

Audit and Risk Assurance Committee

Minutes of the meeting of the Audit and Risk Assurance Committee held in public on:

Date: Thursday 20 November 2025

Time: 2pm

Venue: Videoconference (Microsoft Teams)

Members: Lianne Patterson (Chair)
Graham Masters
Sejal Patel¹
Catharine Seddon
David Stirling

Apologies: None

Attendees: Aihab Al-Koubaisi, Financial Controller
Claire Amor, Executive Director of Corporate Affairs
Francesca Bramley, Governance Manager
Alastair Bridges, Executive Director of Resources
Roy Dunn, Chief Information Security and Risk Officer
Nicole Jones, Improvement and Compliance Specialist
Bill Mitchell, BDO LLP
Patricia Morrissey, Head of Governance
Bernie O'Reilly, Chief Executive
Anna Raftery, Head of Assurance and Compliance
Pameleta Ricketts, Council Member
Andrew Smith, Executive Director of Education, Registration and Regulatory Standards and Deputy Chief Executive

¹ Council Apprentice

1. Welcome and introduction

- 1.1. The Chair welcomed those present to the meeting of the Audit and Risk Assurance Committee (the Committee), including those attending or observing the meeting for the first time.

2. Apologies for absence

- 2.1. There were no apologies.

3. Approval of agenda

- 3.1. The Committee approved the agenda.

4. Declarations of members' interests in relation to agenda items

- 4.1. There were no interests declared.

5. Minutes of the Audit and Risk Assurance Committee meeting held in public on 18 September 2025

- 5.1. The Committee approved the minutes as an accurate record of its meeting held in public on 18 September 2025.

6. Matters arising

- 6.1. The Committee noted the updates provided in response to the actions from its previous meetings.

The Committee noted that it had not been possible to complete action 43 as planned. This action would therefore be reopened with a revised deadline of March 2026 for completion.

7. Strategic risk register

- 7.1. The Committee reviewed the latest version of the strategic risk register (SRR), which had been updated to show changes in the risk score over time.
- 7.2. The risk score for the strategic risk relating to resources being in place (strategic risk 5) had increased in view of the significant increase in fitness to practise cases and legal costs and the decrease in international registration applications. The Committee were supportive of the increase but reflected that the commentary within the risk register did not adequately describe the main reasons for the increase or the mitigating actions.

Action: Through discussion with the Finance team, the Head of Assurance and Compliance would refine the commentary for strategic risk 5 to ensure this more accurately described the reasons for the risk increase and the mitigating actions.

7.3. It was noted that the risk referred to in the executive summary was strategic risk 5 and that the review date for strategic risk 5 should have been October 2025 and not September 2025 as stated.

7.4. The Committee discussed how the opportunities associated with artificial intelligence and the impact of delayed reform should be reflected in the strategic risk register. These points would be given further consideration as part of the full review and refresh of the strategic risk register that would be undertaken alongside the launch of the new corporate strategy in 2026.

Action: The residual risk scores for strategic risks 1 and 6 would be reviewed as part of the strategic risk register refresh to consider increasing the scores in view of the uncertainty of the timeline for regulatory reform.

8. Unified assurance report

8.1. The Committee considered the unified assurance report, which summarised assurance activity across the HCPC in the period from August to October 2025 based on risk and assurance meetings with the various functions.

8.2. The Committee was pleased to receive the unified assurance framework in the public session to provide greater transparency, noting on some occasions an additional private session update may be required. There had been no significant changes in the assurance map since the previous report received in September and the overall assurance rating remained as medium.

8.3. Continuity planning remained an area requiring improvement. The HR department was engaging individual departments to support succession planning, however this work was in the early stages of development. The Committee reflected that this would benefit from a more in-depth discussion at a future Committee meeting.

Action: The Head of Assurance and Compliance would liaise with the Head of HR and OD to schedule a strategic risk deep dive on business continuity and succession planning at a future Committee meeting.

8.4. The Committee sought an early steer on the outcome of the quality assurance review of registration plagiarism. The Chief Executive advised that the initial findings had been discussed by the Executive Leadership Team and a number of actions were already in train to address the concerns. A further update would be provided to the Committee during private session in due course.

Action: The Committee would receive an update on the outcome of the quality assurance review of registration plagiarism at its meeting in March 2026.

- 8.5. The Committee noted that the Professional Standards Authority (PSA) planned to assess the HCPC against the current Standards of Good Regulation in 2026-27, with the revised standards expected to be published in early 2026 and implemented in July 2026. The Head of Assurance and Compliance confirmed that the HCPC would ask the PSA to highlight any significant gaps in relation to the new standards to inform quality assurance and internal audit planning as part of the assessment and planning for the next performance review. It had not been possible to include the draft response to the consultation on the PSA standards on the Council meeting agenda due to the paper distribution timeline, however the Council's feedback would be sought prior to submission.

Action: The HCPC's draft response to the PSA's consultation on the Standards of Good Regulation would be circulated to Council members for review by email prior to submission to the PSA.

9. Annual feedback and complaints report 2024-25

- 9.1. The Committee noted the annual feedback and complaints report for 2024-25. There had been a significant increase in the number of complaints, with 748 complaints received compared to 433 during 2023-24. This increase had partly been driven by an increase in international application volumes. The increase in the number of complaints had also impacted performance against the 15-day response standard, which had fallen to 64%. Themes had included delays in timelines, lack of communication and issues with how applications or cases had been processed.
- 9.2. The percentage of complaints that were upheld had increased to 54% upheld and 18% partially upheld. The feedback from upheld complaints had been used to support organisation learning through training and improvement actions. A Committee member expressed concern regarding the action for further training to be provided to registration advisors on empathy and patience and sought assurance regarding the HCPC's response. The Registration department were due to participate in the tone of voice work programme and in addition, all new starters had all of their calls monitored to ensure the HCPC's standards were being met and this had resulted in mostly positive feedback with only a small number of issues highlighted, suggesting that a lack of compassion was not a widespread issue. The Deputy Chief Executive and Executive Director of Education, Registration and Regulatory Standards reviewed all complaints received and had not identified this as a recurring issue, noting feedback was predominantly positive, although sometimes delays in communication had been cited.

Action: The Deputy Chief Executive and Executive Director of Education, Registration and Regulatory Standards and the Head of Assurance and

Compliance would review the action relating to further training for registration advisors on empathy and patience.

- 9.3. The Committee were pleased to note that positive feedback had also increased to 71 instances, which demonstrated staff professionalism. This had included positive feedback on improvements within Fitness to Practise (FTP) communications. The Committee reflected that sharing best practise could have a greater impact than sharing learning from poor practise and enquired as to how examples of best practise were communicated across the HCPC. The Head of Assurance and Compliance clarified that positive feedback was published on the intranet and in addition, best practice examples were due to be highlighted by the Chief Executive during the next all employee briefing.

Action: The Committee requested that future annual feedback and complaints reports included additional analysis of the themes for upheld complaints and also stated the number of upheld complaints alongside the total number of complaints and the monthly average in the data table, to provide context.

10. Review of speaking up (whistleblowing) policy

- 10.1. The Head of Governance summarised the proposed changes to the whistleblowing policy following a light-touch review, which were set out in the paper. The changes sought to incorporate relevant learning from the NMC report on the handling of the whistleblower, which had been published on 25 September 2025.
- 10.2. The Committee noted the further work planned to strengthen the HCPC's speaking up arrangements and to raise awareness. These included:
- ensuring all managers received training on whistleblowing;
 - reviewing the processes underpinning the policy, including routes of escalation;
 - reviewing how whistleblowing information is shared internally, including assessing the feasibility of a confidential email address and/or shared mailboxes; and
 - a benchmarking assessment supported by Protect, to evaluate the HCPC's whistleblowing practices.
- 10.3. The planned work may result in further changes to the policy, which would be submitted to the Committee in March ahead of submission to the Council for approval.
- 10.4. The Committee were supportive of mandatory training for managers and considered this to be key in embedding the policy into practice, recommending that this be implemented as quickly as possible.

Action: The Head of Governance would update the Committee on progress against the planned actions in March 2026, including the timeline for implementing mandatory whistleblowing training for managers.

- 10.5. The Committee recommended the approval of the whistleblowing policy to the Council subject to the following changes:
- amending paragraphs 2.2.10 and 2.2.11 to use role titles when referring to the Chief Executive and the Committee Chair rather than names to avoid the need to update the policy when postholders changed;
 - expanding paragraph 2.2.11 to clarify the next steps the Committee Chair should take when a concern is directed to them;
 - to update paragraph 2.4 to clarify that if there was any doubt as to whether a concern met the criteria of a 'qualifying disclosure', this should be referred to the Head of Governance for further advice; and
 - separating confidentiality from anonymity to avoid any confusion.

Action: The Head of Governance would update the whistleblowing policy prior to submission to the Council for approval.

Internal audit

11. Internal audit report

- 11.1. The internal audit reports relating to the reviews of the following areas were presented:
- cyber security
 - health and safety
- 11.2. The review of cyber security had resulted in a moderate level of assurance for both the design of the system of internal control and the effectiveness of these controls. The report highlighted examples of good practice, including maintaining ISO 27001 and Cyber Essentials Plus certifications, good use of Microsoft Defender software, strong backup and disaster recovery arrangements and effective network segmentation. Two medium significance findings and five low significance findings had been identified.
- 11.3. The medium significance findings related to IT staff using local administrative privileges on standard user accounts, which deviated from best practice for account separation, and the lack of a formal process for the ongoing review of suppliers after initial onboarding.
- 11.4. BDO LLP clarified that third party supplier evaluations were carried out on a regular basis and therefore this had not been classed as a high significance finding. In addition, no gaps highlighting risk exposure had been identified during the audit. The Committee noted the management response, which stated that a standard process would be added to the annual contract review and renewal process but that a more frequent process was not viable given the large number of suppliers involved. It was clarified that reference to 'high risk' suppliers related to the business-critical customer-facing systems

provided by a third party, rather than a reflection of any particular supplier's cyber security arrangements. In addition, it was noted that the HCPC required all suppliers to have ISO 27001 or Cyber Essentials certification. A Committee member suggested that a proportionate approach was taken to provide the Committee with further assurance on how the risks for smaller suppliers were being mitigated, which could be reported to the Committee on a six-monthly basis as a minimum.

Action: The Executive Director of Resources would consider the feasibility of providing further assurance to the Committee on the management of cyber security risks relating to smaller suppliers on an ongoing basis.

- 11.5. The review of health and safety had resulted in a moderate level of assurance for the design of the system of internal control and a substantial level of assurance for the effectiveness of these controls. One medium significance finding and one low significance finding had been identified. The medium significance finding related to the need for clarity and ownership of various aspects of the HCPC's health and safety policy, linking to the corporate strategy. The low significance finding related to risk assessments to identify, assess and manage health and safety hazards, noting good progress had been made to implement the recommendations, with a number of actions either in hand or complete.
- 11.6. The Chair of the Committee reflected that on occasion there had been evidence of slippage against the agreed action implementation dates and sought assurance that the timelines set out in the report were achievable, notwithstanding exceptional unforeseen circumstances that may lead to unexpected delays. The Executive Director of Resources confirmed that the deadlines were realistic and the actions arising from both reports were expected to be delivered within the agreed timeframes.

12. Internal audit progress report

- 12.1. The Committee noted the internal audit progress report, updating on the delivery of the internal audit plan for 2025-26. The internal audit report relating to the review of business continuity was in draft and would be submitted for management comment and input prior to presentation and review by the Committee in due course.

13. Internal audit recommendations tracker

- 13.1. The Improvement and Compliance Specialist introduced the internal audit recommendations tracker. The Committee noted the updates on the implementation of recommendations arising from internal audits.
- 13.2. The report had been changed from alphabetical to chronological order to highlight the longest outstanding recommendations. In response to the Committee's feedback, the previous quarter's updates had been included.

- 13.3. The Committee noted that a number of action deadlines appeared to have been moved and in some cases there appeared to be multiple deadline deferrals.

Action: Future internal audit recommendation trackers would include the original deadline set for each recommendation, alongside the number of times each recommendation deadline had been deferred, to provide the Committee with a clear overview of deadline changes.

- 13.4. The Committee emphasised the importance of the Executive Leadership Team and the wider management team taking responsibility for ensuring the required action was completed by the agreed deadline.

Action: The Chief Executive would reiterate to the Executive Leadership Team (ELT) the Committee's expectation that the ELT owned all agreed internal audit actions and deadlines.

Governance

14. Committee forward plan 2026

- 14.1. The Committee noted the forward plan for 2026.

15. Resolution to move the meeting to private

- 15.1. The Committee resolved that the remainder of the meeting would be held in private because the matters being discussed related to matters which, in the opinion of the Chair, were confidential or the public disclosure of which would prejudice the effective discharge of the Committee's or Council's functions.
- 15.2. The meeting was briefly adjourned.