Audit and Risk Assurance Committee

Meeting Date	20 November 2025
Title	Unified Assurance Report 20 November 2025
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Executive Sponsor	Claire Amor, Executive Director of Corporate Affairs

Executive Summary

This report summarises assurance activity in the reporting period across the HCPC. It seeks to act as a source of assurance and intelligence to the Committee. The report is based on the three lines of assurance model. While it seeks to be comprehensive, the report may be limited by the quality of information provided to the Assurance team.

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

This is the first quarterly unified assurance report presented in the public session, therefore we are presenting higher level findings to the Committee, while still aiming to provided a clear snapshot of our organisational assurance.

Overall, the assurance rating for this period is medium.

This paper covers the period of August 2025 to October 2025

Appendix 1: 2024-25 Workplans (standing attachment)
Appendix 2: Risk Appetite Statement (standing attachment)
Appendix 3: Assurance Map Pillars

Action required	The Committee is asked to review the information provided and seek clarification on any areas.
Previous consideration	This is a standing item considered at each meeting of the Committee, in the private session.
Next steps	Next report to Committee will be presented in March 2026
Financial and resource implications	None as a result of this paper.

Associated strategic priority/priorities	Continuously improve and innovate Build a resilient, healthy, capable and sustainable organisation
Associated strategic risk(s)	All
Risk appetite	People - open Compliance - measured
Communication and engagement	None as a result of this paper.
Equality, diversity and inclusion (EDI) impact and Welsh language standards	This paper includes the assurance of HCPC EDI as related to regulatory and business practices.
Other impact assessments	This paper includes the assurance of HCPC data and sustainability as related to regulatory and business practices.
Reason for consideration in the private session of the meeting (if applicable)	Not applicable

Unified Assurance Report November 2025

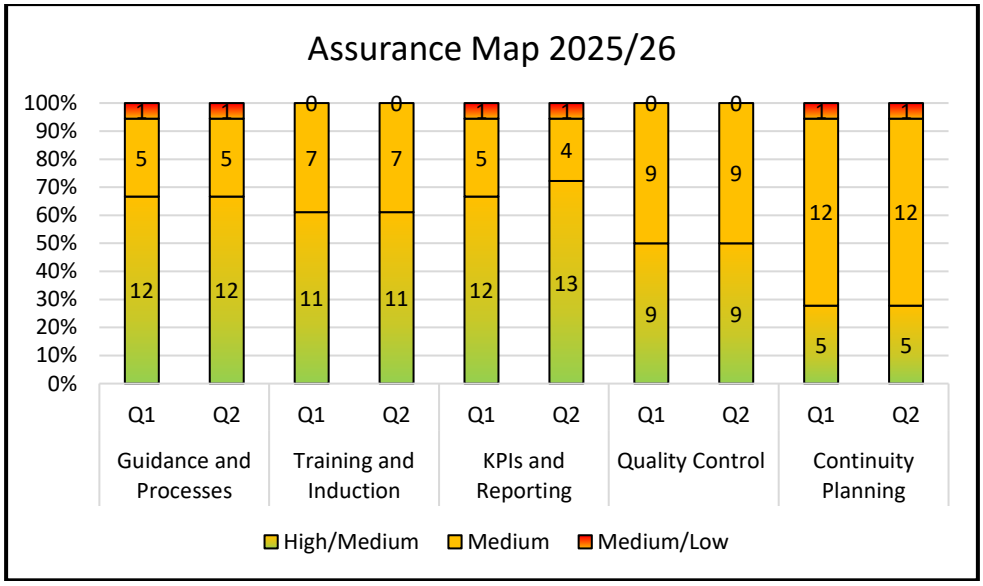
Contents

1 Executive Summary

1.1. This report gives an overview of the HCPC's various assurance mechanisms. Our overall assurance level is Medium, which indicates we have good controls in place, but that there is room for improvement. This rating is not about performance; it shows how secure and reliable our processes are.

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

1.2. There have not been significant changes in the assurance map since last quarter:



1.3. Across the organisation there continues to be good levels of leadership and governance, providing stability. We have improved how we report on our work, and also how we induct and train our employees. Quality checks show high compliance in most areas. These are positive signs that our assurance framework is working well.

1.1. However, there are areas that need some improvement. Continuity planning needs to be stronger to make sure we can keep services running in all circumstances.

1.2. Looking ahead, we will continue to strengthen planning and performance monitoring. Our goal is to maintain strong systems that protect the public and meet regulatory standards.

2 Risk and Assurance Overview

2.1. In April 2025 changed our approach to assurance mapping to use five pillars. In September and October 2025 the second assessment against these pillars took place.

HCPC Assurance Map 2025-26		
Department	**Overall Q1**	**Overall Q2**
Executive Leadership Team	**HM**	**HM**
Education, Registration, and Regulatory Standards		
Education	**HM**	**HM**
Registration	**Med**	**Med**
Policy, Standards, and EDI	**HM**	**HM**
Insight and Analytics	**Med**	**Med**
Resources		
Business Change	**Med**	**Med**
Estates and Facilities	**Med**	**Med**
Finance	**Med**	**Med**
Information Technology	**Med**	**Med**
Human Resources	**HM**	**HM**
Corporate Affairs		
Communications and Engagement	**HM**	**HM**
Professionalism and Upstream Regulation	**Med**	**Med**
Governance and Partners	**Med**	**Med**
Assurance and Compliance	**Med**	**Med**
Risk and Information Governance	**HM**	**HM**
Fitness to Practise and Tribunal Services		
Adjudication Performance	**Med**	**Med**
Case Progression and Quality	**Med**	**Med**
FTP Legal Services	**Med**	**Med**

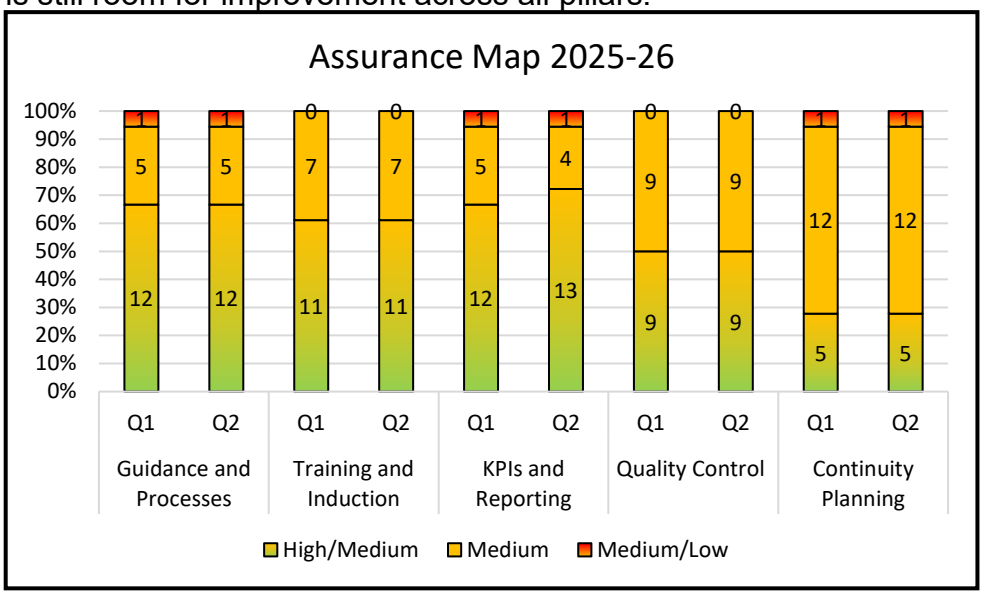
2.2. The HCPC Assurance Map for 2025–26 shows how assurance levels vary across departments in the first two quarters. Key strategic areas such as the Executive Leadership Team (ELT), Education, Policy and Standards, Human Resources, Communications, and Risk and Information Governance are rated High-Medium (HM), meaning they receive stronger oversight due to their importance and higher risk.

2.3. Most other departments, including Registration, Finance, IT, Estates, and Fitness to Practise (FTP) services, are rated Medium (Med), indicating a steady level of assurance appropriate for operational functions. Overall, the map reflects a consistent approach: higher scrutiny for leadership and regulatory areas, and balanced oversight for support and delivery functions.

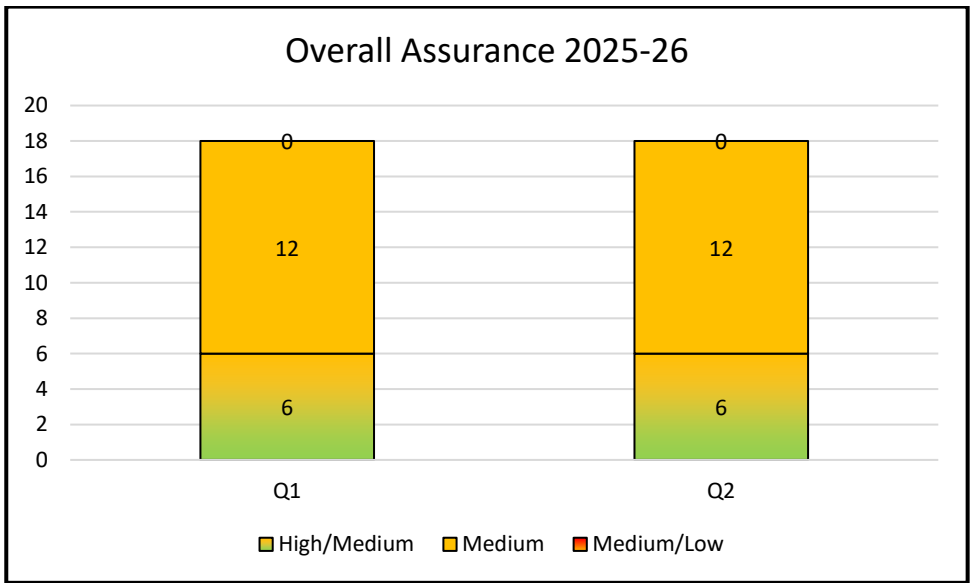
2.4. This exercise also allows us to gain insight into how assured we are across the organisation in each of the assurance pillars.

2.5. The assurance map for Q1 and Q2 shows that most areas remain in the middle range of assurance. Most ratings fall under High/Medium or Medium, so there

is still room for improvement across all pillars.



2.6. The overall assurance rating is the same from the last report, which was Medium. This is not a reflection of performance, but rather a measurement of our assurance in the controls.



2.7. There continues to be a significant amount of work that is in progress and on track showing a continued commitment to improvement and a risk confident culture.

2.8. Our overall assurance level is Medium, which means we have good controls in place, but there is still work to do to make them stronger. This rating is not about performance; it shows how secure and reliable our processes are.

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

3 Operational Risk Register

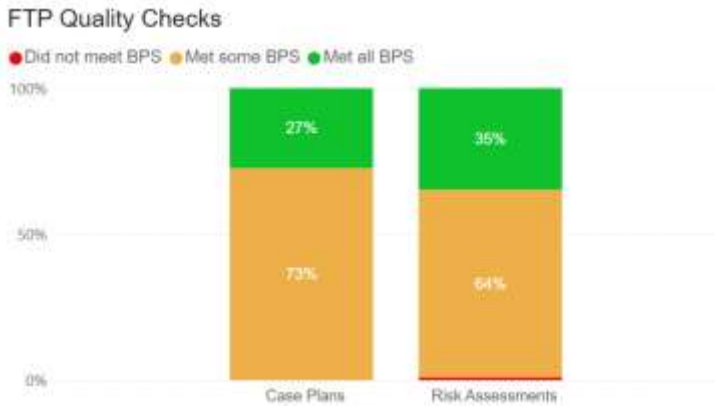
3.1. Quarterly meetings with risk owners include an exploration of the movement of assurance levels relative to mitigations in place. Changes to total operational risk within each risk level are indicated in the total risks row. > indicates an increase in residual risks at this level, < indicates a fall in number of residual risks at this level. There is a desire to reduce the number of operational risks. Operational risks are now held by the Senior Leadership Team as opposed to ELT. Note, Information Governance and Security indicates the highest residual risk across Confidentiality, Integrity and Accessibility for each risk.

Department - October 2025	Low 1-2	Low/ Medium 3-5	Medium 6-10	Medium / High 11-15	High 16-25
Corporate Affairs					
Chair & CEO Office	0	1	1	0	0
Information Governance & Security	0	2	10	5	0
Feedback & Complaints	0	0	3	0	0
Quality Assurance	0	0	2	0	0
Governance	0	2	3	0	0
Partners	0	0	3	3	2
Communication	0	2	7	0	0
Strategic Relationships	0	1	4	0	0
Professionalism, and Upstream Regulation	0	1	0	1	0
Education, Registration and Regulatory Standards					
Education	0	6	7	0	0
Insight and Analytics	0	0	3	0	0
Policy and Standards & EDI	0	3	3	2	0
Registration & CPD	0	0	4	2	0
Regulation Development & Performance	0	0	2	0	0
Fitness to Practise & Tribunal Service					
Fitness to Practise	0	0	7	5	2
Resources					
Estates & Facilities	0	2	6	0	0
Finance & Procurement	0	4	4	0	0
Information Technology	0	0	3	3	1
Human Resources	0	2	3	0	0
Business Change	1	6	3	0	0
Senior Leadership Team	0	0	7	4	0
Total Operational Risks	1	31	84	25	5

4 Fitness to Practise and Tribunal Services: Case Progression and Quality

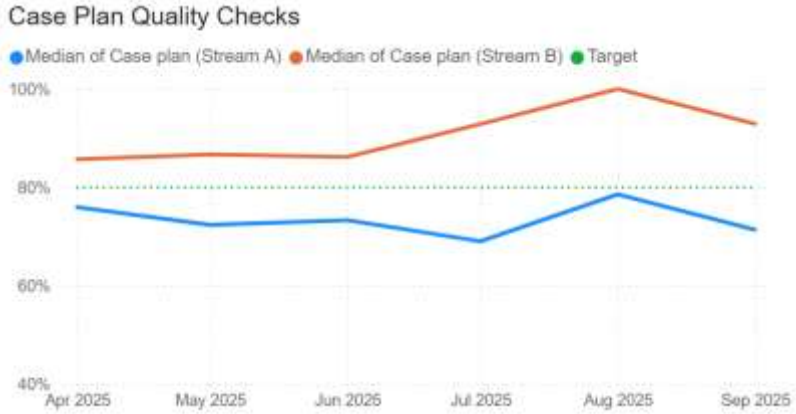
4.1. FTP has recently introduced a new case progression process, replacing the previous threshold and investigation stages with three investigation streams, based on the nature of the concern and the level of investigation required to reach a Threshold decision.

4.2. Between August and September 2025, 95 quality checks were completed on both risk assessments and case plans against the best practice standards (BPS)[1].



4.3. Risk Assessments

- The median risk assessment score across both stream A and stream B was at least 77% for each month during this period.

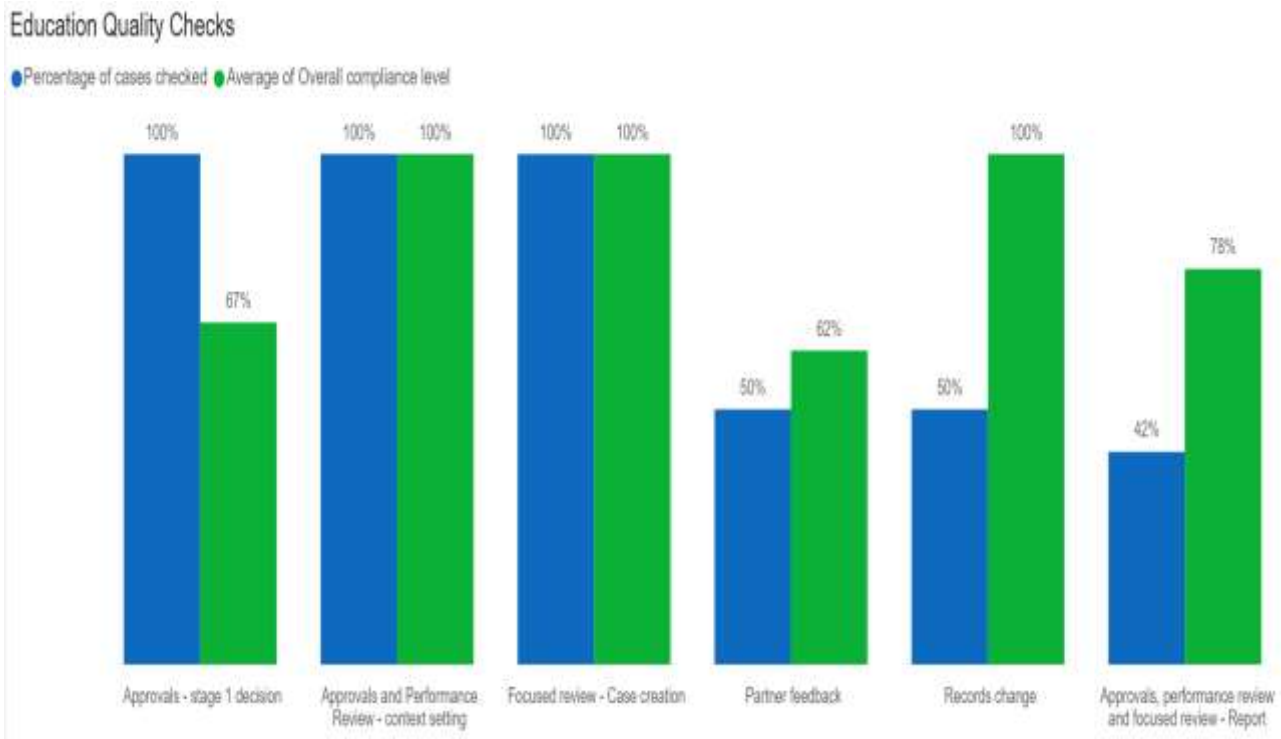


[1]Median scores show the QC score % of meeting BPS.

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

5.1. Between August and September 2025, 30 cases were quality checked by the Education department. These checks took place at six different steps of the Education process.

5.2. The average overall compliance level was 78%, ranging from 62% to 100% compliance across the eight process steps. Measuring new areas has led to a drop in the compliance level reported, particularly around partner feedback not being saved correctly, but this did improve in September.



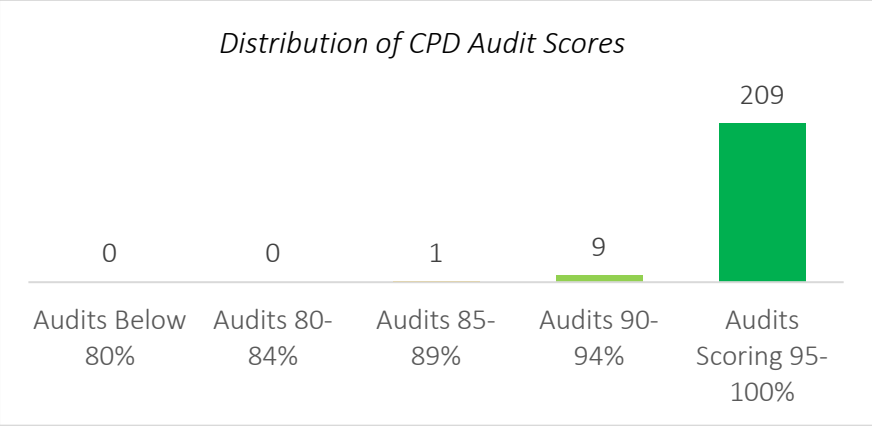
5.3. None of these findings impacted the quality of the recommendation or the overall decision.

ERRS: Registration

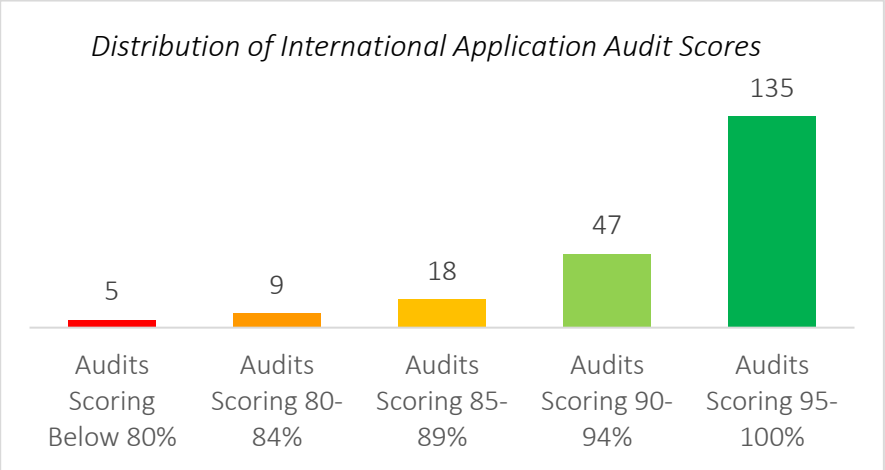
5.4. In Q2, the Registration Quality Assurance team (RQAT) undertook quality checks on the following workstreams against specific agreed quality standards for each process, which adhered to a 95% confidence level with 5% error margin:

- CPD
- International applications (start to end of application process)
- UK applications

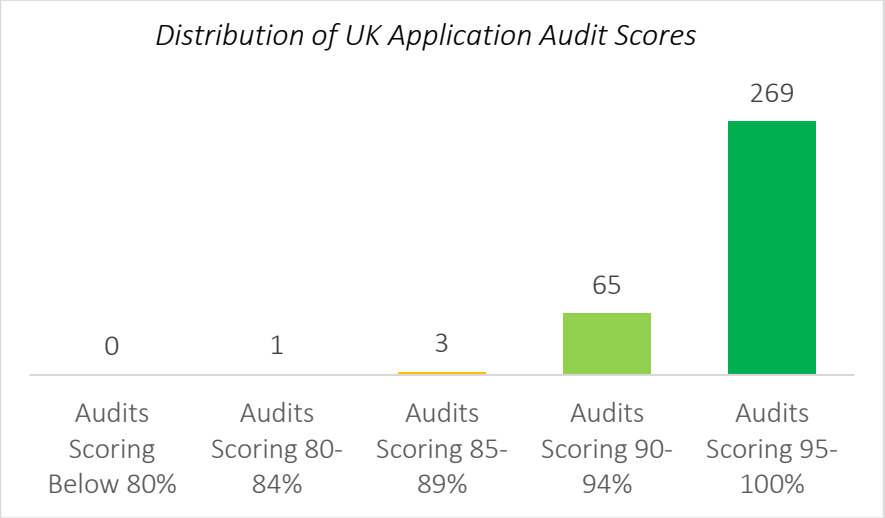
5.6. 219 CPD profiles were audited against 10 quality standards. The median audit score for CPD profiles within this sample was 99.5%.



5.8. 214 International applications were audited against 21 quality standards. The median audit score for this sample was 95%.



5.10. 338 UK applications were audited against 12 quality standards. The median audit score for UK applications was 98.1%.



Second Line Assurance

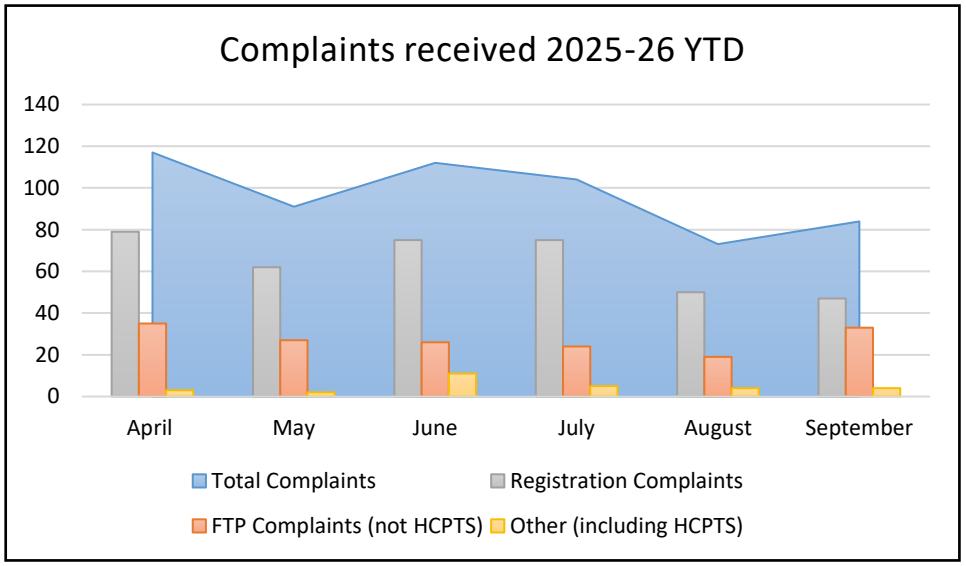
6 Quality Assurance

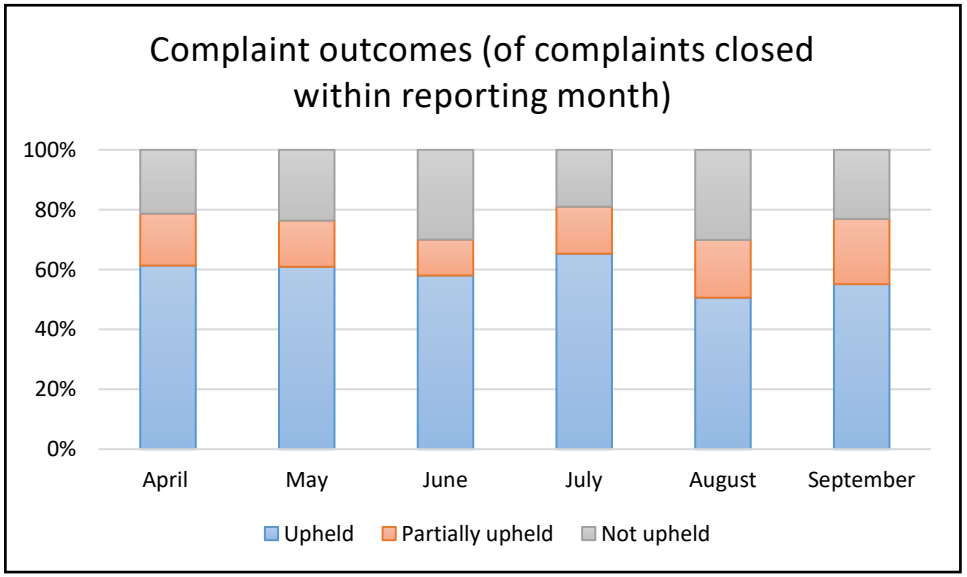
6.1. Since the last update, QA have continued to progress activities from the 2025-26 workplan.

QA Activity: September - October 2025
FTP Senior Decision Makers (SDM) Review *Completed September 2025* Senior Decision Makers (SDMs) use information gathered by Case Managers to identify those cases that raise a fitness to practise concern and require investigation. They also make decisions to close cases that do not meet the 'Threshold Test'. The Quality Assurance (QA) team undertook a review of SDM decisions to gain assurance that the decisions comply with guidance and how learning is shared with case managers. The assurance rating for this review is **High/Medium.** Compliance with quality standards was very high which gives a high level of assurance in the quality of SDM decision-making.
Registration Plagiarism *Commenced August 2025* International applicants submit documentation to the Registration department and relevant documents are scanned using TurnItIn to detect instances of plagiarism. When plagiarism is potentially detected, an investigation is undertaken to determine whether the documents are genuine. The purpose of this activity is to assess the current process for identifying plagiarism and ensure concerns are assessed and escalated appropriately. QA have worked collaboratively with the Registration QA team in order to ensure that all risks are captured. This work is now in the reporting stage. The findings will be presented to ELT in November.
Triage – Advisory Work *Completed October 2025* The QA Programme Lead has completed advisory work to ensure that there are benchmark statements in place for triage, health and character declarations and protection of title first line checks. This will ensure consistency in how the checks are conducted for the triage function.

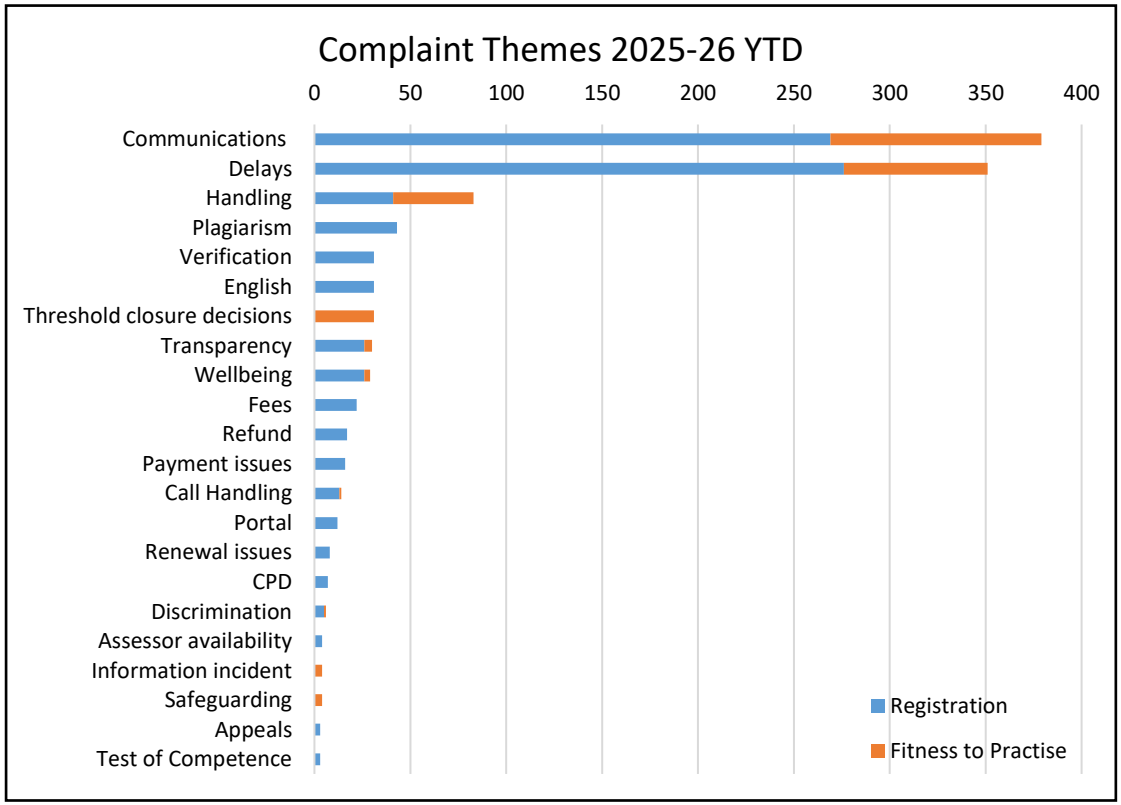
7 Feedback and Complaints

7.1. Complaints received between April 2025 and September 2025:





7.2. Complaint themes from April 2025 and September 2025 (themes can be multiple):



7.3. The most common themes remain delays to application and case progression, and communication.

7.4. These delays and reduced communication are the impact of a high number of international applications. Many of the complaints relate to delays to applications that have requested further information or have been flagged for possible plagiarism investigation.

8 Risk and Compliance

Risk and Compliance 2025-26 Workplan progress

8.1. The following non regulatory activity audits have taken place since the last Committee report:

- Monthly External facing configuration check A.8.9 using NCSC tools – periodic rerun. Google Chrome was removed from HCPC/HCPTS use as the application has very frequent upgrades and its functionality can be provided by Microsoft Edge.
- Monthly Sentinel review (Cyber incident reporting) ongoing monthly sessions with the IT team.
- The quarterly test of the three regulatory systems users lists has commenced, Registration CRM, Education CRM, and Nexus (FTP).
- A retention audit will be undertaken across the organisation, and further consideration given to new technologies in use, such as Teams chat.

Serious Event Reports (SERs)

8.2. The are no current open SERs.

Whistleblowing, Fraud and Bribery monitoring

8.3. The multi-factor authentication (MFA) toll fraud attack on Registration portals has been mitigated by changes implemented by the IT team and external contractors. MFA controls are being extended to other areas of the organisation to increase resilience against attacks and account take over.

8.4. Content planning for Information Security, Anti-Bribery & Fraud training is underway and roll out is planned for January 2026.

Risk and Compliance Audits commentary

8.5. The next set of Risk and Compliance audits are ongoing. Addressing the more detailed requirements of the new ISO standard is potentially challenging.

Business Continuity & Disaster Recovery exercises and planning

8.6. The Business Continuity app ShadowPlanner v5 is being shut down and replaced by v6 which is much more user friendly. Administrator training and testing took place over the summer. Latest government advice now includes a recommendation to retain a hard copy of the business continuity plan, to allow for complete failure or shutdown of usual IT capacity.

8.7. ***Single Source Suppliers***
The following contracts has been signed without competitive tender. These suppliers have been used before by the HCPC or are offering specific services that are compatible with other functionality that requires specific integration.

SSR No	Date	Supplier	Title	Value Incl VAT	Requester	Department	Approved
HCPC/SSR/2025/41	13/10/2025	eXceeding	the Network Modernisation Project - (Procurement Partner)	£36,000	Head of Business Change	Business Change	Yes
HCPC/SSR/2025/43	28/10/2025	TurnItIn	Turnitin Similarity and Turnitin Originality Licenses	£26,700	Head of IT and Digital Transformation	ITD	Yes

Third Line Assurance

9 Internal Audit – BDO

9.1. The 2025-26 internal audit plan is progressing well with BDO and are on track.

9.2. BDO completed the following audits in this period:

- Business Central Audit – audit complete, report with management for response

- Health and Safety – Audit complete, report finalised

Level of assurance:	
Design	Moderate
Effectiveness	Substantial

- Cyber Security Audit – Audit complete, report finalised

Level of assurance:	
Design	Moderate
Effectiveness	Moderate

10 PSA Performance Review 2025-26

10.1. The HCPC's 2025-26 performance review runs from 1 April 2025 to 31 March 2026. This year will be a periodic review year which will include an audit.

10.2. The PSA audit is commencing on 27 October 2025 and they have selected a mixed sample of cases closed at threshold, Investigating Committee Panels and final hearings. They have also included a sample of external and internal frontloaded cases and are particularly interested in risk assessments. The audit will be conducted over approximately six weeks.

10.3. The PSA published the draft of the new Standards of Good Regulation on 9 October 2025 and are now engaging in a second round of consultation. It is anticipated that the revised Standards of Good Regulation will be published in January 2026 with implementation in July 2026 however the PSA have indicated that these timescales are under review.

10.4. At present, the PSA have advised that they to assess the HCPC in 2026-27 against the current standards as the implementation date occurs three months into our review period.

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

11.1. Information security training for new employees is ongoing including a short session at the corporate induction. Partner and Panel Chair information security training is increasingly focused on online delivery of information and virtual hearings, as face to face hearings become less frequent. Most information theft now occurs online with some risk of device theft, intrusion or loss.

11.2. The Register of Processing Activities has been incorporated into the RiskInfoAssets spreadsheet. This type of combined document was deemed essential to responding to any ICO inquiry.

11.3. The Senior Leadership Group has asked for further advice on information and record storage and retention. This is being drafted currently. This covers network storage, with the potential for cloud migration at some point in the future, and records within production systems (databases).

11.4. The monthly tool provided by the NCSC has been run against the HCPC. public facing infrastructure, illustrating progress to completing DMARC and SPF (email and web security).

11.5. Additional detail is being added to the cyber incident response plan (CIRP).

12 Information Governance

12.1. Summary of recent requests:

12.2. We received 38 data incident reports in the reporting period.

Requests	Jul-25	Aug-25	Sep-25
FOI	25	25	30
SAR	16	27	21
EIR	0	0	0
Disclosure requests	12	8	17
Internal reviews	4	6	11
ICO complaints	1	0	0
Total Received	**58**	**66**	**79**
Responses within statutory timescale	58	47	66
Responses in breach of statutory timescale	5	3	8
% age within statutory timescale	92%	94%	89%

Appendices

Appendix 1 Workplans 2025/26
Quality Assurance

Strategic aim	In 2025–26 we will …			Cross organisation impact/input	Delivery by
1) Continuously improve and innovate	**QA in FTP:** • SDM Decisions • Triage first line checks • Stakeholder engagement and case plans – 6 month follow up • Protection of Title – case closures • Support – PSA audit Nov/Dec 2025	**QA in Registration:** • Incident review • Plagiarism identification process • Co-working with Registration QA team • Review of new CPD ROA • AI usage	**QA in Education:** • Approval process • Stakeholder engagement (potentially including usage of data and intelligence)	FTP Registration Education	Q1-4
	Additional activities				
	Scheduling (Q4/Q1 26-27) External Legal Providers – changes to processes	English language checks Review of first line checks implementation	Use of data and intelligence	FTP Registration Education	(reserve)
	Manage the relationship with the PSA for the 2025-26 Periodic Performance Review			Participation across the HCPC	Q1-4
	Implement improved processes and approach to corporate feedback and complaints			FTP, TS, Registration, Education	Q3
	Lead/support the development of a new CRM to improve information gathering, stakeholder relationship management, and overall management of corporate feedback/complaints.			Project (BC, IT, Assurance, Info Security, Insight, PUR, Comms)	Q3

	Review and refresh operation risk register to be accessible and proportionate	Participation across the HCPC	Q2
	Support partner quality matrixes and KPIs project	Participation across the HCPC	Q3
	Business partner with internal audit (BDO)	Participation across the HCPC	Ongoing

Strategic aim	In 2024–25 we will …	Cross organisation impact/input	Delivery by
3) Develop insight and exert influence	Manage assurance framework, and the strategic and operational risk registers	Participation across the HCPC	Ongoing
	Facilitate and support data quality improvements	IT, BC, I&A, Reg, FTP, Edu, IG	Ongoing
	Lead engagement with PSA consultation on new Standards of Good Regulation	Participation across the HCPC	Ongoing
5) Build a resilient, healthy, capable and sustainable organisation	Develop new SRR in line with new corporate strategy	Participation across the HCPC	Q4
	Provide assurance on project boards and change management across the HCPC.	Business Change	Ongoing
	Provide assurance for review and implementation of new international application approach	Registration, BC, RD	Ongoing

BDO Internal Audit

Internal audit plan - 2025/26 - 1

Main Delivery & Enabling Management Systems

Assignment Title	Purpose & Scope (priority)	Main Strategic Risk	Obj.	Qtr.	£
Main Delivery					
Fitness to practise **(Assurance)**	FtP Is a primary regulatory activity of which performance has been steadily improving and changes to process having been made. We examine FtP end to end every three years. We last reviewed FtP in 2022/23. The focus will be on specific areas that do not get significant coverage from second line assurance and an overall assessment of the control and assurance environment. (High) *The review will evaluate and test the robustness, timeliness and quality of the process and its reporting, from initial receipt of a concern, triage and through to the hearing stage. The review will exclude 'front loading' activities which are being brought in this year. Partners will be included.*	1. We are unable to deliver our regulatory requirements effectively in a changing landscape, effecting our ability to protect the public.	1	Q1	6,000
Research* **(Assurance)**	A component of an upstream, evidenced-based regulator is to have a pipeline of relevant research undertaken to a high standard. HCPC conducts research. (Medium) *Using our experience of research-based organisations, we will evaluate the commissioning, planning, policy, delivery, quality assurance, benefits realisation and oversight of research, and how it links with corporate objectives.*	3.a Quality of our data leads to assumptions or gaps in understanding, and, therefore, inadequate or uninformed decision making. 3.b We are unable to maximise our use of the data we hold to share insights to protect, promote and maintain the health, safety and well-being of the public	3 & 4	Q4	6,000
Enabling management systems					
Media & communications **(Assurance)**	Proactive and reactive media, social media and communications, are important tools in a regulator's work, particularly for education, public affairs and managing reputation risk. The audit aims to give assurance that HCPC follows good practice, with sufficient managerial oversight and maximising the opportunity of media & communications as a regulatory tool. HCPC intend to update their media handling arrangements in April 2025, particularly the balance of work performed by external providers and the inhouse team, and the roles of social and conventional media. (High) *We will examine the methods for media handling risk and opportunity management, including controls over content dissemination, early warning of regulatory issues or issues affecting HCPC's standing.*	4. We are unable to effectively build trust, engage with and influence our stakeholders reducing our ability to understand their perspectives and regulate effectively. 6. We do not sufficiently or appropriately promote our work leading to opportunities to enhance our regulatory activity being missed and the benefits of regulatory reform remaining unrealised. (abbreviated)	4 & 6	Q3 end	6,000

* Management consider Research could be swapped with Partners (reserve list page 7)

Internal audit plan - 2025/26 - 2

Core business processes & Follow-up

Assignment Title	Purpose & Scope	Main Strategic Risk	Obj	Qtr	£
Business Central - core financial controls (Assurance)	HCPC has introduced Business Central as its core finance system. (High) *We will conduct a key financial controls review to assess whether the system, as it operates now, has a robust control design and operates the same in practice.*	5.a The resources we require to achieve our strategy are not in place or are not sustainable. 5.b Our organisational values are not reflected at all levels of the organisation, leading to staff not feeling supported/trusted/listened too.	5	Q2	6,000
Cyber Security (Assurance)	With systems being updated and new systems in place, combined with an ever-changing security threat. (High) *We will evaluate and test HCPC's cyber security protection, detection and recovery procedures.*	1. We are unable to deliver our regulatory requirements effectively in a changing landscape, effecting our ability to protect the public.	All	Q1	7,500
Health & Safety (Assurance)	Staff and partners travel, work from home and in the office, which carries varying degrees of health and safety risk. Recent laws on sexual harassment have come into force. (High) *The audit will review the governance, oversight, and key elements of HCPC's health and safety regime for staff, visitors and partners. Postponed from 2024/25.*	5.b Our organisational values are not reflected at all levels of the organisation, leading to staff not feeling supported/trusted/listened too.	5	Q3	5,400
Follow Up	Annual review evaluating the implementation of our prior recommendations. We will include follow up of the People Strategy.			Q4	2,000
Annual Plan	In year resource to develop the following year's internal audit strategy and plan				875
Annual Report	A requirement of the UK public sector practice note under the Global Standards, we are required to give an annual report and opinion.				875
Audit Mgt & ARAC					4,000
Total					44,650

Reserve topics - 2025/26

Audit area	Reason for selection as a Reserve topic *High level scope*	Risk	Obj.
Partners*	HCPC has been changing the arrangements for partners. Partners provide a range of practical input into regulatory activities including panel members and advisors. (Medium priority for 25/26) *Our review will examine the implementation of the new ways of working for partners. We reviewed the payment and quality review of CPD assessment roles of partners in 2023/24.* *Q4 in 2025/26, if it proceeded.*	1. We are unable to deliver our regulatory requirements effectively in a changing landscape, effecting our ability to protect the public.	5
Risk Management	Risk management at HCPC has gone through several improvements over the last few years. As management decision-making and its understanding of the health of the organisation, is underpinned by a good risk management process and a clear risk appetite framework, it is important the that the process functions well. Suggested for 2026/27. (Low priority for 25/26) *A review of the risk management framework and how well it is applied, including embedded in decision making and the organisational culture. Includes the application of risk appetite.*	All	All
Artificial Intelligence *(advisory or ARAC workshop for 2025/26)*	AI provides great opportunities and threats - organisations are beginning to learn the potential AI can have on their operations and risks. Risks include the leakage of personal and commercial data, and drawing incorrectly conclusions, providing the public with responses or making decisions based on AI outputs, without verification. HCPC has begun using AI in responding to email enquires. (Low priority for 25/26) *This advisory review will look at the policy and governance of AI, controls around its use, policies on staff accessing consumer grade AI tools and the application of AI to its customer facing functions - risks and opportunities. The audit would focus on the internal use of AI by staff.*	1. We are unable to deliver our regulatory requirements effectively in a changing landscape, effecting our ability to protect the public. 3.a Quality of our data leads to assumptions or gaps in understanding, and therefore inadequate or uninformed decision making.	1, 2,3

Appendix 2 Risk Appetite Statement

HCPC Risk Appetite Statement November 2023

Regulation – Measured (Registration, Education, FTP, Policy & Standards)

Our focus is on long term and lasting quality in our regulatory delivery. We prefer safer delivery options for meeting our requirements as a regulator, accepting a measured degree of residual risk and choosing the option most likely to result in successful delivery in order to continue as an effective regulator.

It is **essential** that mitigations to ensure ongoing public protection are in place as a foundation of taking risks to delivering regulatory requirements.

Influence/Leadership – Seeks (Engagement, comms, profile, reputation, influence)

We are willing to take decisions which are likely to bring additional scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks.

It is **essential** that the HCPC's voice is not perceived to be party political. The HCPC is neutral as a public body.

Compliance – Measured (PSA, ISO, ICO, Environmental, H&S, etc)

We have a preference for safe delivery options with little residual risk. We want to be reasonably sure we would win any challenge. Data protection, IT and cyber security are covered by this risk type.

It is **essential** that the long-term achievement of PSA standards is assured.

Financial – Measured (Finance, VFM, Estates)

We will pursue safe delivery options, accepting small residual financial risk only if that could yield upside opportunities. Value for money, affordability and long-term financial sustainability are our primary financial concerns in fulfilling our regulatory responsibilities, but we are open to considering other benefits and constraints in evaluating financial plans.

It is **essential** we remain a financially viable organisation to ensure continued public protection through continued operation. Significant financial risks are not compatible with this requirement.

People – Open (Employees & Partners)

We aim to invest in our people to create innovative mix of skills environment. We are prepared to accept risk as long as there is the potential for improved culture, recruitment and retention.

It is **essential** that risk taking in this area is consistent with the HCPC's values and culture. As an employer are committed to upholding and promoting Equality, Diversity and Inclusion.

Reform – Open (Regulatory Reform)

We support innovation, with demonstration of benefit or improvement in service delivery. We are receptive to taking difficult decisions when benefits outweigh risks. Processes, oversight and monitoring arrangements enable considered risk taking.

It is **essential** that the opportunities taken with regulatory reform are fully evidenced and cross organisational impact is considered and documented.

Data – Open (Quality, analysis, sharing)

We accept need for operational effectiveness in distribution and information sharing. We support innovation and new approaches, as long as there is the potential for improved data quality. *(Please note data protection is covered by the Compliance risk type)*

It is **essential** that we understand our data when sharing and publishing analysis.

Appendix 3 Assurance Map Pillars

Guidance and Processes	Are guidance's and processes documented, up to date (with an agreed review cycle), and accessible to all members of the department?
Training and Induction	Have all members of the department been through the appropriate corporate and department specific induction process? Have all members been trained on the processes/systems/etc required to do their job? If gaps are identified, are department members given the further training needed?
KPIs and Reporting	Is the department meeting both the council reported KPIs and department specific KPIs/SLAs? Is the work of the department regularly reported to the appropriate level, whether ELT, Committee or Council?
Quality Control	Are there quality controls in place to ensure that there is appropriate understanding and oversight of the work done by the team? This includes work trackers, quality checks, manager 1:1s, team meetings to discuss workload, QA activity, external and internal audits, etc
Continuity Planning	Is the department sustainable in terms of approach (continuous improvement) and resources (including career development, retention, recruitment and sickness) long term? This may also link to succession planning work completed with HR