

Audit and Risk Assurance Committee

Meeting Date	10 June 2026
Title	Unified Assurance Report
Author(s)	Anna Raftery, Head of Assurance and Compliance
Executive Sponsor	Claire Amor, Executive Director of Corporate Affairs
<p>Executive Summary</p> <p>This report summarises assurance activity in the reporting period across the HCPC. It seeks to act as a source of assurance and intelligence to the Committee. The report is based on the three lines of assurance model. While it seeks to be comprehensive, the report may be limited by the quality of information provided to the Assurance team.</p> <p>This paper forms part of the assurance framework, delivering the requirement to report on the assurance map and assurance workplan.</p> <p>Overall, the assurance rating for this period is medium.</p> <p>This paper covers the period of February 2026 to April 2026.</p> <p>Appendix 1: 2026-27 Workplans (standing attachment) Appendix 2: Risk Appetite Statement (standing attachment) Appendix 3: Assurance Map Pillars</p>	
Action required	The Committee is asked to review the information provided and seek clarification on any areas.
Previous consideration	This is a standing item considered at each meeting of the Committee. This paper was reviewed by ELT.
Next steps	The next Unified Assurance Report will go to ARAC in September 2026.
Financial and resource implications	None as a result of this paper.

Item 08

Associated strategic priority/priorities	Continuously improve and innovate Build a resilient, healthy, capable and sustainable organisation
Associated strategic risk(s)	All
Risk appetite	People - open Compliance - measured
Communication and engagement	None as a result of this paper.
Equality, diversity and inclusion (EDI) impact and Welsh language standards	This paper includes the assurance of HCPC EDI as related to regulatory and business practices.
Other impact assessments	This paper includes the assurance of HCPC data and sustainability as related to regulatory and business practices.
Reason for consideration in the private session of the meeting (if applicable)	Not applicable

Unified Assurance Report June 2026

Contents

1 Executive Summary	2
2 Risk and Assurance Overview	3
3 Operational Risk Register	5
Regulatory First Line Assurance.....	6
4 FTP & TS: Case Progression & Quality	6
5 ERRS: Education	7
6 ERRS: Registration	8
Second Line Assurance	9
7 Quality Assurance	9
8 Feedback and Complaints	11
9 Risk and Compliance	12
Third Line Assurance.....	14
10 Internal Audit BDO	14
11 PSA Performance Review 2025-26	14
12 Information & Security and ISO27001:2022; Anti-Fraud & Bribery	15
13 Information Governance	15
Appendices.....	16
Appendix 1 Workplans 2026-27	16
Appendix 2 Risk Appetite Statement	21
Appendix 3 Assurance Map Pillars	22

1 Executive Summary

- 1.1. The June 2026 Unified Assurance Report provides an overview of the HCPC's assurance position across all three lines of defence, reflecting activity and findings from Q4 of 2025-26, along with a year to date overview. Overall, the organisation's assurance level remains **Medium**, indicating that core controls are in place and generally effective, but further strengthening is required in targeted areas. This is not a reflection of individual team or department performance, but of the improvements to controls needed.

Medium: Concerns over the adequacy or compliance of the controls in place in proportion to the risks, improvements required.

- 1.2. The annual assurance rating for each pillar is:

Assurance Pillar	25-26 Assurance Rating
Guidance and Processes	High/Medium
Training and Induction	High/Medium
KPIs and Reporting	High/Medium
Quality Control	Medium
Continuity Planning	Medium

- 1.3. There have not been significant changes in the assurance map since last quarter. Assurance levels across the five pillars show stability quarter-on-quarter, with some areas of improvement in guidance, processes, reporting, and quality control.
- 1.4. Workforce capacity challenges in FTP present a particular area of risk, linked to turnover and role changes. Organisation-wide workforce planning has now been completed and is expected to improve resilience during 2026-27. Department continuity and resilience planning continues to be an area of focus as this plan is implemented.
- 1.5. The Operational Risk Register remains weighted towards medium risks, with Information Governance and Security continuing to feature as a higher-risk area. Reducing overall risk exposure and strengthening mitigations remains a key priority. The internal audit of risk management has provided recommendations for improvement in this area and will inform the planned refresh of the risk framework.
- 1.6. Across all three lines of defence, there is clear evidence of active management and ongoing improvement activity. The organisation remains stable, with a strong foundation of controls in place, and a clear focus on addressing known weaknesses and maturing assurance capability.

2 Risk and Assurance Overview

2.1. In April 2025 our approach to assurance mapping changed to utilise five pillars. In March and April 2026, the Q4 assessment against these assurance pillars took place.

HCPC Assurance Map 2025-26				
Department	Overall Q1	Overall Q2	Overall Q3	Overall Q4
Executive Leadership Team	HM	HM	HM	HM
Education, Registration, and Regulatory Standards				
Education	HM	HM	Med	Med
Registration	Med	Med	Med	Med
Policy, Standards, and EDI	HM	HM	HM	HM
Insight and Analytics	Med	Med	Med	Med
Resources				
Business Change	Med	Med	Med	Med
Estates and Facilities	Med	Med	HM	HM
Finance	Med	Med	Med	Med
Information Technology	Med	Med	Med	Med
Human Resources	HM	HM	HM	HM
Corporate Affairs				
Communications and Engagement	HM	HM	HM	HM
Professionalism and Upstream Regulation	Med	Med	Med	Med
Governance, Partners, and CCE	Med	Med	Med	Med
Assurance and Compliance	Med	Med	Med	Med
Risk and Information Governance	HM	HM	HM	Med
Fitness to Practise and Tribunal Services				
Adjudication Performance	Med	Med	Med	Med
Case Progression and Quality	Med	Med	Med	Med
FTP Legal Services	Med	Med	Med	Med

2.2. The HCPC Assurance Map for 2025-26 shows the assurance levels across departments in all four quarters.

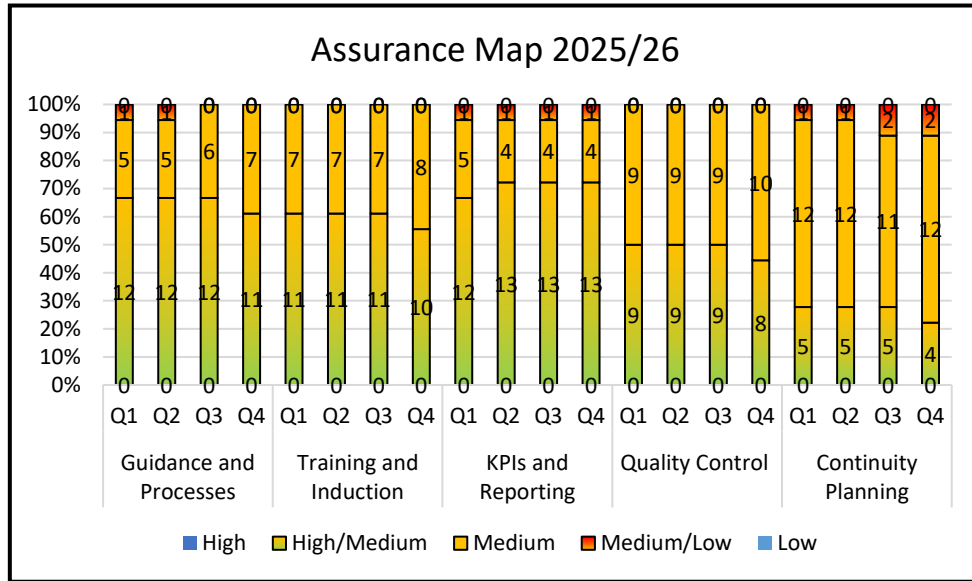
- There was one change in the overall ratings in the departments, which was a decrease from high medium to medium assurance for risk management following internal audit.
- At least two departments are on track to increase their overall assurance ratings early next year.

2.3. There were a few changes in departments across the pillars

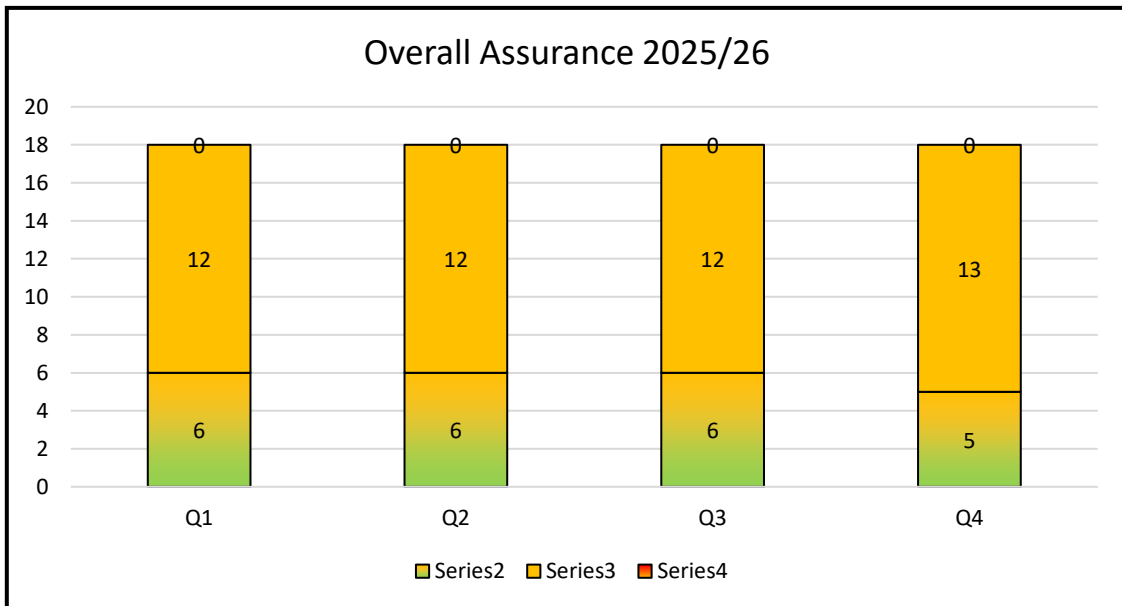
- One department has reduced assurance in Guidance and Processes and Quality Control following internal audit feedback.
- One department has reduced assurance under training and induction after scrutinising their programme. Though gaps have been identified, work has commenced to strengthen the efficacy of their training.

Item 08

- One department has reduced assurance under continuity planning owing to resource constraints. This continues to be an area for improvement for the organisation. Departments are working hard to secure the right talent and develop existing staff to meet increasing demands.



- 2.4. There continues to be a significant amount of work that is in progress and on track, showing a continued commitment to improvement and a risk confident culture.



- 2.5. Our overall assurance level is Medium, which means we have good controls in place, but there is still work to do to make them stronger. This rating is not about performance; it shows how secure and reliable our processes are.

Medium: Concerns over the adequacy or compliance of the controls in place in proportion to the risks, improvements required.

3 Operational Risk Register

- 3.1. Quarterly meetings with risk owners include an exploration of the movement of assurance levels relative to mitigations in place. Changes to total operational risk within each risk level are indicated in the total risks row. > indicates an increase in residual risks at this level, < indicates a fall in number of residual risks at this level.
- 3.2. Over 2026-27 a full refresh of our Risk Management Framework will be undertaken to align with a more balanced and realistic approach. This has started with the Strategic Risk Register (SRR) and will be followed by an assessment of the Operational Risk Register to ensure it is proportionate and reflective of reality. This will include a significant reduction of the number of operational risks, and consideration of how risk is managed at the departmental level.
- 3.3. Last quarters residual risks totals are as follows; Low = 1; Low/Medium = 33; Medium = 76; Medium / High = 28; High = 2

Department - May 2026	Low 1-2	Low/ Medium 3-5	Medium 6-10	Medium / High 11-15	High 16-25	Under discussion
Corporate Affairs						
Information Governance & Security	0	2	9	5	1	
Feedback & Complaints	0	0	3	0	0	
Quality Assurance	0	0	2	0	0	
Governance (incl CCEO Office)	0	1	3	1	0	
Partners	0	0	4	3	0	
Communication	0	3	7	0	0	
Strategic Relationships	0	1	4	0	0	
Professionalism, and Upstream Regulation	0	1	0	1	0	
Education, Registration and Regulatory Standards						
Education	0	5	7	0	0	
Insight and Analytics	0	1	2	0	0	
Policy and Standards & EDI	0	3	1	0	0	
Registration & CPD	0	0	4	1	0	
Regulation Development & Performance	0	0	2	0	0	
Fitness to Practise & Tribunal Service						
Fitness to Practise	0	0	3	7	0	
Resources						
Estates & Facilities	0	2	5	1	0	
Finance & Procurement	0	4	5	1	0	
Information Technology	0	0	3	2	1	
Human Resources	0	2	4	0	0	
Business Change	1	8	1	0	0	
Senior Leadership Team	0	0	7	6	0	2
Total Operational Risks	1	33	76	28	2	

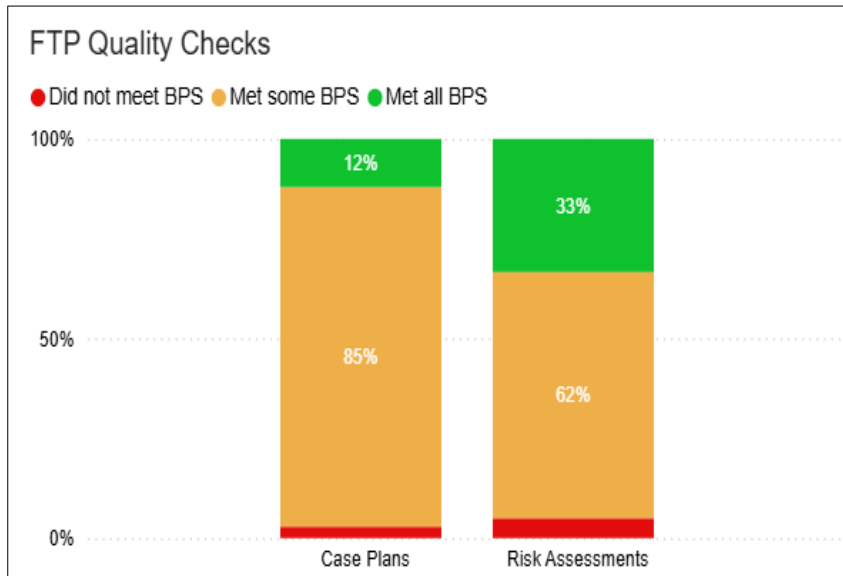
Regulatory First Line Assurance

4 FTP & TS: Case Progression & Quality

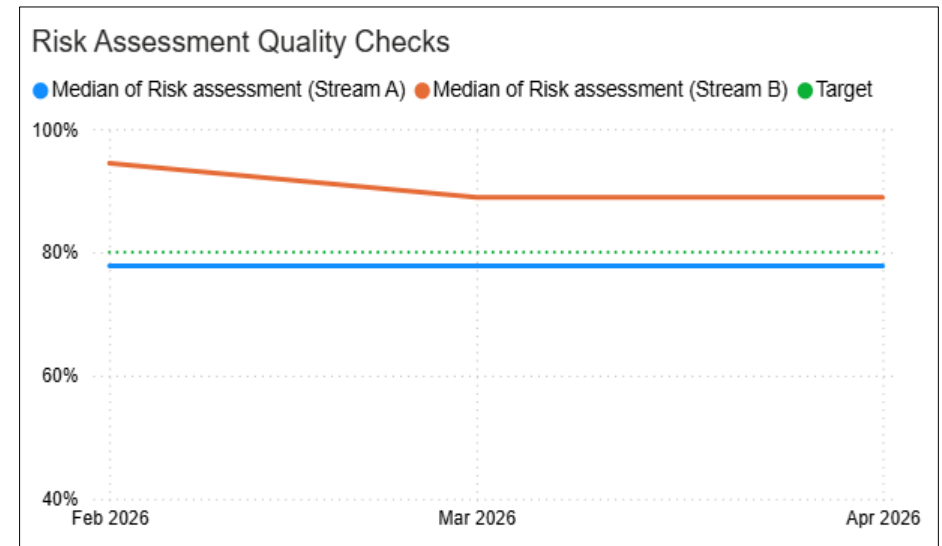
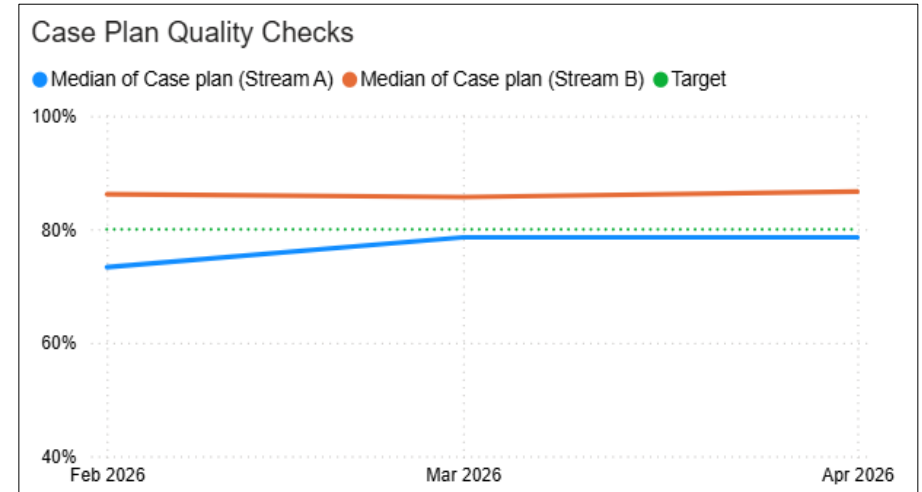
4.1. Between February and April 2026, 141 quality checks were completed on both Risk Assessments and Case Plans against the Best Practice Standards (BPS)¹.

4.2. Risk Assessments

- The median risk assessment score across both Stream A and Stream B was at least 77% for each month during this period. The target is to achieve 80% compliance with the quality standards in our Best Practise Standard.



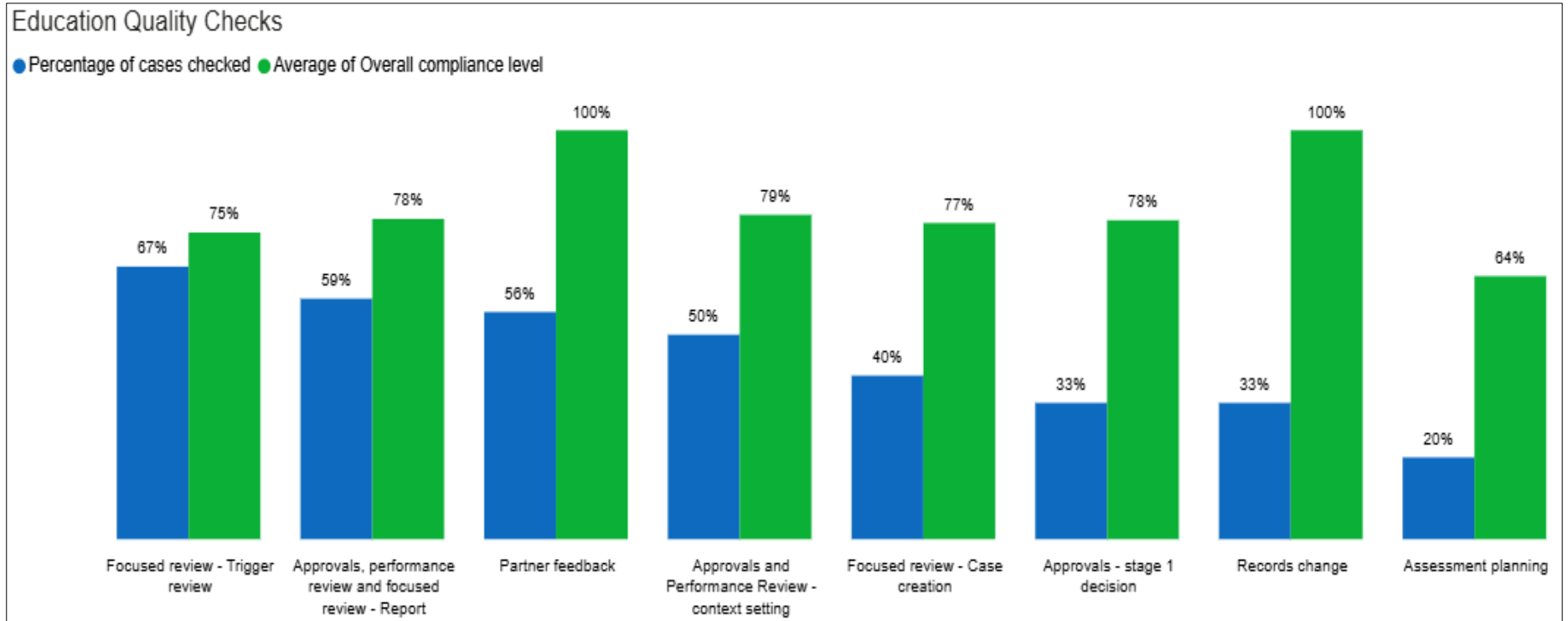
¹Median scores show the QC score % of meeting BPS.



Item 08 **5 ERRS: Education**

- 5.1. Between February and April 2026, 84 cases were quality checked by the Education Department. These checks took place at eight different steps of the Education process.
- 5.2. The average overall compliance level was 81%, ranging from 45% to 100% compliance across the ten process steps. Timeliness was an area of low compliance.
- 5.3. None of these findings impacted the quality of the recommendation or the overall decision.

5.4. Learning outcomes from the checks, alongside recent recommendations from QA activities, are progressing to address these areas and improve performance.



Item 08 **6 ERRS: Registration**

- 6.1. In Q4, the Registration Quality Assurance Team (RQAT) completed an audit of the Record of Assessment (ROA) used for Continuing Professional Development (CPD).
- 6.2. The enhanced ROA, introduced in September 2024, was designed to improve the recording and justification of assessor decisions by ensuring assessments are transparent and clearly evidenced. The audit aimed to evaluate how effectively the ROA demonstrated whether registrants had met CPD standards, and to assess the use of the ROA checklist in identifying issues requiring remediation.
- 6.3. The audit reviewed 280 CPD profiles from professions renewing at the end of September, October, and November 2025. This timeframe allowed the revised ROA form and process to become embedded and enabled comparison of ROA quality across professions. The analysis was conducted at a 95% confidence level to ensure reliability and representativeness of findings.

6.4. **Key Findings:**

Key Findings

Assessor recommendations: High assurance that recommendations are reasoned and consistent (99.6%) and are based on evidence from the CPD profile (100%).

Transparent decisions: Assessors did not clearly demonstrate how registrants' CPD contributed to practice or benefited service users in 3.2% and 5% of ROAs audited.

Further information: Assessors provided clear reasoning for 100% of FI recommendations

Checklists: 100% of areas of concern identified on checklists were fed back to assessors. In 10.7% of ROAs auditors identified areas of concern that were not identified on the checklist; 70% of these related to benefit/impact of CPD activities (Standards 3 & 4).

Management oversight/review: It was positive and reassuring to see that a review of the quality of ROAs had been completed, which identified several areas that required addressing and led to an update of guidance and training for assessors and the CPD team.

Recommendations

Update Assessor guidance to explicitly require that the impact/benefit of CPD is clearly demonstrated and understandable to a layperson (update examples to clearly show how this requirement can be met).

Via the checklist and feedback process, more rigorously require the impact/benefit of CPD to be clearly stated and understandable and returned for amendment when it is not.

In several cases, the registrant clearly demonstrated how their CPD met the standards, but the ROA completed by the assessors did not reflect this. Consideration should be given to how the use of AI to extract relevant information and evidence from CPD profiles may improve initial assessments and reduce reliance/need for Assessors as part of this process.

Item 08 **Second Line Assurance**

7 Quality Assurance

- 7.1. In Q4, the Registration Quality Assurance Team (RQAT) completed an audit of the Record of Assessment (ROA) used for Continuing Professional Development (CPD).
- 7.2. Since the last update, Quality Assurance (QA) have continued to complete activities from the 2025-26 workplan and start work on the 2026-27 workplan.
- 7.3. The 2026-27 QA workplan was agreed with ELT and informed by discussions with each regulatory Head, a review of live processes, areas of emerging risk, and the 2025-26 PSA performance review.

QA Activity: March 2026 – May 2026

Education Approval Process
Commenced November 2025, Completed March 2026

The Quality Assurance Team undertook a review of the Education Department’s Approval process. The Approval process was last reviewed in July 2022 and received a **High/Medium** assurance rating. The purpose of this review was to seek assurance that the process continues to function well.

This review identified strengths in the overall guidance, quality of context documents and final decision making. Final report writing and layers of oversight at the end stage of the process are robust.

Weaknesses were identified in the first and mid-stages of the process. The key issues centre around good case management practices, such as ensuring key documents are saved to the case, ensuring that decision making is transparent and ensuring communication with stakeholders is documented.

The Approval Process has been given a **High/Medium** assurance rating.

Edge Hill University – Lessons Learnt Review
Commenced February 2026, Completed April 2026

The Education and Training Committee (ETC) withdrew HCPC approval of Edge Hill University’s Nurse Paramedic MSci programme as of 10 September 2025. The decision to withdraw approval followed concerns about the quality of the programme being raised with the HCPC by an employer and NHS England.

The purpose of this review is to establish a robust and detailed understanding of the events leading to, and subsequent actions related to, the decision to withdraw approval from the programme. It also aims to identify whether there is any learning from this review that should feed into Education process improvements.

This review is due to be presented to ETC in June 2026.

Education Programme Records
Commenced March 2026, Completed May 2026

The HCPC has a legal responsibility under the Health Professions Order 2001 to “maintain and publish a list of courses of education or training, qualifications and institutions”. The Education Department ensures that the HCPC continues to meet this statutory requirement by maintaining an accurate record of education programmes.

Item 08

The purpose of this review was to seek assurance that the education programme and provider records are maintained and updated accurately, through robust and well-defined processes.

The findings of this review have been shared with the Education Department and will be presented to ELT in May 2026.

HCPTS - Review Hearing Scheduling

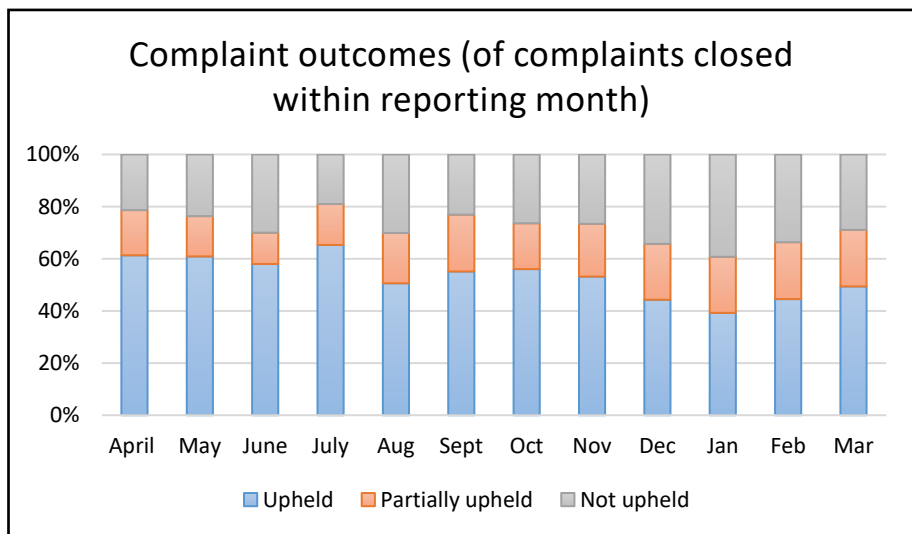
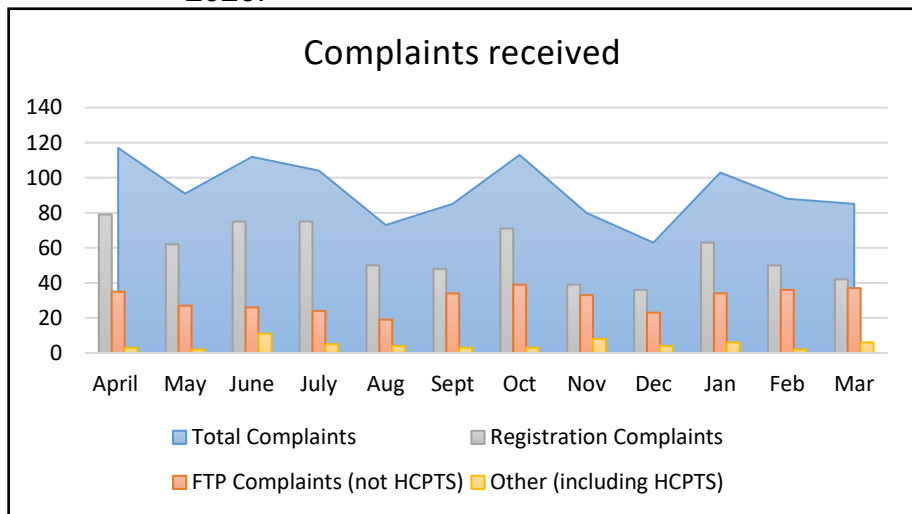
Commenced late April 2026

The purpose of this review is to assess the process for scheduling review hearings. This review will also focus on understanding what areas of the process could impact upon timely scheduling.

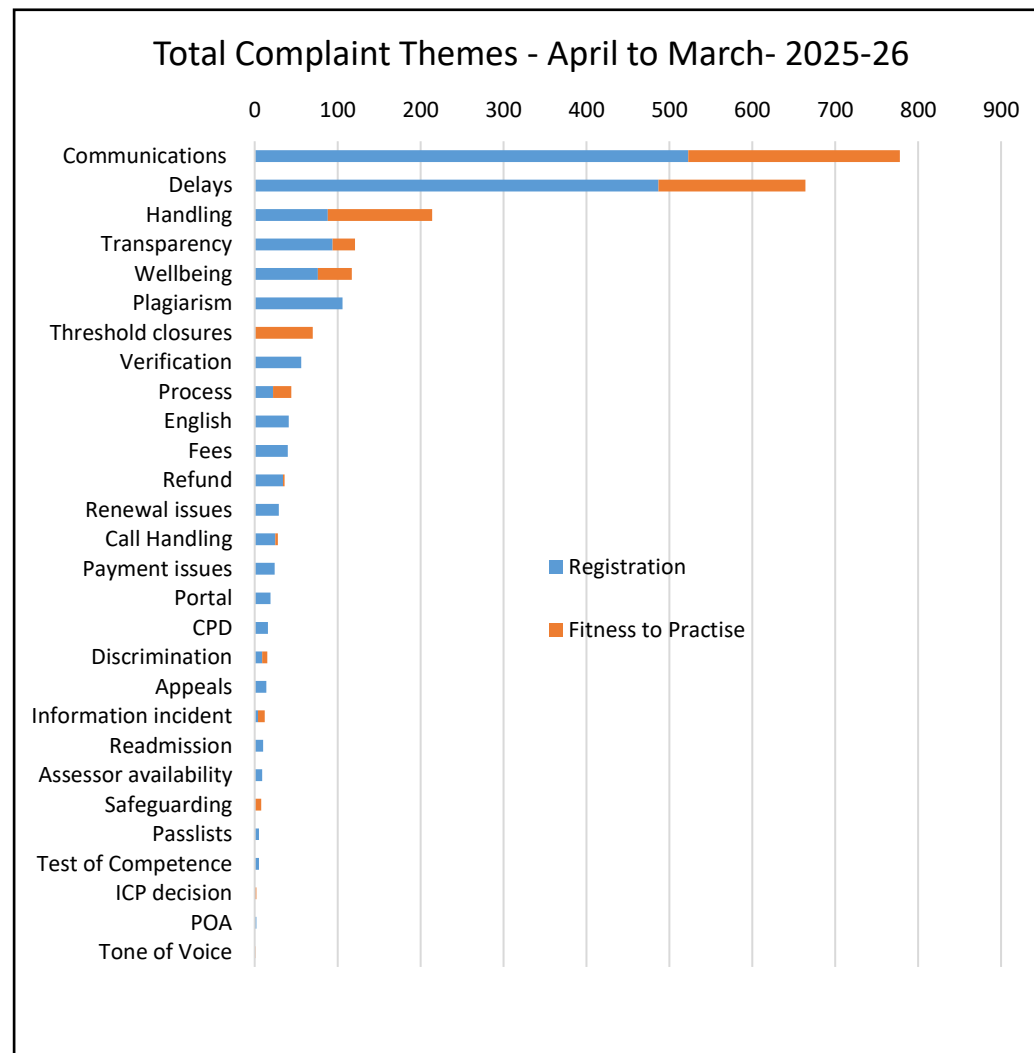
This review is due to complete in mid-June with reporting to ELT in July 2026.

8 Feedback and Complaints

8.1. Complaints received between April 2025 and March 2026:



8.2. Complaint themes from April 2025 to March 2026: (themes can be multiple):



8.3. The most common themes remained communications and delays with applications and case progression.

9 Risk and Compliance

Risk and Compliance 2025-26 Workplan progress

- 9.1. The following non regulatory activity audits have taken place since the last ARAC report:
- Monthly External facing configuration check A.8.9 using NCSC tools – periodic rerun. Google Chrome was removed from HCPC/HCPTS use as the application has very frequent upgrades and its functionality can be provided by Microsoft Edge.
 - Monthly Sentinel Review (Cyber incident reporting) ongoing monthly sessions with the IT team.
 - The quarterly test of the three regulatory systems users lists has commenced, Registration CRM, Education CRM, and Nexus (FTP).
 - A retention audit will be undertaken across the organisation, and further consideration given to new technologies in use, such as Teams chat. This includes locked departmental storage units.
 - Additional Risk & Compliance handover materials are being prepared to provide details on how the CISRO role works, and how this can be used by the new role holder.

Serious Event Reports (SERs)

- 9.2. There are no current open SERs.

Whistleblowing, Fraud and Bribery monitoring

- 9.3. The MFA Toll fraud attack on Registration portals has been mitigated by changes implemented by the IT

team and external contractors. MFA controls are being extended to other areas of the organisation to increase resilience against attacks and account take over.

- 9.4. Information Security, Anti-Bribery & Fraud training was completed in the last quarter of 2025-26.

Risk and Compliance Audits commentary

- 9.5. The next set of Risk and Compliance audits are ongoing. The DBS Renewal process is being evaluated. We are on track with working on the more detailed requirements of the new ISO standard.

Business Continuity & Disaster Recovery exercises and planning

- 9.6. The Business Continuity app ShadowPlanner v6 is in use. Latest government advice now includes a recommendation to retain a hard copy of the business continuity plan, to allow for complete failure or shutdown of usual IT capacity. SLT members are receiving the updated version and training will be provided. This will be used in future BCM exercises.
- 9.7. The Communications department underwent a comprehensive business and IT based scenario with a third party facilitating. Further departmental tests are planned.
- 9.8. A test with the Estates and Facilities area is being planned.
- 9.9. Additional training materials are being created for all Shadow Planner users,

Item 08

9.10. **Single Source Suppliers**

The following contracts have been signed without competitive tender. These suppliers have been used before by the HCPC or are offering specific services that are compatible with other functionality that requires specific integration.

SSR No	Date	Supplier	Title	Value Inc VAT	Requester	Department
HCPC/SSR/2026/60	20/02/2026	Johnsons 1871	Provision of internal moves and removals by contractor Johnsons 1871 in order to facilitate site handover to HVAC contractor by 2nd March	£15,019	James McMahon	Estates
HCPC/SSR/2026/60	23/04/2026	Command and House Papers Service	Print and Digital Communications	£10,000	Matthew Peck	Communications
HCPC/SSR/2026/66	14/04/2026	Bytes	Web Application Firewall Extension	£16,736	Geoff Kirk	IT

Item 08 Third Line Assurance

10 Internal Audit BDO

10.1. The 2025-26 Internal Audit Plan is on track for completion by BDO before their contract ends at the end of June 2026.

10.2. BDO completed the following audits in this period:

- Media and Communications Audit – audit complete, report finalised.

Level of assurance:	
Design	Moderate
Effectiveness	Substantial

- Risk Management Audit – audit complete, draft report issued.

Level of Assurance:	
Design	Limited
Effectiveness	Limited

10.3. Follow-up audit is currently underway and is still in fact-finding phase. Final report due to be discussed at ARAC in June 2026.

RSM

10.4. The 2026-27 Internal Audit Plan is progressing well with RSM and is on track.

10.5. The Incident Management and Business Continuity audit is underway by RSM. The opening meeting took place on 20 April.

10.6. RSM are also supporting the review and development of KPIs through a two-phase approach, starting with a desktop review of strategy, existing KPI reporting, and best practice benchmarking, alongside interviews with key staff

10.7. This will be followed by a facilitated workshop with Council to refine proposed KPI areas, and inform the advisory Council paper on the new KPI framework

11 PSA Performance Review 2025-26

11.1. The HCPC's 2025-26 Performance Review ran from 1 April 2025 to 31 March 2026. This was a Periodic Review year which included an audit of FTP cases.

11.2. The Final Panel decision was shared with ELT in early April. The PSA's report is due to be published by 30 June 2026.

11.3. The PSA has now published the revised Standards of Good Regulation in April 2026 with the new standards going into effect in July 2026.

11.4. The HCPC's 2026-27 Performance review commenced on 1 April 2026 and will end on 31 March 2027. This is intended to be a monitoring year and the PSA have advised that they intend to assess HCPC in 2026-27 against the current standards. The HCPC will be assessed against the new standards from April 2027.

Item 08 **12 Information Security and ISO27001:2022; Anti-Fraud and Bribery**

- 12.1. BSI audited HCPC’s ISO27001:2022 Information Security Management System at the end of March and start of April over three days. No opportunities for improvement or non-conformances were noted. This is the first time we have achieved that level of compliance.
- 12.2. The next BSI ISO27001:2022 audit will be over six days and is the more comprehensive recertification audit where all controls in place are reviewed.
- 12.3. The Register of Processing Activities has been incorporated into the RiskInfoAssets spreadsheet. This type of combined document was deemed essential to responding to any ICO inquiry.
- 12.4. SLG has asked for further advice on information and record storage and retention. This is being drafted currently. This covers network storage, with the potential for cloud migration at some point in the future, and records within production systems (databases). When hard copy is recalled from the archive, it is current practice to scan the material, upload to the appropriate online data store and securely destroy the hardcopy, saving storage costs at the archive.
- 12.5. The Cyber Incident Response Plan (CIRP), has been completed and awaits formal sign off. It is operational.

13 Information Governance

- 13.1. Summary of recent requests:
- 13.2. We received 24 data incident reports in the reporting period.

Requests	Jan-26	Feb-26	Mar-26
FOI	20	24	30
SAR	9	12	21
EIR	0	0	0
Disclosure requests	19	9	15
Internal reviews	6	3	4
ICO complaints	0	0	1
Total Received	54	48	71
Responses within statutory timescale	37	41	54
Responses in breach of statutory timescale	5	2	6
% age within statutory timescale	88%	95%	90%

Appendices

Appendix 1 Workplans 2026-27

Quality Assurance

In 2026-27 we will...	Strategic aim (subject to change)	Start	Delivery
QA in FTP <ul style="list-style-type: none"> Review Hearings Scheduling Registrant Expert Advice Process Streaming process ICP adjournments FTP Legal Lessons Learned AI usage - Redaction Tool <i>Advisory:</i> Frontloading – First line checks 	Supporting Healthcare Workforce Development Through Proportionate, Agile Regulation	Q1	Q4
QA in Registration <ul style="list-style-type: none"> Plagiarism Identification Process (co-working with Registration QA Team) AI usage - EmailTree Appeals Support for Registration QA team's review of Non-Clinical Tests of Competence 	Supporting Healthcare Workforce Development Through Proportionate, Agile Regulation	Q1	Q4
QA in Education <ul style="list-style-type: none"> Lessons Learnt Review (EHU – continuation from 25-26) Performance Review Stakeholder Intelligence <i>Advisory:</i> Implementation of SETS – measuring success 	Supporting Healthcare Workforce Development Through Proportionate, Agile Regulation	Q1	Q4
Information Governance - ongoing improvements, BAU delivery an archive project	Patients at the Centre of Smarter, Preventative Regulation	Q1	Q4
Feedback & Complaints - ongoing improvements and BAU delivery	Patients at the Centre of Smarter, Preventative Regulation	Q1	Q4

Item 08

Input into 'single CRM', 'website and portals', and 'customer contact phase 2' projects to improve ways of working in Feedback and Complaints and Information Governance Provide assurance expertise as required for ongoing change projects	Technology-Enabled Regulatory Excellence and Organisational Sustainability	Q1	TBC
Risk - Manage the Strategic and Operational Risk Registers (BAU and improvements) Embed new Strategic risks and approach Full refresh of the Risk Management Framework, including a comprehensive review of the ORR Delivery Risk Appetite review and embed outcome	Supporting Healthcare Workforce Development Through Proportionate, Agile Regulation	Q1	Q4
PSA - Performance Review 2026-27 (Monitoring Year) Manage the relationship with the PSA for the 2026-27 Monitoring Performance Review Embed new PSA standards	Supporting Healthcare Workforce Development Through Proportionate, Agile Regulation	Q1	Q4
IA - Induct and business partner with new Internal Audit team (RSM) Manage delivery of full IA workplan	Supporting Healthcare Workforce Development Through Proportionate, Agile Regulation	Q1	Q4
ISO27001:2022 - Manage ISO 27001:2022 delivery and audit in March 2027	Technology-Enabled Regulatory Excellence and Organisational Sustainability	Q1	Q4
Business continuity - Deliver departmental Business Continuity tests Manage ShadowPlanner, including a content review, improved comms, and effective guidance	Technology-Enabled Regulatory Excellence and Organisational Sustainability	Q1	Q4

Item 08 **RSM Internal Audit Plan 2026-27**

Area	Audit approach	Proposed timing	Proposed Audit and Risk Assurance Committee Reporting
------	----------------	-----------------	-------------------------------------------------------

Finance

Key Financial Controls – Accounts Receivables / Registration Fees

Risk based

November 2026

March 2027

Data analytics will be utilised to test compliance against processes outlined in policies and procedures. As part of the review, we will consider the following areas:

- The controls in place to ensure registration fees are received promptly and timely and are accurately recorded in the database and systems.
- The methods used to make payments and how HCPC monitors and tracks the methods used.
- The processes for following up on payments once they are past the due date.
- How registrants are removed/paused from the register for late payment of registration fees and the processes for getting registrants back on to the register following payment.
- Debtor management processes in place including month end procedures.
- Registration fee income reconciliations are completed promptly and in line with segregation of duties.
- Monitoring and reporting arrangements to relevant oversight Groups and / or Committees.

Strategic Risk – 5.a – The resources we require to achieve our strategy are not in place or are not sustainable.

Area	Audit approach	Proposed timing	Proposed Audit and Risk Assurance Committee Reporting
<p>Business Risk – The Council does not achieve a sustainable budget or the planned financial benefits.</p>			
<p>Quality and Performance</p>			
<p>Data Quality and Management</p>	Risk based	June 2026	September 2026
<p>A new corporate strategy has been developed at the HCPC and is due to be embedded from 2026. The review will assess whether performance measures are clearly defined and communicated, whether data collection and reporting processes are robust and reliable, and whether underperforming indicators have appropriate actions in place. We will also evaluate the adequacy of reporting arrangements and how effectively performance is monitored across operational groups, committees, and the organisation. Key performance indicators will be agreed with management.</p>			
<p>Strategic Risk 1 – 3.a – Quality of our data leads to assumptions or gaps in understanding, and therefore inadequate or uninformed decision making.</p>			
<p>Strategic Risk - 3.b – We are unable to maximise our use of the data we hold to share insights to protect, promote and maintain the health, safety and well-being of the public.</p>			
<p>Business Risk – If data is inaccurate, incomplete or outdated, leaders may make strategic or operational decisions based on misleading information.</p>			
<p>Information Technology</p>			
<p>Incident Management and Business Continuity</p>	Risk based	April 2026	June 2026
<p>An audit on Incident Management and Business Continuity will assess the robustness of plans in place, ensuring they cover critical functions, the testing of these plans, key roles and responsibilities and the assurance mechanisms in place, that in the event an incident arises, the organisation are ready to deploy the plans. This review will be supported by specialists from our Technology Risk Assurance team. This will build on any related elements from your work in 2025/26 on Cyber Security.</p>			
<p>Strategic Risk 5.a - The resources we require to achieve our strategy are not in place or are not sustainable.</p>			

Item 08

Area	Audit approach	Proposed timing	Proposed Audit and Risk Assurance Committee Reporting
------	----------------	-----------------	-------------------------------------------------------

Business Risk – There may be extensive disruption to both service delivery and the invigilation of the online registration assessment, resulting in significant delays, cancellations, and concerns around the integrity of the process.

Contingency Audit

We have included a contingency audit allocation as part of the internal audit plan. This provision allows the Internal Audit team to be agile and responsive to emerging risks, regulator changes, or changes to organisational priorities that may arise. Areas for consideration include:

Risk based September 2026 November 2026

- Corporate Complaints – [Strategic Risk 4](#)
- Procurement – [Strategic Risk 5.a.](#)
- AI Implementation – [Strategic Risk 3.a.](#) and [3.b](#)
- Registrants Wellbeing – [Strategic Risk 6](#)
- Regulatory Audit – Registration – [Strategic Risk 1](#)

Other Internal Audit Activity

Follow Up: To meet internal auditing standards, and to provide assurance on action taken to address recommendations previously agreed by management.

At each Audit and Risk Assurance Committee

Management: This includes annual planning; preparation for and attendance at Audit and Risk Assurance Committee; regular liaison and progress updates; liaison with external audit and other assurance providers; and preparation of the annual opinion.

Throughout the year

A detailed planning process will be completed for each review, and the final scope will be documented in an Assignment Planning Sheet. This will be issued to the key stakeholders for each review.

Appendix 2 Risk Appetite Statement

HCPC Risk Appetite Statement November 2023

Regulation – Measured (Registration, Education, FTP, Policy & Standards)

Our focus is on long term and lasting quality in our regulatory delivery. We prefer safer delivery options for meeting our requirements as a regulator, accepting a measured degree of residual risk and choosing the option most likely to result in successful delivery in order to continue as an effective regulator.

It is **essential** that mitigations to ensure ongoing public protection are in place as a foundation of taking risks to delivering regulatory requirements.

Influence/Leadership – Seeks (Engagement, comms, profile, reputation, influence)

We are willing to take decisions which are likely to bring additional scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks.

It is **essential** that the HCPC's voice is not perceived to be party political. The HCPC is neutral as a public body.

Compliance – Measured (PSA, ISO, ICO, Environmental, H&S, etc)

We have a preference for safe delivery options with little residual risk. We want to be reasonably sure we would win any challenge. Data protection, IT and cyber security are covered by this risk type.

It is **essential** that the long-term achievement of PSA standards is assured.

Financial – Measured (Finance, VFM, Estates)

We will pursue safe delivery options, accepting small residual financial risk only if that could yield upside opportunities. Value for money, affordability and long-term financial sustainability are our primary financial concerns in fulfilling our regulatory responsibilities, but we are open to considering other benefits and constraints in evaluating financial plans.

It is **essential** we remain a financially viable organisation to ensure continued public protection through continued operation. Significant financial risks are not compatible with this requirement.

People – Open (Employees & Partners)

We aim to invest in our people to create innovative mix of skills environment. We are prepared to accept risk as long as there is the potential for improved culture, recruitment and retention.

Item 08

It is **essential** that risk taking in this area is consistent with the HCPC's values and culture. As an employer are committed to upholding and promoting Equality, Diversity and Inclusion.

Reform – Open (Regulatory Reform)

We support innovation, with demonstration of benefit or improvement in service delivery. We are receptive to taking difficult decisions when benefits outweigh risks. Processes, oversight and monitoring arrangements enable considered risk taking.

It is **essential** that the opportunities taken with regulatory reform are fully evidenced and cross organisational impact is considered and documented.

Data – Open (Quality, analysis, sharing)

We accept need for operational effectiveness in distribution and information sharing. We support innovation and new approaches, as long as there is the potential for improved data quality. *(Please note data protection is covered by the Compliance risk type)*

It is **essential** that we understand our data when sharing and publishing analysis.

Appendix 3 Assurance Map Pillars

Guidance and Processes	Are guidance's and processes documented, up to date (with an agreed review cycle), and accessible to all members of the department?
Training and Induction	Have all members of the department been through the appropriate corporate and department specific induction process? Have all members been trained on the processes/systems/etc required to do their job? If gaps are identified, are department members given the further training needed?
KPIs and Reporting	Is the department meeting both the council reported KPIs and department specific KPIs/SLAs? Is the work of the department regularly reported to the appropriate level, whether ELT, Committee or Council?
Quality Control	Are there quality controls in place to ensure that there is appropriate understanding and oversight of the work done by the team? This includes work trackers, quality checks, manager 1:1s, team meetings to discuss workload, QA activity, external and internal audits, etc
Continuity Planning	Is the department sustainable in terms of approach (continuous improvement) and resources (including career development, retention, recruitment and sickness) long term? This may also link to succession planning work completed with HR