

Council

Meeting Date	16 July 2026
Title	Strategic risk register review
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Council is asked to approve the revised strategic risk register (SRR), which has been comprehensively reviewed as part of the implementation of the HCPC corporate strategy. The revised SRR provides a clearer and more focused assessment of the principal strategic risks that could affect HCPC's ability to deliver its objectives and statutory responsibilities. The revised register introduces a clearer distinction between strategic, operational and departmental risks, strengthening the alignment between risk management, assurance and organisational performance. The proposed strategic risks have been developed through a structured review of the previous SRR, the operational risk register (ORR), assurance activity, emerging risks and external benchmarking, and have been reviewed by both the Executive Leadership Team (ELT) and Audit and Risk Assurance Committee (ARAC). The proposed SRR contains 12 strategic risks representing the most significant threats to delivery of the corporate strategy and the HCPC's regulatory functions. ARAC welcomed the revised format and supported the proposed register, whilst identifying several areas for future enhancement, including the further development of mitigating actions, risk appetite measures, risk scoring narrative and risk interdependencies. These improvements will be progressed as part of the ongoing development of the framework. Approval of the revised SRR will establish it as HCPC's principal strategic risk management tool. This will be followed by a wider review of the ORR and supporting risk management framework during 2026–27 to ensure a consistent and integrated approach to risk management across the organisation.	
Action required	The Council is asked to approve the new strategic risk register.
Previous consideration	ARAC held a workshop on 14 May where the approach to strategic risk management and initial thinking on the new strategic risks were discussed. At its meeting on 10 June the

	Committee considered the new strategic risk register and agreed to recommend it to the Council for approval.
Next steps	Updates to the strategic risk register will be reviewed by ARAC and the Council on a quarterly basis.
Financial and resource implications	None identified.
Associated strategic priority/priorities	Relevant to all strategic priorities.
Associated strategic risk(s)	This paper proposes a new set of strategic risks.
Risk appetite	Compliance - measured
Communication and engagement	Should Council adopt the new strategic risks, they will be communicated internally and integrated into governance.
Equality, diversity and inclusion (EDI) impact and Welsh language standards	EDI considerations are a focus of two of the new proposed strategic risks.
Other impact assessments	Not applicable.
Reason for consideration in the private session of the meeting (if applicable)	Not applicable

Strategic Risk Register Review

1. Introduction

- 1.1 Council is asked to approve the revised SRR, which has been comprehensively reviewed and refreshed as part of the implementation of the HCPC corporate strategy.
- 1.2 The revised SRR reflects a new approach to strategic risk management that strengthens the organisation's ability to identify, monitor and respond to the principal uncertainties that could affect delivery of the HCPC's strategic objectives and statutory responsibilities. The revised register provides greater clarity of risk ownership, improved alignment between strategy and risk, and stronger links between risk management, assurance and organisational performance.
- 1.3 The proposed register contains twelve strategic risks that have been identified through a structured review process involving the ELT and ARAC, consideration of assurance activities, analysis of the operational risk profile and benchmarking against regulatory sector practice.
- 1.4 ARAC reviewed the proposed SRR and supported both the revised format and the proposed strategic risks, whilst identifying a number of areas for further development that will be incorporated during 2026-27.

2. Background

- 2.1 Effective risk management is essential to ensuring that HCPC can achieve its strategic objectives, fulfil its statutory responsibilities and continue to protect the public.
- 2.2 As part of the implementation of the HCPC corporate strategy, a comprehensive review of the SRR has been undertaken. The review recognised that the existing SRR had evolved over time and that an opportunity existed to strengthen the way strategic risks are identified, articulated and reported.
- 2.3 The review has sought to ensure that the register:
 - focuses on genuinely strategic risks;
 - aligns more clearly with strategic objectives;
 - provides clearer accountability and ownership;
 - strengthens the relationship between risk, assurance and performance reporting; and
 - supports more effective oversight by ELT, ARAC and the Council.
- 2.4 The revised approach is also consistent with recommendations arising from an internal audit review of the HCPC's risk management system and reflects recognised good practice in risk management. The proposed model aligns with principles contained within HM Treasury's Orange Book and reflects learning from benchmarking undertaken against other regulators.

3. Development of the Revised Strategic Risk Register

- 3.1 The review began following discussion at ARAC regarding the future development of HCPC's risk management framework. A new risk hierarchy was developed to provide greater clarity regarding the distinction between strategic, operational and departmental risks. Under this approach:
- strategic risks focus on long-term organisational objectives and sustainability;
 - operational risks focus on delivery of services and organisational performance; and
 - departmental and project risks focus on team-level activities and short-term delivery matters.
- 3.2 The revised model establishes clearer escalation routes between the different levels of risk management and enables significant operational risks to be escalated for strategic oversight where appropriate. This will provide ELT, ARAC and the Council with a more accurate understanding of the organisation's overall risk landscape.
- 3.3 To develop the proposed SRR, the Head of Assurance and Compliance produced a longlist of potential strategic risks informed by:
- the previous Strategic Risk Register;
 - the highest-rated risks within the ORR;
 - findings from assurance mapping activities;
 - emerging risk intelligence;
 - benchmarking against external organisations; and
 - independent feedback and professional advice.
- 3.4 The ELT subsequently reviewed and challenged the proposed risks in detail, considering areas of overlap, identifying gaps and refining risk descriptions before agreeing a final list of proposed strategic risks. Areas that were determined to be adequately managed through operational risk management processes, or where current risk exposure was not sufficiently significant, were not included within the final register.

4. The Revised Strategic Risk Register

- 4.1 The revised register has been designed to provide greater clarity and consistency in the assessment and reporting of strategic risks. Each strategic risk includes:
- a clear risk description;
 - an assessment of current risk exposure;
 - existing controls and mitigations;
 - planned mitigating actions; and
 - ongoing monitoring through regular reporting and review.
- 4.2 In addition, risks are assessed using HCPC's risk scoring methodology, enabling both current exposure and movement in risk levels over time to be monitored and reported consistently.
- 4.3 The register is intended to remain dynamic and will be reviewed regularly to ensure that it continues to reflect HCPC's evolving risk environment. Significant operational risks will continue to be assessed for escalation where appropriate.

Proposed Strategic Risks

4.4 Approval is sought for the following twelve strategic risks. These risks represent the most significant strategic threats to delivery of the corporate strategy and the HCPC's ability to discharge its regulatory functions effectively.

- SR01 – Delivery of Regulatory Requirements
- SR02 – Organisational Capacity
- SR03 – Appropriate Action from EDI Data
- SR04 – Internal EDI
- SR05 – HCPC Culture
- SR06 – FTP Effectiveness – Timeliness
- SR07 – FTP Effectiveness – Case Communication
- SR08 – Financial Sustainability
- SR09 – Digital Roadmap
- SR10 – Cyber Security Event
- SR11 – Responding to Regulatory Change
- SR12 – Delays in Funding NHS Manager Scheme

The full register is included at Appendix A.

5. Audit and Risk Assurance Committee Consideration

5.1 ARAC reviewed the proposed SRR and welcomed both the revised framework and the proposed risk profile. The Committee agreed that the revised SRR provides a clearer and more structured approach to strategic risk management and offers an improved basis for oversight and assurance.

5.2 The Committee also identified a number of areas for further development, including:

- strengthening the articulation and monitoring of mitigating actions;
- enhancing explanations for changes in risk scores;
- better reflecting significant external dependencies;
- incorporating risk appetite into strategic risk reporting;
- considering the inclusion of target residual risk dates; and
- strengthening the presentation of interdependencies between risks.

5.3 These enhancements will be incorporated as part of the ongoing development of the risk management framework.

6. Next Steps

6.1 Subject to Council approval, the revised SRR will become the HCPC's principal strategic risk management tool and will be reported through established governance arrangements.

6.2 The register will be reviewed quarterly by the Senior Leadership Team and ELT and considered regularly by ARAC and the Council. Emerging risks and significant changes in risk exposure will continue to be monitored and reported.

6.3 Implementation of the revised SRR also marks the beginning of the next phase of the HCPC's wider risk management improvement programme.

- 6.4 During 2026–27, a comprehensive review of the ORR and wider risk management framework will be undertaken. This review will ensure that operational risks are consistently defined, scored and managed and that clear escalation arrangements exist between operational and strategic risks. The review will consider:
- the number and quality of operational risks;
 - consistency of risk scoring and reporting;
 - the effectiveness of controls and mitigation plans;
 - escalation and de-escalation criteria;
 - alignment between risk management, assurance and performance reporting; and
 - opportunities to simplify and strengthen organisational risk reporting.
- 6.5 Together, the revised SRR and review of the ORR will support the development of a more mature, integrated and assurance-driven approach to risk management across the HCPC.

High Level Risk Summary	Risk Owner	Inherent Risk Score	Current Risk Score	Mitigating Actions 2026-27	Risk movement	Target Risk Score
SR01 Delivery of Regulatory Requirements						
There is a risk that failure to deliver our statutory functions may impact patient safety and undermine public confidence. Key controls and mitigations: A 2026–27 QA workplan will review FTP, Registration and Education, alongside first-line controls. Centralised PSA coordination, and regular engagement. KPIs and performance is monitored and reported to ELT, Committees and Council. Monitoring demand and adjusting workforce levels as appropriate. Decision Review Group and Decision Assurance Group in FTP and Registration Appeals to critically consider hearing decisions and identify learning. More Robust English language requirements in place for international applicants and Phase 1 of changes to the international assessment model implemented in November 2025. Enhanced new record of assessment for CPD audits.	Deputy CEO & Executive Director of ERRS Executive Director of FTP & Tribunal Services	25 (15xL5)	9 (13xL3)	•KPI review under way •Implement Phase 2 changes for the new international assessment model. •Test third-party checks to better understand applicants' main qualifications. •Strengthening case management processes to support timely proportionate decision making. •Implement the updated SETs (with supporting processes and guidance) for the QA of education programmes •Update processes and guidance to support new education and training standards.	→	6 (13xL2)
SR02 Organisational capacity						
There is a risk that our strategic ambition is not aligned with the organisation's financial and workforce capability and capacity, which may result in reduced workforce resilience, leading to diminished service performance and potential impacts on public protection. Key controls and mitigations: Workforce plan agreed and aligned with budgets and corporate plan. New talent acquisition approach being developed, including assessment centres for FTP roles. ELT scrutiny of business cases for new activity ensure that the capacity and capability requirements of new initiatives are carefully considered. Investment planning ensures strategic objectives are aligned with financial and resourcing constraints.	Executive Director of Resources	20 (15xL4)	16 (14xL4)	•Launch new People Strategy •Implement workforce plans for recruitment and L&D, including recruitment to critical regulatory investigator roles in FTP •Complete establishment of new internal Legal Services Team in FTP •Recruit to new roles in HR agreed as part of workforce plan to enable recruitment and effective business partnering support to departments •Develop technology capability in accordance with workforce plan, to augment change and innovation capacity and capability	New risk	6 (13xL2)
SR03 Appropriate action from EDI data						
There is a risk that inadequate collection, exploration, and understanding of EDI data leads to incomplete analysis, allowing bias within processes and decision-making to go undetected, and resulting in disproportionate outcomes with associated legal and reputational risk. Key controls and mitigations: EDI data held for 99% of registrants. EDI Impact assessments in place for all new projects. EDI Data sets are published on registrant protected characteristics, and analysis undertaken to understand if our regulatory decisions are fair. EDI data is requested as part of the online portal for FTP complainants. Data Governance Group is in place to actively drive a data culture across the organisation. Data Governance Lead & Senior Data Analyst Business Partner in post to ensure accountability.	Deputy CEO & Executive Director of ERRS	20 (15xL4)	9 (13xL3)	•Redevelop some aspects of EDI data collection, particularly around place of work and reasons for leaving •Continue data profiling across the key regulatory domains (Registration, Education and FTP), identifying data quality issues and working with data stewards to resolve them •Develop EDI Strategy for 2026-2031 •Scope a patient panel and/or a digital network of lived experience across our registrants and service users to help support our work.	→	6 (13xL2)

High Level Risk Summary	Risk Owner	Inherent Risk Score	Current Risk Score	Mitigating Actions 2026-27	Risk movement	Target Risk Score
SR04 Internal EDI						
There is a risk that insufficient identification and response to perceived inequities in staff experience may lead employees to feel they are not treated fairly, equitably, or recognised, resulting in reduced morale and engagement, and increasing the risk of discrimination issues and a weakened organisational culture. Key controls and mitigations: Organisational workforce plan which focuses on career development opportunities updated regularly. Hybrid working approach enables a balanced approach to optimising working patterns and productivity, taking appropriate account of individual and team circumstance. Training for aspiring managers, managers, operational managers and Leads, and senior leadership. Pay award annually, and pay review completed on a three year cycle. Annual gender, ethnicity and disability pay gaps report (last published April 2026).	Executive Director of Resources	20 (15xL4)	12 (14xL3)	•Launch new People Strategy •Implement workforce plan including recruitment to critical new operational roles priorities, drawing on wider talent pool •New Talent Acquisition approach, including more rigorous assessment centres for recruitment to FTP roles, drawing on widest possible talent pool •ELT review of pay gap data •Update/Refresh the behavioural framework in line with the updated values. •Graduate programme, apprenticeship workforce upskilling	New risk	4 (12xL2)
SR05 HCPC Culture						
There is a risk that a lack of consistent leadership in fostering values, accountability, and performance culture may undermine organisational effectiveness, impacting decision quality, workforce engagement, and the delivery of credible regulation. Key controls and mitigations: Quarterly Pulse Survey sent to whole organisation for completion. All free text comments are reviewed by ELT. Ways of Working Policy in place. Annual all staff development day, and monthly all staff briefings led by CEO. Clear speaking up pathways, including Freedom to Speak Up Guardians, formal and informal support form HR, SLT and ELT availability, all detailed in the Speaking Up and Whistleblowing policy.	CEO	16 (14xL4)	12 (13xL4)	•Continue developing and updating our workforce planning and succession planning frameworks •Setting up a new Employee Experience Working Group, which will bring together the key teams that can have an impact on the overall employee experience •Aspiring to Management programme, HR essentials, MDP (if numbers), OLDP, bespoke internal leadership upskilling, Beyond Barriers Programme •Enhanced internal communications and engagement, including monthly AEBs and annual all-employee development day.	New risk	4 (12xL2)
SR06 FTP effectiveness - timeliness						
There is a risk that FTP improvement programmes may not achieve the required improvements in case timeliness to meet PSA Standard 15, resulting in associated performance and reputational impacts. Key controls and mitigations: Creation of in-house legal team to increase our capacity to manage frontloaded investigations in-house. Increase in headcount in last year to ensure capacity, capability and resilience to meet increasing demand. Senior leadership oversight of oldest cases on monthly basis. Senior leadership monthly oversight of high risk cases with ELPs.	Executive Director of FTP & Tribunal Services	25 (15xL5)	16 (14xL4)	•Review of Threshold Policy to support case progression and close cases safely at the earliest opportunity. •Improve case load management, ensuring effective prioritising of cases and embedding good case management practices to assist with case progression, including special case handling. •Process improvements in approach to listing final hearings to support the development of a more efficient listing process. •Significantly increase the capacity of frontloaded cases managed in-house for cases at all stages of the process. •Using the opportunity of new contracts with ELPs and new internal legal team to review our approach to contract management and oversight	New risk	6 (13xL2)

High Level Risk Summary	Risk Owner	Inherent Risk Score	Current Risk Score	Mitigating Actions 2026-27	Risk movement	Target Risk Score
SR07 FTP effectiveness - case communication						
There is a risk that a lack of effective and timely communication with case parties may prevent the regaining of PSA Standard 18, potentially impacting compliance, service quality, and stakeholder confidence. Key controls and mitigations: Lay advocacy service in place to provide independent, lay advocacy for members of the public. Working with Communicourt to provide an intermediary service for registrants and witnesses with communication needs to participate in hearings. FTP Process Factsheets and improved tone of voice on all templates. Registrant support service in conjunction with CiC, to provide free, independent and confidential support and advice to registrants involved in the FTP process.	Executive Director of FTP & Tribunal Services	25 (I5xL5)	12 (I4xL3)	•Development of customer service first line checks in FTP, with advice and support from QA Programme Lead •QA audit to be completed in Q3 2026-27 •Strengthen management practices to support pre-Investigating Committee teams in operational delivery and improved customer service •Develop our approach to supporting witnesses. Continuation of improvements to the support and guidance we provide to witnesses throughout the FTP process •Increased headcount to create capacity to consistently meet our customer service expectations •Changes to case management system to automate reminders for case updates, and provide reporting on updates to support team manager oversight •Review of best practice guidance for teams on customer service	New risk	6 (I3xL2)
SR08 Financial sustainability						
There is a risk that financial pressures and limits on fee flexibility may undermine sustainability, affecting delivery, regulatory performance, and public protection. Key controls and mitigations: Budgeting and financial processes are followed, with audit oversight and Finance challenge aligned to ELT principles. Business change challenge is applied to investment benefits, supported by a Medium-Term Financial Strategy and efficiency plan. Integrated investment planning ensures strategic objectives are aligned with financial forecasts and affordability constraints. All investments are subject to ELT approval, with ongoing reporting of budget and milestones, and monthly financial reviews with Finance.	Executive Director of Resources	25 (I5xL5)	16 (I4xL4)	•Improve financial reporting speed and accuracy via Workday Adaptive Planning, to enable early and accurate identification of risks and opportunities and mitigations. •Strengthen financial business partnering arrangements to ensure effective financial management across organisation •Track and report regularly on delivery of investment programme and benefits, to enable early action if project deliverables and planned benefits risk not being realised. •Implement project accounting using Business Central dimensions to improve financial management of projects •Launch consultation on fees, conduct analysis and produce consultation outcome document; ensure that system is correctly configured to apply new fees if approved. •Maintain medium term financial plan as basis for tracking longer term risks and opportunities and scenario planning	→	6 (I3xL2)
SR09 Digital roadmap						
There is a risk that we fail to realise the potential benefits of innovation in ways of working and maintaining the resilience of our core processes, as a result of insufficient governance and assurance over the pace of transformation and gaps in capacity and skills, leading to reduced effectiveness. Key controls and mitigations: Most technology initiatives are part of the major investment programme using formal project management, a continuous improvement process is in place to support improvements to existing systems, effective business continuity planning	Executive Director of Resources	16 (I4xL4)	12 (I4xL3)	•Develop a new digital and AI strategy aligned to the new corporate strategy. •Explore further opportunities to derive value from AI and automation, including an assessment of the technical, financial and legal requirements needed to expand the use of Copilot. •Undertake a process to secure the right long-term strategic partnership model for CRM and Business Central.	New risk	8 (I4xL2)

High Level Risk Summary	Risk Owner	Inherent Risk Score	Current Risk Score	Mitigating Actions 2026-27	Risk movement	Target Risk Score
SR10 Cyber security event						
There is a risk that insufficient cyber security vigilance and defence mitigations may lead to an incident that disrupts services, compromises data, and impacts financial sustainability, compliance, confidence, and reputation. Key controls and mitigations: Combination of ISO27001 & Cyber Essentials Plus to maintain good level of control as a baseline. Deployment of E5 security solutions to enhance protection capabilities. Multi-factor authentication in place, SMS MFA decommissioned. Ongoing NIST-aligned assessment of assets, threats, and mitigations. Regular penetration testing to identify and address vulnerabilities	Executive Director of Resources	20 (I5xL4)	15 (I5xL3)	•Maintain HCPC’s cyber security defences, deploying new security solutions and improvements where required. •Maintain ISO 27001:2022 and deliver recertification audit in March 2027 •Implementing zero trust network •Implementing Data Loss Prevention controls	New risk	10 (I5xL2)
SR11 Responding to regulatory change						
There is a risk that insufficient resources to deliver both regulatory reform and the NHS manager barring system concurrently may result in ineffective implementation of reforms and potential reputational damage, limiting the organisation’s ability to ensure regulation remains fit for the modern healthcare landscape. Key controls and mitigations: Communications and strategic engagement, including parliamentarians and cross-party engagement, on regulatory reform. The Government have confirmed in a Written Ministerial Statement, its commitment to reforming the regulation of healthcare professionals across the UK and delivering legislation relating to the Health and Care Professions Council in this Parliamentary period. High level plan and associated costs for regulatory reform developed.	CEO Deputy CEO & Executive Director of ERRS	25 (I5xL5)	16 (I4xL4)	•Co-ordinate our input to regulatory reform, including response to DHSC consultation on GMC legislation •Develop detailed plan and refine associated costs for HCPC reform when timeline is clearer for HCPC's reform	New risk	8 (I4xL2)
SR12 Delays in funding NHS manager scheme						
There is a risk that delays in securing government funding, or funding levels falling short of requirements, may delay the initiation of the programme to establish effective oversight of NHS managers, leading to rushed implementation, reputational damage, and potential risks to public safety. Key controls and mitigations: Clear articulation of funding required. Redline on using registrant fees to fund this scheme. Work not commenced by HCPC and will not commence until funding from Government is in place.	CEO Deputy CEO & Executive Director of ERRS	25 (I5xL5)	20 (I5xL4)	•Co-ordinate and deliver Communication and engagement plans related to NHS Managers. •Continued engagement with DHSC	New risk	8 (I4xL2)