Audit and Risk Assurance Committee

Meeting Date	11 November 2026
Title	Unified assurance report November 2026
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Executive Sponsor	Claire Amor, Executive Director of Corporate Affairs

Executive Summary

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.

This paper forms part of the assurance framework, delivering the requirement to report on the assurance map and assurance workplan.

Overall, the assurance rating for this period is **Medium**.

This paper covers the period of April 2026 to September 2026.

Appendix 1: 2026-27 Workplans (standing attachment)
Appendix 2: Risk Appetite Statement (standing attachment)
Appendix 3: Assurance Map Pillars

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 the Executive Leadership Team (ELT).
Next steps	The next unified assurance report will go to ARAC in March 2027.
Financial and resource implications	None as a result of this paper

Associated strategic priority/priorities	Putting patients at the centre of smarter, preventative regulation Technology-enabled regulatory excellence and organisational sustainability
Associated strategic risk(s)	All strategic risks are considered as part of this paper
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 November 2026

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1 Executive Summary

1.1. The November 2026 unified assurance report provides an overview of assurance activity across the HCPC's three lines of defence during the first half of 2026-27. Based on assurance work completed to date, the organisation's overall assurance rating remains **Medium**. This indicates that key controls are generally in place and operating effectively but that further improvements are required in a number of areas to strengthen consistency, resilience and compliance.

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

1.2. During the reporting period, assurance activity has continued across the regulatory functions, Quality Assurance, Information Governance, Risk and Compliance. A new self-assessment assurance mapping approach has been developed and is being tested, and a revised operational risk management framework is being introduced.

1.3. First-line assurance activity identified generally positive performance across Fitness to Practise (FTP), Registration and Education. Quality checks in Fitness to Practise showed broadly consistent compliance with best practice standards, while Education quality checks found that identified issues primarily related to timeliness rather than decision quality.

1.4. Quality Assurance activity focused on areas of highest organisational risk and strategic importance. Significant work completed during the period included the lessons learnt review of the FTP Legal Services Project, implementation of new first-line customer service checks in FTP, and a review of the Health and Care Professions Tribunal Service (HCPTS) review hearing scheduling.

1.5. The most significant findings relate to:

- A **Medium** assurance rating for registration appeals, where improvements are required to strengthen consistency, documentation and data protection controls.
- A **Low** assurance rating for HCPTS review hearing scheduling, highlighting the need to improve oversight and compliance with statutory timescales. Management actions are in progress to address these issues.

1.6. Progress has also been made in strengthening risk, assurance and information governance arrangements, including preparation for ISO 27001 recertification, refreshed mandatory training, and development of a revised operational risk management framework.

1.7. The Audit and Risk Assurance Committee (ARAC) can take assurance that there are no critical control failures identified at this time. The priority for the remainder of 2026–27 is to implement agreed improvement actions, embed the revised risk and assurance approach, and continue strengthening organisational control maturity and resilience.

2 Risk and Assurance Overview

2.1. Due to the operational risk register audit and subsequent recommendations, combined with the departure of two thirds of the risk management resource the Q1-2 2026-27 risk and assurance meetings did not go ahead.

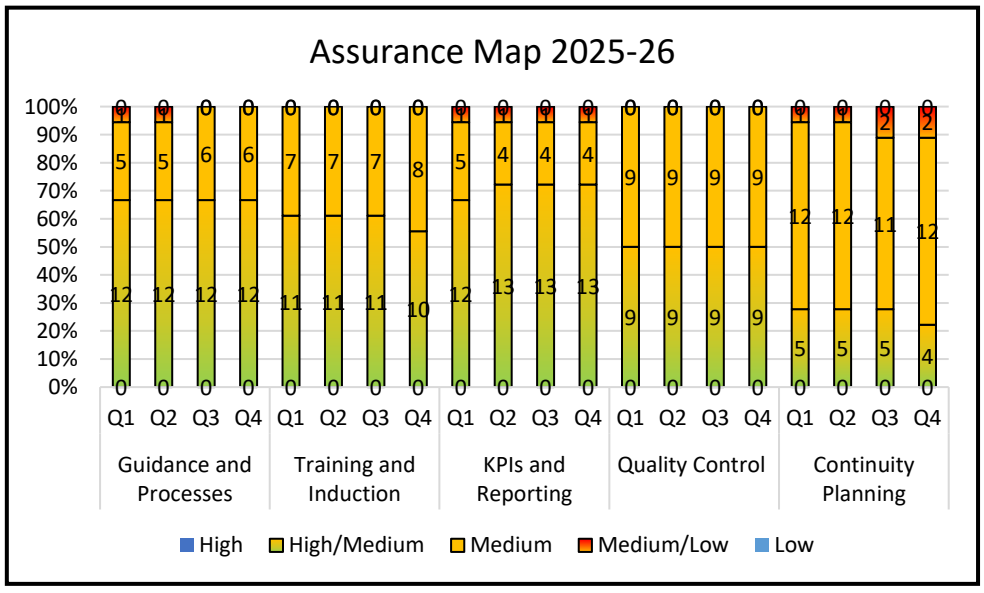
2.2. Instead, a new self-assessment assurance mapping tool was developed and is now being tested with the department heads. This tool asks that each of the five pillars are scored by the function owner, followed by a space for commentary to support the assessment. They are then asked to decide what the overall assurance level is.

2.3. The aim of this tool is that we will continue to complete a full assurance mapping exercise annually for each department, and in between the self-assessment tool will be completed. This tool will be managed by the Risk Officer when in place, including ensuring evidence is verified.

2.4. Since the last ARAC we have met with our internal auditors (RSM) to provide advice and received feedback from the Senior Leadership team (SLT) on the first iteration of the tool.

2.5. The first draft of the new operational risk register (ORR) will be presented in the private session of November ARAC.

2.6. For reference, here are the assurance ratings to date:



2.7. Due to this prioritisation the assurance level has not changed this quarter. 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.

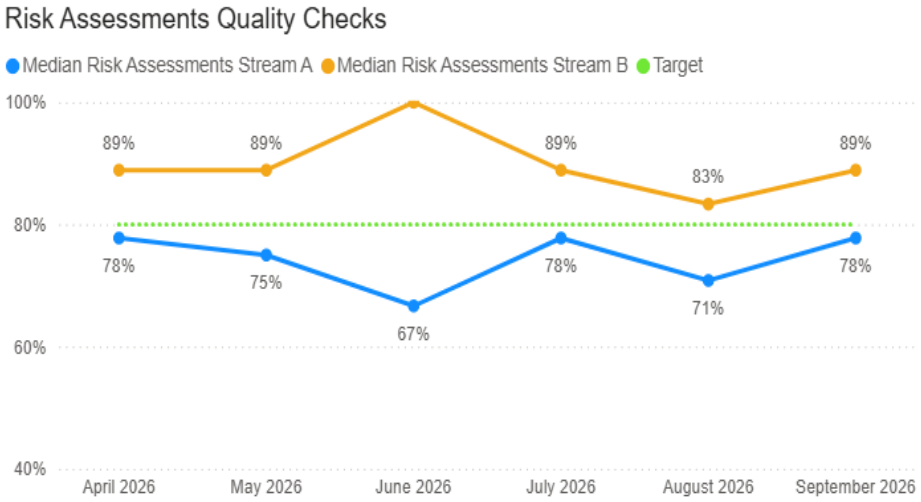
Regulatory First Line Assurance

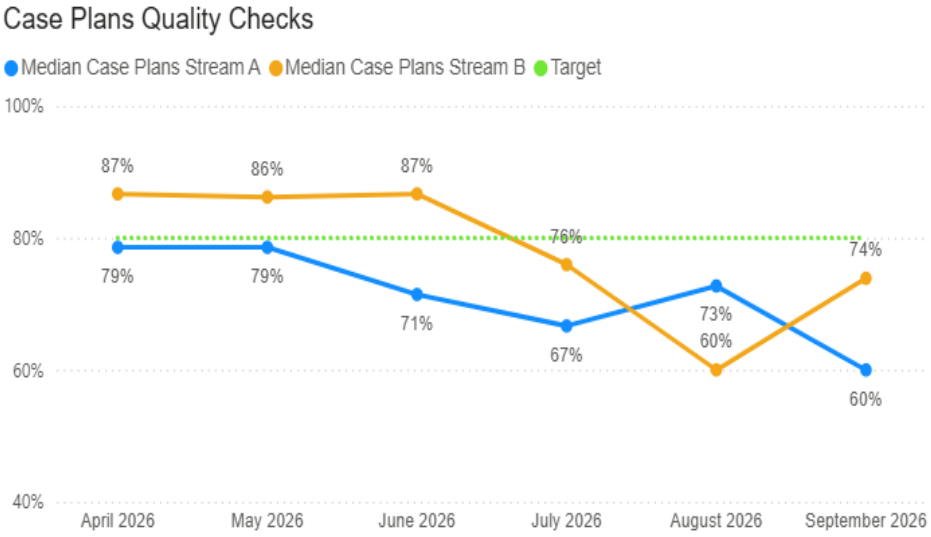
3 FTP and HCPTS: Case Progression and Quality

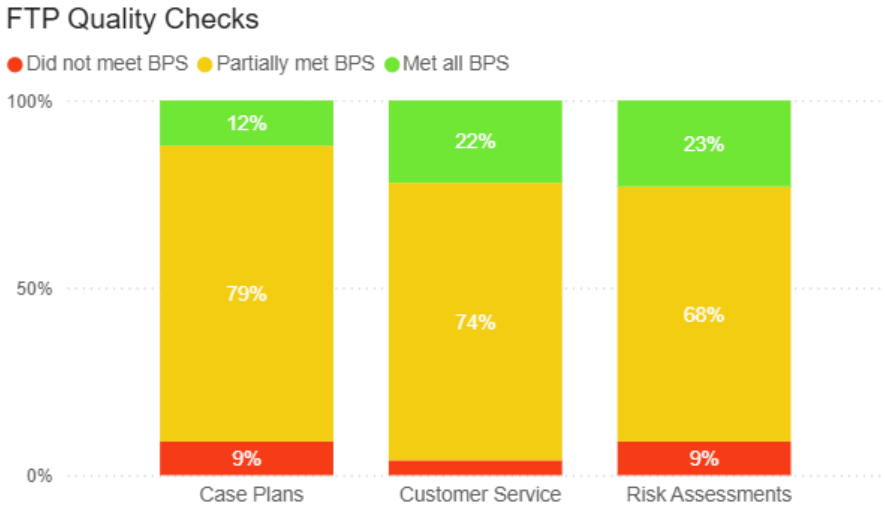
3.1. Between August and September 2026, 100 quality checks were completed on risk assessments, case plans and customer service against the Best Practice Standards (BPS)[1].

3.2. Risk Assessments:

- The median risk assessment score across both Stream A and Stream B was at least 71% for each month during this period.



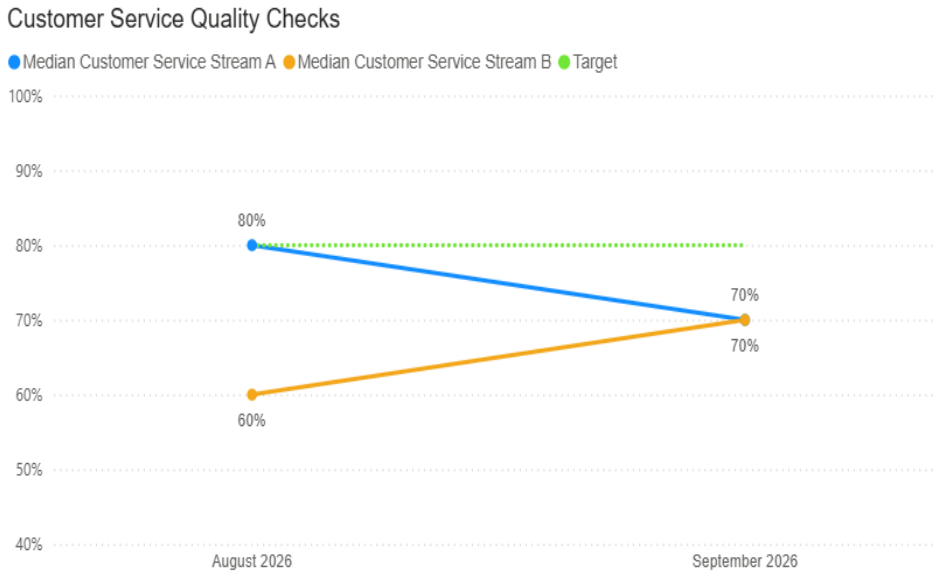




[1]Median scores show the quality check (QC) score % of meeting BPS.

3.3. Customer Service:

- From August 2026, FTP has completed additional monthly quality checks relating to the customer service provided to case participants.

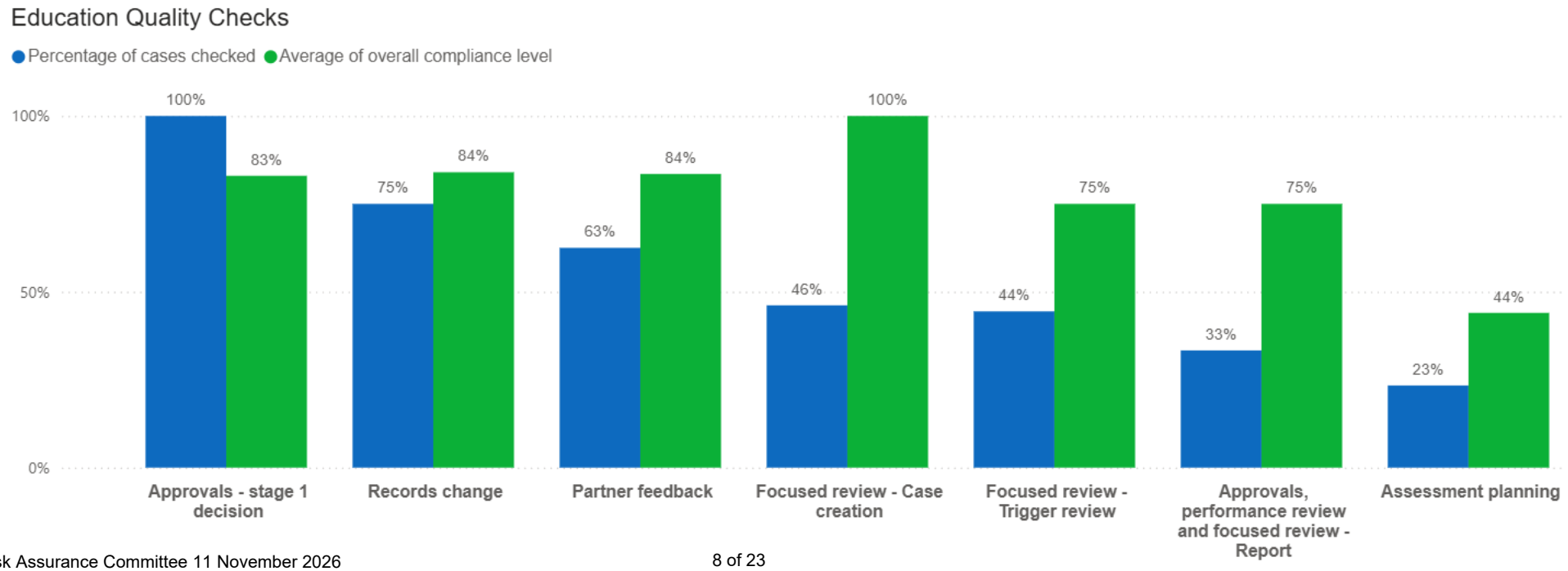


4 Education, Registration and Regulatory Standards (ERRS): Education

4.1. Between August and September 2026, 48 cases were quality checked by the Education department. These checks took place at seven different steps of the Education process.

4.2. The average overall compliance level was 77% across the seven process steps. Timeliness was the biggest factor for compliance levels being less than 100%. The Head of Education also noted that assessment planning and professional body engagement are areas needing improvement.

4.3. None of these findings impacted on the quality of the recommendation or the overall decision.



5 ERRS: Registration

In Q2, the Registration Quality Assurance team (RQAT) conducted its first quality assurance audit of the Registration Appeals process, assessing the quality and consistency of appeal handling against process guidance and governing rules.

Sample and Assurance:

To provide an adequate sample size, all appeals concluded between 04 November 2025 and 30 July 2026 were audited. Adjourned cases were excluded. The submission dates for appeals audited ranged between July 2024 and April 2026. Therefore, findings and observations may not always reflect current practice or full impact of any process changes implemented.

Each application was evaluated against the following criteria:

Validity: Registration appeals were assessed against the Registration Appeals Rules 2003 and recorded as valid or invalid accordingly.

Initial Administration: Appeals were logged on CRM, an initial letter issued, and a case note added; no out-of-time invalid appeals (>28 days) were identified.

Case Conference: Valid appeals and supporting information were reviewed by the Appeals team and the Education and Training Committee (ETC), with outcomes recorded and adequately justified.

ETC Reassessment: Cases referred for reassessment were sent to Assessors for review, with appellants notified of the reassessment outcome and provided with the Record of Assessment (ROA).

Consent Hearings: Where the ETC did not contest an appeal, consent was sought from the appellant, and the signed Consent Order was saved to the case file.

Bundles: Hearing bundles were complete, correctly formatted, fully redacted, saved to Nexus, and shared with appellants at least ten days before the hearing.

Skeleton Arguments: Skeleton arguments were saved to the case file and shared with relevant parties upon receipt.

Witness Statements: Witness statements were accurate, signed, saved to file, shared with relevant parties, and included plagiarism findings where applicable.

Plagiarism and AI: New evidence was checked via Turnitin, with enquiries made where results exceeded thresholds or rationale recorded if not pursued.

Customer Service: Appeals were progressed without avoidable delay, and communications were timely, accurate, professional, and clear.

The assurance rating for this audit is **Medium**

	Medium	Weaknesses have been identified in the process or non-compliance which put achievement of regulatory or business objectives at risk. Some remedial action will be required.

The reasons for this assurance rating are:

Decision-making: inconsistencies and limited transparency in appeal validity and case conference decisions risk unfairness.

Risk: invalid decision process risks non-compliance with Rules and denying right to appeal.

Data protection: weaknesses in redaction risks unwarranted disclosure of personal information.

Communication: Appellants are consistently informed of reassessment and hearing decisions.

Development: The recent implementation of skeleton arguments, witness statements, and plagiarism checks strengthens appeal management.

Overall: The audit identified weaknesses in some processes. These require actions to improve accuracy and to evidence consistency, transparency and fairness.

6 Quality Assurance (QA)

QA Activity: August – October 2026
FTP Legal Services Project – Lessons Learnt Review *Commenced June 2026, Completed September 2026* In April 2026, the People and Resources Committee (PRC) requested that the QA team undertake a Lessons Learnt review of the Legal Services Project. A review of documentation, workshop and interviews were undertaken and reported to the Executive Leadership team (ELT) in August 2026 and the PRC private session in September 2026.
FTP Customer Service First Line Checks *Commenced May 2026, completed September 2026* The QA Programme Lead worked closely with FTP Operational Managers and investigation team managers to develop a new set of first line checks to monitor and report on customer service. These first line checks assess the quality of interactions with stakeholders alongside response times. Following workshops and a pilot, the new set of first line checks was rolled out at the start of August and reporting to Council began in September 2026.
FTP Racial and Religious Discrimination Review Commenced July 2026 In June 2025 the Department of Health and Social Care published the 'Lord Mann review of antisemitism and other forms of racism in the NHS and healthcare regulatory system'. This review was commissioned by the Secretary of State of Health and Social Care and the Prime Minister in October 2025 and was focused on how the NHS and its regulatory system recognises, reports and tackles antisemitism and other forms of racism. The ELT have asked the QA team to undertake a review of how FTP handle cases involving racial and religious discrimination. This review is intended to be an overview rather than an in-depth audit. The findings have been shared with FTP colleagues and this is due to be reported to ELT in November 2026.
HCPTS Review Hearing Scheduling Commenced May 2026, completed September 2026 The Quality Assurance team reviewed the process for scheduling substantive review and interim order review hearings. The review found that all substantive review hearings are scheduled without delay, which is the area of highest risk. However, statutory timescales for interim order review hearings were met in only 26% of 289 hearings reviewed.

Although improvements in timeliness where evident towards the end of the period reviewed, findings also show that the systems and guidance in place do not support effective review hearing scheduling.

This process has received a low assurance rating and six high priority recommendations have been made to enable:

- A transparent scheduling process
- Monitoring of the process
- Swifter allocations by resolving issues with a Power BI report
- Efficient panel sourcing and booking
- Updating guidance to reflect the current process
- The development of first-line checks

During and after the course of this review, HCPTS has commenced work to:

- Dedicate specific resource for scheduling six-month interim order reviews;
- Introduce first line checks;
- Develop and update guidance;
- Introduce 'sweep up meetings' to capture delayed hearings;
- Trial new ways of allocating hearings;
- Investigate additional reporting using Power BI; and
- Take steps to encourage Scheduling Officers to actively update team spreadsheets.

Feedback and Complaints – Internal process advisory work

Commenced August 2026, completed October 2026

As part of a QA Manager's Lean Six Sigma (LSS) qualification, they undertook a project to look at our internal Feeback and Complaints process and consider ways to support the Feedback team.

The QA Manager used multiple LSS tools to analyse the process and identify ways of improving communication between teams, clarify aspects of the process, and develop further guidance to support the process.

FTP Customer Service – First Line Checks Benchmarking

Commenced October 2026

Following the introduction of new first line checks for Customer Service in August 2026, the QA team are conducting a benchmarking exercise to gain assurance that the checks are well understood and completed consistently. The review will also look at the learning mechanisms for first line checks to ensure that learning gained from the checks feeds effectively into process development, training and guidance.

Registration Plagiarism Process

Commenced October 2026

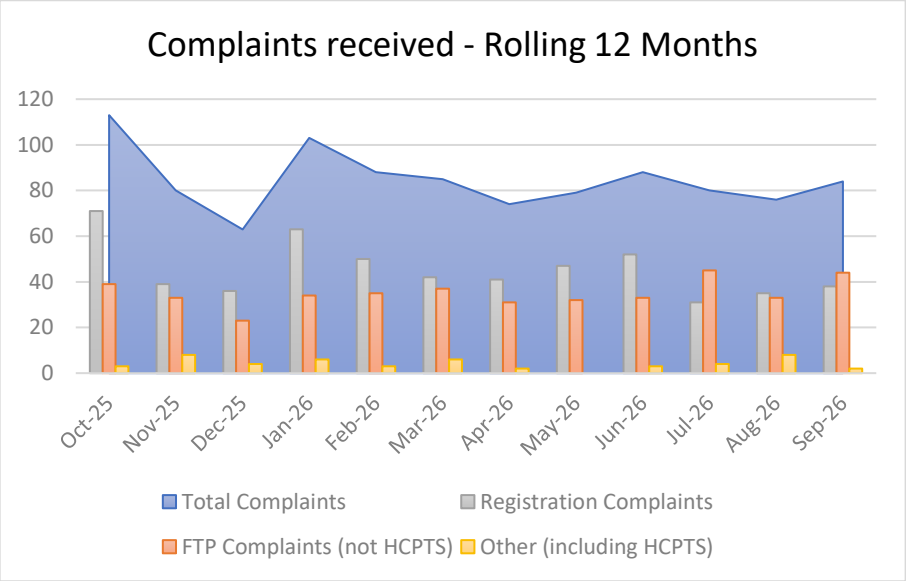
Plagiarism checks take place on international registration applications to ensure that applicants are submitting their own work as part of their applications.

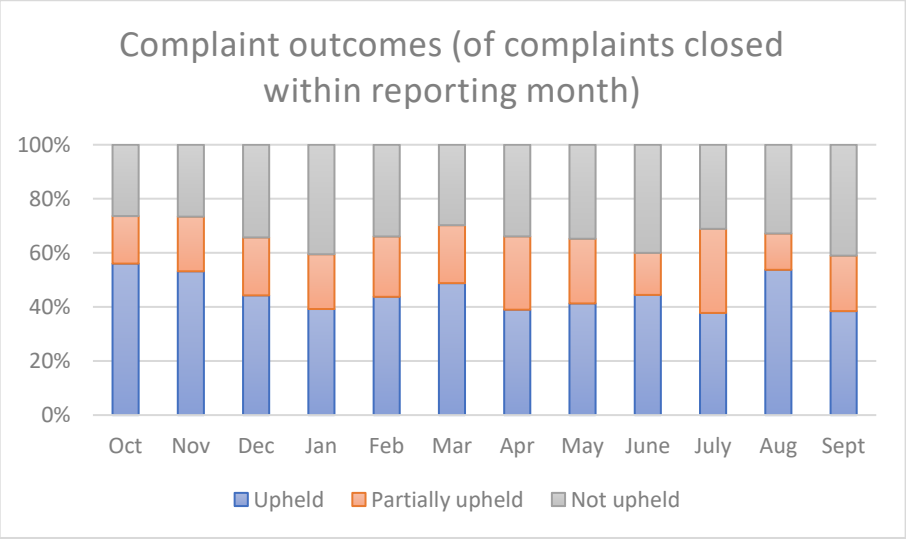
This is a follow up audit of the plagiarism process to gain assurance about improvements made to the plagiarism process.

This is due to be reported to ARAC in early 2027.

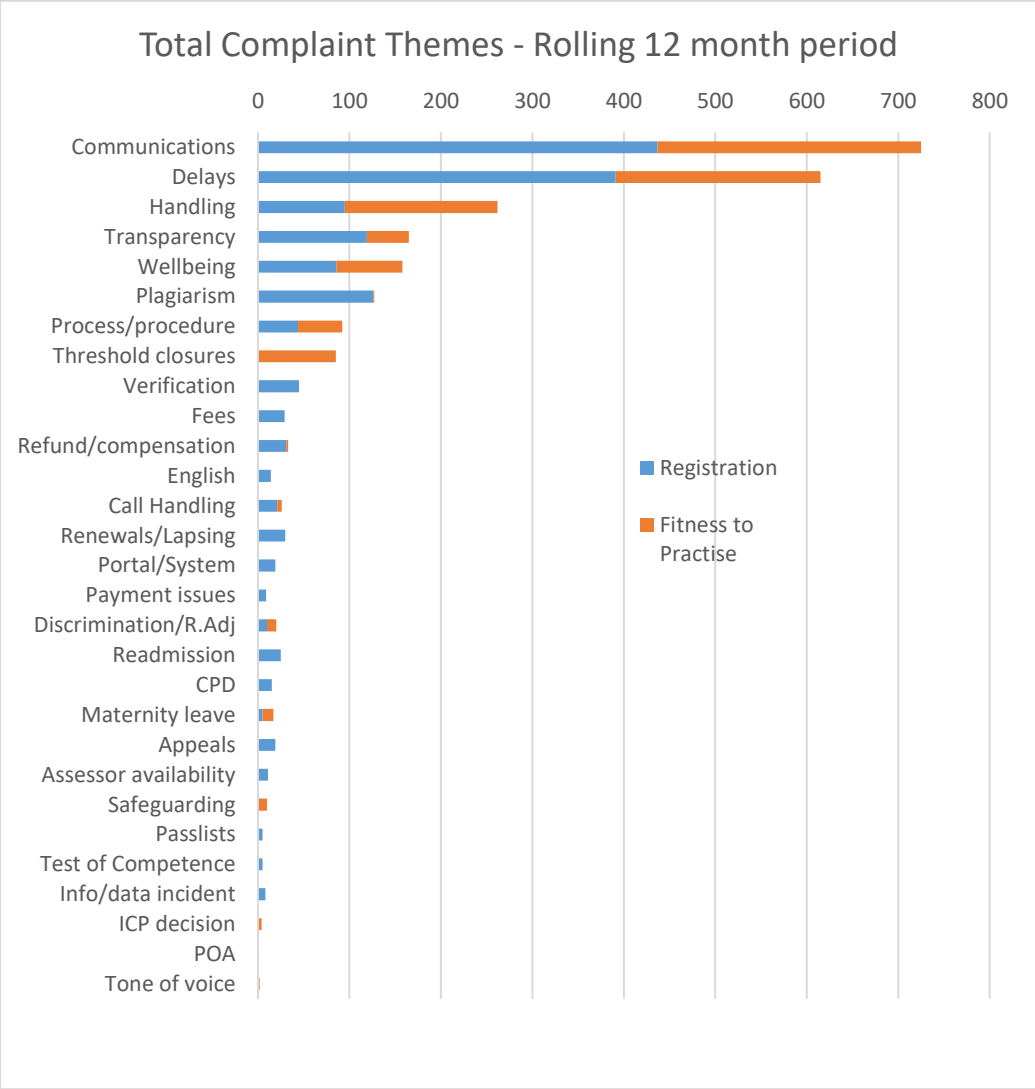
7 Feedback and Complaints

7.1. Complaints received between October 2025 and September 2026:





7.2. Complaint themes from October 2025 to September 2026:



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

8 Risk and Compliance

Risk and Compliance 2026-27 Workplan progress

8.1. The following non regulatory activity has taken place since the last ARAC report:

- Onboarding of the new IG & Risk Lead has now been completed successfully.
- The new mandatory Information Security and Data Protection training are now available on the Learning Hub. These are now two separate modules and all colleagues are expected to complete both.
- Bi-weekly Network Transformation Project Board meetings continue to be held with IT and Change Management colleagues to oversee delivery, track progress, and manage associated risks and dependencies.

Serious Event Reports (SERs)

8.2. The are no current open SERs.

Whistleblowing, Fraud and Bribery monitoring

8.3. The Anti-Fraud and Anti-Bribery and Corruption mandatory trainings merged into a single course is now available on the Learning Hub and all colleagues are expected to complete the new module.

Risk and Compliance Audits commentary

8.4. The next set of Risk and Compliance audits are ongoing. The DBS Renewal process is being evaluated. Addressing the more detailed requirements of the new ISO standard is potentially challenging.

Business Continuity and Disaster Recovery exercises and planning

8.5. The new Information Governance and Risk lead has taken over management of ShadowPlanner v6 as our business continuity tool. Support is being provided by a QA Officer pending the arrival of the newly appointed Risk Officer who is expected to start in the final week of November.

8.6. As part of the preparedness for ISO 27001:2022 audit, we are considering our business continuity, and disaster recovery needs, to ensure that our current tools remain suitable.

8.7. A test with Estates and Facilities is being planned for December 2026.

Single Source Suppliers

8.8. New contracts signed out without competitive tender. Single source suppliers are suppliers that have been used before by HCPC or are offering specific services that are compatible with other functionalities that requires specific integration.

No	Tender Reference No.	Start Date	Department	Tender Owner	Tender Description	Estimated Contract Value	Contract Duration	Procurement Route
1	HCPC/SSR/2026/74	16/09/2026	IT & Digital Transformation	Katarzyna	RedactXpert SaaS Subscription with Plus Success Plan	£50,400	12 months	Direct Award
2	HCPC/SSR/2026/75	16/09/2026	IT & Digital Transformation	Katarzyna	TurnItIn Similarity Integrity Essentials - Enterprise Licenses	£15,968	12 months	Direct Award
3	HCPC/SSR/2026/76	18/09/2026	Facilities Management	Aled	RCL – repair and maintenance – 2 years contract	£60,000	24 months	Direct Award
4	HCPC/SSR/2026/77	23/09/2026	IT & Digital Transformation	Katarzyna	Cloud Backup for Dynamics 365 - Commercial Cloud (AOS) 12-month subscription renewal (2026/2027)	£20,000	12 months	Direct Award
5	HCPC/SSR/2026/78	23/09/2026	IT & Digital Transformation	Geoff	Procurement support for the selection and contractual appointment of a single strategic partner for Dynamics CE and BC	£45,000		Direct Award

Third Line Assurance

9 PSA Performance Review 2026-27

9.1. The HCPC's 2026-27 performance review commenced on 1 April 2026 and will end on 31 March 2027. The PSA will assess HCPC in 2026-27 against the current standards and the HCPC will be assessed against the new standards of good regulation from April 2027.

9.2. In October 2026, the Executive Director for ERRS and Head of Assurance and Compliance, facilitated a workshop with members of the Senior Leadership Group to consider the new standards of good regulation, determine what actions could be taken to meet the new expectations, and begin planning for 2027-28.

10 Information Security and ISO27001:2022; Anti-Fraud and Bribery

10.1. ISO 27001 recertification readiness review is underway to assess compliance, identify potential non-conformities, and highlight opportunities for improvement ahead of the recertification audit in March 2027.

10.2. A review of key governance policies and procedures is also in progress to ensure continued alignment with regulatory requirements and organisational objectives. This includes information governance, data protection, information security, business continuity, anti-bribery and corruption, and anti-fraud.

10.3. The newly recruited Risk Officer is expected to start in the final week of November. The role will in addition to its core responsibility also provide support for the ongoing management and maintenance of the ISO 27001 certification.

11 Information Governance

11.1. Summary of recent requests:

Requests	Jul-26	Aug-26	Sep-26
FOI	25	23	12
Data subject rights requests	17	20	27
EIR	0	0	0
Disclosure requests	12	15	16
Internal reviews	8	9	12
ICO complaints	1	0	1
Total Received	**63**	**67**	**68**
Total Closed	43	60	70

11.2. We responded to a total of 67 FOI requests in the reporting period. Of this, three were closed in breach of the statutory time limit for providing a response. This means that we responded to 96% of FOI requests within the statutory time limit.

11.3. We responded to a total of 53 data subject rights requests in the reporting period. Of this, two were closed in breach of the statutory time limit for providing a response. This means that we responded to 96% of such requests within the statutory time limit.

11.4. We received 17 data incident reports in the reporting period

Appendices

Appendix 1 Workplans 2026-27
Quality Assurance

In 2026-27 we will…			Strategic aim (subject to change)	Cross organisational impact/input required	Start	Delivery
QA in FTP •Registrant Assessor Process •ICP adjournments •Streaming •Review Hearings Scheduling •AI usage - Redaction Tool *Advisory:* •Frontloading – First line checks	QA in Registration •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	QA in Education •Lessons Learnt Review (EHU – continuation from 25-26) •Performance Review •Stakeholder Intelligence *Advisory:* •Implementation of SETS – measuring success	Supporting Healthcare Workforce Development Through Proportionate, Agile Regulation	Education, FTP, Registration	Q1	Q4

Information Governance - ongoing improvements, BAU delivery an archive project Manage delivery of Archive project	Patients at the Centre of Smarter, Preventative Regulation	FTP, Registration, Policy, IT, I&A, Communications	Q1	Q4
Feedback & Complaints - ongoing improvements and BAU delivery	Patients at the Centre of Smarter, Preventative Regulation	FTP, Registration, Communications, Governance, Policy	Q1	Q4
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	Business Change IT, FTP, Registration, Communications	Q1	TBC
Risk - Manage the Strategic and Operational Risk Registers (BAU and improvements) Embed new Strategic risks and approach Delivery Risk Appetite review and embed outcome	Supporting Healthcare Workforce Development Through Proportionate, Agile Regulation	All	Q1	Q4
PSA - Performance Review 2024-25 (Monitoring Year) Manage the relationship with the PSA for the 2024-25 Monitoring Performance Review	Supporting Healthcare Workforce Development Through	All	Q1	Q4

Embed new PSA standards	Proportionate, Agile Regulation			
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	All	Q1	Q4
ISO27001:2022 and Information security - Manage ISO 27001:2022 delivery and audit Deliver monthly audits on Sentinel and NCSC tools online with IT security engineer	Technology-Enabled Regulatory Excellence and Organisational Sustainability	IT All other dpts	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	All	Q1	Q4

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 Data analytics will be utilised to test compliance against processes outlines 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 the register following payment. • 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.**	Risk based	November 2026	March 2027

Area	Audit approach	Proposed timing	Proposed Audit and Risk Assurance Committee Reporting
Business Risk – The Council does not achieve a sustainable budget or the planned financial benefits.			
Quality and Performance			
Data Quality and Management 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. **Strategic Risk 1 – 3.a – Quality of our data leads to assumptions or gaps in understanding, and therefore inadequate or uninformed decision making.** **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.** **Business Risk – If data is inaccurate, incomplete or outdated, leaders may make strategic or operational decisions based on misleading information.**	Risk based	June 2026	September 2026
Information Technology			
Incident Management and Business Continuity 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. **Strategic Risk 5.a - The resources we require to achieve our strategy are not in place or are not sustainable.**	Risk based	April 2026	June 2026

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: • 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	Risk based	September 2026	November 2026
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.

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