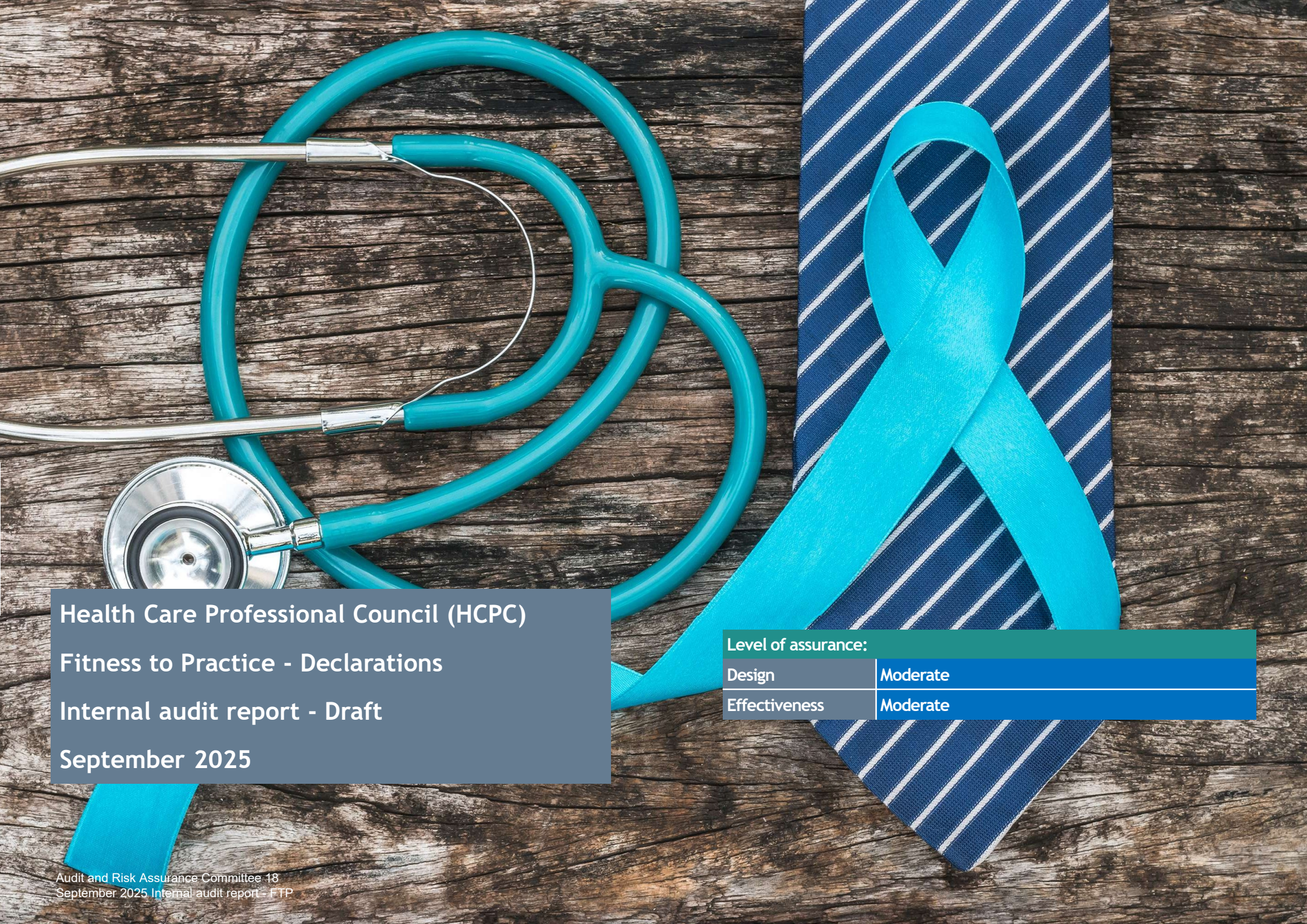

Health Care Professional Council (HCPC)

Fitness to Practice - Declarations

Internal audit report - Draft

September 2025

Level of assurance:	
Design	Moderate
Effectiveness	Moderate

Contents

1. Executive summary	3
2. Detailed findings	5
3. Definitions	10
4. Terms of reference	15
5. Staff interviewed	18
6. Limitations and responsibilities	19

Distribution list		
For action	Anna Raftery	Head of Assurance and Compliance
	Claire Baker	Head of Adjudication and performance - listing and hearings
	Jodie Sommerfeld	Head of Case Progression and Quality - from triage to threshold investigations
	Aveen Croash	Quality and Assurance Programme Lead
	Shannon Haynes-Brodrick	POT and DEC Team Manager (declarations)
	Laura Coffey	ED FtP and tribunal services
	Leanne Silvestro	Head of FtP Legal
For information	Audit Committee	

Report status	
Auditor:	Magdeline Choshane, Senior Auditor
Reviewers:	Dan Bonner, Director
Dates work performed:	19 May 2025 to 30 May 2025
Closing meeting:	06 June 2025
Additional documents and queries:	10 July 2025
Draft report issued:	18 July 2025
Management responses received:	04 September 2025
Final report issued:	09 September 2025

Executive summary

Level of assurance: (see appendix I for definitions)		
Design	Moderate	Generally, a sound system of internal control designed to achieve system objectives with some exceptions.
Effectiveness	Moderate	Evidence of non-compliance with some controls, that may put some of the system objectives at risk.

Definitions of findings (see appendix I)			# Of agreed actions
H	0		0
M	2		1
L	2		3
Total number of findings: 4			

Our testing did not identify any concerns surrounding the controls in place to mitigate the following risks:

- ✓ Council members and the ELT are not aware of FtP performance concerns which may put patient safety at risk.

Background

As part of the agreed internal audit plan for 2025/26 that was approved by the Audit and Risk Assurance Committee (ARAC), we have undertaken a review of the Declarations process across Registration and Fitness to Practise.

HCPC has implemented a Fitness to Practise - Best Practice Document which was last reviewed in January 2025. This Document outlines the procedures for handling declarations made by individuals applying for registration or already on the HCPC Register. It sets the framework for assessing whether individuals meet the necessary standards of health and character required for safe and effective practise.

Operational responsibility for managing FtP declarations lies with a dedicated Fitness to Practise (FtP) team, led by a Case Team Manager and supported by four Case Officers. This team handles referrals and decisions regarding declarations that may raise concern about a registrant's suitability to practise.

Declarations can arise through:

- **Self-referrals** submitted by registrants or applicants during the registration and revalidation process. The Registration team conducts an initial assessment of declarations and escalate them to the FtP team, where appropriate.
- **Alerts** from the public and other registrants which will be further investigated by the Registration team to ensure that they are valid and whether they impact the registrar's application. A watchlist is maintained of all alerts to ensure that they are followed up.

HCPC utilises the Nexus system to track and manage declaration cases. The system supports case management throughout the lifecycle of a declaration, from initial submission and assessment to panel review and closure and allows for efficient coordination between teams.

A collaborative process has been established between the Registration and FtP teams, who meet weekly, to review and discuss ongoing cases. This communication approach ensures that declarations are assessed proportionately and referred to FtP only when necessary, based on the nature and complexity of the issues raised.

The process is further supported by a panel, which evaluates cases escalated by the FtP team and determines outcomes in line with policy. An appeals process allows individuals to challenge decisions, where appropriate, and the Quality Assurance (QA) team provides oversight and assurance on the integrity and consistency of the FtP process. HCPC's approach to FtP is also shaped by the need to comply with the standards set by the Professional Standards Authority (PSA), which sets expectations for fairness, transparency, proportionality, and timeliness in the process.

Purpose

The purpose of the review was to provide assurance over the control design and effectiveness of the declaration process and the interaction between FtP and Registration as part of declaration assessments. The review also evaluated the completeness and quality of the FtP reviews conducted by the internal QA team. Specifically, this review evaluated:

- the declaration process, including the interaction between Registration and FtP,
- the areas reviewed by the QA team and the reliance that can be placed on their work,
- compliance with PSA standards, where relevant.

Executive summary

Summary of good practice

- The Fitness to Practise - Best Practice Document for Health and Character Declarations is subject to regular review, in line with an annual review cycle. The Best Practice Document was last reviewed in January 2025, thus ensuring it remains current, robust, and reflects HCPC's current approach to handling declarations fairly and consistently.
- A triage process has been introduced to assess declarations upon receipt and determine whether they need to be escalated from the Registration team to the FtP team. This is a key area of good practice as it helps prevent bottlenecks, ensures proportionate handling of cases, and leads to a smooth and timely processing of priority cases. Weekly meetings between the two teams further strengthen this process and enables the team to monitor throughput and time-lags throughout the process.
- HCPC uses the Nexus system to manage and monitor declaration and FtP cases. The system records, tracks, and updates case information, supporting a transparent and efficient process. It also retains the review and audit trail of panel decisions, correspondence, and timelines.
- A sample of 15 declarations escalated in the past 12 months was reviewed as part of this audit. All declarations in the sample were confirmed to have been responded to in a timely manner. Where cases were referred to a panel, a formal decision was recorded with evidence of supporting documentation having been reviewed. This demonstrates that investigations and decisions are handled in a fair, consistent, and evidence-based manner.
- The same sample showed that the Registration team was informed promptly of the decisions made by the FtP team. This timeliness supports efficiency in informing registrants of outcomes and reduces potential delays in registration processes.
- HCPC has established activities to ensure compliance with the PSA Standards such as regular reporting against the Standards, making this information publicly available and publishing relevant updates, and displaying action plans and performance metrics on the HCPC website, all of which supports transparency and public accountability. These actions reflect a proactive and responsive approach to regulatory obligations and demonstrate a commitment to continuous improvement.

Useful statistics and key takeaways

529
Declaration cases opened from April 2024 to May 2025

170
Declarations reviewed by the Panel between April 2024 to May 2025

6
Appeals against the FtP decisions from May 2024 to April 2025

78
FtP cases without Panel review were closed after 30 days

Conclusion

HCPC has developed and implemented robust and comprehensive Health and Character Declaration Policies and Procedures, which are subject to regular review and provide clear coverage of the relevant processes and key team responsibilities. HCPC also continues to report its performance against the PSA Standards which reinforces its accountability and transparency over the FtP process. However, we have identified one finding of Medium significance:

Quality Assurance: The existing QA Workplan does not include the FtP declaration process but does not specify the reasons why the FtP declaration processes are not prioritised for the 2025/26 QA review. Additionally, the QA Workplan and Risk Assessment Framework does not specify whether QA areas are prioritised based on inherent risks or residual risk. It only specifies that the areas are prioritised based on the risk level (high, medium, low) – an inherent risk-driven prioritisation is considered better practice.

Detailed findings

Detailed findings

Risk 1: FtP cases are not managed consistently and not seen to be without bias.

Finding 1 - Quality Assurance (QA)	Type
QA functions aim to provide independent, second line, oversight that ensures consistency, effectiveness and continuous improvement across business processes. For an organisation such as HCPC, relying on a robust risk-based approach to assess and prioritise QA activities is essential for improving the effectiveness of the overall quality assurance process and to ensure that areas of highest significance are given the appropriate level of attention. HCPC's QA team, led by the Head of Assurance and Compliance, provides that independent oversight across HCPC business functions. This oversight includes checking the quality of outputs and identifying areas of non-compliance with HCPC's standards, PSA standards and FtP policies and methodologies. The QA cycle comprises the scoping of activities, conducting QA reviews, identifying initial findings, reporting outcomes, and follow-up on progress and implementation of changes. An Annual Work Plan, which includes various QA activities, is reported to the Executive Leadership Team (ELT) at the start of each year to ensure oversight over FtP processes and to allow management to make informed decisions. The QA team uses a set of procedures and methodologies to guide its activities which are subject to regular review. However, through review of the QA process relating to the FtP, we identified the following: ▶ Although there is a formalised Risk Assessment Framework in place which assesses and prioritises QA activities within FtP processes and across all areas subject to QA, the FtP declarations process is not included in the 2025/26 QA Workplan. It is not clear whether the QA work is prioritised on the basis of inherent risk, - high, medium or low designations are not sufficient to explain the basis of the assessment. As discussed with Management, other QA activities were prioritised first due to the high-risk level. The QA Workplan does not specify the reasons why the FtP declaration processes are not prioritised in the 2025/26 QA review. Management confirmed that, historically, this area is not deemed a priority due to a strategic focus on improving the registration process. Following the QA review on the registration process, there will be plans in place to review the declarations process in future years. ▶ We have noted that there is no evidence that the 25/26 QA Workplans, which includes QA review on the declarations process, had been approved by the ELT. ▶ We have noted that the QA Framework includes plans to establish first line checks with the Triage team as this is a medium risk. However, at the time of the audit first-line triage checks were not implemented and performed.	Design & Effectiveness 
Implication	**Significance**
Gaps in the QA coverage of inherent risks may result in missed opportunities to enhance processes and ensure compliance with PSA Standards.	Medium

Detailed findings

Risk 1: FtP cases are not managed consistently, and not seen to be without bias

Recommendations	Action owner	Management response	Completion date
1. Ensure that the QA Workplan is directly informed by the Risk Assessment Framework with clear documentation showing that QA areas are prioritised based on inherent risk, not just the risk level (high, medium, low). Where specific areas are not prioritised, there should be a clear and detained commentary stating the reasons why. The QA Work Plan, including outcome reports from the QA review on the performance of the FtP process, should be reviewed and approved by the ELT and evidence of this should be retained within meeting minutes. 2. Ensure that first line checks by the Triage team are established as per the Risk Assessment Framework and introduce a periodic monitoring to ensure that they are being completed as intended.	Anna Raftery, Head of Assurance and Compliance	1. This process is completed yearly to develop the annual QA workplan. Currently the areas/processes considered for inclusion is based on risk, department input, outcomes of past audits, length of time since last audit. Due to the volume of processes in the regulatory areas, it has not been deemed proportionate to review every area when prioritising activities for the workplan. However, in order to balance risk and resource capabilities we agree to complete a full assessment of regulatory processes every three years, with more targeted assessments completed in between. All workplans are currently approved by ELT. 2. Support for the development of the Triage first line checks are in the 2025/26 QA workplan. Once in place they will be reported to ELT and ARAC. Subsequently this will be incorporated in the above prioritisation approach to the QA workplan.	1. 01/11/2025 - 31/03/2026 2. 22/12/2025

Detailed findings

Risk 3: The process for declarations is not followed, putting patients at risk

Finding 2 - Efficiency between the Registration team and FtP team	Type
Having an interconnected system between teams and systems that work together enables more effective case management, collaboration, reduces handovers, enhances transparency and allows for information and documents to be traced easily. As part of the triage process, the Registration team and the Declarations team currently operate using two separate case management systems: ▶ The Registration team uses the CRM Dynamics system. ▶ The Declarations team (in FtP) uses the Nexus system, overseen by a Case Team Manager and a team of Case Officers. Currently, the Registration team refers complex cases to the FtP Declarations team via email as part of the triage process. These referrals are handled manually, outside of the formal case management systems. This could result in incomplete, inconsistent, or unclear information being passed between teams, and creates a dependency on individual judgement and manual oversight. The CRM system and Nexus system are not integrated, which means staff must operate across multiple platforms and rely on email communication to share case information and confirm next steps. There is currently no centralised workflow, no shared dashboard, and no automatic data transfer between the two systems to improve the efficiency of the triage process. Our testing did not find any examples where the manual elements of the processes for handling declarations had let to significant delays or omissions in case management. Nonetheless, the risk of delay and error remain, and the system is less efficient as it could be.	Effectiveness
Implication	**Significance**
Using multiple systems and relying on email reduces operational efficiency between teams, limits the ability to track case progress in real time and may impact the consistency and timeliness of FtP triage decisions. It is also, inherently, creates a higher risk of error, although no cases were found in our sample.	Low

Recommendations	Action owner	Management response	Completion date
3. HCPC should investigate steps to improve the efficiency and effectiveness of information flow between the Registration and Declarations Teams, for example: • Develop a live document tracker or shared dashboard (for example, using readily available tools in SharePoint) that is limited to the Registration team and Declarations. This will ensure that all referred cases are completed and resolved consistently, progress is recorded and monitored effectively, and key personnel are assigned responsibilities as per their role. • Alternatively, in the long-run, Management could consider moving toward a single case management system that supports two tailored user profiles (one for Registration, one for FtP/Declarations). This would enable both teams to operate within the same environment while maintaining role-specific access and functionality, security, improving transparency, collaboration, and efficiency.	Anna Raftery, Head of Assurance and Compliance	With no examples of significant delays or omissions, we don't think there is anything wrong with sharing information or making referrals by emails per se. It may be more efficient to have a single CMS across both areas, but this is surely a nice to have rather than an essential process that needs to be put in place to assure the integrity of the process. This recommendation does not speak to any risk identified here. However, we will investigate how to improve the efficiency and effectiveness of information flow between Registration and FTP in line with the organisation's Digital Roadmap.	End of Q3, 2025-26

Detailed findings

Risk 4: Lessons are not learnt to ensure the efficient use of resources

Finding 3 - Lessons learned exercise	Type
Lessons learned activities are important in helping organisations understand what went well and what could be improved after a decision is made or a process is completed. For an organisation such as HCPC, a lessons learned mechanism will improve the way registration and declaration decisions are made and ensure fairness in the decision-making process. If a registration panel's decision is to reject registration, the applicant may challenge that decision through the appeals process. The Appeals team is responsible for managing cases that have been appealed by applicants following a rejection decision made during the registration or declarations process. Applicants have the right to appeal to the Council against any decision made in relation to their declaration or application for registration. The purpose of the appeals process is to assess whether the original decision was fair, evidence-based, and aligned with HCPC standards. If the original decision is found to be flawed or unreasonable, it can be overturned through the appeal. For the appeals process to function efficiently, only appropriate and valid cases should be escalated to this stage. Cases resolved during the initial registration or declarations assessment should always be fair, consistent and evidence-based, and ensure that the process does not result in unnecessary appeals, as this places additional burden on the Appeals team and delays outcomes for applicants who choose to challenge the original decision. There are currently no structured lessons learned activities carried out following the conclusion of appeals as this is not a requirement as per the declarations policies and guidance. As a result, there is no formal process to analyse the root cause of the original decision, identify any trends, or feedback any lessons back to the Registration or Declarations teams. Without structured lessons learned processes, management is unable to assess: ▶ Whether certain appeals could have been avoided through better decision making earlier in the process. ▶ Whether there are recurring issues in the registration or declarations assessment stages. However, we recognise that there is a central initiative underway looking at learning lessons across all appeals.	Design

Implication	Significance
A lack of lessons learned creates a missed opportunity to improve processes and potentially reduce the number of appeals that need to be managed.	Low

Recommendations	Action owner	Management response	Completion date
4. HCPC should update the existing FtP Policies and Guidance to require management to perform a structured lessons learned exercise for the declarations appeals process, including the appeals process where necessary and this should be aligned to the current HCPC lessons learned processes.	Claire Baker, Head of Adjudication	We will consider what this will look like once the listing and hearing of registration appeals are fully embedded into the HCPTS as will need to think about whether it sits within our current DRG process or whether we need to design a different process which will be resource dependant.	31 March 2026

Detailed findings

Risk 3: The process for declarations is not followed, putting patients at risk

Finding 4 - System automation	Type
A system that can automatically process low risk or routine declarations while escalating complex cases for review helps maintain a balance between efficiency and oversight and allows staff to focus their attention where it is most needed. Currently, all declaration cases received as part of the registration process are manually reviewed by the Registration team. If the case is considered complex, it is then referred to the Declarations team within the FtP team for further assessment. This triage process relies entirely on human intervention at both stages and applies to every declaration, regardless of its complexity or risk level. While this process ensures oversight, it also leads to bottlenecks, particularly where straightforward cases that meet clear criteria could be resolved without manual review. There is currently no automated system or functionality in place to distinguish and automatically approve low-risk, straightforward declaration cases at the point of receipt. As a result, all cases are subject to the same level of manual review, regardless of complexity. This approach increases the administrative burden on both the Registration and Declarations teams and may delay the progress of applications that could otherwise be resolved quickly through automated system checks.	Design
Implication	**Significance**
Potential backlogs or delays in handling complex cases could cause delays in registration which risks causing a failure to meet PSA standards.	Low

Recommendations	Action owner	Management response	Completion date
5. HCPC should explore the introduction of an automation process within its case management system to streamline the handling of declaration cases. This should include: • Design and implementation of automated checks to identify and auto-approve straightforward, low-risk declaration cases based on predefined criteria. • Escalation of only complex or unclear cases for manual triage and review by the Registration or Declarations teams, as appropriate. • System testing and validation prior to launch to ensure automation criteria are accurate, robust, and aligned with HCPC standards.	Anna Raftery, Head of Assurance and Compliance	While this type of automation would be nice to have it is not something we can commit to. However, we will add this to the appropriate backlog to be explored and managed through that process.	End of Q3, 2025-26

Appendices

Appendix I: Definitions

Level of assurance	Design of internal control framework		Operational effectiveness of controls	
	Findings from audit	Design opinion	Findings from audit	Effectiveness opinion
Substantial	Appropriate procedures and controls in place to mitigate the key risks.	There is a sound system of internal control designed to achieve system objectives.	No, or only minor, exceptions found in testing of the procedures and controls.	The controls that are in place are being consistently applied.
Moderate	In the main there are appropriate procedures and controls in place to mitigate the key risks reviewed albeit with some that are not fully effective.	Generally a sound system of internal control designed to achieve system objectives with some exceptions.	A small number of exceptions found in testing of the procedures and controls.	Evidence of non compliance with some controls, that may put some of the system objectives at risk.
Limited	A number of significant gaps identified in the procedures and controls in key areas. Where practical, efforts should be made to address in-year.	System of internal controls is weakened with system objectives at risk of not being achieved.	A number of reoccurring exceptions found in testing of the procedures and controls. Where practical, efforts should be made to address in-year.	Non-compliance with key procedures and controls places the system objectives at risk.
No	For all risk areas there are significant gaps in the procedures and controls. Failure to address in-year affects the quality of the organisation's overall internal control framework.	Poor system of internal control.	Due to absence of effective controls and procedures, no reliance can be placed on their operation. Failure to address in-year affects the quality of the organisation's overall internal control framework.	Non compliance and/or compliance with inadequate controls.

Recommendation significance	
High	A weakness where there is substantial risk of loss, fraud, impropriety, poor value for money, or failure to achieve organisational objectives. Such risk could lead to an adverse impact on the business. Remedial action must be taken urgently.
Medium	A weakness in control which, although not fundamental, relates to shortcomings which expose individual business systems to a less immediate level of threatening risk or poor value for money. Such a risk could impact on operational objectives and should be of concern to senior management and requires prompt specific action.
Low	Areas that individually have no significant impact, but where management would benefit from improved controls and/or have the opportunity to achieve greater effectiveness and/or efficiency.
Advisory	A weakness that does not have a risk impact or consequence but has been raised to highlight areas of inefficiencies or potential best practice improvements.

Appendix II: Terms of Reference

Extract from terms of reference

Purpose

The purpose of the review was to provide assurance over the control design and effectiveness of the declaration process and the interaction between FtP and Registration as part of the declaration assessments. The review also evaluated the completeness and quality of the FtP reviews conducted by the internal Quality Assurance team:

Specifically, this review evaluated:

- A focused review of the declaration process including the interaction between Registration and FtP
- The areas reviewed by the Quality Assurance team and the reliance that can be placed on their work
- Compliance with PSA standards 10-13 (Registrations) and 14 – 18 (FtP) will be considered throughout the review where relevant.

Scope area	Key risks	Approach
Policies, procedures and guidance - declarations	FtP cases are not managed consistently, and not seen to be without bias	• Establish the declaration process. Verify if there is documented guidance in place for declarations. • Establish whether declarations support the achievement to PSA standards where relevant. • Verify that staff who need access to guidance have sufficient access, this will include the FtP team and other areas of the business where relevant, such as Registration. • Verify the policies and procedures for the QA team (their methodology) for the reviews they complete.
Quality assurance (second line assurance)	Second line assurance is insufficient for Council members to place reliance on the efficacy of the FtP process	• Verify what quality assurance (QA), second line activity has taken place covering FtP processes in the past 3 years and how the activity was planned and completed. Considerations will include risk-based work or cyclical. • Review a sample of QA activities and assess if the reports align to the scope of the planned work and if reports are proportionately detailed to demonstrate work completed and the assessments of the controls reviewed and tested. • Verify the depth of work completed, this will consider the methodology used for sampling and nature of the testing.
Declarations	The process for declarations are not appropriately followed, putting patients at risk	• Review the end-to-end process for declarations. This will include how registrants and potential registrants 'self-declare' and other ways declarations are identified and prompted to be declared by registrants. • Assess the points of interaction between FtP and other teams within HCPC and more widely (external to HCPC). Identify if there is any duplication of work, or where efficiencies can be made. • For a sample of declarations made in the past 12 months, verify that they have been managed in line with prescribed policies and procedures. This will consider the Panel meetings and if delays have occurred, why. • We will review and sample test the notification process between FtP once a declaration case has been closed to assess the completeness and timeliness of reporting decisions across HCPC.
Appeals (regarding declarations)	Lessons are not learnt to ensure the efficient use of resources	• Determine how outcomes from appeals have been used as a 'lessons learnt' exercise to refine and improve the FtP declaration process.

Appendix II: Terms of Reference

Extract from terms of reference		
Scope area	**Key risks**	**Approach**
PSA standards	PSA standards are not achieved putting the welfare of registrants and patients at risk	• Verify action plans put in place to address PSA standards not achieved. • Verify how HCPC ensure that achieved PSA standards remain achieved and do not deteriorate.
Reporting	Council members and the ELT are not aware of FtP performance concerns which may put patient safety at risk	• Verify what declaration reporting is in place, this will include the frequency, format and forum of reporting. • Assess whether the information is complete and reliable. Trace back any reported figures in the reporting for a sample of reports to verify accuracy. • Where there are identified gaps in declaration performance whether identified from PSA assessments or otherwise, verify what activities are in place to manage this, and how they are monitored.

Appendix II: Terms of Reference

Extract from terms of reference
Exclusions/ limitations of scope
Exclusions/ Limitations of scope The scope of the review was limited to the areas documented under the scope and approach. All other areas were considered outside of the scope of this review. We did not test the full end-to-end FtP process in detail. The review excluded 'front loading' activities which are being brought in this year.

Appendix III: Staff interviewed

We appreciate the time provided by all the individuals involved in this review and would like to thank them for their assistance and cooperation.		
Anna Raftery	Head of Assurance and Compliance	Action owner
Claire Baker	Head of Judication and performance – listing and hearings	Interviewee
Jodie Sommerfeld	Head of Case Progression and Quality – from triage to threshold investigations	Action owner
Aveen Croash	Quality and Assurance	Action owner
Shannon Haynes-Brodrick	Case Team Manager (declarations)	Action owner
Nicole Jones	Improvement & Compliance Specialist	Action owner
Laura Coffey	ED FtP and tribunal services	Interviewee
Leanne Silvestro	Head of FtP Legal	Interviewee

Appendix IV: Limitations and responsibilities

Management responsibilities

The Board is responsible for determining the scope of internal audit work, and for deciding the action to be taken on the outcome of our findings from our work.

The Board is responsible for ensuring the internal audit function has:

- The support of the organisation's management team.
- Direct access and freedom to report to senior management, including the Chair of the Audit Committee.
- The Board is responsible for the establishment and proper operation of a system of internal control, including proper accounting records and other management information suitable for running the organisation.

Internal controls covers the whole system of controls, financial and otherwise, established by the Board in order to carry on the business of the organisation in an orderly and efficient manner, ensure adherence to management policies, safeguard the assets and secure as far as possible the completeness and accuracy of the records. The individual components of an internal control system are known as 'controls' or 'internal controls'.

The Board is responsible for risk management in the organisation, and for deciding the action to be taken on the outcome of any findings from our work. The identification of risks and the strategies put in place to deal with identified risks remain the sole responsibility of the Board.

Limitations

The scope of the review is limited to the areas documented under Appendix II - Terms of reference. All other areas are considered outside of the scope of this review.

Our work is inherently limited by the honest representation of those interviewed as part of colleagues interviewed as part of the review. Our work and conclusion is subject to sampling risk, which means that our work may not be representative of the full population.

Internal control systems, no matter how well designed and operated, are affected by inherent limitations. These include the possibility of poor judgment in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Our assessment of controls is for the period specified only. Historic evaluation of effectiveness may not be relevant to future periods due to the risk that: the design of controls may become inadequate because of changes in operating environment, law, regulation or other; or the degree of compliance with policies and procedures may deteriorate.

For more information:

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