chief Executive & EMT	3	3	9	Level of cooperation with new regulator			Low	Low
	Strategic		S.1.3	Governments ambitious timetable leads to project failure.	HCPC Chief Executive & EMT	3	5	15	On going regular contact with Gvmt depts	Chair to write to Secs of State asking for further clarification		High	High
	Strategic		S.1.4	Brexit reduces availability of governments legal advice to New Reg	HCPC Chief Executive / EMT	4	3	12	On going regular contact with Gvmt depts			High	High
	Strategic		S.1.5	Delay in transfer triggers significant political and media scrutiny (FOI requests etc)	HCPC Chief Executive & EMT	3	4	12	On going regular contact with Gvmt depts	Bespoke Communications plan for specific outcomes		Med	Med
	Strategic		S.1.6	HCPC's working relationship with DoH is damaged through inability to deliver on time	HCPC Chief Executive & EMT	3	4	12	On going regular contact with Gvmt depts			Med	Med
	Strategic	NEW	S.1.7	Lack of Parliamentary time impacts delivery of project requirements	HCPC Chief Executive & EMT	4	3	12	On going regular contact with Gvmt depts	Delay project if required by government departments		High	High

Operations

Ref	Category	ISMS Risks	Ref #	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Impact before mitigations July 2017	Likelihood before mitigations July 2017	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation July 2017	RISK score after Mitigation June 2017
	Operations		S.2.1	Operational costs increased due to loss of volume discounts and scalability opportunities	EMT	2	3	6	Changes to supplier contracts	Potential fee rise to maintain service levels		Med	Med
	Operations		S.2.2	Changes to timetable for profession migration disrupt resource planned around specific date	EMT	3	3	9	Delay non time critical work to deliver Social Worker England project	Increase contractor resource		Med	Med
	Operations	NEW	S.2.3	Due to no clear govt timetable HCPC delays investment in internal projects	EMT	3	3	9	Ongoing close monitoring of probablem governmental timetable and objectives	Ongoing reprioritisation of project list			

Communications

Ref	Category	ISMS Risks	Ref #	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Impact before mitigations July 2017	Likelihood before mitigations July 2017	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation July 2017	RISK score after Mitigation June 2017
	Communications		S.3.1	Failure of New Regs Comms programme damages HCPC's reputation	Director of Communications, Project Portfolio Mgr	2	3	6	HCPC's Comprehensive, bespoke Comms plan for stakeholders	D of E funding		Low	Low
	Communications		S.3.2	Public protection damaged due to lack of clarity around regulator to contact	Director of Communications, Project Portfolio Mgr	2	4	8	HCPC's Comprehensive, bespoke Comms plan for public	D of E funding		Low	Low
	Communications		S.3.3	Negative comms concerning HCPC from New Reg to justify existence	Director of Communications, Project Portfolio Mgr	2	2	4	HCPC's Comprehensive, bespoke Comms plan for public			Low	Low

THE HEALTH AND CARE PROFESSIONS COUNCIL
 RISK ASSESSMENT & RISK TREATMENT PLAN July 2017

Corporate Governance

Ref	Category	ISMS Risks	Ref #	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Impact before mitigations July 2017	Likelihood before mitigations July 2017	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation July 2017	RISK score after Mitigation June 2017
	Corporate Governance		S.\$ 1	Changes to Council structure disrupts regular Council member recruitment cycle - appropriate transitional provisions legislation not created	Director of Council & Committee Services & Chief Executive	1	2	2	Obtain legal advice around interpretation of requirement	Work with DH to ensure the requirement is fulfilled	None	Low	Low

THE HEALTH AND CARE PROFESSIONS COUNCIL
 RISK ASSESSMENT & RISK TREATMENT PLAN July 2017

Information Technology

Ref	Category	ISMS Risks	Ref #	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Impact before mitigations July 2017	Likelihood before mitigations July 2017	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation July 2017	RISK score after Mitigation June 2017
	Information Technology		S.5.1	New Regulator fails to deliver to timetable and our operations and performance are compromised (as awaiting transfer out of SW records)	Director of IT, Project Portfolio Mgr	3	4	12	Share HCPC's migration expertise with new Regulator project team			Med	Med

THE HEALTH AND CARE PROFESSIONS COUNCIL
 RISK ASSESSMENT & RISK TREATMENT PLAN July 2017

Partners

Ref	Category	ISMS Risks	Ref #	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Impact before mitigations July 2017	Likelihood before mitigations July 2017	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation July 2017	RISK score after Mitigation June 2017
	Partners Added by RPD		S.6.1	Loss of Registrants results in shortfall of SW Partners for existing or ongoing FTP cases, post transfer	Director of HR, Partner Manager, Director of FTP	4	3	12	Outsource existing / ongoing SW cases to service provider post transfer	D of E funding of service provider	Outsourced contractors SLA	Med	Med

THE HEALTH AND CARE PROFESSIONS COUNCIL
 RISK ASSESSMENT & RISK TREATMENT PLAN July 2017

Education

Ref	Category	ISMS Risks	Ref #	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Impact before mitigations July 2017	Likelihood before mitigations July 2017	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation July 2017	RISK score after Mitigation Jan 2017
	Education		S.7.1	Education providers disengage from HCPC processes before the transfer to new Regulator	Director of Education	3	2	6	Proactive communications with NewReg to education providers			Low	Low
	Education		S.7.2	Timing of HCPC's planned disengagement with approvals and monitoring of SW programmes disrupted by transfer delays	Director of Education	3	3	9	Reorganise visit and approval schedule to allow for ongoing SW work.	Obtain temporary contractor cover for required education processes		Med	Med
	Education		S.7.3	Substantial delays to SW transfer places unplanned resource requirements on Education dept	Director of Education, Director of Finance	2	2	4	Additional grant from DoH England	Obtain temporary contractor cover for required education processes		Low	Low

THE HEALTH AND CARE PROFESSIONS COUNCIL
 RISK ASSESSMENT & RISK TREATMENT PLAN July 2017

Project Management

Ref	Category	ISMS Risks	Ref #	Description	Risk owner (primary person responsible for assessing and managing the on-going risk)	Impact before mitigations July 2017	Likelihood before mitigations July 2017	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation July 2017	RISK score after Mitigation June 2017
	Project Management		S.8.1	Time Quality That communication around the content of the legislation is not forthcoming, leading to a lack of ability for HCPC to sufficiently prepare in time for the transfer	Government / D o E; Project Sponsor Project Lead	4	4	16	Early and frequent communication with D of E Project Team / Government departments to ensure that timeframes allocated to the transfer are adequate			High	High
	Project Management		S.8.2	Quality That stakeholder management is poorly undertaken by HCPC	Project Lead	3	3	9	Clear identification of stakeholders and early allocation of responsibility within the project team			Med	Med
	Project Management		S.8.3	Quality That expectations around the data that will be transferred is unachievable given any HCPC systems and data limitations	Project Manager	2	3	6	Accept the risk and manage expectations within the receiving organisation as best as possible			Med	Med
	Project Management		S.8.4	Time Quality That expectations around case progression, registrant application processing and course approval at the point of transfer are unrealistic given the timeframe assigned to the transfer process	Project Lead	4	4	16	Early expectation setting with the receiving organisation to manage a smooth transferral process			High	High
	Project Management		S.8.5	Time Quality That due to inexperience the receiving organisation is unco-operative or unclear in stipulating their data requirements, which would lead to delays in HCPC preparations	Project Manager	3	4	12	Early expectation setting with the receiving organisation to manage a smooth transferral process			Med	Med
	Project Management		S.8.6	Time Quality That there are delays in implementing technology solutions in the receiving organisation which could have a knock on effect to HCPC preparations for data transfer	Project Manager	3	4	12	Early expectation setting with the receiving organisation to manage a smooth transferral process			Med	Med
	Project Management		S.8.7	Cost That the cost of the project will exceed HCPC expectations	Project Sponsor	3	2	6	Experience of HCPC with inbound transfers helps predict outbound costs			Low	Low
	Project Management		S.8.8	HCPC's non-Social Worker England projects delayed due to poorly constrained or slipping time scales of Social Worker England project & conflicting commitments	EMT	5	2	10	Monitoring of budget and work plans	Experience of HCPC's EMT	Experience of HCPC project management	Med	Med
	Project Management		S.8.9	Impact and effectiveness of Transfer Order fails to deliver project requirements	Government / D o E	5	5	25	Engagement of HCPC legal advisors with drafting of order.	Experience of HCPC's EMT		Low	Low

Quality Management

Ref	Category	ISMS Risks	Ref #	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Impact before mitigations July 2017	Likelihood before mitigations July 2017	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation July 2017	RISK score after Mitigation June 2017
9	Quality Management.		S9.1	Loss of ISO 9001:2008 Certification Links to 2.3, 10.3	Director of Operations, Head of Business Improvement	4	3	12	Regular & internal audits	QMS standards applied across HCPC	Management buy - in	Low	Low
	Quality Management.	I A7.1.2	S9.2	Employees non-compliance with established Standard Operating Procedures	EMT	5	2	10	Culture, follow procedures and report errors	Standard Operating Procedures and prevention of overwriting systems	Extend ISO systems as required	Low	Low
	Quality Management.		S9.3	Increase in service complaints from existing SW registrants creates backlog	Director of Council and Committee Services, Complaints Manager	3	2	6	Comms plan in place with regular updates for social workers about the impact of the transfer	Previous experience of Social Worker feedback styles	Secretariat administrator able to cover admin side of complaints if necessary	Low	Low

Registrations

Ref	Category	ISMS Risks	Ref #	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Impact before mitigations July 2017	Likelihood before mitigations July 2017	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation July 2017	RISK score after Mitigation June 2017
	Registration Added by RPD		S.10.1	Poor control of timescale results in applications for Registration being sent to HCPC when no longer responsible for profession	Head of Registration & Director of Communications	2	3	6	Extensive Comms campaign to university third year students at HCPC approved courses	Filter applications for registration at Post Room, log names & postcodes, and securely forward to new Regulator		Low	Low
	Registration		S.10.2	Continuation of SW regulation beyond published dates caused resource shortfall in Reg Dept	Head of Registration & Director of Operations	3	2	6	Upscale resources with contractors in short term			Low	Low
	Registration		S.10.3	Limited remit of New Reg functions results in Gvmt request for HCPC to maintain register for unknown period of time, splitting functions	Head of Registration & Director of Operations	3	2	6	Design specific shared regulation processes between NewReg & HCPC	Upscale resources with contractors in short to medium term. Changes to NetRegulate implemented in short term.		Low	Low

THE HEALTH AND CARE PROFESSIONS COUNCIL
 RISK ASSESSMENT & RISK TREATMENT PLAN July 2017

HR

Ref	Category	ISMS Risks	Ref #	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Impact before mitigations July 2017	Likelihood before mitigations July 2017	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation July 2017	RISK score after Mitigation June 2017
	HR		S.11.1	Adverse impact on wellbeing and performance of employees concerned about long term future of their role	Director of Human Resources, specific departmental managers	3	3	9	Regular updates and communications with employees	Retention strategy including hiring new employees on fixed term contracts, focus on engagement, wellbeing and development, change management training and briefings for managers	Employee Assistance programme	Low	Low
	HR		S.11.2	HCPC and new regulator disagree on application of COSOP causing uncertainty for employees	Director of Human Resources	2	2	4	HR / Employment legal advice	Communication and relationship building with new regulator and Department of Health	New employees recruited on fixed term contracts to manage expectations	Low	Low
	HR		S.11.3	High turnover of employees due to uncertainty leads to resourcing challenges	Director of Human Resources, specific departmental managers	4	3	12	Agency temps and employees on fixed term contracts engaged to provide additional capacity.	Department of health funding to increase temporary support	Fixed term employees offered permanent contracts if a permanent opportunity becomes available	Low	Low

THE HEALTH AND CARE PROFESSIONS COUNCIL
 RISK ASSESSMENT & RISK TREATMENT PLAN July 2017

Legal

Ref	Category	ISMS Risks	Ref #	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Impact before mitigations July 2017	Likelihood before mitigations July 2017	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation July 2017	RISK score after Mitigation June 2017
	Legal		S.12.1	Poorly drafted legislation around transfer leaves HCPC with unsupported requirements	Director of Policy & Stds, EMT	4	1	4	Proactive involvement with DoE / DH legislators	Experienced HCPC legal advisors		Low	Low
	Legal		S.12.2	Helpful legislation changes not wrapped up in legislation supporting transfer to new Regulator	Director of Policy & Stds, EMT	3	2	6	Proactive involvement with DoE / DH legislators	Experienced HCPC legal advisors		Low	Low

Fitness to Practise

Ref	Category	ISMS Risks	Ref #	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Impact before mitigations July 2017	Likelihood before mitigations July 2017	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation July 2017	RISK score after Mitigation June 2017
	FTP		S.13.1	Retain legacy FTP cases without clear case transfer and funding arrangements in place	Director of Fitness to Practice, Director of Finance	3	2	6	Cost allocation and overhead charging method agreed with DfE prior to transfer	Request additional funding for specific cases	Reforecasting budget processes and resource allocation	Med	Med
	FTP		S.13.2	Maintain FTP function for unknown period of time, rather than project delay	Director of Fitness to Practice, Director of Finance	4	2	8	Cost allocation and overhead charging method agreed with DfE prior to transfer	Reforecasting budget processes and resource allocation	Request additional funding for specific cases	Low	Low

Policy & Standards

Ref	Category	ISMS Risks	Ref #	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Impact before mitigations July 2017	Likelihood before mitigations July 2017	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation July 2017	RISK score after Mitigation June 2017
	Policy & Standards			N/A									

THE HEALTH AND CARE PROFESSIONS COUNCIL
 RISK ASSESSMENT & RISK TREATMENT PLAN July 2017

Finance

Ref	Category	ISMS Risks	Ref #	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Impact before mitigations July 2017	Likelihood before mitigations July 2017	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation July 2017	RISK score after Mitigation June 2017
	Financial		S15.1	Lost contribution caused by transfer of SW in England from HCPC to SW (England)	Finance Director, EMT	5	4	20	Medium term financial plan updated and reviewed as more detail of government's plans becomes available	Annual budget setting process and 6 and 9 month reforecast processes enable short term reductions in controllable costs	Break clauses in leases and other measures to minimise fixed costs; potential to propose fee increase if necessary to cover balance of lost contribution	High	High
	Financial		S15.2	Transfer of SW to SWE substantially reduces HCPC cash balance, since up to £5m of cash balance has been SW fees received in advance. Combined with deficits incurred after transfer due to lost contribution, liquidity may become an issue	Finance Director, EMT	5	2	10	Medium term financial plan updated and reviewed as more detail of government's plans becomes available	Arrange borrowing facility with bank if required		Med	Med
	Financial		S15.3	Social workers may cancel direct debit instructions for their HCPC fees in 2018-19 due to their previous experience of a double registration fee hit when transferring from the GSCC to HCPC in 2012, causing a shortfall in income and additional work.	Finance Director, Head of Registration	4	3	12	Communications plan to support ongoing payment prior to transfer to new regulator	Ongoing regular contact with DH and DfE		Medium	Medium
	Financial		S15.4	Cost of work leading up to the transfer and/or cost of any functions undertaken on behalf of SWE after the transfer not fully covered by DH / DfE grant, including related overheads	HCPC Accounting Officer	4	3	12	Early discussions with DoH & D oE w.r.t. cost of transfer	Undertake fully funded activities only		Medium	Medium
	Financial		S15.5	If the transfer date slips past 1 December 2018, special fee arrangements may need to be made for social workers, requiring extra admin/systems effort and costs	Finance Director	3	3	9	Ongoing regular contact with DH and DfE			Low	Low

Information Security

Ref	Category	ISMS Risks	Ref #	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Impact before mitigations July 2017	Likelihood before mitigations July 2017	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation July 2017	RISK score after Mitigation June 2017
	Information Security		S.17.1	Loss of electronic SW registrant information by new regulator during transfer process	Government / New Regulator	5	1	5	HCPC-IT deliver data extract in highly secure manner, encrypted, password protected			Low	Low
	Information Security		S.17.2	Loss of paper SW applicant / registrant information by new regulator during transfer process	Government / New Regulator	5	1	5	Use of couriers, with signatures, to pre-named parties only.	ISO27001 compatible processes used		Low	Low
	Information Security		S.17.3	Apparent loss of SW material in transit, arriving at HCPC after transfer of bulk records to new regulator	Director of IT, Director of FTP, Hd of BPI / Dir Ops, Head of Registration	5	2	10	Communications plan prior to move to NewReg,	Interception at HCPC post room to specific named individual at HCPC	Robust internal processes	Low	Low
	Information Security		S.17.4	Delay in moving SW data to archive status or other exporting impacts delivery of other functionality to NetRegulate, damages integrity of data	Director of IT, Hd of BPI / Dir Ops, Head of Registration. Project Portfolio Mgr	3	3	9	Proactive modification of internal deadlines based on evolving requirements.	Project prioritisation process		Low	Low
	Information Security		S.17.5	Removal of historic Social Worker information and inability to answer FOI requests results in ICO action (availability issues)	Director of IT, Director of FTP, Hd of BPI / Dir Ops, Head of Registration	2	3	6	Early redirection of all FOI requests to NewReg	Generation of FOI'able data table for reporting purposes.		Low	Low

Glossary & Abbreviations

Term	Meaning	ISO27001 Term	Meaning
AGM	Annual General Meeting	ISO27001:2013 A5	Security Policy Management
BCP / BCM	Business Continuity Plan / Business Continuity Management (Disaster Recovery and associated processes)	ISO27001:2013 A6	Corporate Security Management
CCM's	Council & Committee Members	ISO27001:2013 A7	Personnel Security Management
CDT	Cross Directorate Team (formerly HCPC's Middle Management Group)	ISO27001:2013 A8	Organizational Asset Management
CPD	Continuing Professional Development	ISO27001:2013 A9	Information Access Management
DH	Departments of Health in Home countries	ISO27001:2013 A10	Cryptography Policy Management
DfE	Department for Education	ISO27001:2013 A11	Physical Security Management
EEA	European Economic Area, = European Economic Union, plus Norway, Iceland, plus for our purposes Switzerland	ISO27001:2013 A12	Operational Security Management
EMT	HCPC's Executive Management Team	ISO27001:2013 A13	Network Security Management
EU	European Economic Union (formerly known as the "Common Market")	ISO27001:2013 A14	System Security Management
Europa Quality Print	Supplier of print and mailing services to HCPC	ISO27001:2013 A15	Supplier Relationship Management
FReM	Financial Reporting Manual	ISO27001:2013 A16	Security Incident Management
FTP	Fitness to Practise	ISO27001:2013 A17	Security Continuity Management
GP	Grandparenting	ISO27001:2013 A18	Security Compliance Management
HSWPO	Health and Social Work Professions Order (2001)		
HR	Human Resources		
HW	Abbreviation for computer hardware		
ISMS	Information Security Management System (ISMS) risk		
Impact	The result of a particular event, threat or opportunity occurring. Scored between 1 least effect on HCPC and 5 maximum effect on HCPC.		
ISO	International Standards Organisation (the global governing body for the Quality standards used by HCPC)		
ISO 9001:2008	The ISO Quality Management Standard used by HCPC.		
ISO 27001:2013	The ISO Information Security Standard used by HCPC.		
IT	Risk Register & Risk Treatment Plan		
Likelihood	Used to mean Probability of the event or issue occurring within the next 12 months		
MIS	Management Information System		
MOU	Memorandum of Understanding		
NetRegulate	The bespoke computer application used to manage the application, registration and renewal processes, and publish the online register		
New Reg	New bespoke regulator for Social Workers in England		
OIC	Order in Council		
OJEU	Official journal of the European Union		
Onboarding	The process of bringing a new profession into statutory regulation from HCPC's viewpoint		
OPS	Operations		
PSA	Formerly (CHRE), renamed Professional Standards Authority for Health and Social Care in the 2012 legislation.		
PLG	Professional Liason Group		
Probability	Likelihood, chance of occurring. Not the "mathematical" probability. Scored between 1 least likely and 5 most likely to occur within the next year.		
Q	Quality Management System (QMS) Risk		
QMS	Quality Management System, used to record and publish HCPC's agreed management processes		
Risk	Any uncertain event/s that could occur and have an impact on the achievement of objectives		
Risk Owner	The person or entity that has been given the authority to manage a particular risk and is accountable for doing so.		
Risk Score	Likelihood x Impact or Probability x Significance		
SI	Statutory Instrument		
Significance	Broadly similar to Impact		
SSFS	Scheme Specific Funding Standard, a set of standards relating to pensions services		
STD	Standards		
SW	Abbreviation for computer software		
SW (England)	Name of the new Social Work regulator in England		
VPN	Virtual Private Network, a method of securely accessing computer systems via the public internet		

HCPC RISK MATRIX

IMPACT

	Public Protection	Financial	Reputation					
Catastrophic 5 A systematic failure for which HCPC are ultimately responsible for, exposes the public to serious harm in cases where mitigation was expected.	Catastrophic 5 Unfunded pressures greater than £1 million	Catastrophic 5 Incompetence/ maladministration or other event that will destroy public trust or a key relationship	5	10	15	20	25	
Significant 4 A systematic failure for which HCPC are ultimately responsible for, exposes more than 10 people to harm in cases where mitigation was expected.	Significant 4 Unfunded pressures £250,000 -£1 million	Significant 4 Incompetence/ maladministration that will undermine public trust or a key relationship for a sustained period or at a critical moment.	4	8	12	16	20	
Moderate 3 A systemic failure for which HCPC are ultimately responsible for exposes more than 2 people to harm in cases when mitigation was expected.	Moderate 3 Unfunded pressures £50,000 - £250,000	Moderate 3 Incompetence/ maladministration that will undermine public trust or a key relationship for a short period. Example Policy U-turn	3	6	9	12	15	
Minor 2 A systemic failure which results in inadequate protection for individuals/individual communities, including failure to resolve celebrity cases.	Minor 2 Unfunded pressures £20,000 - £50,000	Minor 2 Event that will lead to widespread public criticism.	2	4	6	8	10	
Insignificant 1 A systemic failure for which fails to address an operational requirement	Insignificant 1 Unfunded pressures over £10,000	Insignificant 1 Event that will lead to public criticism by external stakeholders as anticipated.	1	2	3	4	5	

KEY

>11 High Risk: Urgent action required
6-10 Medium Risk: Some action required
<5 Low Risk: Ongoing monitoring required

	Negligible 1	Rare 2	Unlikely 3	Possible 4	Probable 5	
	Extremely infrequent – unlikely to happen in a strategic environment or occur during a project or programmes lifecycle. May occur once a year or so in an operational environment.	Only small chance of occurring in the lifetime of the strategy.	May well occur during the lifetime of the strategy.	Likely to happen at some point during the next one or two years.	"Clear and present danger", represented by this risk - will probably impact on this initiative - sooner rather than later.	Strategic
	Extremely infrequent – unlikely to happen in a strategic environment or occur during a project or programmes lifecycle. May occur once a year or so in an operational environment.	Not likely to occur during the lifecycle of the programme of project.	May occur during the life of the programme or project.	Likely to happen in the life-cycle of the programme or project.	Likely to occur in the life-cycle of the project, probably early on and perhaps more than once.	Programme / Project
	Extremely infrequent – unlikely to happen in a strategic environment or occur during a project or programmes lifecycle. May occur once a year or so in an operational environment.	Does not happen often - once every six months.	May well happen on a monthly basis.	May well happen on a weekly basis.	The threat is likely to happen almost every day.	Operational

LIKELIHOOD

RISK MATRIX DEFINITIONS

IMPACT TYPES

	Public Protection	Financial	Reputation
IMPACT	Catastrophic 5	Catastrophic 5	Catastrophic 5
	A systematic failure for which HCPC are ultimately responsible for, exposes the public to serious harm in cases where mitigation was expected.	Unfunded pressures greater than £1 million	Incompetence/ maladministration or other event that will destroy public trust or a key relationship
	Significant 4	Significant 4	Significant 4
	A systematic failure for which HCPC are ultimately responsible for, exposes more than 10 people to harm in cases where mitigation was expected.	Unfunded pressures £250k - £1 million	Incompetence/ maladministration that will undermine public trust or a key relationship for a sustained period or at a critical moment.
	Moderate 3	Moderate 3	Moderate 3
	A systemic failure for which HCPC are ultimately responsible for exposes more than 2 people to harm in cases when mitigation was expected.	Unfunded pressures £50,000 - £250,000	Incompetence/ maladministration that will undermine public trust or a key relationship for a short period. Example Policy U-turn
	Minor 2	Minor 2	Minor 2
A systemic failure which results in inadequate protection for individuals/individual communities, including failure to resolve celebrity cases.	Unfunded pressures between £20,000-£50,000	Event that will lead to widespread public criticism.	
Insignificant 1	Insignificant 1	Insignificant 1	
A systemic failure for which fails to address an operational requirement	Unfunded pressures over £10,000	Event that will lead to public criticism by external stakeholders as anticipated.	

LIKELIHOOD AREAS

	Strategic	Programme / Project	Operational
LIKELIHOOD	Probable 5	Probable 5	Probable 5
	"Clear and present danger", represented by this risk - will probably impact on this initiative sooner rather than later.	Likely to occur in the life-cycle of the project, probably early on and perhaps more than once.	The threat is likely to happen almost every day.
	Possible 4	Possible 4	Possible 4
	Likely to happen at some point during the next one or two years.	Likely to happen in the life-cycle of the programme or project.	May well happen on a weekly basis.
	Unlikely 3	Unlikely 3	Unlikely 3
	May well occur during the lifetime of the strategy.	May occur during the life of the programme or project.	May well happen on a monthly basis.
	Rare 2	Rare 2	Rare 2
Only small chance of occurring in the lifetime of the strategy.	Not likely to occur during the lifecycle of the programme of project.	Does not happen often - once every six months.	
Negligible1	Negligible1	Negligible1	
Extremely infrequent – unlikely to happen in a strategic environment or occur during a project or programmes lifecycle. May occur once a year or so in an operational environment.	Extremely infrequent – unlikely to happen in a strategic environment or occur during a project or programmes lifecycle. May occur once a year or so in an operational environment.	Extremely infrequent – unlikely to happen in a strategic environment or occur during a project or programmes lifecycle. May occur once a year or so in an operational environment.	

HCPC Strategic Objectives 2016 - 2020

code

SO1.GG	Objective 1: Good governance To maintain, review and develop good corporate governance Specific risks; 4.1 to 4.17 inclusive
SO2.EBP	Objective 2: Efficient business processes To maintain, review and develop efficient business processes throughout the organisation Specific risks; 1.1; 1.2; 1.2; 2.3; 4.1; 4.5; 4.6; 4.7; 4.12; 9.2
SO3.Com	Objective 3: Communication To increase understanding and awareness of regulation amongst all stakeholders Specific risks; 3.1; 3.2; 3.3; 3.4; 3.5
SO4.Evid	Objective 4: Build the evidence base of regulation To ensure that the organisation's work is evidence based Specific risks; 14.2
SO5.IPA	Objective 5: Influence the policy agenda To be proactive in influencing the wider regulatory policy agenda Specific risks; 1.2; 1.5
SO6.HmCty	Objective 6: Engagement in the four countries To ensure that our approach to regulation takes account of differences between the four countries Specific risks;

HCPC has an **averse** appetite to risk in that we;

- a. Identify all relevant risks
- b. Mitigate those risks to an appropriate level
- c. Invest mitigation resources in proportion to the level of risk