Audit and Risk Assurance Committee

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

Date:	Wednesday 16 September 2026
Time:	2pm
Venue:	Videoconference (Microsoft Teams)
Members:	Lianne Patterson (Chair) Grzegorz Drozdz[1] Helen Grantham Graham Masters Catharine Seddon
Apologies:	None
Attendees:	Aihab Al-Koubaisi, Financial Controller Claire Amor, Executive Director of Corporate Affairs Nick Atkinson, RSM UK LLP Francesca Bramley, Governance Manager Alastair Bridges, Executive Director of Resources Georgia Cross, Governance Officer Geoff Kirk, Head of IT and Digital Patricia Morrissey, Head of Governance Maxine Noel, Information Governance Manager (for item 11) Emmanuel Ogungbe, Information Governance and Risk Lead Bernie O'Reilly, Chief Executive Anna Raftery, Head of Assurance and Compliance Daniel Reay, NAO Andrew Smith, Executive Director of Education, Registration and Regulatory Standards and Deputy Chief Executive Darren Stewart, NAO

[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 Emmanuel Ogungbe, Information Governance and Risk Lead, who was attending the meeting for the first time.

2. Apologies for absence

2.1. No apologies for absence were received.

3. Approval of agenda

3.1. The Committee approved the agenda.

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

4.1. No interests were declared.

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5. Minutes of the Audit and Risk Assurance Committee meeting held in public on 10 June 2026

5.1. The Committee approved the minutes as an accurate record of its meeting held in public on 10 June 2026.

6. Matters arising

6.1. The Committee noted the updates provided in response to the actions from its previous meetings. All actions proposed for closure would be closed.

6.2. In relation to the action regarding the review of the assurance map (action 29), the Committee requested that consideration be given to whether assurance metrics sufficiently reflected organisational outcomes (action 64) in addition to considering the implications of the incoming Professional Standards Authority (PSA) standards. RSM UK LLP confirmed that this would be incorporated into the review.

Action: The scope of the review of the assurance map would include consideration of whether assurance metrics appropriately reflected organisational outcomes in addition to the requirements of the incoming PSA standards.

Risk and assurance

7. Strategic risk register

7.1. The Committee reviewed the latest version of the strategic risk register (SRR).

7.2. The Head of Assurance and Compliance introduced the report and highlighted changes made following the Committee's previous feedback, including the addition of risk appetite information and further narrative explaining how mitigating actions were expected to support achievement of target risk scores.

7.3. The Committee noted that work remained underway to identify appropriate target dates for achieving residual risk levels and that these would be considered through Executive Leadership Team discussions ahead of the next meeting.

7.4. The Committee discussed the increase in current and target risk scores for the Fitness to Practise-related strategic risks. Members sought assurance that the revised scores appropriately reflected current organisational pressures and delivery challenges. In response, it was confirmed that the revised scores reflected a more realistic assessment of the organisation's risk exposure and delivery timescales.

7.5. The Committee discussed the strategic risk relating to the proposed hospital managers programme. Members sought assurance regarding funding arrangements, related recruitment activity and potential organisational exposure. It was confirmed that the HCPC had received a letter of comfort from the Department of Health and Social Care recognising the estimated funding requirements and that ongoing engagement remained positive. While some funding-related uncertainty remained, management considered the risk of funding not being provided to be low.

7.6. The Committee discussed the presentation of the financial sustainability risk. Members noted the significant gap between current and target risk scores and questioned whether the narrative sufficiently distinguished between factors within management's direct control and external dependencies. The Executive undertook to reflect further on how this could be articulated more clearly within future iterations of the SRR.

Action: The Head of Assurance and Compliance would review how the SRR presented financial sustainability risks and risk appetite to improve clarity and support Committee oversight.

7.7. The Committee sought assurance regarding the incorporation and interpretation of risk appetite within the SRR. Members queried how risk appetite was being applied to individual risks and whether the relationship between risk appetite and target risk scores was sufficiently clear. It was acknowledged that further development of the risk appetite framework was required and that a review of risk appetite was planned.

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7.8. The Committee discussed whether the incoming PSA standards should be reflected more explicitly within the SRR. It was confirmed that a fuller assessment of the implications of the new standards would be undertaken through a planned workshop and that any resulting risks would be reflected in future reporting where appropriate.

7.9. The Committee discussed the scoring of several strategic risks, particularly those relating to organisational capacity, Fitness to Practise timeliness, case communication and the hospital managers programme. Members explored the rationale for the relative positioning of these risks and were advised that the scores reflected assessments of both likelihood and impact, including potential public protection and reputational consequences.

7.10. The Committee requested that the cyber risk narrative more explicitly reflected employee awareness, refresher training and proactive cyber-security interventions as key mitigations.

Action: The Head of Assurance and Compliance would consider how employee awareness, refresher training and related controls could be more explicitly reflected within cyber risk mitigations.

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8. Operational risk register update

8.1. The Head of Assurance and Compliance provided an update on the operational risk register review, in place of the annual operational risk register report.

8.2. The Committee noted that a detailed review of more than 140 operational risks had resulted in significant consolidation, with duplicate and localised risks removed and the organisation-wide operational risk register reduced to approximately 26 risks.

8.3. The Committee noted that further work with the Senior Leadership Team was scheduled to support ownership, governance and ongoing management of the revised operational risk register.

8.4. The Committee noted ongoing consideration of the Government Internal Audit Agency (GIAA) risk engine as a tool to support risk management processes and reporting.

8.5. Members welcomed the progress made and sought assurance that the revised arrangements would appropriately escalate significant risks from departmental to operational and strategic levels. In response, it was confirmed that escalation criteria based on risk scoring would be incorporated within the revised framework.

8.6. The Committee discussed the importance of ensuring that risk mitigation effectiveness, target closure dates and accountability for risk ownership formed part of the revised arrangements.

8.7. Members also sought assurance that the use of supporting tools would not replace management accountability or professional judgement in identifying and managing risks. It was confirmed that human review and accountability would remain central to the risk management process.

8.8. The Committee requested that the internal auditors be engaged during development of the new framework to provide early input and challenge prior to implementation. The internal auditors welcomed this approach.

Action: The Head of Assurance and Compliance would engage with RSM UK LLP during development of the revised operational risk register and risk management framework.

9. Unified assurance report

9.1. This item was considered after item 10 (strategic risk deep dive). The Committee considered the unified assurance report.

9.2. The overall assurance rating remained at Medium assurance and that assurance ratings were unchanged from the previous quarter. The Head of Assurance and Compliance advised that, due to resource constraints and competing priorities, quarterly risk and assurance meetings had not been completed during the reporting period. Resource had instead been prioritised towards the review of the operational risk register and risk management framework.

DRAFT

9.3. The Committee noted the development of revised arrangements to strengthen departmental ownership of assurance mapping and assurance reporting.

9.4. The Committee sought assurance regarding resourcing within the Assurance and Compliance team. It was confirmed that recruitment was underway to fill a vacant risk-related post and restore full team capacity.

10. Strategic risk deep dive: Professional Standards Authority (PSA) new approach

10.1. This item was considered before item 9 (unified assurance report). The Committee received a presentation on the PSA's revised standards for regulators and accredited registers.

10.2. The Committee noted that the revised standards had reduced in number from 18 to 16, introduced a new leadership-focused standard and placed a greater emphasis on governance, culture, collaboration, equality, diversity and inclusion, public protection outcomes, continuous improvement and learning.

10.3. The Committee noted that, although the revised standards came into effect in July 2026, the HCPC would not be assessed against them until the 2027-28 review cycle.

10.4. The Committee discussed the implications of the new leadership standard, including the PSA's proposed focus on organisational culture, governance, oversight arrangements and the potential review of private Committee papers where relevant.

10.5. Members discussed the strengthened emphasis on collaboration and alignment across regulators and highlighted the importance of the HCPC giving appropriate consideration to how collaborative working would be evidenced and demonstrated under the new framework.

10.6. The Committee discussed the broader themes within the new standards and noted in particular the increased focus on demonstrating public protection impact and evidencing how lessons learned were implemented to support continuous improvement.

10.7. The Committee welcomed the preparatory work already undertaken by the Executive, including workshops with the Senior Leadership team, and noted that further work was planned to assess readiness and identify any investment or changes required.

The meeting was briefly adjourned.

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11. Annual information governance report

11.1. The Information Governance Manager joined the meeting to present this item. The Committee received the annual information governance report for 2025-26.

11.2. The Committee noted the following points:

- 690 information requests had been received during the reporting period, representing a continued increase in volume compared to previous years;
- 92% of requests had been responded to within statutory timescales. While this represented a slight reduction from the previous year, members recognised the increasing volume and complexity of requests received;
- the launch of the Data Hub had reduced demand for some routine information requests and further opportunities to expand publicly available data were being explored; and
- one incident had been reported to the Information Commissioner's Office (ICO) during the reporting period, which had been closed without further action.

11.3. The Committee discussed the increase in information incidents and noted that the majority related to human error. Members sought assurance regarding the controls in place to reduce recurrence. In response, it was confirmed that mandatory training, local awareness activity, incident reporting and learning arrangements remained in place and that a positive reporting culture was actively encouraged.

11.4. The Committee discussed the emergence of increasingly complex requests that appeared to have been generated or assisted by artificial intelligence tools and considered whether future technological solutions might support information governance processes. It was noted that opportunities were being explored, although careful consideration of risk and information security implications would be required.

11.5. The Committee welcomed the report and took assurance from the controls and monitoring arrangements in place.

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12. Annual feedback and complaints report 2025-26

12.1. The Committee received the annual feedback and complaints report for 2025-26.

12.2. The Committee noted the continued increase in complaint volumes, averaging more than 90 complaints per month during the reporting period. Communication and delays remained the dominant themes across complaints received.

12.3. The Committee discussed whether further action could be taken to reduce complaint volumes and sought assurance that complaint themes were being used to drive service improvements. In response, it was confirmed that complaint data was regularly reviewed and had informed a number of service improvements, particularly within Registration and Fitness to Practise. It was noted that more proactive communication with service users was expected to contribute to a reduction in complaint volumes over time.

12.4. Members discussed the importance of communication as a potentially more immediate and cost-effective area for improvement than timeliness. The Committee sought assurance that proactive communication arrangements were being monitored. The Executive outlined a range of measures now in place, including enhanced operational management information, tracking of communication standards and quality assurance reviews focused specifically on customer communication.

12.5. The Committee noted that complaints data continued to inform quality assurance activity, audit planning and broader organisational improvement activity.

Internal audit

13. Internal audit reports

13.1. The Committee received the internal audit progress report and the internal audit report on incident management and business continuity.

13.2. RSM UK LLP reported that delivery of the internal audit plan remained on track. Work on data quality and corporate complaints reviews was progressing and reports would be presented to future meetings.

13.3. The Committee noted the introduction of a revised approach to monitoring implementation of internal audit recommendations, whereby internal audit would undertake rolling independent follow-up activity rather than relying solely on annual review. The Committee welcomed the enhanced approach, noting that it would provide improved visibility and independent assurance regarding implementation progress. Most recommendations due for review had been implemented, although extensions had been requested in a small number of cases.

13.4. The Committee considered the internal audit report on incident management and business continuity, which had received a reasonable assurance opinion. Internal audit concluded that key elements of the HCPC's business continuity framework were in place, including business continuity and emergency response plans, risk assessment processes and arrangements for reporting incidents and testing outcomes.

13.5. The Committee noted that the audit had identified a number of areas for improvement relating to business continuity governance and oversight, including the documentation of escalation and de-escalation arrangements, business continuity testing, training arrangements and the sharing of organisational learning arising from incidents and testing. The report contained four medium-priority and two low-priority management actions.

13.6. Members sought assurance regarding progress in implementing the agreed actions. It was confirmed that work was underway to update the business continuity strategy and strengthen supporting governance arrangements.

13.7. The Committee welcomed the reasonable assurance opinion and noted the management actions arising from the audit.

Governance

14. Committee forward plan

14.1. The Committee noted the forward plan. The Committee’s 2027 forward plan was in development and a draft would be presented to the November Committee meeting.

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14.2. The Committee requested confirmation that the revised operational risk register would be submitted to the November Committee meeting. It was confirmed that a draft version would be brought forward, although further refinement may subsequently be required.

Action: A first draft of the revised operational risk register would be submitted to the Committee at its next meeting in November 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, are 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.

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