
Chief Executive's report on organisational performance March 2022

Executive Summary

This paper provides the Council with updates on the organisation's performance since the November 2021 Council meeting. An abridged report focusing on stakeholder engagement was presented to Council at its February 2022 meeting.

The presented report includes narrative updates on specific projects and activities for the Council to note, stakeholder engagement activity, regulatory development, organisational development and an update on Covid temporary registration.

Appendices

[A – List of the Chief Executive's meetings in the reporting period](#)

[B – KPI dashboard and performance data](#)

[C – Corporate Plan 2021-22 deliverables tracker update](#)

[D – Strategic Risk Register March 2022 & proposals for amending the Strategic Risks](#)

[E – 2022 Annual Report on the HCPC's public inquires tracker](#)

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| Previous consideration | This is a standing item, considered at each Council meeting. As previously agreed by Council the March, July, September and November reports contain KPI data as well as the Strategic Risk Register and Corporate Plan tracker. |
| Purpose of report | The Council is asked to <ul style="list-style-type: none">• Discuss the report• Approve the amendments to the Strategic Risks as set out in appendix D |
| Next steps | The next report will be received in May 2022. |
| Strategic priority | This report is relevant to all strategic priorities. |
| Financial and resource implications | None as a result of this paper. |
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Chief Executive's Performance Report

March 2022

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1. Chief Executive's Organisational Assessment

Much of the Executive's focus has been on developing the Corporate Plan and associated budget for 2022-23, which represents the second year of the delivery of our five-year Corporate Strategy. As this CEO report is the last report against the delivery of the first year of the Corporate Strategy it feels an appropriate time to reflect on progress so far.

Much has been achieved over the past year, with the majority of our milestones being achieved in the previous 12 months. We have strengthened our regulatory and operational models, using technology to streamline our delivery, and delivered the 16 projects which underpin our ambitious Fitness to Practise Improvement Programme. We have also advanced at pace our work in the area of Equality, Diversity and Inclusion and have established a range of initiatives to promote high quality professional practice which have been valued by stakeholders. Also in the past year we have developed our first People Strategy and embedded our new corporate values through the 'Being a compassionate regulator' workshops which all employees have attended.

In addition to the strategic areas of focus within the Corporate Strategy we have continued to deliver our core work which is essential to the discharge of HCPC's public protection mission. The delivery of our work in 2021-22 is particularly notable given the context in which we have worked. We have continued to contend with the uncertainty and challenges of the Covid pandemic as well as the unexpected and significant increases in international applications. Our people have responded to these challenges with agility, resilience, and compassion. The latter being evidenced through the extensive health and wellbeing support that has been provided both to employees and registrants. Our new 'enterprising' value has been demonstrated through the willingness to embrace the opportunities of the pandemic for example through reducing our office footprint and adapting internal space to provide the platform for hybrid working. This was a significant undertaking which was not part of our corporate plan but has been delivered on time and within budget. This will result in significant savings for the organisation.

To conclude my assessment on the past year, I also feel HCPC had finally found its voice. This has been apparent through our engagement with regulatory reform, the Professional Qualifications Bill and Health and Care Bill as well as the statements and guidance that we have issued in response to a rapidly changing covid-19 vaccination policy.

There is of course lots more that we need to do to maintain the Fitness to Practise Improvement trajectory and further modernise our registrations function to ensure we can deliver a high quality service which is valued by registrants and applicants. Our Corporate Plan for 2022-23 will enable us to build on the advances already made.

Improving our core regulatory functions

Since my last report the Executive has continued to focus on improving registrations performance against our service standards and KPIs. The primary focus has been on International applications as we seek to improve the processing time for applications in response to the significant above forecast increase in applications. In addition to the extra resources put in place last year we have engaged a third-party to provide surge capacity. Working with a partner has enabled us to quickly expand

our processing capacity and we expect this to result in an improvement in our KPI performance shortly. It should however be stressed that final registration decisions remain the responsibility of HCPC employees. The pilot of our online application process for international applicants also went live at the beginning of March. The pilot involves around 100 participants who are all real international applicants who will be completing and submitting their applications online, including scrutiny fee payment, through the new process. Depending on the feedback from the pilot we are hoping to move all international applications online by the end of March 2022.

With regards FTP performance, we have seen sustained improvements in our Interim Order performance as well as against the quality benchmarks we have set for risk management and case planning.

In the Finance space, good progress is being made with the Business Central implementation project which is intended to address many of the manual processes which resulted in the preparation of Annual Report and Accounts being particularly labour-intensive last year.

Organisational culture

On 11 March 2022, I was delighted to welcome all employees and many Council members to an in-person event held at County Hall. This was the first time the whole organisation has been able to come together in person in over two and half years, and notably the first time I have been able to address the whole organisation face to face during my tenure as CEO.

The theme of the event was connection and wellbeing – connection with colleagues old and new, and connection with some of the professions that we regulate through our Council members. The focus on wellbeing was delivered through a range of Masterclasses on diverse topics such as overcoming imposter syndrome, neurodiversity in the workplace and unconscious bias and microaggressions. Particular thanks go to Maureen, Steven, Helen, Rebekah and Valerie for taking the time to talk about their professions and careers. The sessions were insightful and inspiring. I would also like to thank all those colleagues who worked so tirelessly to ensure the event was a success.

The energy and positivity during the event was palpable. It was evident there was a pent up desire from employees to reconnect again in person. We will want to capitalise on this as we further progress our plans for hybrid working which will begin to be embedded over the next few months.

2. Stakeholder engagement summary

2.1 Public Affairs

Health and Care Bill

As the Health and Care Bill progressed through the House of Lords in January and February the HCPC continued to engage with peers with regards to the provisions in the Bill on regulatory reform, including sending our briefing note on the Bill and wider regulatory reform to Labour and Lib Dem peers.

The Lords debated Baroness Fraser's probing amendment to Clause 157 to explore what criteria the Government intends to use in making an Order under the Clause. Baroness Finlay also contributed to this debate. There were extensive references to the benefits of greater collaboration and multi-profession regulation as well as a desire to see government policy operate in a more holistic way.

The Press Association also published an article on Baroness Fraser's amendment and the issue of regulatory reform. This included remarks from Christine, following an interview with PA, reacting to the amendment and the debate as well as setting out the HCPC's views and proposals.

The Bill is now coming to the end of its stages in the House of Lords and is expected to become law in April.

Professional Qualifications Bill

We continue to monitor the progression of the Bill, in particular its reception amongst the devolved nations, where the legislation has received significant pushback. As a result of his reference of the HCPC during a debate on the Bill, we reached out to Ivan McKee MSP to discuss the matter further.

Other engagement

The HCPC received a letter from the Secretary of State for Health and Social Care, Rt Hon Sajid Javid MP, recognising the significant improvements the HCPC is making. Our Chair responded and a meeting is currently being arranged with the Health Minister Edward Argar MP and the PSA.

Our Chair also received a letter from the Secretary of State regarding the importance of vaccinations for health and care staff, and the HCPC responded by setting out the measures it is taking to promote vaccination amongst registrants. When the government published its decision to reverse vaccination as a condition of deployment for all healthcare workers, the HCPC updated its website statement to reflect this.

We met with Unite and shared our messaging on the Health and Care Bill. This meeting helped develop our understanding of the union's position and engagement on the Bill, and highlighted HCPC's work on registrant health and wellbeing and EDI.

We contacted Suzanne Martin, the Chief Allied Health Professions Officer for Northern Ireland, and gained her approval to write a blog in her name to support and promote the HCPC's website materials on the duty of candour.

HCPC attended the NHS Confederation roundtable on proactive professional regulation and to discuss the role of regulators in the new Integrated Care Systems, along with representatives from the GMC and NMC.

The HCPC have been engaging with the GMC and NMC to put together a joint session at the NHS ConfedExpo in June on the role of the regulator in supporting collaborative multidisciplinary teams to aid recovery from the Covid-19 pandemic.

I attended the Health Improvement Scotland CEO annual meeting with Robbie Pearson (CEO of HIS), Ann Gow (Deputy CEO of HIS) as part of the Memorandum of Understanding that the two organisations meet on an annual basis to discuss topics of mutual importance to both organisations.

2.2 Four Country Stakeholder Engagement

In February 2022, we met with the Chief AHP Officer in Scotland to provide an update on the appointment of the Professional Liaison Consultant in Scotland. We also met with Chief AHP Officer and CAHP Federation Scotland Chair and Vice Chair to update them on our professional liaison plans. We have also reached out to the Chief Scientific Officer in Scotland, following on from an introductory meeting held last year.

In March 2022, we attended and presented at the Wales Regulatory Seminar, which was hosted by the PSA and explored safety under pressure – protecting patients through challenging times. We talked about our data and insights ambitions, how we supported the response to the pandemic and what we thought future priorities should be to prevent harm.

Other presenters included Health Inspectorate Wales, Royal College of Nursing, The Board of Community Health Councils. Those attending included other professional and system regulators, patient groups, health boards and providers from across Wales.

HCPC attends a bi-monthly meetings of the Northern Ireland Joint Regulators' Forum. This is kindly hosted by GMC colleagues on behalf of professional health and social care regulators along with colleagues the RQIA (Regulation and Quality Improvement Authority), which monitors and inspects the availability and quality of health and social care services in Northern Ireland. We are also regularly joined by colleagues from the Northern Ireland government. At meetings in November and January, items discussed included joint working and engagement, information provision and events in NI, regulatory reform and ongoing workforce pressures.

We hosted a learning and information session with colleagues from Health Education England (HEE) in January 2022, which provided an opportunity for us to build our relationship with HEE, understand more about our roles and connect relevant colleagues from each organisation.

3. Regulatory Development

3.1 Registration Responsiveness

Since Council last met the online application form for international applicants went live as planned on 2nd March for the pilot group. The pilot includes 103 applicants. The early feedback from users has been positive and we have not encountered any issues to date which would prevent us rolling out the new online form as business as usual towards the end of March. We will keep this under review as the pilot continues and we receive more feedback.

We have also onboarded the supplier who is providing us with surge capacity for international applications. As Council is aware received a significant increase (73%) in international registration applications in 2021 compared to 2020. The supplier provides capacity to process an additional 4,500 international applications within 3 months. The supplier was trained over a two week period and after four weeks of processing applications 1,054 have been entered onto our system and the applicant scrutiny fee requested and verifications checks begun.

3.2 Education Quality Assurance Model Implementation

We continue to see benefits delivered through running our risk-based and data-informed education quality assurance model which includes:

- Time taken to complete the approval process has reduced from 9 months to our target of 6 months on average, reducing burden whilst applying a consistently high standard of assessment
- Commencing our three-year programme of reviewing all providers, to inform risk-based decision making on provider performance and future engagement
- Piloting a new provider portal, which will allow providers to 'self-serve', reducing administrative burden
- Continued engagement with regional stakeholders to deliver our intentions to work more collaboratively with providers and others within the education sector

We will undertake a formal review in the summer to report more formally to the Education and Training Committee on the delivery of expected benefits.

3.3 Regulatory Reform

We continue to work closely and positively with the Department for Health and Social Care and fellow regulators on reform of regulators' underpinning legislation. In November we reviewed and responded to Section 60 drafting in relation to fitness to practice and data; in January we reviewed and responded to a number of DHSC queries including in relation to our duties and decisions on whether specific requirements should be in legislation or rules; in March we reviewed the proposed regulatory powers module.

We have also been concurrently working on resourcing plans to inform our 2022-23 budget. This work is ongoing, and we are hopeful that DHSC will soon clarify the timetable for specific reform of HCPC's legislation, which will allow us to plan and resource appropriately for this major reform programme.

3.4 Policy and Standards

Since our last update to Council on the work of our Policy and Standards team (November), the team has progressed several key areas of work which are presented to Council in separate reports today. This included finalising recommended updates to our 15 Standards of Proficiency. Workshops were held in January to review recommendations with the Education and Training Committee and with Education providers to consider appropriate implementation arrangements and timescales.

3.5 Public Inquiries

A number of key workstreams progressed this year relate to ensuring HCPC's effective response to the external environment and risks to public safety that have been highlighted through public inquiries and other reports. This includes work previously reported to Council, such as materials we developed and published to promote good practice in [supervision](#) and [reflective practice](#). A full report on our work in areas relevant to public inquiries and reports is appended to this report

3.6 Mandatory Vaccination of Healthcare Workers

Between 9 September and 22 October 2021, government in England consulted on mandating Covid and flu vaccination as a condition of deployment (VCOD) for frontline healthcare workers in CQC-regulated settings. HCPC's [responded](#) to this consultation confirming that we strongly encourage registrants to be vaccinated and highlighting some of the potential impacts, including equality impacts for both the public and registrants. On 9 November, government announced its decision to proceed with VCOD in relation to covid vaccination only.

However, on 31 January, the Secretary of State for Health and Social Care announced to the House of Commons that it was no longer proportionate for NHS staff to be required to have a full course of Covid vaccinations. That [statement](#) also advised that the Secretary of State had written to professional healthcare regulators asking us to review our guidance to registrants on vaccinations. Government subsequently held a consultation between 9 and 16 February proposing to revoke VCOD, announcing in February its decision not to mandate VCOD.

During this period we updated our website to reflect the developing national position, while continuing to encourage registrants to take up vaccination in accordance with our long-standing position. In response to the letter from the Secretary of State, we issued a [statement](#) on 9 February reaffirming our strong encouragement of vaccination for registrants as part of their personal profession responsibility.

Our statement also reflected relevant HCPC Standards, including our Standards of Proficiency and Standards of Conduct, Performance and Ethics that set out the need for registrants to establish and maintain a safe practice environment; to maintain the safety of both service users and those involved in their care; to select appropriate personal protective equipment and use it correctly; and to take all reasonable steps to reduce the risk of harm to service users, carers and colleagues and not do anything, or allow someone else to do anything, which could put the health or safety of a service user, carer, or colleague at unacceptable risk. We also updated our guidance and FAQs.

Our statement and updated guidance were promoted on social media and welcomed by key stakeholders. We shared our statement in advance under embargo with professional bodies and government bodies across the four nations.

During this period our Policy team fielded over 500 emails on this topic, including 400 emails from individuals as part of a campaign against mandatory vaccination. We continue to respond to queries on vaccination-related matters.

3.7 Duty of Candour

In January, we launched new [duty of candour materials](#) designed to set out what this duty means and how the duty is included within our Standards of conduct, performance and ethics (Standard 8). The materials set out how to embed the duty into practice, the benefits and value of candour and how to overcome some of the challenges relating to candour. Materials include guidance, a blog and a series of online webinars, including interviews with HCPC's professional liaison consultant and registered nurse, Kim Tolley; Dr Rob Elias, Consultant Nephrologist, former Duty of Candour Guardian at Kings College Hospital and co-chair of the Trust's clinical ethics forum; and Dr Vince Clarke, registered paramedic, Senior Lecturer and Programme Leader in Paramedic Science at the University of Hertfordshire. These materials were widely promoted, including via social media and have been positively received.

We are pleased that Professor Suzanne Martin, Chief Allied Health Professions Officer in Northern Ireland has recently agreed to support promotion and dissemination of these materials in Northern Ireland, where government is currently considering responses to its consultation on the duty of candour in summer 2021 following Mr Justice O'Hara's 14-year [inquiry](#) into hyponatraemia-related deaths at the Royal Belfast Hospital for Sick Children (RBHSC) between 1995 and 2003 .

3.8 Consultations

Conversion therapy

We continue to engage with a coalition of organisations working to prevent conversion therapy, including professional bodies in the psychological professions and mental health field, LGBT+ representative groups and health bodies.

In February, HCPC [responded](#) publicly to the Government Equalities' Office's (GEO) consultation proposing to ban conversion therapy through introducing a new criminal offence. Conversion therapy is already incompatible with HCPC's Standards and HCPC supported the GEO proposal.

Alongside our consultation response, we published a blog in February making our position clear. Our blog made clear that where a therapeutic practice relating to gender identity does not meet the definition of conversion therapy, is based in evidence and is an effective and beneficial therapy for a patient or service user, this would not contravene HCPC's Standards. This could include therapies provided, for example, in the context of Gender Identity Development Services. The GEO consultation closed on 4 February and government is currently analysing responses.

Regulation of Healthcare Professionals

In January DHSC launched its consultation 'Healthcare regulation: deciding when statutory regulation is appropriate'. The consultation considers how the powers to introduce and remove professions from regulation might be used in the future, including the criteria for deciding whether a profession should be subject to statutory regulation and which professions should be regulated. It does not propose removing or adding any professions out of, or into, regulation but instead takes the position that the current make-up of regulated and unregulated professions strikes the right balance. Following discussion on this area at November's Council meeting, and further discussions at our EDI forum and with our professional bodies, our draft response is being finalised. The consultation is due to close on 31 March.

Professional Standards Authority

In this period, HCPC has also responded to two consultations from the Professional Standards Authority (PSA) relating to its approach to performance reviews and increasing its fees for 2022-23.

In relation to the first, we were supportive of proposals to move to a more risk-based approach but raised the need for the Authority to carry out regulatory impact assessments to ensure disproportionate burden is not placed on any individual regulator. We also asked that the Authority set out, in advance of implementation, the criteria and processes it intends to employ to ensure that areas of regulatory focus are clearly linked to risks to public safety and ensure that decisions taken are proportionate and consistent between different regulators.

In relation to the PSA's fees consultation, our response agreed that the rationale for the proposed 2.1% increase for the financial year 2022-23 appeared reasonable. However, we highlighted that the fees levied by the PSA are not proportionate to fees generated by different regulators. As HCPC's rates are currently the lowest among regulators, we are disproportionately negatively impacted by the current approach. We also raised that we are not able to quickly respond to cover such rising costs as a similar exercise by HCPC takes approximately 3-5 years to complete due to statutory consultation requirements and our 2-year renewal period.

3.9 Advanced Practice

We continue to engage HEE in relation to their work on advanced practice and credentials. In March we took part in a round table and have responded to a survey relating to credentials welcoming their engagement and highlighting areas for further development and discussion as the landscape in relation to advanced practice and credentials evolves.

3.10 Professionalism and Upstream Regulation

In January 2022, we appointed our second Professional Liaison Consultant, who will be based in and work from Scotland. Fiona Campbell will join us in April 2022. Fiona is a Speech and Language Therapist and has extensive knowledge of the healthcare structure in Scotland and an established network of colleagues. We are delighted that she has decided to join our team. Over the coming year we plan to recruit similar posts in both Wales and NI to achieve four-country coverage across our professional liaison team.

While all our professional liaison team work across the UK and internationally, with the majority of our events delivered on-line, the growth of the team and its geographical expansion will allow us to extend our preventative work and respond more effectively to needs across the four nations.

Registrants

Our professional liaison team delivers an online 'Joining the UK Workforce' event once a month to registrants whose primary healthcare qualification is from overseas and who have joined the register within the previous two months. This 2.5 hour interactive session is followed up by part two the following month.

In 2021 these sessions were profession specific and co delivered with the relevant professional body. We have also collaborated with Health Education England (HEE) in 2021 to target four professions which are the focus of overseas recruitment: physiotherapists, paramedics, occupational therapists and radiographers. HEE continue to attend the sessions to provide support and promote their [Return to practice course](#).

In March 2022, the team presented an AHP collective leadership programme in Northern Ireland. Our role was to provide reassurance moving into a leadership roles is compatible with remaining a HCPC registrant.

Students

Between September 2021 and January 2022, we piloted our 'Becoming a Health and Care Professional' workshop with 24 education providers and over 500 first year paramedic students.

The workshop content was designed to complement current curricula, promote the value of regulation and explore HCPC Standards and guidance. Real life case studies were used to illustrate how Standards and guidance can be applied to ethical dilemmas. We collaborated with the College of Paramedics for some workshops, who added to the clinical reality of the case studies and outlined the support they offer students and professionals.

Feedback from lecturers who attended the workshops identified that all would recommend the workshop to their colleagues. They thought content was informative, set professional standards for the course, made the HCPC more approachable and that it was extremely important for students to be introduced to their regulator early in their studies. Student feedback identified that 94% would recommend the session to their fellow students, and knowledge of the HCPC's role and Standards was at 94% for those who had attended.

In March 2022, we delivered a specific session to 100 third year students in professional healthcare. This in-person event focused on registration, Standards and guidance and was held at St Georges University of London.

Employers

We concluded our 2021 pilot programme of employer events in November. This was a three-part series that explored the role of the HCPC, employers' role in supporting

registrants, supporting health professionals in difficulty, and managing concerns. Evaluation of these events identified that 100% would recommend the session to a colleague. Those attending found it useful to learn more about the HCPC, develop their understanding of fitness to practise and how the Standards can be applied in practice.

We continue to partner with an ambulance trust, supporting cultural change. This includes membership of their Professional Standards Group and delivering workshops exploring fitness to practise referrals, behaviour and standards. Some workshops have been delivered in collaboration with the Nursing and Midwifery Council.

3.11 Equality Diversity and Inclusion

In recent months, our Business Change, Policy, Communications and Registrations teams have continued to work together to develop HCPC's diversity data capture capabilities, including the launch of a registrant equality monitoring form within the online registrant portal on 1 December 2021 that is now being for all registrant renewals. This work has been supported by the development of guidance, FAQs and a public-facing blog, as well as engagement with professional bodies where professions are entering renewal.

In February, HCPC held a workshop with our external EDI Forum during which we presented and sought feedback on the detail of our action plan. This was positively received, with members reflecting progress made by HCPC over the past year and keen to see our work develop both in relation to our role as a regulator and as an employer.

More information on the progress and impact of our EDI Strategy work is provided in the EDI Action Plan paper on the Council's agenda at this meeting.

3.12 Insights and Analytics

A proposal for a programme of work to develop the foundations for making best use of HCPC data was approved by the Executive Team in January 2022 and is included in the proposed Corporate Plan for 2022-23. This Programme for Data Excellence will enable HCPC to produce quality assured analyses and insight more quickly and in greater quantity.

Benefits of this programme include enabling delivery of the Insight & Analytics Framework, making a greater range of analyses available to stakeholders and learning important lessons for the ultimate delivery of a full data platform.

The Insight and Analytics team continues to progress key analytical work, including analysis of our stakeholder perceptions survey included on Council's agenda for March. The team has also begun internal analysis of fitness to practise outcomes by protected characteristics, focusing on age and sex where we have a complete dataset. The Council's seminar on 7 April will focus on the findings of this analysis.

4 Covid Response

4.1 Temporary Register

The table below sets out the number of temporary registrants on each of the registers as of 1 March 2022. In summary there are 10,707 temporary registrants.

| | Temporary registrants | | | | |
|-------|-----------------------|----------|-------|------------------|-------|
| | England | Scotland | Wales | Northern Ireland | Total |
| AS | 35 | 8 | 1 | 0 | 44 |
| BS | 1283 | 171 | 96 | 52 | 1597 |
| CH | 174 | 26 | 9 | 5 | 213 |
| CS | 257 | 37 | 13 | 5 | 308 |
| DT | 125 | 23 | 5 | 5 | 154 |
| HAD | 18 | 1 | 0 | 0 | 19 |
| ODP | 397 | 24 | 19 | 2 | 441 |
| OR | 75 | 8 | 6 | 1 | 90 |
| OT | 1669 | 187 | 90 | 58 | 1985 |
| PA | 838 | 171 | 143 | 35 | 1184 |
| PH | 845 | 119 | 49 | 19 | 999 |
| PO | 39 | 14 | 3 | 2 | 56 |
| PYL | 625 | 62 | 35 | 19 | 731 |
| RA | 232 | 166 | 98 | 75 | 1977 |
| SL | 746 | 90 | 41 | 38 | 909 |
| Total | 7358 | 1107 | 608 | 316 | 10707 |

We are waiting for clarification regarding the future status of the temporary register following the Prime Minister's announcement signalling the removal of Covid measures and the transition to living with Covid.

4.2 Remote Hearings

We continue to undertake the majority of our hearings activity as remote events, with a small number of final hearings each month being held in-person or as a hybrid event.

We anticipate that demand for in-person hearings may increase as we move into the Spring and Summer with the lifting of COVID-19 restrictions by the UK government and devolved administrations, and we are taking this into account in our planning assumptions. In-person and hybrid hearings have been held at our Park House offices in Kennington and also at external venues.

Our newly configured Tribunal Services space at Park House will be ready to accommodate in-person hearings from March 2022.

5 Organisational development

5.1 Corporate Plan 2021-22

The Corporate Plan deliverables tracker is appended to this report with the latest progress update. This will be the final report against the 2021-22 plan and I am pleased to report that 85% of milestones have been achieved or are on target to be achieved as planned. This would not have been possible without the hard work of colleagues across the HCPC in every operational area and I would like to thank them for their significant efforts over 2021-22.

Of the 15% of milestones not met, the majority of these relate to the development of our data capabilities which was delayed due to vacancies during the year. We are now well placed to take this work forward in 2022-23.

Our 2022-23 Corporate Plan, which is included on today's agenda for approval, builds on the excellent foundation work we have achieved this year. The paper includes a summary of what has been achieved in 2021-22.

5.2 People and Culture

The launch of the People Strategy was received very positively across the organisation. With the focus of health and wellbeing, development and diversity streaming through several initiatives, HCPC employees are reporting to feel a sense of belonging.

The delivery of 'Becoming a Compassionate Regulator' workshops, brought together 220 employees across 19 interactive workshops. Employees felt positive about the workshops as they were given the opportunity to discuss the HCPC's values and the behavioural framework. Further activities are being planned which will align this work with the people strategy and the health and wellbeing framework.

On 11 March we will hold our first all employee event since 2019. The day will focus on registrant experiences as well as practical sessions to support employee wellbeing. We are grateful to Council colleagues for their support with this important communication and also to colleagues for their support in developing and delivering learning sessions for our staff away day.

5.3 Hybrid Working

The Hybrid Working Project has engaged with managers and employees from across the organisation to understand our new normal demands for office space, and how teams envisage they will work in future. The outbreak of the Omicron variant in late 2021, in addition to the necessary building work to accommodate hearings within our estates, impacted on the timeline for piloting a formal hybrid approach. However, with restrictions easing and government guidance for businesses expected to be further updated from 1 April, we are now moving forward.

A pilot phase will commence shortly in order prove suitability before any larger investment is committed. This offers HCPC the opportunity to test out new approaches to the use of our space and our technology and how we can support our people to work efficiently and effectively while protecting their wellbeing.

We have engaged with a specialist consultancy to ensure that our new working environment makes the best use of our existing estates as we plan for the post-covid future of the HCPC.

5.4 Estates

On the 9 December 2021 HCPC exited the 405 Kennington Road (405KR) building lease, this involved significant work across the Office Services and Tribunals Service Team and it is commendable that it was delivered to time to the HCPC's benefit.

The reconfiguration of 186 Kennington Park Road to incorporate the Tribunals Service relocation was completed on 17 January and, once IT integration completes in early March, the suites will be ready for in person hearings. This reduction in overall estates footprint provides a substantial saving and has a positive environmental impact from reduced energy utilisation.

5.5 Finance

As I noted in my February 2022 report to Council, The Executive Director of Resources and Business Performance (with ELT level responsibility for finance) and the Head of Finance joined the HCPC at the turn of the year. Their quick leadership of the budgeting process is commendable, and I am pleased to present the proposed budget for 2022-23 at today's meeting.

Development work to strengthen the Finance Team's resilience and capacity is underway. A key area of focus is ensuring the external audit for 2021-22 progresses smoothly without the issues encountered last year which caused significant delays to the laying of the Annual Report and Accounts. To support this an audit steering group has formed with representation across Finance and Governance. Significant progress has been made to address the key issues identified with income recognition, this has also been helped by a cross department project team comprising Finance and Registration focused on better joint working.

5.6 Business Change

Following a period of internal consultation, the new Business Change Team has been formed from existing employees from the former Projects and Assurance and Development Teams, ensuring continuity of business knowledge. A recruitment campaign for the remaining roles is underway.

A working group has been established with representation across HCPC to develop a Benefits and Change Management Framework which will seek to establish a consistent and well governed process for the realisation of value from our key investments, and to ensure change is predictable and beneficial. The team will shortly publish a roadmap plan for this work and will establish policies in Q1 of 2022-23.

Following the publication of the Corporate Plan, the Business Change Team will map out the next level of detail in an outcomes-based roadmap which will ensure change and benefits drawn from the corporate planning process have clear ownership for delivery. This is another step change in our approach to strategy delivery.

5.7 Key Change Projects Update

Registration system

The Registration system development has reached some significant milestones in 2021-22 and has a clear plan for further enhancement through 2022-23. An extension to the Registrants portal was implemented in December 2021 which successfully enabled EDI data to be capture not only during renewal, but at any time the Registrant visits the portal. International Online Applications launched at the start of March and will be followed with a UK portal in June, this will then be further extended to SMR applications and readmissions.

FTP system

Phase one of the FtP CMS project launched successfully in June 2021. Phase two, which includes the addition of an online capability to receive concerns and to capture EDI data, has launched and is in start-up stage.

The online concerns portal will use a similar style as the Registration and Education portal in support of a unified experience when interacting with the HCPC. Phase two will also introduce a new integrated reporting model enabling automated operational dashboards and reporting.

Education system

Parallel to implementation of the new QA model in Education, an updated Education Application has been developed using an incremental change approach. Planning work for phase two will begin in April to further expand the capability of the new system in line with the ongoing development of the QA model needs.

Partnership working

In support of planned partnership with Health Education England (HEE) four workstreams have been created which will support the objectives of enhancing the International Application process and tools, creating capacity in the Registration team to manage an increase in Applications, enabling sharing and exchange of data between HEE and the HCPC, and to develop guidance for preceptorship.

Finance system

the project to implement a new financial product (Business Central) and to integrate it into the Registration system has launched. This system will correct issues with automated income recognition that impacted the length of our external audit or 2020-21

Chief Executive – John Barwick

Meeting schedule period covering 27 January 2022 – 23 March 2022

| | |
|--|------------------|
| 1. CEORB Meeting | 27 January 2022 |
| 2. Director of Workforce Department of Health and Social Care – Covid vaccination policy DHSC call | 31 January 2022 |
| 3. Institute of Physics and Engineering in Medicine | 01 February 2022 |
| 4. CEORB Special Meeting - Guidance on Vaccination | 02 February 2022 |
| 5. Kamini Gadhock CEO Royal College of Speech and Language Therapists | 02 February 2022 |
| 6. Scottish Government Quarterly meeting | 09 February 2022 |
| 7. British Association of Arts Therapists | 10 February 2022 |
| 8. Department of International Trade Regulated Professions Advisory Forum | 10 February 2022 |
| 9. Directors of Therapies and Health Care Sciences (Wales) | 11 February 2022 |
| 10. Audit and Risk Committee Workshop | 14 February 2022 |
| 11. Estates Advisor | 21 February 2022 |
| 12. CEORB Meeting | 25 February 2022 |
| 13. Health Improvement Scotland – Annual MOU review with Robbie Pearson CEO and Ann Gow Deputy CEO | 04 March 2022 |
| 14. DHSC - Emergency registers quarterly meeting | 04 March 2022 |
| 15. A new approach for theatre and post-operative workforce NHSE&I Ignition workshop | 08 March 2022 |
| 16. Secretary of State for Health and Social Care Speech - Royal College of Physicians | 08 March 2022 |
| 17. College of Operating Department Practitioners – Hannah Abbott, President | 10 March 2022 |
| 18. All-employee away-day, County Hall | 11 March 2022 |

| | |
|--|---------------|
| 19. Unison Quarterly Meeting | 14 March 2022 |
| 20. Professional Regulators Group Scotland | 17 March 2022 |
| 21. Long-Term Strategic Framework Programme – 3 rd Deliberative Event | 17 March 2022 |

Chief Executive's report on organisational performance – March 2022

Appendix B

- Key Performance Indicators Dashboard
- Register Demographics
- Media Reach Metrics

Key Performance Indicators dashboard

FTP

| | | | | | | | | | | | | | |
|------------------------------------|--|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|---------------|--------|
| Measure | KPI 1 - % of completed FtP Improvement Projects | | | | | | | | | | | Period | Feb 22 |
| What it tells us | FtP KPIs are currently reported within the stand-alone FtP Improvement report. This overarching metric provides Council with a snapshot of progress of the FtP Improvement Programme with the full narrative and detail being within the stand-alone report. | | | | | | | | | | | | |
| Reporting period commentary | The 16 projects within the improvement programme have now been completed. Since November we have been reporting to Council on the impact of the improvement work on our performance, and we will continue to do so into 2022. | | | | | | | | | | | | |
| Year to date | | Jan-22 | Feb-22 | | | | | | | | | | |
| | % | 100% | 100% | | | | | | | | | | |
| | | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 |
| | % | 0% | 0% | 0% | 13% | 38% | 63% | 75% | 81% | 88% | 88% | 100% | 100% |

Education

| | | | | | | | | | | | | | |
|------------------------------------|--|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|---------------|--------|
| Measure | KPI 2 - Education Approvals | | | | | | | | | | | Period | Feb 22 |
| | 1 - Percentage meeting service standard (30 days) for issuing visitors reports following completion of QA visit 2 - Percentage meeting service standard (3 months) to complete the post QA visit process where conditions are imposed | | | | | | | | | | | | |
| What it tells us | These measures provide Council with assurance on the timeliness of the Education approval process. More detailed metrics are reported to ETC. | | | | | | | | | | | | |
| Reporting period commentary | <p>Due to the implementation of the new education quality assurance model, we can no longer report on these metrics. This is due to:</p> <ul style="list-style-type: none"> •The approval process not being focused around a 'visit' •Different service levels and KPIs linked to equivalent process stages <p>Top level performance metrics reported to ETC in March 2022 showed:</p> <ul style="list-style-type: none"> •On average, the whole approval process completed within the target of 6 months •We are within our aim of less than 20% of cases having 'conditions' applied on approval •Time taken to complete the performance review process is taking slightly longer than expected. Clearer and closely monitored service levels have now been introduced to ensure cases are progressed in a timely manner. | | | | | | | | | | | | |
| Year to date | | Jan-22 | Feb-22 | | | | | | | | | | |
| | 1 | % | | | | | | | | | | | |
| | 2 | % | | | | | | | | | | | |
| | | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 |
| | 1 | % | 88 | 88 | 90 | 92 | 91 | 98 | 98 | 100 | 100 | 100 | |
| | 2 | % | 41 | 45 | 45 | 43 | 44 | 45 | 55 | 63 | 60 | 63 | |

Registration

| | | | | | | | | | | | | | |
|-----------------------------|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------------|--------|
| Measure | KPI 3 – Registration responsiveness of our registration contact centre (calls, emails, letter) | | | | | | | | | | | Period | Feb 22 |
| What it tells us | <p>1 - Respond to 95% of emails within 2 working days</p> <p>2 - Respond to 95% of telephone calls</p> <p>3 - Respond to 95% of postal correspondence within 10 working days</p> <p>What it tells us: Responsiveness will provide Council with a view of the customer service (timeliness) received by registrants. The breakdown of the register is provided in this performance report to provide Council with an understanding of the size and make up of our registrant population. Detailed registration metrics are reported to ETC</p> | | | | | | | | | | | | |
| Executive commentary | <p>The main area of concern is international applications which remains outside of the 60 working day service standard. This is also driving phone calls and emails into the contact centre. In January 2022, following a procurement process, we partnered with PricewaterhouseCoopers (PWC) to provide us with significant additional capacity (4,500 applications over a 3–6-month period) to process international applications. HCPC staff remain the decision maker as to whether or not an applicant can join the Register. This additional support will help us get ready for the international application process to move online which is currently being used by 103 applicants, who have volunteered to test the new online international application service, before it is fully launched later in March for use by all international applicants (subject to the success of the pilot).</p> <p>Telephone call answer rates have remained consistent since improving from 51.6% in April 2021. In the month of November 2021, the Mitel telephony system experienced a technical issue which took 10 working days to fix. As a result, we were unable to capture any accurate telephony statistical data for that period. A project has started to move to a cloud-based telephony system to support hybrid working. Our answer rate on calls relating to international applications has been 93% or higher since June 2021 (noting that no data was available when there was the technical issue with our telephony system as outlined above).</p> <p>Our performance against our target of 2 working days for emails is not where it needs to be. This is due to the volume of emails we are receiving. Registrants are still able to renew their registration and there has been no impact on the numbers renewing their registration compared to previous years. We have seen an improvement in our response times as reported to ETC with the median response time coming down to under two weeks in December 2021. Ahead of the radiographer’s renewals window opening on the 01 December 2021, a system upgrade was implemented so that the Register now updates the registrant’s registration cycle at the point of an individual’s renewal rather than at the end of the renewal window. This will help reassure registrants of their renewal completion, which in turn, will also contribute to reducing the number of emails and telephone enquiries on this matter. The system was also upgraded to provide registrants with alternative ways to securely activate their HCPC accounts. This has had a positive impact with over 7,000 registrants using this new functionality between November 2021 and January 2022, which again helps reduce unnecessary contact from registrants.</p> <p>During the months of November 2021 and February 2022 our response to postal correspondence dropped below the 95% KPI target. Sickness and a lack of trained Registration Advisors attributed to this performance standard not being consistently achieved. Following a successful recruitment campaign, on the 01 March 2022, 6 Registration Advisors were appointed.</p> | | | | | | | | | | | | |
| Year to date | | Jan-22 | Feb-22 | | | | | | | | | | |
| 1: Emails | % | 0% | 0% | | | | | | | | | | |
| 2: Calls | % | 76% | 66% | | | | | | | | | | |
| 3: Post | % | 100% | 65% | | | | | | | | | | |
| Year to date | | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 |
| 1: Emails | % | 4% | 22.6% | 0.5% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| 2: Calls | % | N/A | N/A | N/A | 51.6% | 61% | 78.7% | 72.3% | 69% | 71% | 73% | N/A | 70% |
| 3: Post | % | 100% | 100% | 100% | 95% | 100% | 100% | 86.3% | 0% | 59% | 100% | 77% | 100% |

Customer Service

| | | | | | | | | | | | | | | |
|-----------------------------|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------------|------------------------|
| Measure | KPI 4 - Customer service: Number of complaints and % upheld | | | | | | | | | | | | Period | Feb 22 |
| What it tells us | This provides insight into potential customer service and performance issues. Narrative will be vital for Council to probe and should include information on corrective action taken. | | | | | | | | | | | | | |
| Executive commentary | The number of complaints remains higher than average but there are signs of a reduction to more normal levels in 2022. The majority of complains in the reporting period related to international applications and issues in renewing using the new online portal. Some changes have since been made to the online portal which took effect from December 2021 and complaints about this have reduced considerably. The proportion of upheld complaints has remained high as it has been throughout 2021 and reflects the service issues there have been in the Registration department. | | | | | | | | | | | | | |
| Year to date | | Jan-22 | Feb-22 | | | | | | | | | | | Monthly average |
| Previous years | Number | 63 | 46 | | | | | | | | | | | |
| | % upheld | 72 | | | | | | | | | | | | |
| | | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Monthly average |
| | Number | 56 | 38 | 66 | 57 | 43 | 78 | 50 | 68 | 56 | 63 | 95 | 39 | 59 |
| | % upheld | 44 | 60 | 62 | 63 | 55 | 33 | 48 | 53 | 66 | 53 | 42 | 44 | 52 |
| | | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Monthly average |
| Number | 43 | 44 | 30 | 26 | 23 | 29 | 35 | 25 | 44 | 34 | 38 | 34 | 34 | |
| % upheld | 18 | 54 | 17 | 27 | 30 | 24 | 34 | 17 | 34 | 36 | 43 | 40 | 32 | |

Professional practice and insight

| | | | | | | | | | | | | | | |
|-----------------------------|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------------|--------|
| Measure | KPI 5 - Professional practice and insight: 50% of registrants said their practice would change as a result of information gained through a professional liaison learning event | | | | | | | | | | | | Period | Feb 22 |
| What it tells us | This measure focuses on outcomes which highlight the impact of our engagement. Engagement and media reach dashboard to be provided in performance report. | | | | | | | | | | | | | |
| Executive commentary | <p>In November we delivered the final profession specific sessions of 'Joining the UK workforce' workshop for Paramedics and Occupational Therapists who were registered in 2021. This workshop aims to support registrants who recently registered via the international registration route and are commencing work in the UK.</p> <p>This year we have begun to deliver 'Joining the UK workforce' for all professions in two parts. In January we delivered part 1 of the workshop for international registrants who joined the register in November 2021. In February we delivered Part 2 of the January session and delivered part 1 of the February session for international registrants who joined the register in December.</p> | | | | | | | | | | | | | |
| Year to date | | Jan-22 | Feb-22 | | | | | | | | | | | |
| | % | 71 | 81 | | | | | | | | | | | |
| | | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | |
| | % | 43 | 56 | 54 | 47 | 49 | N/A | 85 | N/A | 80 | 100 | 70 | N/A | |

Finance

| | | | | | | | | | | | | | |
|-----------------------------|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|---------------|--------|
| Measure | KPI 6 - Finance: Performance against budgeted operating expenditure in range of 97.5% to 102.5% | | | | | | | | | | | Period | Feb 22 |
| What it tells us | Indicates the grip and control in place and accuracy of forecasting. Measure will be the full-year forecast variance against the full-year budget moving from YTD. | | | | | | | | | | | | |
| Executive commentary | As at 31 Jan-22 (Feb-22 figures still being finalised) there is a £0.57m underspend on payroll, which is partially offset by overspend in non-pay expenditure of £0.26m . This results in operating expenditure for Jan-22 year to date being £0.32m favourable against budget. The departmental overspends in FTP, Registrations, IT and Finance are negated by significantly savings from lower facilities management costs (exiting 405 office) and lower payroll costs associated with unfilled vacant posts. | | | | | | | | | | | | |
| Year to date | (,000) | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 |
| YTD Actual | | 7,768 | 10,060 | 12,957 | 15,752 | 18,134 | 20,989 | 23,429 | 25,305 | | | | |
| YTD Budget | | 8,721 | 10,328 | 13,092 | 15,998 | 18,397 | 20,816 | 23,211 | 25,631 | | | | |
| YTD Forecast | | | | | | | | | | | | | |
| YTD Variance | | 953 | 268 | 135 | 245 | 263 | -173 | -218 | 326 | | | | |
| Actual as % of budget | | 89.1% | 97.4% | 99.0% | 98.5% | 98.6% | 100.8% | 100.9% | 98.7% | | | | |
| Previous year | (,000) | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 |
| YTD Actual | | 6,199 | 8,177 | 10,215 | 12,068 | 14,199 | 16,535 | 18,945 | 21,346 | 23,904 | 28,062 | 2,407 | 5,002 |
| YTD Budget | | 8,155 | | | | | | | | | | 2,924 | 5,757 |
| YTD Forecast | | | 8,598 | 11,277 | 13,865 | 14,498 | 16,944 | 19,416 | 21,944 | 24,339 | 26,744 | | |
| YTD Variance | | 1,956 | 421 | 1,062 | 1,798 | 299 | 409 | 471 | 598 | 750 | (1,318) | 517 | 755 |
| Actual as % of budget | | 76% | 95% | 91% | 87% | 98% | 98% | 98% | 97.3% | 98.2% | 104.9% | 82.3% | 86.9% |

Information technology

| | | | | | | | | | | | | | |
|-----------------------------|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------------|--------|
| Measure | KPI 7 - Availability of core IT systems Target: >99.5% | | | | | | | | | | | Period | Feb 22 |
| What it tells us | Measure is based on actual hours of availability per month vs total number available. Given the reliance of our core functions on IT systems, this measure indicates the reliability of the IT infrastructure. Additionally, our registrants and stakeholders predominately interact with us via our IT systems, and we have a statutory duty to ensure our online register is consistently available. | | | | | | | | | | | | |
| Executive commentary | | | | | | | | | | | | | |
| Year to date | | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 |
| Availability % | | 99.98 | 99.98 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 |
| Previous year | | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 |
| Availability % | | 100.00 | 100.00 | 100.00 | 99.70 | 100.00 | 100.00 | 100.00 | 99.85 | 100.00 | 99.98 | 100.00 | 100.00 |

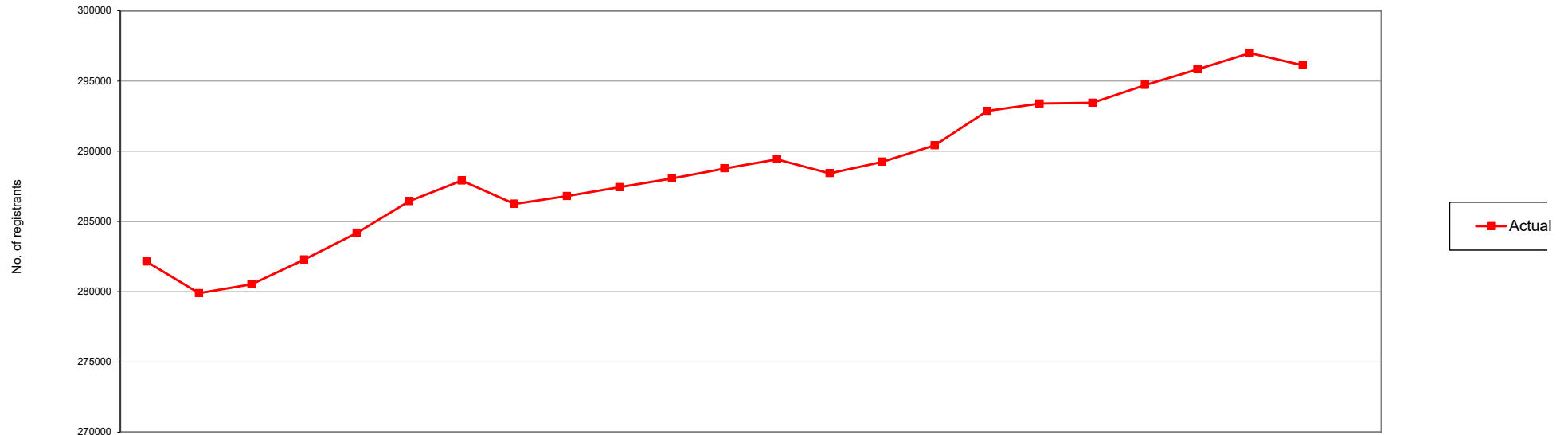
| | | | | | | | | | | | | | | |
|-----------------------------|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------------|--------|
| Measure | KPI 8 - Number of known successful IT network breaches | | | | | | | | | | | | Period | Feb 22 |
| What it tells us | All data protection breaches will continue to be reported into ARAC. This measure gives an indication of the security of our IT infrastructure. | | | | | | | | | | | | | |
| Executive commentary | | | | | | | | | | | | | | |
| Year to date | | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | |
| | Number | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Previous year | | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | |
| | Number | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |

HR

| | | | | | | | | | | | | | | |
|-----------------------------|--|----|----|----|----|--|--|--|--|--|--|--|---------------|--------|
| Measure | KPI 9 - Voluntary staff turnover Target: <15% | | | | | | | | | | | | Period | Feb 22 |
| What it tells us | This will be based on permanent establishment leavers and not FTCs. This provides an indicator that could point to cultural issues. PRC considers more detailed HR and internal EDI metrics. (Figure is a rolling year to date total not the turnover in that quarter in isolation) | | | | | | | | | | | | | |
| Executive commentary | Since we are comparing Quarters, we have included the average voluntary staff turnover within each quarter. Though we appreciate the turnover is still higher than the target turnover, there is a clear reduction in turnover % compared to last year. Our exit interview data would generally suggest that reasons for turnover are in relation to enhanced job opportunities, working conditions and salary – brief details of which are covered in the PRC presentation. | | | | | | | | | | | | | |
| FY 2021-22 | | Q1 | Q2 | Q3 | Q4 | | | | | | | | | |
| | % | 20 | 25 | 24 | | | | | | | | | | |
| FY 2020-21 | | Q1 | Q2 | Q3 | Q4 | | | | | | | | | |
| | % | 29 | 27 | 26 | 19 | | | | | | | | | |

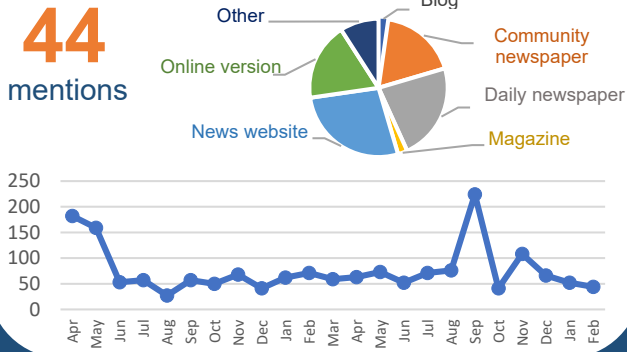
| | | | | | | | | | | | | | | |
|-----------------------------|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------------|--------|
| Measure | KPI 10 - Average number of days lost to sickness | | | | | | | | | | | | Period | Feb 22 |
| What it tells us | Measure is based on an employee average and excludes long-term sickness. This provides an indicator that could point to cultural issues. PRC will consider more detailed HR metrics. | | | | | | | | | | | | | |
| Executive commentary | Though we have seen a general steady decline in the number of days lost to sickness, the trend is a slow increase, albeit with small numbers. However, it is not uncommon for sickness to increase particularly around the seasonal winter months. In total, 172 days of sickness was lost to covid-19 related absences (33 employees). | | | | | | | | | | | | | |
| Year to date | | May-22 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | | | |
| | % | 4 | 4 | 5 | 5 | 3 | 3 | 3 | 4 | 4 | 4 | | | |
| Previous year | | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | |
| | % | 12 | 12 | 11 | 10 | 9 | 9 | 8 | 7 | 6 | 4 | 4 | 4 | |

Number of Registrants by Profession April 2020 - March 2022

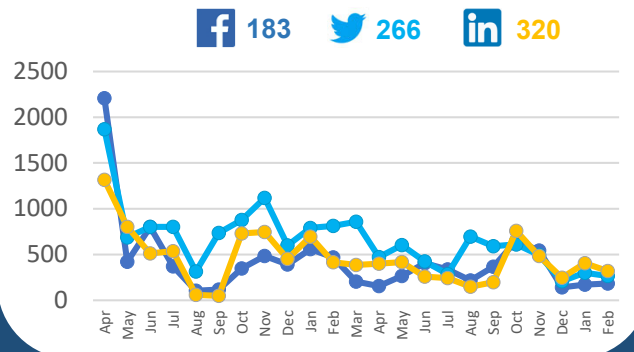


| | 2020 | | | 2021 | | | | | | | | | 2022 | | | | | | | | | 16/17 | 17/18 | 18/19 | | |
|--------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | FYE | FYE |
| Arts therapists | 4,790 | 4,792 | 4,356 | 4,462 | 4,619 | 4,708 | 4,759 | 4,740 | 4,750 | 4,775 | 4,795 | 4,805 | 4,811 | 4,823 | 4,836 | 4,851 | 4,934 | 5,018 | 5,097 | 5,144 | 5,171 | 5,187 | 5,206 | 4,026 | 4,322 | 4,432 |
| Bio. scientists | 23,140 | 23,169 | 23,256 | 23,371 | 23,557 | 23,631 | 23,723 | 23,516 | 23,579 | 23,669 | 23,740 | 23,807 | 23,875 | 23,973 | 24,102 | 24,198 | 24,384 | 24,417 | 24,569 | 23,061 | 23,457 | 23,729 | 23,915 | 22,902 | 22,395 | 23,284 |
| Chirop/ pods | 13,026 | 12,982 | 12,968 | 13,027 | 12,297 | 12,464 | 12,524 | 12,385 | 12,384 | 12,383 | 12,385 | 12,394 | 12,389 | 12,376 | 12,371 | 12,400 | 12,489 | 12,527 | 12,553 | 12,549 | 12,541 | 12,531 | 12,526 | 12,931 | 13,115 | 12,833 |
| CI scientists | 6,365 | 6,395 | 6,414 | 6,424 | 6,442 | 6,434 | 6,523 | 6,567 | 6,597 | 6,633 | 6,663 | 6,675 | 6,707 | 6,724 | 6,740 | 6,733 | 6,743 | 6,327 | 6,496 | 6,640 | 6,683 | 6,731 | 6,775 | 5,663 | 5,818 | 6,207 |
| Dietitians | 10,234 | 10,230 | 10,228 | 9,693 | 9,940 | 10,067 | 10,128 | 10,084 | 10,092 | 10,118 | 10,137 | 10,161 | 10,192 | 10,208 | 10,231 | 10,294 | 10,427 | 10,497 | 10,549 | 10,640 | 10,668 | 10,692 | 10,723 | 9,107 | 9,585 | 9,722 |
| Hearing aid disps | 3,351 | 3,352 | 3,347 | 3,352 | 3,124 | 3,218 | 3,259 | 3,267 | 3,277 | 3,311 | 3,345 | 3,377 | 3,390 | 3,411 | 3,421 | 3,431 | 3,461 | 3,496 | 3,528 | 3,554 | 3,559 | 3,579 | 3,611 | 2,593 | 2,908 | 3,047 |
| OTs | 40,128 | 40,162 | 40,183 | 40,396 | 40,858 | 41,123 | 41,230 | 41,023 | 41,094 | 41,167 | 41,239 | 41,290 | 41,338 | 41,380 | 41,413 | 41,473 | 41,863 | 41,978 | 39,225 | 40,492 | 40,690 | 40,886 | 41,028 | 38,080 | 38,183 | 39,925 |
| ODPs | 14,458 | 14,416 | 14,447 | 14,540 | 14,643 | 14,737 | 14,824 | 14,217 | 14,334 | 14,393 | 14,429 | 14,449 | 14,473 | 14,473 | 14,471 | 14,497 | 14,588 | 14,691 | 14,851 | 14,953 | 14,964 | 14,999 | 15,023 | 13,052 | 13,639 | 13,903 |
| Orthoptists | 1,488 | 1,492 | 1,491 | 1,505 | 1,507 | 1,511 | 1,520 | 1,513 | 1,511 | 1,514 | 1,513 | 1,514 | 1,512 | 1,509 | 1,507 | 1,503 | 1,424 | 1,445 | 1,453 | 1,460 | 1,466 | 1,474 | 1,476 | 1,451 | 1,440 | 1,496 |
| Paramedics | 29,268 | 29,367 | 29,522 | 29,770 | 29,960 | 30,223 | 30,422 | 30,480 | 30,571 | 30,618 | 30,769 | 30,965 | 31,137 | 31,244 | 31,262 | 31,413 | 30,701 | 31,201 | 31,705 | 31,922 | 31,988 | 32,186 | 32,284 | 23,992 | 25,465 | 27,686 |
| Physiotherapists | 58,132 | 55,574 | 56,054 | 56,724 | 57,430 | 57,934 | 58,097 | 57,801 | 57,868 | 57,963 | 58,074 | 58,223 | 58,348 | 58,478 | 58,596 | 58,813 | 59,872 | 60,374 | 60,868 | 61,152 | 61,289 | 61,467 | 61,625 | 52,915 | 55,132 | 55,695 |
| Pract psychs | 24,836 | 24,855 | 24,932 | 24,996 | 25,168 | 25,364 | 25,634 | 25,681 | 25,738 | 25,812 | 25,862 | 25,894 | 25,935 | 24,379 | 24,717 | 24,940 | 25,117 | 25,275 | 25,695 | 25,926 | 26,034 | 26,109 | 26,181 | 22,604 | 23,104 | 24,290 |
| Prosth/orthotists | 1,091 | 1,093 | 1,096 | 1,105 | 1,108 | 1,110 | 1,112 | 1,102 | 1,106 | 1,107 | 1,110 | 1,113 | 1,114 | 1,115 | 1,117 | 1,126 | 1,157 | 1,072 | 1,089 | 1,098 | 1,100 | 1,102 | 1,104 | 1,063 | 1,051 | 1,101 |
| Radiographers | 35,209 | 35,368 | 35,563 | 36,090 | 36,497 | 36,785 | 36,923 | 36,713 | 36,721 | 36,762 | 36,795 | 36,877 | 36,959 | 37,085 | 37,218 | 37,516 | 38,268 | 38,585 | 38,865 | 38,985 | 39,004 | 39,039 | 37,330 | 32,072 | 32,475 | 34,470 |
| Social workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 91,944 | 96,497 | 94,453 |
| SLTs | 16,625 | 16,646 | 16,673 | 16,830 | 17,035 | 17,128 | 17,239 | 17,166 | 17,188 | 17,213 | 17,212 | 17,231 | 17,241 | 17,250 | 17,242 | 17,235 | 17,444 | 16,488 | 16,906 | 17,136 | 17,219 | 17,279 | 17,321 | 15,935 | 15,932 | 16,595 |
| Total | 282,141 | 279,893 | 280,530 | 282,285 | 284,185 | 286,437 | 287,917 | 286,255 | 286,810 | 287,438 | 288,068 | 288,775 | 289,421 | 288,428 | 289,244 | 290,423 | 292,872 | 293,391 | 293,449 | 294,712 | 295,833 | 296,990 | 296,128 | 350,330 | 361,061 | 369,139 |

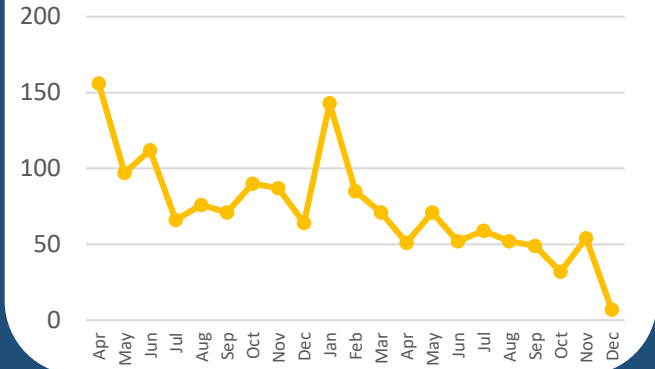
Media coverage



Social media engagement

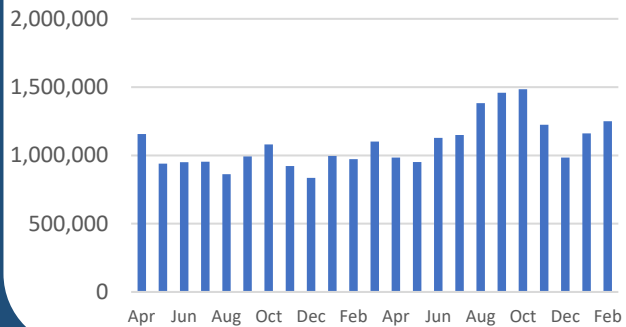


Policy queries

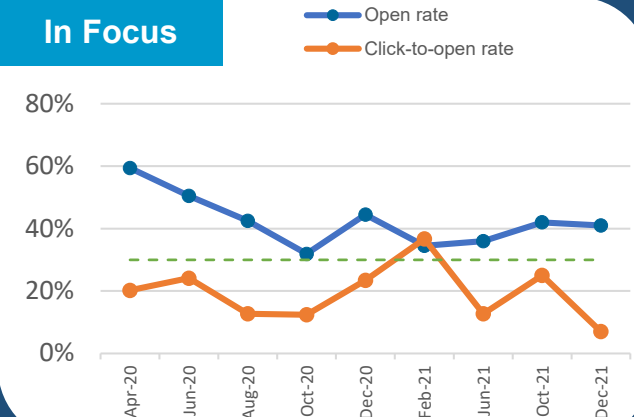


Website

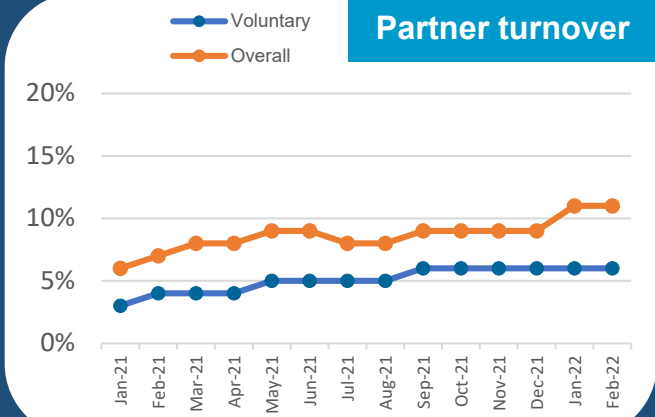
1,250,281 page views
219,647 unique users



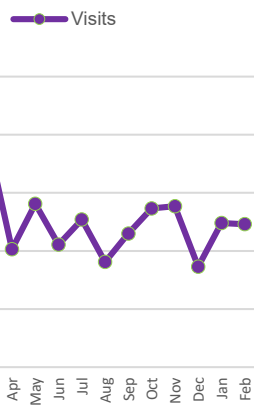
In Focus



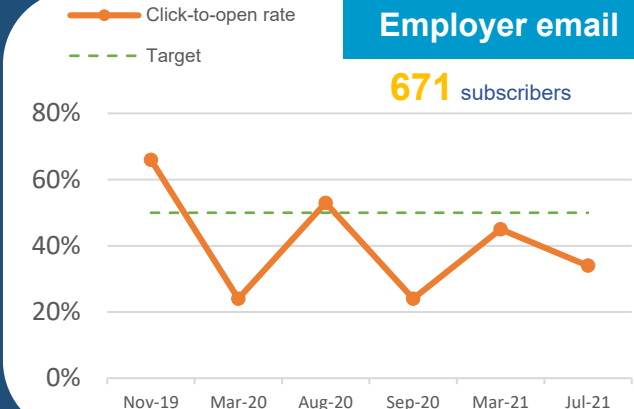
Partner turnover



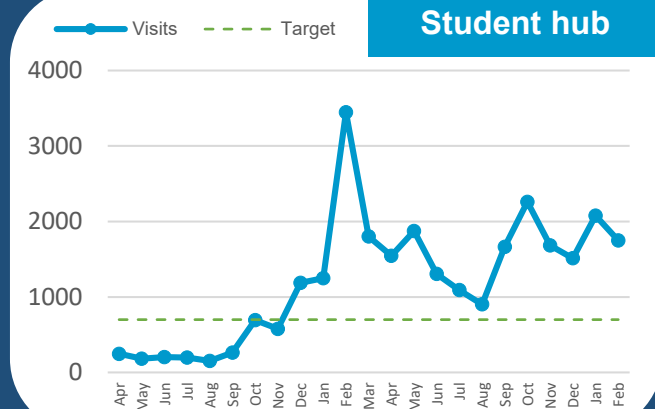
Employer hub



Employer email







Student hub







Chief Executive's report on organisational performance – March 2022

Appendix C



- Corporate Plan 2021-22 - Deliverables Progress Report March 2022

| Strategic theme 1- Continuously improve and innovate | | Key milestones | Target delivery | Benefit measure | Benefit target | RAG & Comment |
|--|----|---|-----------------|---|----------------------------|---|
| | | | | | | |
| Improving our FtP performance Improved: <ul style="list-style-type: none"> Age profile of cases at each stage of our FtP process; Quality of investigations; Quality of decisions; and Relationships with key FtP stakeholders. | A1 | New Case Management System launched. | Q1 | <ul style="list-style-type: none"> Improved management systems and information, enabling easy visibility of departmental performance to varying degrees of granularity. Move off an unsupported heritage system (Charter) Improved FTP case progression, utilising workflows to ensure SLAs are met. Improved quality of risk assessments completed on cases. Efficiency savings | Q1 Q1 Q3 Q3 Q4 |  Complete – phase one launched |
| | A2 | Oldest cases either closed at threshold or progressed to ICP. | Q1 | Oldest 280 cases as of Feb 2021 closed or progress to ICP stage – improving the age profile of cases | Q2 |  Complete - A small number of cases are still with legal firms for matters not within our control. Regular progress reports are being provided by legal firms. |
| | A3 | Legally qualified Chairs introduced at ICP. | Q1 | Efficiency savings – circ £74k in 2021-22 and £80k in 2022-23. Reduced NWF cases at HCPTS (currently 25%) Improved quality of ICP decisions and determinations | Q4 Q4 onwards Q2 |  Complete. Now part of BAU. |
| | A4 | Frontloading pilot complete, if successful, adopted as business as usual. | Q3 | Efficiency saving circa £1k per case in pilot Improved quality of case management – reduced percentage of NWF at HCPTS stage | Q4 Q4 onwards |  Complete - FtP operating model is being reviewed to include frontloading and legal supplier contract that includes front loading has been retendered. Dependent budget plan and corporate plan 22-23. |

| | | | | | | |
|---|----|---|----------|---|------------------|---|
| | A5 | Cases awaiting final HCPTS hearing (which were postponed due to COVID-19 restrictions) concluded. | Q4 | All postponed hearings held | Q4 |  Complete. |
| Delivering online Registrations <ul style="list-style-type: none"> A fully online process which allows applicants to join our Register more efficiently Improved customer experience Increased EDI and workforce data | B1 | UK Applicants will be able to register online | Q1 22/23 | Improved User Experience for UK Applicants Increased EDI data capture More efficient registration processing, will require less manual processing leading to efficiency savings - Reduction of temporary employee contracts / overtime needed to cover the peak UK application process for 6 months over the summer period (including B2 circa £100k savings) | Q1 22/23 onwards | On track - Currently undertaking UAT for online international applications process with a soft launch planned for February. For UK online applications process, the planned roll out date remains May. |
| | B2 | International applicants will be able to register online. | Q4 | Improved User Experience for international Applicants Increased EDI data capture More efficient registration processing less manual processing leading to efficiency savings - Estimated there will be a 50% reduction in data entry required from the Registrant Advisors which will increase productivity to feed into Quality Assurance activities by 50% (including B1 circa £100k savings) | Q4 onwards | On track - As above (B1). Pilot underway with 100 applicants. |
| | B4 | We will deliver an integrated user experience. | Q1 22-3 | Integrated Application & Registrant Portal - Improved user experience and access to registration services for external users | Q4 22-3 | On track - Dependent on B1 & B2 |
| | B5 | Project to capture diversity data at initial point of registration and renewal completed (see B1 & B2). | Q4 | Completion rates for EDI data increase significantly | 22-3 | On track - EDI captured at the point of renewal was rolled out/launched as planned in Q3. EDI for new registration will be incorporated in the B1 and B2. |
| | C1 | Delivery of pilot | Q2 | Pilot completed on time, producing full evaluation of benefits realised through new model | Q2 |  |

| | | | | | | |
|--|----|--------------------------------------|----|--|---------|---|
| <ul style="list-style-type: none"> A new model of quality assurance of education providers that is flexible, intelligent, data led, and risk based. | | | | | | Complete , presented to ETC, Sept. |
| | C2 | Decision on full implementation | Q3 | ELT / ETC positioned effectively to decide on full implementation of new model | Q3 |  Complete - ELT (24/08) and ETC (9/09) agreed to proceed with full implementation. |
| | C3 | Full implementation of the new model | Q4 | Stakeholders, systems and processes prepared for full implementation by target date. Evaluation continues to demonstrate benefits realised | Q1 22-3 |  Complete , all providers notified of requirements through new processes. |



| Strategic theme 2 – Promote high quality professional practice | | Target delivery | Benefit measure | Benefit realisation target | RAG and Comment | |
|--|----|--|-----------------|--|-----------------|---|
| Key milestones | | | | | | |
| Building our professionalism and prevention approach | D1 | Complete evaluation of initial year of professional liaison team | Q1 | Learning and impact from first year identified and used to inform development of the professional liaison service | Q2 | ✓ Complete. |
| | D2 | Learning materials for education providers and students developed | Q3 | Education providers supported and able to deliver learning on professionalism, standards and regulation | Q4 | ✓ Complete. |
| | D3 | Commence increase partnership working & support for identified employers | Q3 | Influenced the creation of supportive cultures and working environments within identified employers | Q4 22/23 | ✓ Complete/ongoing. |
| | D4 | Develop content for employer hub & e-newsletter and evaluate use/impact | Q4 | Learning and impact identified and used to inform future development of hub and e-newsletter Increased understanding amongst employers of HCPC role, support and resources, and employer responsibilities | Q4 | ✓ Complete, now BAU. |
| | D5 | Professional liaison service developed and expanded | Q4 | Increased engagements, support, education and influence of employers, registrants and other stakeholders | Q1 22/23 | ✓ Complete/ongoing. Second Professional Liaison Consultant appointed. Further expansion plans for 2022-23. |
| | D6 | Programme of employer events delivered through the year and impact evaluated | Q4 | Increased engagement and understanding amongst employers of HCPC role, support, resources and employer responsibilities. | 2022/23 | ✓ Complete, now BAU. Evaluation completed, offer to be further developed for 22-23. |
| | D7 | Develop a programme of support for international registrants | Q3 | International registrants understand and can embed HCPC standards as they integrate into UK practice | 2022/23 | ✓ Complete, now BAU. |


| Strategic theme 3 – Develop insight and exert influence | | Target delivery | Benefit measure | Benefit target | RAG and Comment | |
|---|----|--|-----------------|---|-----------------|--|
| Key milestones | | | | | | |
| Delivering leadership in regulatory policy development | E1 | Commence review of our regulatory position on aesthetic/cosmetic practice | Q2 | Clear regulatory position for our stakeholders on aesthetic/cosmetic practice | Q3 22/23 | Commenced in Q3, however reprioritised due to resourcing pressures in Policy team and need to prioritise core work including Regulatory Reform and SoPs. This will be kept under review for 22-23. |
| | E2 | Scope and begin to deliver thought leadership work on for example registrant health & wellbeing, professionalism, multi-professional regulation & impact on patient safety | Q3 | Improved visibility and influence of HCPC in key areas such as excellence in professional practice, regulatory reform and EDI. Increased invitations to present/speak at conferences; feedback from professional bodies, government and other stakeholders. | Q2 Q4 |  Complete/ongoing - reg reform, EDI, H&CB, PQB, supervision materials, reflective practice materials and duty of candour. Positive feedback from professional bodies eg on EDI and wider engagement. Positive feedback from government & wider stakeholders on regulatory reform. |
| | E3 | Council decision on our regulatory approach to advanced practice | Q1 | Greater clarity for stakeholders on the risks posed (if any) by advanced practice, and the action we will take | Q2 –Q3 |  Complete. |

| | | | | | | |
|---|----|--|----|--|----------|--|
| <p>Developing our data, analytics and reporting ability</p> <p>We will develop a consistent organisation wide approach to managing our data and create a single view of our registrants to enable insight.</p> | F1 | Insight & Intelligence framework approved by Council | Q2 | Clarity for Council and our stakeholders about the realisation of improved insight and intelligence delivery. Planning can commence in relation to project work arising from framework. | 2022-23 | <p>✓</p> <p>Complete.</p> |
| | F2 | Publication of analytical reports as set out in the framework | Q4 | This will cover areas such as EDI and FtP. Enabling us to better understand our registrant profile and share this information externally. Supporting us to develop our approach to preventative regulation. | 2022-23 | <p>✓</p> <p>Complete - Diversity analysis complete and published, other analysis in progress, in line with I&I framework</p> |
| | F3 | Priority reporting needs defined and agreed | Q4 | Working data platform, ingesting all HCPC data sources. Skilled users gaining new insights | 2022-23 | <p>Data platform not delivered due to key vacancies and rethinking of approach.</p> <p>I&I framework sets out key analytical priorities.</p> |
| | F4 | Delivered our first tranche of operational and performance reports (enabler for F1) | Q4 | Derivation of value from effective and repeatable operational and performance reporting. Effective Data collection, cleansing, and enrichment. Joining of HCPC datasets to facilitate ability to find patterns, trends to allow analytical insight and intelligence. | Q4 | As above |
| | F5 | Deliver a tool kit that allows HCPC to become more predictive in its use of data | Q4 | Joining of HCPC datasets to look for patterns, trends, and analytical insight and intelligence. HCPC are able to use data to inform key stakeholder groups to improve education, employment, professional behaviours to prevent/reduce the concerns being raised and maintain/enhance public protect | Q1 22-23 | As above |
| | F6 | Deliver an operating model that allows HCPC to deliver new reporting, insights and data sources. | Q4 | HCPC confident in the way it operates the data platform with necessary Data Governance rules and processes in place to ensure HCPC are compliant with all legislation. | Q1 22-23 | As above |

| Strategic theme 4 – Be visible, engaged and informed | | Target delivery | Benefit measure | Benefit target | RAG and Comment | |
|--|--|--|---|---|---|---|
| Key milestones | | | | | | |
| Developing effective mechanisms to reach all stakeholders | G1 | Personal engagement plans for Chair & Chief Executive implemented, to deliver engagement with key external stakeholders | Q1 | Our key stakeholders will report greater visibility and engagement | Q4 | ✓ Complete. |
| | G2 | Maintain engagement across 4 nations with a specific focus to build relationships in Wales and Scotland post elections. | All year | Our key stakeholders in each of the four countries will report greater engagement with HCPC | Q4 | Complete/ongoing. engagements with key stakeholders in Wales and Scotland in place. Continuing to develop and deepen engagement through 22-23. |
| | G3 | Conduct perceptions survey to establish stakeholder views on our regulatory functions and how we can improve and create action plan. | Q3 | Qualitative and quantitative measures of understanding of stakeholder views | Q4 | ✓ Complete - Complete; informing 2022/23 plan. |
| Strengthening our organisational approach to EDI | H1 | Complete analysis of data from second annual diversity data, publish 2021 Diversity report outlining findings. | Q1-2 | Increased insight into registrant demographics | Q3 | ✓ Complete and professional fact sheets published, results disseminated. Next steps being actioned. |
| | | | | Stakeholders understand our diversity data and see our commitment to EDI matters | Q2 | |
| | | HCPC commences planning work to address key findings | Q3 | | | |
| H2 | EDI employee forum established | Q1 | Employees report increase in engagement and support in EDI matters, positive feedback in pulse surveys and engagement in EDI activities such as group discussions LGBT etc. | Q4 | ✓ Complete, employee-led EDI rep group in place. | |
| H3 | Commence implementation of EDI action plan | From Q1 | Realisation of the HCPC EDI strategic objectives | Q4 | On track - EDI Strategic Lead in place. Action plan will be presented to Council in March. Delivery of EDI actions already underway. | |

| Strategic theme 5 – Build a resilient, healthy, capable and sustainable organisation | | Target delivery | Benefit measure | Benefit target | RAG and Comment | |
|---|----|---|----------------------------------|---|-----------------|--|
| Key milestones | | | | | | |
| <p>Establishing the culture we need</p> <p>HCPC will only achieve its strategy if its employees understand the vision, their contribution to it, and have the skills and motivation to make it happen.</p> | I1 | Launch HCPCs People Strategy | Q4 | All employees understand the culture of the organisation, and feel motivated to contribute and champion this culture evidenced by APDR's and also response to employee satisfaction and pulse surveys | 2021-26 | <p>✓</p> <p>Complete - approved by Council in November 2021 and launched with employees in January.</p> |
| | I2 | All employee customer focus workshops delivered (now titled 'Becoming a compassionate regulator' workshops) | Q3 | All employees deal with internal and external customers consistently and professionally, where it is recognised there has been a clear culture shift to one of empathy and professionalism evidenced by a reduction of complaints in regard to tone of voice | Q4 | <p>✓</p> <p>Complete –19 workshops were delivered with a total of 220 employees attending.</p> |
| | I3 | Organisational behaviours and values integrated into our performance management system | Q1 for values, Q3 for behaviours | This will ensure that all colleagues can see what is expected of them in both terms of objectives and the behaviours that will be rewarded and see a clear link to the Corporate plan and overall strategy. This will be evidenced in APDRs and the responses to employee satisfaction and pulse surveys. | Q4 | <p>✓</p> <p>Complete.</p> |
| | I4 | All HR policies reviewed and modernised | Q2-4 | To allow clear guidance and better management policies need to be succinct, up to date in both practice and law, recognising 'new ways of working' and flexible working. This will be evidenced by less reliance on HR and fewer ER cases | Q4 | <p>On track to be completed by Q4,</p> |
| | I5 | Succession planning and career development plans agreed | Q2-4 22-23 | There is continuity of delivery, staff are motivated as they can see clear progression paths and are trained appropriately. | 2023-24 | <p>On track incorporated into the new People Strategy on track to be delivered within the first phase</p> |

| | | | | | | |
|---|----|--|----|---|------------|--|
| Pursuing our Digital Transformation Strategy and building our Change Management capability We will improve our digital experience to meet our users' needs and ensure our content is seen | J1 | New Case Management System launched | Q1 | See A1 | Q1-4 | On track - See A1. |
| | J2 | UK online registration process will have been rolled out using an agile delivery process putting our registrants needs at the heart of the process | Q1 | See B1 | Q2-3 | On track - See B1 |
| | J3 | Conversion rate optimisation programme in place | Q3 | Improvements in the reach of HCPC key messaging to public and registrants. | Q4 |  Complete |
| | J4 | Digital transformation operating model and change management capability and capacity. | Q2 | New Change (PMO) IT and Digital Transformation Operating model implemented with permanent Heads of Department in place | Q3 | In progress but delayed due to resourcing pressures - The Business Change consultation period has completed, recruitment of remainder of the team complete Q4. Definition and Implementation of the operating model for the Change function is currently in progress. |
| Ensuring our financial sustainability | K1 | Medium-Term Financial Strategy incorporating an efficiency action plan | Q1 | Budget Efficiency Strategy agreed by Council with clear actions which sets out how we will ensure that we an efficient and effective organisation over the medium-term. | Q2 onwards |  Complete. |
| | K2 | Fee Income Strategy agreed. | Q4 | Clear and robust approach agreed and documented which ensures that we are able to implement any future fee changes at the appropriate time | 2022-23 | In progress but delayed. |

| Strategic theme 6 – Promote the value of regulation | | Target delivery | Benefit measure | Benefit realisation target | RAG and Comment | |
|---|----|--|-----------------|--|-----------------|--|
| Key milestones | | | | | | |
| Delivering year one of our Registrant health and wellbeing strategy | L1 | Engage key stakeholders to establish key misconceptions and where communications can be improved | From Q2 | We have a clear understanding of misconceptions and next steps to improve | Q4 | Complete/ongoing - Stakeholder mapping and professional body engagement in place, including quarterly fora and assigned relationship managers. |
| | L2 | Undertake tone of voice review, prioritising templates and developing employee training and guidance materials | From Q2 | Improved quality of communications in relation to key processes, including improved registrant experience. | From Q4 | Work postponed following Council budget decision in early 2021. Internal (zero-cost) delivery approach has since been pursued: (1) Compassionate regulator workshops delivered internally. (2) Improvements made to Registration communications (3) Tone of voice review commenced in FTP, focus on revising key high volume letter templates in Q4. Further work will continue into 2022/23. |
| | L3 | Incorporate the research and registrants' experiences film into all employee learning and development and inductions | From Q3 | Improved understanding from employees about impact leading to improved customer service levels | Q4 |  Complete , film included in all Compassionate Regulator workshops delivered and in employee inductions. |

| | | | | | | |
|--|----|--|----------|---|---------------------|---|
| | L4 | Continue to engage stakeholders on the provision of mental health support | All year | Our registrants are better supported, mental health issues are reduced ensuring patient safety issues are reduced | Throughout the year | Complete and ongoing , for example – engagement with AACE and COP leading to suicide ideation statement. Additional signposting of resources added to FTP area of website to support registrants in process. H&C updated in relation mental health. Continue to promote through PL events. |
| Preparing for Regulatory Reform | M1 | HCPC response to the DHSC consultation | Q1 | HCPC voice is heard and informs future direction | Ongoing | ✓ Complete , responded, and published response. |
| | M2 | Development of messages and dedicated engagement for the Future of Health and Care White Paper and anticipated Health and Care Bill, including responding to the Health & Social Care Select Committee inquiry | From Q1 | | | Complete/ongoing - Written submission to H&C Bill committee and ongoing influence on committee debate. |
| | M4 | Influence the policy on how consolidation of regulators should align with regulatory reform | Q2 | | | Complete/ongoing , effective engagement with KPMG, PBs supported to engage, ongoing engagement with DHSC. |

Chief Executive's report on organisational performance – March 2022

Appendix D

- Strategic Risk Register March 2022
- Proposals for amendments to the Strategic Risks – **for Council approval**








HCPC Strategic Risks

Summary of strategic risks

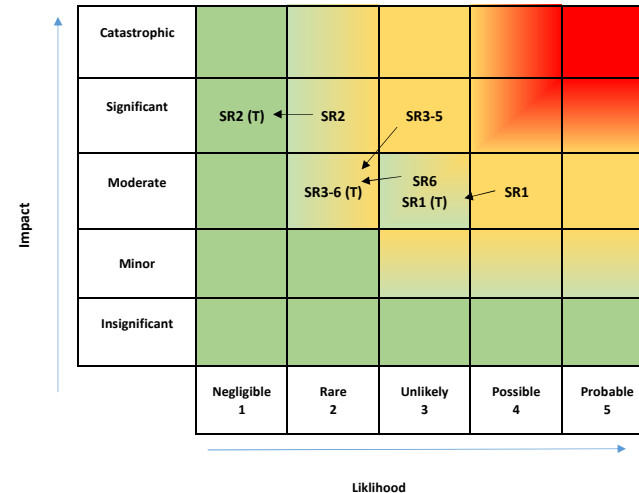
| Strategy | Strategic Risks - High Level | Risk Description | Mar-22 | Target Risk* |
|---|---|---|--------|--------------|
| 1 - Continuously improve and innovate - To improve our performance against PSA standards of good regulation and to innovate across all our regulatory functions to provide an enhanced user experience. | 1. Our performance does not improve to a standard that enables us to achieve all the PSA standards of good regulation. In seeking to meet these standards we lose focus and lose standards in other areas | This includes our understanding of the PSA's expectations and the gap in our current performance we need to meet. This requires positive and ongoing engagement with the PSA and effective mechanisms for performance improvement and monitoring of our regulatory quality | 12 | 9 |
| 2 - Promote high quality professional practice - Enable our professions to meet our standards so they are able to adapt to changes in health and care practice delivery, preventing harm to service users. | 2. The HCPC's regulatory expectations are not appropriate or not understood by registrants and other stakeholders | This includes the quality and suitability of our standards and guidance in setting a threshold for safe practice which protects the public. It also includes how effectively we communicate our regulatory expectations | 8 | 4 |
| 3 - Develop insight and exert influence - Learning from data and research to inform our decision making and share insights to protect, promote and maintain the health, safety and well-being of the public. | 3. We are unable to harness the benefits of the wealth of data we hold | This includes our effectiveness in collecting, maintaining and utilising the data we need to be an intelligence driven regulator. It includes the effectiveness of our insight and intelligence, and professionalism and upstream regulation work. It relies heavily on the work of the digital transformation and IT team and includes operational reporting in the Corporate Services team. It also relies on regulatory teams inputting information. | 12 | 6 |
| 4 - Be visible, engaged and informed - We regulate, take and communicate decisions which are informed by a deep understanding of the environment within which our registrants, employers and education providers operate. | 4. We do not understand our stakeholder's needs and so are unable to be the regulator they (the wider system) need | This includes how effectively we engage with our stakeholders and our credibility with them and how well we play our part in the wider system. It includes our EDI practice externally, the ability to respond and influence external drivers for change, like the impact of Brexit, devolution or a change in government as well as issues like workforce development. | 12 | 6 |
| 5 - Build a resilient, healthy, capable and sustainable organisation - Employees feel valued and supported, and fully able to contribute. The organisation is resilient and able to quickly adapt to changes in the external environment. | 5. The resources we require to achieve our strategy are not in place or are not sustainable. | This risk includes not securing the resources we need to be effective and / or not being efficient and effective in our use of our resources (resources include financial, knowledge, skills, culture, infrastructure). It includes the development of our culture, people and physical assets, our continued financial viability and the significant failure of key business processes. | 12 | 6 |
| 6 - Promoting the value of regulation - The public, registrants, students and employers understand the value and importance of regulated health and care professionals. | 6. We are unable to demonstrate the value of regulation due to negative experiences of our regulation in practice | This risk includes ensuring a human and compassionate approach in our regulatory processes, our stakeholders experiences of our customer service. It also includes the promotion of the value of regulation and of the value of the professions we regulate. As outdated legislation contributes to bureaucratic processes this risk includes maximising the benefit to the HCPC of upcoming regulatory reform. | 9 | 6 |

* Expected risk score post planned actions

Mitigation key

| | |
|---|---------------------------|
|  | Preventative |
|  | Monitoring |
|  | Detective |
|  | Remedial |
|  | Horizon scanning |
|  | Best practice development |
|  | Communication |

Heat map of strategic risks - residual to target (T)



Strategic risk 1 - Our performance does not improve to a standard that enables us to achieve all the PSA standards of good regulation. In seeking to meet these standards we lose focus and lose standards in other areas

Risk summary
This includes our understanding of the PSA's expectations and the gap in our current performance we need to meet. This requires positive and ongoing engagement with the PSA and effective mechanisms for performance improvement and monitoring of our regulatory quality

Current risk influencers

- ✚ HCPC not meeting a number of PSA standards, remediation is a longer term effort due to case length.
- ▬ 2020-21 PSA performance report published, acknowledges progress is being made towards meeting standards.
- ✚ Registration system issues resulted in increased contact rates impacting customer service responsiveness. Registration office based working has increased to mitigate infrastructure limitations.
- ✚ Increasing international application volumes requiring more resource to process, this has intersected with the annual peak in UK applications and renewals causing some service delays.
- ▬ Mitigations in place have returned processing service standards to expected levels for readmissions and UK applications. Focus is now on International service levels. A process review underway to mitigate a repeat of service issues. Surge-support partner contracted to process 4.5k international applications.
- ▬ Online applications project has commenced, International applications est close of Q4 and UK close of Q1 2022-23.
- ✚ Pandemic impact progression of cases due to pressures on health sector.
- ▬ The second tranche of FtP Improvement projects are in delivery, remaining focus on embedding of tranche 1 benefits.
- ▬ First successful in person hearings held post pandemic restrictions outside of the closed 405 tribunal centre. Permanent legislative provision for remote hearings progressing, consultation analysis underway for presentation to Council March 22.

Mitigations in place

- 🔍 Enhanced QA plan for 2021-22 to review success of improvements in FtP (and registration & education)
- 📊 FtP improvement programme and governance in place, FtP improvement oversight board regularly meeting with attendance of PSA and DHSC
- 📊 Monitoring regulatory performance through performance report and KPIs (All, ongoing)
- 📊 PSA improvement action plans for other PSA standards in place monitored by internal working group & regular self-assessment against PSA standards reported to Council
- 🏗️ Regulatory functions refined to allow remote operation (COVID-19)
- 🏗️ Regular training for Partners and employees
- 📊 Learning through review of PSA performance reviews of other regulators and commissioned reviews within the sector
- 🏠 Temporary resource in place to address increase in international application volumes.

Reporting period commentary

Risk influencers - reflect that registration focus is on returning international application processing to within normal service. At the end of 2021 an external partner was appointed to process 4.5k international applications. Wider review of international processes has commenced to better ensure we can manage spikes in volume in future.
Risk score – We had expected score to reduce at first review in 2022 as reported in November 2022. However, due to ongoing challenge of international application volumes, cautious approach taken. Surge-support partner contracted and once processing well underway impact on the risk as a result of the increased volume will reduce.

| Review date | Risk owner |
|-------------|---|
| Mar-22 | ELT Lead - Executive Director of Regulation |

| | Impact | Likelihood | Risk Score | |
|---|--------|------------|------------|-----------|
| Inherent risk | 5 | x | 5 | 25 |
| Current risk | 3 | x | 4 | 12 |
| Target risk (planned mitigations in place) | 3 | x | 3 | 9 |

No change

Risk Appetite

Our risk appetite for actions to achieve regulatory quality is open, our risk appetite for actions relating to compliance is measured.

This risk needs to be rated in the green/amber range to meet the risk appetite due to the measured appetite for compliance (PSA standards) we currently are not meeting a number of PSA standards and have a comprehensive improvement programme in place to address this.

Reaching the target risk score is dependent on 1. The launch and successful embedding of the new Education QA model. 2. Registration applications being online, volumes reducing and the review of the international process. 3. Changes from FTP improvement programme embed and evidence that improvement is lasting in medium – long term.

Current risk level is one level outside of risk appetite

Planned mitigations 2021-22

| Planned mitigations 2021-22 | progress |
|--|---|
| ☀️ New Education Quality Assurance Model project (Q1-4). | ✓ Full scale up complete |
| 📄 PSA standard improvement action plan (PSA Action Plan Working Group) (Q1-4). | ➡️ Action plan for 2021 produced and being monitored. |
| ☀️ New FtP Case Management System (improved performance data visibility). (Q1-4) | ➡️ Phase one complete system launched and in use. Phase two underway. |
| 📄 Registration workplan includes review of international process. (Q3) | ➡️ Underway |
| 📄 Online applications project | ➡️ Initiated, international expected Q4, UK Q1 2022-23. |
| 📄 FtP Improvement Plan (FtP Q1-4). | ➡️ On track second tranche of projects being delivered with a continuing focus on embedding from first tranche. |

Strategic risk 2 - The HCPC's regulatory expectations are not appropriate or not understood by registrants and other stakeholders

Risk summary

This includes the quality and suitability of our standards and guidance in setting a threshold for safe practice which protects the public. It also includes how effectively we communicate our regulatory expectations

Current risk influencers

- Changing expectations of our professions' practice, including as a result of pandemic response, technology or other societal events.
- Professional liaison team - Scotland based resource appointed and soon to join HCPC, expanding our engagement reach.
- Resourcing pressures in Policy team due to regulatory reform engagement intensity and some illness.
- Recruitment underway for key roles in Policy and Communications teams.
- Materials supporting registrant understanding of Duty of Candour published.
- Review of SOPs will be presented to Council in March for approval as per timetable.
- Reflective practice guidance and supervision toolkit resources published.

Mitigations in place

- Public consultation process in place
- Engagement with key stakeholders/experts for widescale profession specific changes to standards
- Guidance provided on meeting our standards, 'My Standards' webinar series
- Dedicated website hubs for registrants, students, employers, members of the public, education providers
- Dedicated Covid Hub covering practice in pandemic
- Policy enquiries function available to support understanding and application of our standards
- Regulatory approach to advanced practice defined and agreed by Council

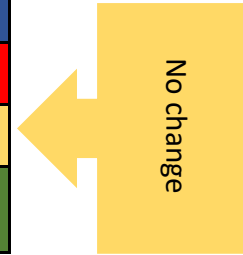
Reporting period commentary

Risk influencers - reflect significant piece of work, review of SOPs, close to end. Cosmetic practice review has commenced but other areas of policy work have required priority resourcing. The recruitment of a PL consultant based Scotland is also a positive influence as it will expand our prevention engagement reach.
Mitigations progress - good progress made on planned mitigations implementation.

| Review date |
|-------------|
| Mar-22 |

| Risk owner |
|--|
| ELT Lead - Executive Director of Professional Practice and Insight |

| | Impact | Likelihood | Risk Score | |
|--|--------|------------|------------|-----------|
| Inherent risk | 5 | x | 5 | 25 |
| Current risk | 4 | x | 2 | 8 |
| Target risk (planned mitigations in place) | 4 | x | 1 | 4 |



Risk Appetite

Our risk appetite for actions to achieve regulatory quality is open, the appetite for actions related to communication and profile is seeks. This makes the risk appetite target level within tolerance if below amber. We are confident that our standards and guidance are fit for purpose and so this risk is currently within risk appetite. However, to maintain that control onward reviews are essential to ensure standards are constantly kept under review to maintain relevance to changing practice and the wider health sector.

Current risk level is within risk appetite

Planned mitigations 2021-22

progress

- | | | |
|---|---|---|
| Development of learning materials for education providers and students and international registrants (Q3) | ✓ | Seminars held for students and international registrants. |
| Increase partnership working & support for employers (Q3) & Develop employer hub & e-newsletter (Q4) | ✓ | Dedicated employer hub is in place and materials are in development. |
| Professional liaison service developed and expanded (Q4) | ➔ | Recruitment for Scotland based resource successful joining April 22 |
| Programme of employer events delivered (Q4) | ➔ | Underway |
| Review of the SOPs, ODP SET1, returners to practice (Q2-4) | ➔ | ODP SET 1 review complete. SOPs review to be presented to March ETC and Council |
| Review of our regulatory position on aesthetic/cosmetic practice (Q4) | ➔ | Ongoing, work slowed due to other priorities |
| Programme of #MyHCPCstandards events (Q4) | ✓ | Events underway, positive feedback received. |
| Toolkits (professionalism, supervision, reflective practice) delivered Q4 | ✓ | Materials published. |

Strategic risk 3 - We are unable to harness the benefits of the wealth of data we hold (benefits - better regulatory decisions, prevention, workforce planning, influencing the agenda)

Review date
Mar-22

Risk owner
ELT lead - Executive Director of Professional Practice and Insight

Risk summary
This includes our effectiveness in collecting, maintaining and utilising the data we need to be an intelligence driven regulator. It includes the effectiveness of our insight and intelligence, and professionalism and upstream regulation work. It relies heavily on the work of the digital transformation and IT team and includes operational reporting in the Corporate Services team. It also relies on regulatory teams inputting information.

- Current risk influencers**
- Analysis of FTP outcomes linked to age and sex EDI characteristics underway.
 - 1st in house statistical analysis report on EDI data was published in September 21.
 - % of registrant EDI data held has improved with 45% of those renewing opting to provide data. Further expected once online applications goes live Q4 21-22 - Q1 22-23.
 - Insights and Intelligence Framework setting out priorities and approach for data analysis approved by Council September 21 now in delivery.
 - Potential for partnership funding to improve our data capabilities progressing to contract stage.
 - Understanding of data platform needs developing with new expertise on board, meaning previous plans not taken forward as this thinking develops. Interim solutions identified and programme for data excellence selected as a priority for 2022-23 Corporate Plan.
 - Future structure and skills needed within IT and Infrastructure agreed.

- Mitigations in place**
- Publication of FtP, Education and Registration information and datasets through annual reports and FOI requests
 - Professionalism and prevention framework
 - Limited dedicated resource for Analysis and Intelligence and Professionalism and Upstream Regulation
 - Professionalism Liaison service in place influencing employers, using knowledge to effect change through engagement and advice

Reporting period commentary

Risk influencers - recognises increase in EDI data and progress in producing in house data analysis.
Planned mitigation progress - represents the changing view of our need for a data platform and how best to achieve this. This means the data platform has not been delivered in 2021-22. However a programme for data excellence will be a key element of our Corporate Plan 2022-23.

| | Impact | Likelihood | Risk Score |
|---|--------|------------|------------|
| Inherent risk | 5 | x 4 | 20 |
| Current risk | 4 | x 3 | 12 |
| Target risk (planned mitigations in place) | 3 | x 2 | 6 |

No change

Risk Appetite
Our risk appetite for actions to achieve regulatory quality is open, the appetite for actions related to communication and profile is seeks. These categories are not a direct link however and consideration is needed of the future expectations for data use in regulation and that we are at the start of our development in this area. . Therefore our appetite for this risk is to be within the green-amber scale rather than a higher appetite.
To reach our target we need to have the data platform in place to enable an analytics environment. We will require a more substantial I&A team, as well as more systematic data collection through online applications to increase the % of registrant characteristics data held.

Current risk level is one level outside of risk appetite

| Planned mitigations 2021-22 | progress |
|--|--|
| Insight & Intelligence framework development (Q2) | Approved by Council September 21 |
| Online applications project (Q4) | Project will enable more systematic data collection. Int Q4, UK Q1 22-23 |
| Using our research portfolio to establish HCPC as a thought leader (externally commissioned and internal analysis) | Ongoing - e.g reg reform, EDI, H&CB, PQB, supervision materials, reflective practice materials and duty of candour. |
| Deliver IT systems and operating model that allow HCPC to become more predictive in its use of data (Q4) | Understanding of data platform needs developing previous plans not taken forward as this thinking develops. Framework and priorities are in place for enhancing our capabilities without the platform. |

Strategic risk 4 - We do not understand our stakeholder's needs and so are unable to be the regulator they (the wider system) need

Risk summary

This includes how effectively we engage with our stakeholders and our credibility with them and how well we play our part in the wider system. It includes our EDI practice externally, the ability to respond and influence external drivers for change, like the impact of Brexit, devolution or a change in government as well as issues like workforce development. It recognises that we have numerous and diverse stakeholders across 15+ professional groupings and health provision across the 4 nations.

Current risk influencers

- An interim stakeholder CRM has been developed within our current infrastructure to improve stakeholder engagement management and insights. Relationship managers system agreed by ELT and being implemented with agreed prioritisation. Strategic Relationships Lead is being recruited.
- Positive engagement in public affairs, HCPC submitted evidence to scrutiny committee on Professional Qualifications Bill and has been referenced in dispatches.
- ⊕ Ops functions not resourced to respond as quickly as other regulators to urgent Government needs.
- Regional engagement approach implemented within our education team to build greater understanding of regional differences in education provision.
- Positive engagement across the 4 nations in the reporting period. Recruitment for Scotland based resource Professional Liaison resource successful.
- % of registrant EDI data held has improved with 45% of those renewing opting to provide data, focus on increasing complainant EDI data collection included in 2022-23 priorities.
- ⊕ HCPC did not meet the PSA EDI standards as a result of last year's assessment.
- ⊕ Service responsiveness within registration impacting negatively, forms a risk to HCPC reputation. Surge support has been put in place.

Mitigations in place

- 📢 SMT relationship building and liaison with key stakeholders particularly Government Departments, professional bodies, other regulators, unions.
- 📢 Operational level engagement with key stakeholders in place across HCPC, including re Education, FtP with stakeholders such as Chief AHPs, CODH.
- 📢 Communications and strategic engagement supported by Luther Pendragon.
- 📢 Horizon scanning and intelligence gathering including from relationship building to be aware of external drivers and influencers, early planning and scenario development as pandemic response changes within UK and globally.
- 📢 EDI strategy based on independent audit of EDI practice. EDI stakeholder forum & internal EDI employee forum.
- 📢 Policy statement on approach to MOUs in place, a number of MOUs agreed with key stakeholders.
- 📢 Analysis and action planning from feedback mechanisms including corporate complaints, FtP stakeholder surveys, stakeholder opinion polling and education provider survey.
- 📢 Personal engagement plans for Chair & Chief Executive in place

Reporting period commentary

Risk influencers - reflect development of our EDI data capture capability being systematic now capturing 45% of those renewing. Project to enable online applications will further support this capability.
Planned mitigations - represent perceptions survey complete and analysis being acted on, progress across all areas in period.

Review date

Mar-22

Risk owner

ELT lead - Executive Director of Professional Practice and Insight

| | Impact | Likelihood | Risk Score | |
|--|--------|------------|------------|-----------|
| Inherent risk | 5 | x | 5 | 25 |
| Current risk | 4 | x | 3 | 12 |
| Target risk (planned mitigations in place) | 3 | x | 2 | 6 |

No change

Risk Appetite

Our risk appetite for actions related to communication and profile is seeks. Current risk is outside of appetite due to our not meeting the PSA EDI standard and needs to be within the green/amber range to come within appetite.

To meet our target risk our new engagement approach needs to embed which involved organisation wide relationship managers, an central CRM system is required for this to be truly effective. The target also requires the scaling up of the Liaison service to have UK wide engagement. This risk is also dependent on effective stakeholder process interactions and the attainment of PSA EDI standard 3.

Current risk level is one level outside of risk appetite

Planned mitigations 2021-22

progress

| | | |
|--|---|--|
| 📢 Stakeholder perceptions survey. (Q2) | ✓ | Perceptions survey analysis completed and informing activity and 2022-23 CP. |
| 📢 Increase partnership working & support for employers. (Q3) | ➡ | Dedicated employer hub is in place and materials are in development. |
| 📢 Analysis of data from second annual diversity data & publishing our 2021 Diversity report. (Q2) | ✓ | Published and promoted in September 21 |
| 📢 Development and implementation of EDI action plan. (Q2-4) | ➡ | On track for Council presentation and approval March 22 |
| 📢 Project to capture diversity data at initial point of registration and renewal. (Q4) | ➡ | EDI captured at the point of renewal launched Q3. EDI for new registration part of online apps project due to deliver Q4 |
| 📢 Quarterly meetings with professional bodies to ensure 2-way dialogue on areas of mutual interest. (Q3) | ✓ | Quarterly meetings have commenced. |
| 📢 Communications team structure review (Q3) | ➡ | Two of three Communication Business Partners recruited third is live |

Strategic risk 5 - The resources we require to achieve our strategy are not in place or are not sustainable

Risk summary

This risk includes not securing the resources we need to be effective and / or not being efficient and effective in our use of our resources (resources include financial, knowledge, skills, culture, infrastructure). It includes the development of our culture, people and physical assets, our continued financial viability and the significant failure of key business processes.

- Current risk influencers**
- ➕ NMC Partner worker status legal test case result uncertain - impact on HCPC to be determined,
 - ➡ Longer term approach to business planning is a focus, mapping of the delivery of the 5 year strategy and clear timetable in place for CP and Budget approval Mar 2022. Income strategy development commenced.
 - ➡ Working group established to support external audit 2021-22, learn from challenges of 2020-21 and mitigate issues.
 - ➕ System process interface issues between finance and registration systems, solution identified but not yet in place.
 - ➡ Specialist consultancy engaged to max benefit from any disposal of building asset. 405 lease break clause enacted, reducing ongoing rent costs from Dec 21 (costs of decanting and adapting existing estate will be incurred)
 - ➡ Grant funding for Covid response secured. Funding for data development from partnership at contract stage.
 - ➕ Majority of organisation remote working increases risk of silo working.
 - ➡ People strategy approved and launched. First two tranches of HR policies reviewed based on prioritisation of impact.
 - ➡ New normal ways of working all employee survey results positive and formalising hybrid working as normal is underway, though delay due to another period of restrictions over winter 21-22 .
 - ➡ ED of Resources and Business Performance joined Jan 22. Head of Finance and Head of IT joined HCPC end of 2021. This brings stability in the leadership of our resources directorate.
 - ➡ Finance team roles reviewed and business case approved by ELT to grow capacity and capability and ensure team has the right skills and capability to support the wider business.

- Mitigations in place**
- 🏗️ Adherence to budgeting and financial management and reporting processes which are subject to internal and external audit e.g. NAO. Medium-Term Financial Strategy incorporating an efficiency action plan.
 - ☀️ All employees are set goals and objectives and undertake annual performance review which includes an assessment against our values (Fair, Compassionate, Inclusive, Enterprising) promoted through all employee performance system and seeks to identify training needs.
 - 🏗️ HR includes a central learning and development function, which runs an annual learning and development plan for commonly identified skill and knowledge needs in addition to annual compliance training in areas such as data protection, bribery, EDI.
 - 🗣️ Employee Forum acts as a consultation group for organisational change.
 - 🏗️ Adherence to HR processes in relation to recruitment, annual performance development review and learning and development for Partners and employees.
 - 🏗️ Effective IT system design maintaining confidentiality, integrity and availability of data. Digital transformation strategy provides roadmap for improving our IT systems.
 - 🏗️ Maintenance of ISO27001 Information Security standard which is subject to external audit / Regular independent security assessments of key IT infrastructure.
 - 🏗️ Maintenance of business continuity infrastructure and processes.
 - 📊 ELT monthly monitoring of productivity of all departments through detailed performance reporting.

Reporting period commentary

Risk influencers – represent a lot of positive development. A number of senior roles in the resources and business performance directorate have been filled with post holders in place, this includes the Executive Director who is now providing leadership of the directorate. A plan is in place to strengthen the finance function and to anticipate and mitigate repeat external audit issues. The HCPC's people strategy was launched in Jan 22, setting out how we will develop our people and working culture over the next 5 years. Focus on change control as a result of the business change function establishment. While developments are positive they remain new or not yet launched and so do not impact on risk score.

| Review date | Risk owner |
|-------------|--|
| Mar-22 | ELT - ED of Resources and Business Performance |

| | Impact | Likelihood | Risk Score | |
|--|--------|------------|------------|-----------|
| Inherent risk | 5 | x | 5 | 25 |
| Current risk | 4 | x | 3 | 12 |
| Target risk (planned mitigations in place) | 3 | x | 2 | 6 |

No change

Risk Appetite

Financial and Value for Money - how will we use our resources? – Measured
 People - how will we lead our workforce? – Seeks

Current risk is outside risk appetite, the risk needs to be within the amber/green rate.

To meet our target risk we need to have in place a robust finance and registration interface, a stable budget and forward planning process with a 2-3 year forward planning timeframe and we need to have enacted our People Strategy and have confidence it is effective. The target also requires our financial reserves to be in a better position and the resources avoid deficit budgets.

Current risk level is one level outside of risk appetite

| Planned mitigations 2021-22 | progress |
|---|---|
| 🗣️ Organisational Culture is defined and agreed. (Q1) | ✅ Incorporated into our recently launched People Strategy. |
| ☀️ Organisational behaviours and values integrated into performance management system & all employee customer focus workshops delivered. (Q1-2) | ✅ Integration completed. Compassionate regulator workshops held with all employees attending. |
| 🩹 All HR policies reviewed and modernised & succession planning and career development plans agreed. (Q2-4) | ➡ First two high priority tranches reviewed and implemented. |
| 🏗️ Fee Income Strategy. (Q4) | ➡ Development underway ED Resources and Business Performance in post and taking forward. |
| ☀️ People strategy developed. | ✅ Approved by Council Nov 21 and launched in Jan 22. The strategy is 5 years and will be implemented and tracked. |
| 🏗️ Estates Strategy review to ensure we have the physical space to support our culture and new ways of working. | ➡ Specialist expertise in place to undertake longer term estates needs and current assets disposal assessment |

Strategic risk 6 - We are unable to demonstrate the value of regulation due to negative experiences of our regulation in practice

Risk summary

This risk includes ensuring a human and compassionate approach in our regulatory processes, our stakeholders experiences of our customer service. It also includes the promotion of the value of regulation and of the value of the professions we regulate. As outdated legislation contributes to bureaucratic processes this risk includes maximising the benefit to the HCPC of upcoming regulatory reform.

Current risk influencers

- HCPC engaging with DHSC on how the recommendations of KPMG on the future regulatory landscape will be taken forward. Increased confidence on the timing of regulatory reform for HCPC. Working group meeting weekly to oversee HCPC activity and engagement on reg reform this includes a dedicated policy resource to enable HCPC to feed into legislative drafting.
- Positive and wide-reaching engagement on regulatory reform undertaken in the reporting period. Proven model of multi profession model of regulation. Reform agenda open to benefits of model.
- ⊕ Performance against PSA standards could increase organisational vulnerability during a time of regulatory reform.
- 2020-21 PSA report published, acknowledges progress is being made towards meeting standards.
- ⊕ Registration responsiveness contributing to negative registrant experience - Mitigations in place have returned processing service standards to expected levels for readmissions and UK applications. Focus is now on International service levels. A process review underway to mitigate a repeat of service issues. Surge-support partner contracted to process 4.5k international applications.
- Compassionate regulator workshops held with all employees attending.
- Stakeholder perceptions survey analysis completed and informing activity and 2022-23 Corporate Plan.
- Project to implement online registration capability progressing, first delivery expected Q4 21 will represent a significant improvement in service experience.

Mitigations in place

- ☀️ Registrant health and wellbeing strategy in place .Resourcing of action plan being prioritised.
- 🩹 Research conducted into experiences of FtP and action plan in place.
- 🗣️ FtP representatives forum - regular mechanism for formal engagement with unions and others involved in representing our registrants in FtP.
- 🗣️ Organisational values 'Fair, Compassionate, Inclusive, Enterprising' promoted through performance system.
- 🗣️ Feedback and Complaints system with SLAs reporting to SMT & ARAC learning from complaints fed into system, you said we did examples published on website.
- 🗣️ Communications and strategic engagement, including parliamentarians, on regulatory reform supported by Luther Pendragon.

Reporting period commentary

Risk influencers - represent the outsourcing of 4.5k international applications to improve timeliness of service as well as the progress on implementing online applications. 100 international applicants have signed up to test the new functionality in March 22. Also represented is the progression in regulatory reform. KPMG review has completed and the HCPC is engaging with DHSC on its recommendations.

Review date

Mar-22

Risk owner

ELT lead - Chief Executive

| | Impact | | Likelihood | Risk Score |
|--|--------|---|------------|------------|
| Inherent risk | 5 | x | 4 | 20 |
| Current risk | 3 | x | 3 | 9 |
| Target risk (planned mitigations in place) | 3 | x | 2 | 6 |

No change

Risk Appetite

Our risk appetite for actions to achieve regulatory quality is open, the appetite for actions related to communication and profile is seeks.

Current risk is within appetite.

The target risk will be reached if the outcome of regulatory reform and broader reforms compliments and endorses the multi profession regulation model. This requires successful HCPC engagement and effective messaging.

Current risk level is within risk appetite

Planned mitigations 2021-22

progress

- | | |
|--|--|
| 🔧 Online registration functionality project (improved registrant experience) (Q4) | ➡️ International live Q4, UK Q1 2022-23. |
| 🩹 FTP improvement project | ➡️ Tranche 2 projects underway |
| 🗣️ Engage key stakeholders to understand key misconceptions about our regulation and action plan (Q3) | ✓ Perceptions survey analysis complete and informing activity |
| 🩹 Tone of voice review project (Q2) | ➡️ An FtP specific project has launched as part of tranche 2 of FTP improvement. |
| 🗣️ Incorporate our research on registrants' experiences into employee learning and development and inductions (Q2-4) | ✓ Complete. Series of Compassionate regulator workshops for all employees held |
| 🗣️ Engaging stakeholders on the provision of mental health support for registrants (Q1-4) | ✓ Ongoing |
| 🗣️ Messaging and dedicated engagement for the Future of Health and Care White Paper & Bill (Q1-4) | ➡️ Underway |
| 🗣️ Influence the policy on how consolidation of regulators should align with regulatory reform (Q2 -4) | ➡️ Underway |

Risk Likelihood scoring

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

Risk impact scoring

| | Public Protection | Finance | Reputation | Operations | Strategy | Information Security |
|----------------------------|---|---|--|---|---|--|
| Catastrophic 5 | A systematic failure for which HCPC is ultimately responsible. Exposes the public to serious harm in cases where mitigation was expected. | Unfunded pressures greater than £1 million. | Incompetence/ maladministration or other event that will destroy public trust or a key relationship. | Services to stakeholders are unavailable for an extended period of time (days) | Strategy rendered invalid | Significant breach of confidential information involving extensive quantities of data. Regulatory investigation required |
| Significant 4 | A systematic failure for which HCPC is ultimately responsible. Exposes more than 10 people to harm in cases where mitigation was expected. | Unfunded pressures £250k - £1 million. | Incompetence/ maladministration that will undermine public trust or a key relationship for a sustained period or at a critical moment. | Services to stakeholders are unavailable for a significant period of time (hours) | Progress on multiple strategic objectives is stopped. | Significant breach of confidential information involving limited quantities of data. Regulatory investigation required. |
| Moderate 3 | A systemic failure for which HCPC is ultimately responsible. Exposes more than 2 people to harm in cases when mitigation was expected. | Unfunded pressures £50,000 - £250,000. | Incompetence/ maladministration that will undermine public trust or a key relationship for a short period. Example Policy U-turn. | Services to stakeholders are significantly disrupted. Services are degraded or responses are slow for an extended period of time (days). | Progress on 1 strategic objective is stopped. | Limited breach of confidential information No regulatory investigation required |
| Minor 2 | A systemic failure which results in inadequate protection for individuals/individual communities, including failure to resolve celebrity cases. | Unfunded pressures between £20,000-£50,000. | Event that will lead to widespread public criticism. | Services to stakeholders are disrupted. Services are degraded or responses are slow for a significant period of time (hours) | Progress on multiple strategic objectives is slowed. | Significant or widespread non-compliance to information security policy by employees. No breach of confidential information |
| Insignificant 1 | A systemic failure which fails to address an operational requirement | Unfunded pressures under £20,000. | Event that will lead to public criticism by external stakeholders as anticipated. | Services to stakeholders are disrupted for a short period of time (minutes). | Progress on 1 strategic objective is slowed. | Minor or one-off non-compliance to information security policy by employees. No breach of confidential information |

HCPC Risk Appetite - agreed February 2021

| | |
|--|--|
| <p>Regulatory Quality - Open How will we deliver effective regulatory functions?</p> | <ul style="list-style-type: none"> • Our focus is on long term and lasting quality in our regulatory delivery. We have to take risk and challenge ourselves to achieve positive change. Sticking with a low-risk status quo will limit our progress. • We are open to risks that will further us in our aim of delivering excellent regulatory functions. • We are prepared to try new approaches that do not have a guarantee of success where the potential benefits of success outweigh the consequences of failure. • We proactively seek to reduce public protection risk through the promotion of professionalism and prevention. • The risks we are willing to take do not have a significant chance of long-term negative impacts on our regulatory quality. We accept that in striving for excellence and trying new approaches, short term issues may arise which we will seek to mitigate as best we can. • It is essential that mitigations to ensure ongoing public protection are in place as a foundation of taking risks to improve our regulatory quality. |
| <p>Compliance – Measured How will we comply with our statutory, regulatory and policy requirements?</p> | <ul style="list-style-type: none"> • We have a preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward. • We are willing to take decisions that could be challenged only where we are confident we would be successful in defending against such challenge, and the adverse consequences of being unsuccessful are minimal. • We are willing to take low level risks of negative PSA performance impact given the appropriate controls are in place and we consider the potential benefits are required to maintain or improve our PSA standard performance. • It is essential that the long-term achievement of PSA standards is assured. |
| <p>Communication and Profile – Seeks How will we be viewed by our stakeholders?</p> | <ul style="list-style-type: none"> • We are eager to be innovative in content and method in order to communicate more effectively, despite greater inherent risk. • We are willing to express our views and communicate on issues where stakeholder opinion is divided, but where the HCPC has a legitimate voice and the Council has an agreed policy position. • In communicating our views, we are willing to accept the possibility of manageable reputational risk or a negative, but not irreversible, impact on a stakeholder relationship. • We acknowledge that being bold in communicating our position may lead to increased scrutiny from stakeholders. We accept this risk as being necessary to enable the HCPC to assert its voice and shape debate in the furtherance of excellence in regulation. • We seek meaningful two-way dialogue with our stakeholders, even where this may pose a risk to our profile due to uncomfortable feedback. • It is essential that the HCPC's voice is not perceived to be party political. The HCPC is neutral as a public body. |
| <p>People – Seeks How will we lead our workforce?</p> | <ul style="list-style-type: none"> • We are eager to be innovative and to choose options that increase our effectiveness as an organisation despite greater inherent risk. • We are prepared to accept risk as long as there is the potential for improving culture, recruitment and retention. • We want to innovate to improve our culture and working environment. • We are willing to review and restructure where this is needed, accepting the potential for short term disruption in order for the HCPC to benefit from better ways of working. • 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. |
| <p>Financial and Value for Money – Measured How will we use our resources?</p> | <ul style="list-style-type: none"> • We are prepared to accept the possibility of limited financial loss where it does not have the potential to impact on our going concern. • Value for money is our primary concern in financial expenditure but we are willing to consider other benefits or constraints. • We are funded through registrant fees and we have a responsibility to ensure we invest cautiously to minimise loss while maximising benefit. • We accept that investments may be long term and take time to deliver rewards, appropriate benefit realisation monitoring is required to mitigate risk in investments. • 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. |

Proposals for amendments to the Strategic Risks

| Strategy | Current Strategic Risk | Substantive change proposed? | Reasoning |
|---|--|------------------------------|---|
| <p>1 - Continuously improve and innovate - To improve our performance against PSA standards of good regulation and to innovate across all our regulatory functions to provide an enhanced user experience.</p> | <p>1. Our performance does not improve to a standard that enables us to achieve all the PSA standards of good regulation. In seeking to meet these standards we lose focus and lose standards in other areas</p> <p>This includes our understanding of the PSA's expectations and the gap in our current performance we need to meet. This requires positive and ongoing engagement with the PSA and effective mechanisms for performance improvement and monitoring of our regulatory quality</p> | <p>Yes</p> | <p>The Executive propose amending this risk to place more emphasis on the experiences of those engaging with our regulation as well as improving our regulatory quality and performance.</p> <p>We also want to focus on our own understanding of what good regulation looks like rather than being bound more narrowly by our current performance against the PSA standards. Therefore the focus will be on achieving our own t</p> <p>Our performance against the PSA standards will still be represented as a key risk influencer.</p> |
| <p>2 - Promote high quality professional practice - Enable our professions to meet our standards so they are able to adapt to changes in health and care practice delivery, preventing harm to service users.</p> | <p>2. The HCPC's regulatory expectations are not appropriate or not understood by registrants and other stakeholders.</p> <p>This includes the quality and suitability of our standards and guidance in setting a threshold for safe practice which protects the public. It also includes how effectively we communicate our regulatory expectations</p> | <p>No</p> | <p>Our review of the Standards of Proficiency nears conclusion and we will launch all 15 standards early in 2022-23.</p> <p>During the 2022-23 year we aim to review the Standards of Conduct Performance and Ethics, as well as initiating a review of our Standards of Education.</p> <p>Given the significant work focused on standards during the 2022-23 year, the Executive wishes to maintain a focus on delivery at strategic risk level.</p> <p>To enable a closer focus on data in SR3 we propose moving our prevention agenda outreach work into the strategic risk.</p> |

| | | | |
|--|--|------------|---|
| <p>3 - Develop insight and exert influence - Learning from data and research to inform our decision making and share insights to protect, promote and maintain the health, safety and well-being of the public.</p> | <p>3. We are unable to harness the benefits of the wealth of data we hold</p> <p>This includes our effectiveness in collecting, maintaining and utilising the data we need to be an intelligence driven regulator. It includes the effectiveness of our insight and intelligence, and professionalism and upstream regulation work. It relies heavily on the work of the digital transformation and IT team and includes operational reporting in the Corporate Services team. It also relies on regulatory teams inputting information.</p> | <p>No</p> | <p>This remains a significant strategic risk for the HCPC. Professionalism and upstream regulation is proposed to be included strategic risk 2 to make this risk have a clearer focus on the use of data.</p> |
| <p>4 - Be visible, engaged and informed - We regulate, take and communicate decisions which are informed by a deep understanding of the environment within which our registrants, employers and education providers operate.</p> | <p>4. We do not understand our stakeholder's needs and so are unable to be the regulator they (the wider system) need</p> <p>This includes how effectively we engage with our stakeholders and our credibility with them and how well we play our part in the wider system. It includes our EDI practice externally, the ability to respond and influence external drivers for change, like the impact of Brexit, devolution or a change in government as well as issues like workforce development.</p> | <p>Yes</p> | <p>The proposed change is minor, rather than 'be to the regulator they need' instead 'be as effective of a regulator as we can be'.</p> |

| | | | |
|--|--|------------|---|
| <p>5 - Build a resilient, healthy, capable and sustainable organisation - Employees feel valued and supported, and fully able to contribute. The organisation is resilient and able to quickly adapt to changes in the external environment.</p> | <p>5. The resources we require to achieve our strategy are not in place or are not sustainable.</p> <p>This risk includes not securing the resources we need to be effective and / or not being efficient and effective in our use of our resources (resources include financial, knowledge, skills, culture, infrastructure). It includes the development of our culture, people and physical assets, our continued financial viability and the significant failure of key business processes.</p> | <p>No</p> | <p>While we do not propose change to the headline for this risk, as the risk remains strategically relevant, we do wish to refine the under the headline description to be more explicit about the key areas of risk being:</p> <ul style="list-style-type: none"> • Employee turnover and securing talent • Income strategy • Change management • Benefits realisation from investment |
| <p>6 - Promoting the value of regulation - The public, registrants, students and employers understand the value and importance of regulated health and care professionals.</p> | <p>6. We are unable to demonstrate the value of regulation due to negative experiences of our regulation in practice.</p> <p>This risk includes ensuring a human and compassionate approach in our regulatory processes, our stakeholders experiences of our customer service. It also includes the promotion of the value of regulation and of the value of the professions we regulate. As outdated legislation contributes to bureaucratic processes this risk includes maximising the benefit to the HCPC of upcoming regulatory reform.</p> | <p>Yes</p> | <p>As regulatory reform progresses, as well as the level of resource we need to apply in preparation, the need to maintain a close strategic view on the risks involved has increased.</p> <p>The Executive wish to amend this risk to be focused on our success in making the case for multi-professional regulation in the new regulatory landscape, as well as ensuring new legislation meets our aims of a human and compassionate approach.</p> <p>The risk will also cover our internal preparation and understanding of regulatory reform, alongside the external influencing piece.</p> |

Chief Executive's report on organisational performance – March 2022

Appendix E

- 2022 Annual Report on HCPC's Public Inquiries Tracker

February 2022

2022 Annual report on HCPC's Public Inquiries and reviews tracker

1. Introduction

- 1.1. Public inquiries play an instrumental part in driving system-wide improvements and provide key learning opportunities for the health and care sector. They also play a vital role in informing HCPC's work and supporting strategic improvement in our approach to regulation.
- 1.2. Responding to and monitoring public inquiries is therefore a key priority for HCPC, as it helps to improve regulatory performance and ensure public protection. This programme of work also supports HCPC's corporate strategy, and our overarching aim to be a high performing regulator upholding high standards in the professions we regulate.
- 1.3. Since November 2018, the Policy and Standards team has kept a tracker of HCPC's responses to public inquiries and relevant reviews. The purpose of the tracker is to record and monitor the commitments HCPC has made and represents a key tool for holding the organisation to account and for updating Council on progress made. HCPC last updated Council on the contents of the tracker in March 2021.
- 1.4. The purpose of this paper is to:
 - update Council on progress against commitments listed since the previous report;
 - highlight the HCPC's continuing work to address recommendations arising;
 - provide an overview of inquiries and reports published/announced since the last update to Council; and
 - summarise key work that we will be progressing over the course of the year.

2. Overview: current reports, inquiries and papers included in the tracker

- 2.1. There are currently twelve inquiries/reports monitored in the tracker:
 - [The handling by the General Medical Council of cases involving whistleblowers](#) (2015)
 - [The Independent Inquiry into Child Sexual Abuse Interim Report](#) (2018).
 - [The Report of the Gosport Independent Panel](#) (2018)
 - [The Williams review into gross negligence manslaughter in healthcare](#) (2018)
 - [The Inquiry into Hyponatremia-related deaths](#) (2018)
 - PSA [Lessons Learned Review](#) (2018)

- PSA report: [How is public confidence maintained when fitness to practice decisions are made?](#) (2019)
- PSA report: [Telling patients the truth when something goes wrong](#) (2019)
- Women and Equalities Committee report: [Sexual harassment in the workplace](#) (2019)
- PSA report: [Sexual Misconduct in Health and Social Care](#) (2019)
- Report of the [Independent Inquiry into the issues raised by Paterson](#) (2020)
- The report of the [Independent Medicines and Medical Devices Safety Review](#) (2020)

2.2. In addition to the above, the Independent Inquiry into Child Sexual Abuse published a [thematic report on abuse in healthcare contexts](#) in December 2020. This report puts forward multiple suggestions for change aimed at safeguarding children from the risk of abuse. However, these suggestions do not constitute formal recommendations by the Inquiry's Chair and Panel. They have therefore not been included in the tracker but have been noted for context. We expect the final report of the inquiry to be published this year and we will continue to monitor for developments through our horizon scanning activities and representation on the joint-regulators forum.

2.3. We are not aware of the publication of any further inquiries or reports of relevance to HCPC since we last updated Council in March 2021.

2.4. There are currently 71 recommendations or areas to monitor that are listed in the tracker. Below is a summary of the status of these:

- 31 have been successfully addressed since our previous update to Council.
- 29 are in progress, meaning we have identified or commenced action towards addressing them.
- 11 include areas to note, recommendations for other bodies and/or rely on cross-regulator or system-wide work being commissioned, funded or led by another body. We are continuing to actively monitor these areas and remain willing to support as and when work on these areas may be commissioned or actions taken forward of relevance to us.

3. Key examples of work and progress made

3.1 Below are some key examples of the work undertaken and progress made over the last year, based on key themes. This list is not exhaustive of HCPC's activities, but instead provides a broad overview of work completed and currently in progress to address recommendations listed in the tracker.

Equality Diversity and Inclusion (EDI)

- 3.1. A key finding of the Williams Review was the need for greater fairness across regulatory processes, and for regulators to be cognisant and address instances of unconscious bias about certain groups.
- 3.2. EDI is a key priority for HCPC and in March 2021, Council agreed our first EDI Strategy setting out our vision to be an actively anti-discriminatory organisation that upholds and promotes best practice in equality, diversity and inclusion and is an active ally for change. This set seven strategic objectives covering our role both as a regulator and as an employer.
- 3.3. In October 2021, we published detailed analysis of the diversity of our registrants, staff and partners. We also produced factsheets on the diversity of each of our 15 professions. This analysis was based on a survey which captured diversity data for 18% of our registrant base, three times higher than our previous data capture (5.9%).
- 3.4. Until recently, our registrant diversity data was captured through an annual survey promoted to registrants. While this improved our collection rates, collecting information in this way has its limitations and was only an interim measure. In December 2021, we upgraded our registrant portal to enable comprehensive recording and updating of registrants' equality monitoring information at any time, including at point of registration renewal. In addition we are planning to include diversity data capture in both UK and international applications later in 2022, as well as for complainants in future through upgrades to our fitness to practise case management system. This work aims to substantially improve the data that we hold about our registrants to allow analysis to identify opportunities for improvement of our processes across the organisation.
- 3.5. The Williams Review identified that black and minority ethnic (BAME) registrants were disproportionately represented in NMC and GMC fitness to practise (FTP) procedures. Limitations of our EDI data capture and a lack of analytical capability have prevented us from conducting similar analysis to identify whether BAME registrants are over-represented in our processes. However, in 2021, we established HCPC's first Insight and Analytics function with statistical and analytical expertise to enable us to carry out the relevant analysis. Now that we have a more stable approach to capturing data, over time this should give us sufficient data to carry out analysis on this area. Data captured in existing systems means our Insight and Analytics team has already begun to analysis FTP outcomes based on age and sex, as we have a complete set of data on these two protected characteristics.

Candour

- 3.6. All health and care professionals have a professional duty of candour, which is a responsibility to be open and honest if/when things go wrong with care provided.
- 3.7. The importance of candour is a recurring theme which features in many of the public inquiries listed. In particular, the PSA's report '*telling patients the truth*' made a series of recommendations focused on improving registrants' understanding of candour and related regulatory Standards, and on further embedding candour into professional practice.
- 3.8. In response to the PSA's recommendations, the Policy and Standards team recently developed new online resources for registrants on the duty of candour which were published in February 2022. These include a series of recorded webinars with guest speakers, where we explain what the duty of candour is and provide positive examples of what it looks like in practice. We also explore some of the challenges to being candid, and how to overcome these.
- 3.9. In addition, we recently published new online materials on supervision for registrants. These materials highlight the importance of registrants being open and honest about their knowledge, experience and development needs in order to make their supervision most effective. These materials aim help to support and facilitate a more open culture, based on learning and peer support.
- 3.10. Strengthening candour is also a particular priority in Northern Ireland following the Inquiry into Hyponatraemia-Related Deaths, which recommended that the statutory duty of candour should be enacted in Northern Ireland. We responded to the Northern Ireland Executive's consultation on introducing the statutory duty of candour in August 2021, and we will continue to engage Ministers as plans progress.
- 3.11. Through 2022/23, our Professional Liaison Service will promote our materials on supervision and candour to registrants through their programme of #myhpcstandards workshops.

Leadership

- 3.12. The inquiry into Hyponatraemia-related deaths identified the development and improvement of leadership skills as a key priority.
- 3.13. As part of the Standards of Proficiency review, we have strengthened the focus on leadership by including six additional Standards focused on demonstrating leadership skills and professional behaviours associated. Subject to Council's approval, all students will be required to meet these

competencies at the point that they join the Register, which will help to embed leadership skills amongst all registrants.

Reflective practice

3.14. Both the Gosport Report and the Williams Review made a series of recommendations focused on reflective practice. In response, the Policy and Standards team successfully launched new web resources on reflective practice in March 2021, which aims to encourage registrants to be more reflective by outlining how it can form part of their CPD, and by clarifying our approach during FTP proceedings.

3.15. These materials have so far proven extremely valuable, with over 48,000 page views and very positive feedback from users. Going forward, our Professional Liaison Service will continue to promote and share these resources in its programme of workshops for registrants, students and employers.

Service user engagement

3.16. The PSA's report on public confidence made a number of recommendations centred on increasing visibility and public understanding of professional regulation.

3.17. In recognition of the need for greater service user engagement and support, we have now embedded public engagement in our Corporate Strategy.

3.18. Our FTP team have also commenced a number of activities focused on improving how we engage and communicate with service users. In particular, we have commenced our tone of voice review, with the aim of ensuring more compassionate and inclusive communication. This includes development of correspondence templates used to communicate key information to those involved in our FTP processes. From November 2021 – January 2022, all our staff completed 'Becoming a compassionate regulator' workshop, which explored the impact we can have on those involved in our processes and how we can support a more compassionate approach.

3.19. Our FTP Charter also went live internally in September 2021, which sets out customer service expectations and includes a high-level flow chart and timescales for engagement with service users to ensure timely communication.

3.20. In addition, in June we updated our FTP case management system to include a stakeholder complexity rating, so that cases with more vulnerable parties in need of more support will be signposted to us. This will enable us to provide a greater level of communication that is tailored to the needs of the service user.

3.21. Finally, we are currently recruiting a Strategic Relationships Lead into the Policy, Standards, Strategic Relationships and EDI team. A key area of focus

for this new role will be the development of a service user engagement strategy for the organisation and developing our relationships with patient representative groups. Work on this is expected to commence in 2022/23.

Professionalism and maintaining appropriate boundaries

- 3.22. Both the PSA's report on sexual misconduct in health and social care and the Women and Equalities Committee report on sexual harassment in the workplace put forward a series of recommendations aimed at combating sexual misconduct and raising awareness of inappropriate behaviours.
- 3.23. Over the past year our Professional Liaison Service have delivered a series of webinars for registrants on professional behaviours and our Standards. This included Standard 1 on promoting and protecting the interests of service users and maintaining appropriate boundaries. These webinars also explored responsibilities around raising concerns and speaking up, which included reference to the bystander effect. We intend to build on this work in 2022/23 by delivering a programme of #myhcpcstandards events that will further explore raising concerns, speaking up and sexual misconduct.

4. Ongoing Inquiries and Stakeholder Engagement

- 4.1. While the inquiry is not yet complete and so there are not yet have specific actions to take forward, we have continued to monitor the Independent Inquiry into Child Sexual Abuse as part of our wider horizon scanning work, and to proactively identify upcoming reports of relevance to HCPC. As highlighted above, the inquiry published its thematic report on abuse in healthcare contexts in December 2020, which we have noted. We understand that the inquiry will be publishing its final report later this year and we will continue to monitor for developments.
- 4.2. The [Essex Mental Independent Inquiry](#), which is investigating the deaths of mental health inpatients in Essex between 2000 and 2020, recently launched its first call for evidence. Given the inquiry's focus on mental health settings, we understand that the review could relate to the practice of HCPC registrants, particularly practitioner psychologists. Timescales for publication are not yet established, however, as above, we will continue to monitor for developments and engage the inquiry's panel where necessary.
- 4.3. The [Muckamore Abbey Hospital Inquiry](#) was formally launched in October 2021 with the purpose of examining the abuse of patients at Muckamore Abbey Hospital in Northern Ireland, and to determine the range of circumstances that permitted these abuses to happen. Listed as a Document Provider for the inquiry, HCPC submitted all information held on the institution

in December. Timescales for publication are not yet known, though we will continue to engage the inquiry panel for updates and provide assistance.

5. Next steps

- 5.1. It is important that HCPC monitors and responds to all relevant inquiries, to ensure that we fulfil our statutory functions and provide regulation that is proactive, robust and intelligence driven. Inquiries can relate to HCPC indirectly or directly. They may relate to HCPC's core functions and help inform present or future projects of work to support and promote public safety in healthcare provision.
- 5.2. In 2022/23, the Policy and Standards team plan to review and develop our approach towards horizon scanning and monitoring the progress of inquiries and reviews, not only to ensure that we continue to respond appropriately to findings, but also so that we can engage at earlier stages and help identify appropriate opportunities where we may seek to input and support where we consider this might be valuable. This will help to ensure that the HCPC is well-placed to make informed decisions on our priorities informed by and in response to external developments.
- 5.3. The Policy and Standards team will continue to annually brief Council on progress made against recommendations listed in the tracker.