Audit & Risk Assurance Committee Committee Committee 14 September 2022



Operational Risk Register review

Executive Summary

The Operational Risk Register (ORR) underwent a major review in 2021-22. Following a year of operation, a further internally led review has been undertaken and the first round of quarterly Internal Assurance meetings has taken place across the organisation resulting in the capture of additional information, summarised in the paper.

| Previous consideration | The Committee reviews the ORR annually. ELT reviews the ORR on a quarterly basis, but reviews risk areas on a monthly basis with risk owners. |
|-------------------------------------|---|
| Decision | The Committee is invited to question and provide feedback on the content of the register. |
| Next steps | The next report will be received in September 2023. |
| Strategic priority | Operational risks are mapped to the strategic risks relevant to all strategic priorities. |
| Financial and resource implications | None as a result of this paper. |
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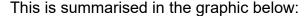
Operational Risk Register

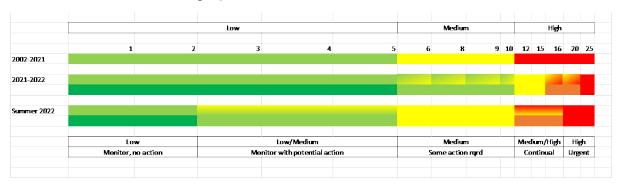
1. Overview of changes in Risk Management approach

The Operational Risk Register (ORR) underwent a major review in 2021-22 with a focus on more direct input from risk owners with less direction from the Risk Management team. The list of operational risks for each department was rebuilt and run for a year.

Following the initial updates to the ORR, the Executive reflected that the RAG scale outcome scores skewed too low as illustrated below. Therefore, this was revised.

The new five risk levels take into account mathematical progression (effectively the fact that the range between 1x1 to 2x2 = 3 is a lot less than the space between 4x4 and 5x5 = 9). As we currently do not use decimals or fractions in the impact and likelihood scales, removing a risk score of 17, 18, 19, 21, 23, 23, 24 has little direct impact on the risk scales other than evening out the apparent spacing between end members of each risk score.





Work to calibrate the level of risks held by different parts of the organisation have continued and we have reintroduced the Risk Matrix Definitions table that maps equivalent levels of risk impact (Public Protection, Financial, Reputation) and risk likelihood (Strategic, Programme/Project, Operational). This table appears on its own page in the ORR.

Additionally, the following information has been added to the ORR since the Committee last reviewed it:

- Post Mitigation Impact and Likelihood are captured numerically, resulting in a more precise Residual Risk Score.
- Future or planned mitigations are included where known for specific risks
- A numeric Target Risk Score is provided for each risk

The Quality Assurance Lead and CISRO meeting the risk owners on a quarterly basis to discuss operational risk and any changes to the ORR, and judge the relative assurance provided by each risk owner.

2. Key changes to the Operational Risks

This section aims to highlight some of the changes over the last year. It is not an exhaustive list.

2.1 Executive Leadership Team risks encompass all departments at a slightly higher level. Differences in leadership style and practise may impact delivery across the organisation, so will use the People Strategy and corporate plans, values and behaviours, with a full ELT & SLT in place.

Failed projects and initiatives will impact the delivery of organisational objectives so improved change control programme with project support and frequent review of the corporate plan will match the resources available.

Regulation

- **2.2 Education** reflects the implementation of the new education quality assurance operational model. The perception of stakeholders around how robust they consider the new QA model is, is reflected in a new risk, where mitigations are yet to be defined.
- **2.3 Registration & CPD** have made a major review of its risks in light of issues such as increased international applications. Mitigations such as outsourced application processing, and online application services are listed. The register reflects the PSA standard lost in the past year which should be regained with the additional processing support provided.
- **2.4 Fitness to Practise** has been undergoing an improvement plan over the last year or so, with the aim of improving performance as measured by the PSA, and operationally, to minimise the risk of backlogs extending or exceeding improvement programme costs.

There are still potential risks of the FtP process resulting in a decision that does not adequately protect the public, either at the investigation, or Hearing stages. PSA may challenge HCPC decisions, but this may not support public confidence in regulation. Influxes of cases can also impact the effectiveness of HCPC processes, so work by the Professionalism and Upstream team aims to mitigate uncontrolled growth in poor performance of registrants, and manage case number growth in the long term

Ineffective whistleblowing processes remains a concern and information sharing with other regulators in the Emerging Concerns group and employer engagement via the Professionalism and Upstream team aims to lower this risk over the medium term.

2.5 Governance risks include ineffective corporate reporting to ELT, Council and Committees, which is mitigated by oversight of the Head of Governance and for financial data the Exec Dir of Resources and Business Performance. A new Finance system to replace SAGE with further improve the quality of financial control and reporting.

Council decision making will be further supported by new guidance on paper construction for employees, further enhancing the ability to plan effectively for the future.

The Registrant forecast has been moved to the Finance Dept, support is being provided to the individuals taking on this task.

2.6 Quality Assurance risks now include management of the PSA reporting process.

QA risks focus on not being able to detect regulatory process failures at the early stage to enable avoidance of future PSA standards failure. Failures of currently compliant areas due to ongoing focus on traditional areas of difficulty and resources being focused on those traditional areas. The quarterly challenge of risk owners in the combined QA & Risk & Compliance assurance meetings assists validation of the operational treatments being cited by regulatory areas.

Resources and Business Performance

- 2.7 Finance & Procurement. Significant risks have been mitigated as past roles have been replaced, but ongoing issues are still being addressed by the new Finance team. Documentation around new processes is being developed, but inherited issues around the technical design of Business Central require a major project to resolved. Process failures are still a concern until changes in systems are completed with the required level of documentation. Mitigations will be monitored via Risk & Compliance audits. Procurement controls are being addressed and standard financial controls have now been reimplemented.
- **2.8 Human Resources** risks are concentrated around recruitment and retention of employees, and the potential to increase costs if retention efforts fail. The People Strategy, succession planning and flexible working developed since the Covid-19 pandemic will mitigate some issues.

Increased flexibility following pandemic home working will be incorporated in the new ways of working (Hybrid working) although that may make planning more difficult, and increase costs. Moral may become an issue with home working, continual change and perception of the HCPC by employees. [One size does not fit all]

Bureau Payroll services may be withdrawn forcing immediate insourcing of the processes to HCPC, which would be shared with the Finance team This is a new risk, along with employee skills and behaviours not being appropriate to HCPC's needs.

- 2.9 Information Security & Cyber security risks now reflect the confidentiality, availability and integrity aspects for each risk, pre and post mitigation. This very granular approach is not suitable for the rest of the organisation, but is a requirement of the ISO27001:2013 standard. Detailed scores on each information asset are maintained elsewhere. Procurement of increased configurable automated systems from Microsoft will enhance our automated response over time.
- **2.10 Information Technology & Digital Transformation** areas have been substantially reviewed following the appointment of the new Head of IT & DT.
 - Cyber security aspects of IT are a key concern, and ISO27001, Cyber Essentials and improved technical resources are to be enhanced. However, home working by most employees places additional risks around home security. HCPC laptops have been supplied to most employees to control the desktop environment of hardware attaching to our infrastructure.
 - Data retention may not be adhered to in all cases and is difficult to constrain without data and document categorisation. This will become possible for new data as enhanced technology is rolled out.
 - User permissions with department managed application may lead to vulnerabilities so will be investigated in future for further control.
 - Many applications / service are now outsourced so we are dependant on the resilience of those suppliers, which are most often cloud based providers, making traditional escrow arrangements more challenging.
 - Business continuity must keep up with application and infrastructure changes, so Projects and Business Change will document changing requirements as they progress.
- 2.11 Projects & Business Change have been building a new Programme management model over the last 9 months, so risks do not have a great level of assurance until they are more fully embedded. Increased enforcement of budgetary processes, and documentation from project and process change have been mandated to mitigate past difficulties. Supplier management has moved to IT. Agile processes demonstrated with the latest Registration projects provide assurance that the new methodology is working.
- **2.12 Office Services (& Facilities)** risks have fallen as the size of the estate and the related costs have decreased. However, preventive maintenance of plant

and machinery in the older parts of the estate is difficult until full funding is available.

Professional Practice and Insight

- **2.13 Policy & Standards**, have seen risks around failing to meet the PSA targets for EDI compliance decrease over the year as a major data collection exercise has taken place with renewing professions. A full team is now in place to cover aspects of policy work outside HCPC regulatory reform. The department contributes to regulatory reform development.
- 2.14 Insight & Analytics risks currently focus on addressing the historical under-investment in the quality and accessibility of HCPC's data. Despite significant challenges in this area, analysis has progressed, although this has required time and significant manual work to assure quality. The Programme for Data Excellence has been put in place to address this, jointly overseen by the IT team and I&A team, which is focusing on ensuring the availability of accurate data. A new Analytical Quality Assurance Framework is also being developed. This work will be supported by the new I&A apprentice and a short term internal secondment to address key gaps.

The data platform approach has not yet been funded, so intermediate measures are being developed. A collaborative approach is being developed as these data are collected for operational purposes and reporting is secondary to the original purpose.

- 2.15 Communications Permanent appointments to vacant posts have reduced resourcing risks, with external support maintained for the small team. A business partnering approach now supports departments with their communication needs, reducing the risk of inconsistent and inappropriate messaging damaging HCPC's reputation.
- 2.16 Partners potential risks from the NMC/Somerville case remain. The case has not yet concluded and ELT has considered possible mitigations to reduce impact and risk for HCPC. It has proved challenging to recruit to the new Education Visitor role, particularly for our Hearing Aid Dispenser and Arts Therapist professions. The Education Department have confirmed that they can currently manage their business with the Partner numbers they have. We will run another recruitment campaign for these roles later in the year.

HCPC Operational Risk Register

August / September 2022 Governance Department

| Last updated by risk owner |
|----------------------------|
| YYYYMMDD |
| 20220621 |
| 20220606 |
| 20220905 |
| 20220620 |
| 20220623 |
| 20220706 |
| 20220615 |
| 20220706 |
| 20220617 |
| |

IT Office Services Partners

Policy & Standards, Professionalism & Upstream Regulation

Projects & Business Change

Quality Assurance Registration & CPD Risk Profiles Rolling Update plan Reference Data 20220624 & 20220613 20220608 20220706 20220530 20220831

20220628 wksp

20220615 20220621

20220830 Updates

| Directorate | Department | Low | Low/ Medium | Medium | Medium / High | High |
|-----------------------------------|--|-----|----------------|--------|------------------|------|
| | Information Governance & Security | 0 | 2 | 4 | 0 | 0 |
| Governance | Complaints | 0 | 0 | 0 | 0 | 0 |
| Governance | Quality Assurance | 0 | 2 | 1 | 0 | 0 |
| | Governance | | | 0 | | |
| | Insight and Analytics | 0 | 0 | 2 | 0 | 0 |
| Drofessional Drostics and Insight | Policy and Strategic Relationships | 0 | 0 | 7 | 1 | 0 |
| Professional Practise and Insight | Communication | 0 | 1 | 4 | 0 | 0 |
| | Professionalism, Partners and Upstream R | 0 | 0 | 3 | 1 | 0 |
| | Education | 0 | 1 | 4 | 0 | |
| Regulation | Fitness to Practise | 0 | 1 1 | 4 | 0 1 | 0 |
| inegulation | Registration & CPD | 0 | 1 | 6 | 8 | 0 |
| | | | | | | |
| | Estates & Facilities | 0 | 3 | 2 | 1 | 0 |
| | Finance & Procurement | 0 | 3 | 1 | 1 | 0 |
| Resources & Performance | Information Technology | 0 | 1 | 6 | 0 | 0 |
| | Human Resources | 0 | 1 | 2 | 1 | 0 |
| | Business Change | 0 | 1 | 6 | 6 | 0 |
| ELT | Executive Leadership Team | 0 | 0 | 7 | 3 | 0 |
| TOTAL RISKS | | 0 | 17 | 59 | 23 | 0 |

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| | Risk Category | Risk Title | Risk Description (Event - cause - consequence) | Risk Team | | Inherent Risk Impact Catastrophic = 5 Significant = 4 Moderate = 3 Minor = 2 Insignificant = 1 (Before mitigations) | | Inherent Risk Rating High = 25-20 Medium/High =19- 11 Medium = 10-6 Low/Medium = 5 - 3 Low = 2 - 1 | Treatment Type Mitigate Accept Avoid Transfer | Treatment Steps | Treatment Owners | Treatment Target Dates Time at which treatment due to be fully functioning | Post mitigation Impact Catastrophic = 5 Significant = 4 Moderate = 3 Minor = 2 Insignificant = 1 | Post mitigation Likelihood Highly Likely = 5 Likely =4 Possible = 3 Unlikely =2 Highly Unlikely =1 | Residual Risk Rating High = 25-20 Medium/High = 19-11 Medium = 10-6 Low/Medium = 5 - 3 Low = 2 - 1 | Next Review Date | | Future Mitigations | Risk Status Notes |
|----|------------------|---|---|--------------------|--|---|---|--|--|--|--------------------------------------|--|---|--|---|---------------------|----|-----------------------|---|
| 22 | Strategy | Communication s Strategy not Aligning with the Corporate Strategy | Communications not aligning with the corporate strategy will affect communications effectiveness. | Communication s | Head of Business Change / Head of IT & Digital Transformati on? Executive Director, Professional Practise and Insight | 3 | 3 | 9 | Mitigate | Very regular touch points & engagement between those involved; Comms Team, Policy team, Exec, Luther & Chair. Regular meetings between CER, Exec Dir & Luther New Comms plan developed between Luther & HCPC Comms | Exec Dir PPI Comms Lead | Ongoing | | | 2 6 | Aug/Sept 2022 | LM | | |
| 23 | Strategy | Communication s Department Resourcing Limitations | Communications Department resourcing issues will impact communication quality and responsiveness which will mean Council and SMT requirements are not met due to the Communications Department not having the required staffing numbers or range of skills. | Communication s | Executive Director, Professional Practise and Insight | 3 | 3 | 9 | Mitigate | Team engagement No vacant perm roles currently, but still small dept, will require ongoing use of external support (Luther). | Exec Dir PPI & Comms Team Lead | Ongoing | 3 | 3 | 3 9 | Aug/Sept 2022 | LM | | Addtn of 1 FTE would lower to Unlikely, 2 to highly unlikely |
| 24 | Operations | Digital Service Accessibility Issues | The rollout of the digitisation strategy for all interactions with registrants, partners and the public will impact service quality and stakeholder satisfaction due to specific stakeholder groups user experience and potentially accessibility issues | S | Executive Director, Professional Practise and Insight & Executive Director of Resources & Bus Performance | 3 | 3 | 9 | Mitigate | New Digital Officer post in place full-time to focus on user experience on website and supporting UX as digitisation strategy moves forward. (Currently part working on genaral Comms support due to ongoing resource issues) Website hubs in place to support good UX - registrants, employers, education providers, students. Digital best practice and optimisation of website resources, however digitisation of portal front ends to business sytems is less optimized. | Comms Team Lead | Ongoing | 3 | 3 | 9 | Aug/Sept 2022 | L | | websites not mobile friendly; more user friendly at design phase |

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| 25 | Reputation | Information and provide advice Issues reputation | | · | Executive Director, Professional Practise and Insight | 2 | 3 | 6 | Mitigate | Processes in place for responding to policy queries. Regular engagement between communications and policy teams and colleagues across the business to ensure responses are accurate. LTT document in place, currently revising policy response sign off process complete with escalation routes. Comms Business Partner with Policy Team | Head of Policy Digital & Comms Lead | Ongoing | 2 | 2 | 4 | Aug/Sept 2022 | L | Any PSA impact? |
|----|------------|---|---|------------|---|---|---|----|----------|---|---|---------|---|---|---|------------------|----|--|
| 26 | Reputation | Reputational organis Communication the reputation process reputation | istent or inappropriate sational communications will impact solutation of HCPC due to the uses for managing proactive, tional communications being ure. [Excludes individual ant/registrant communications] | s / Policy | Executive Director, Professional Practise and Insight | 3 | 3 | 9 | Mitigate | External Comms agency in place to manage risk, Regular and close engagement between external agency, internal comms team and policy team. Forward plan aligned to strategy and shared weekly with CEO and Chair. CRM system when finances allow. | Executive Director, Professional Practise and Insight | Ongoing | 3 | 2 | 6 | Aug/Sept 2022 | LM | Tone of voice, stakeholder comms may be excluded? What is in Policy/Upstre am? |
| 27 | · | of commu Communication of HCP s division Responsibilities betwee | ate, inconsistent or inappropriate (unications will impact the reputation so the communications responsibilities on of communications responsibilities on the Communications Department ther departments | | Executive Director, Professional Practise and Insight | 3 | 4 | 12 | | Communications team transitioning to Business Partner approach to ensure effective engagement across all departments. Communications team sole team responsible for mass sending out of communications to registrants and employers; website and social media content. Oversight of departmental templates ongoing, to minimiose own goals Weekly Comms planning process, creating ongoing schedule of content | Comms Team Lead | Ongoing | 3 | 3 | 9 | Aug/Sept 2022 | L | Still working through exisiting templates etc |

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|----|------------------|---|---|-----------|----------------------|---|--|---------------------|--|--|---|--|------------------|--|--|--------|--|-----------------------|-------------------------|
| 34 | Operations | Lack of consistency in applying standards | Failure to achieve consistent outcomes across all education providers and professional areas will lead to training programmes achieving unjustified, different levels of compliance to standards. | Education | Head of Education | 2 | 3 | 6 | Mitigate | Embed first line quality checks within processes which ensure assessments are in line with standards. | Head of Education | Ongoing | 2 | 2 | 4 | Sep-22 | Low = 2 - 1 | | 3 month review cycle |
| 35 | Operations | Education Department resourcing Limitations | Education Department resourcing issues will impact service levels which will lead to statutory requirements for professional training delivery not being met and an inability to approve new training programmes due to the Education Department not having the required staffing numbers.(poor Service provided to stakeholders and delivery in a timely manner; and unable to reprioritise if required, without loss of other services) | Education | Head of Education | 3 | 4 | 12 | Mitigate | 1) Monitoring of case loads within QA processes 2) Effective forecasting of activity within budget cycles 3) Prioritisation of case progress where needed to ensure new programmes can achieve approval 4) Recruitm't of new EDU Officer | | Ongoing | 3 | 2 | 6 | Sep-22 | 5 | | 3 month review cycle |
| 36 | Operations | Inadequate visitor resourcing for smaller professional areas | Failure to deliver appropriate levels of service to smaller professional areas will lead to statutory requirements for professional training delivery not being met and an inability to approve new training programmes due to inadequate visitor resourcing for these professional areas | Education | Head of Education | Minor 2 | Possible 3 | 6 | Mitigate | Forecasting visitor requirements within budget cycles Running recruitment campaigns which maximise applicant numbers for smaller professions. | Head of Education / Head of Partners | Ongoing | 2 | 3 | 6 | Sep-22 | 6 | | 3 month review cycle |
| | Operations | Insufficient checking to support success of new model | Failure to maintain sufficient internal first line checks to ensure principles of updated EDU QA model are sufficiently robust, result in reduced quality of outcomes for programmes and institutions. | Education | Head of Education | 3 | 3 | 9 | Mitigate | 1st line checks ongoing, analasys of decisions | Head of Education | Fully implemented by Sept 2022 | 3 | 3 | 9 | Sep-22 | 6 | | 3 month review cycle |
| | Operations | checking | Failure to maintain sufficient Department- level first line checks to ensure principles of quality assurance model are sufficiently robust, and result in high quality of outcomes for programmes and institutions | Education | Head of Education | 3 | 3 | 9 | Mitigate | 1) 1st line checks ongoing, analysis of decisions 2) Continued development of QA framework with QA function | Head of Education | Fully implemented by Sept 2022 | 3 | 3 | 9 | Sep-22 | 6 | | NEW RISK |
| | Operations | | Key external stakeholders perceive the model to be lighter touch, due to its focus on 'upstream' parts of the process. Key contacts do not understand their roles and how to work with the HCPC | Education | Head of Education | 3 | 3 | 9 | Mitigate | To be determined | Head of Education | Currently unknown | To be determined | To be determined | | | | | NEW RISK after meeting |
| | Operations | Business process for | Department unable to make incremental improvements to supporting systems in a timely manner, which leads to inefficiencies in process application | Education | Head of Education | 3 | 5 | 15 | Mitigate | To be determined | Head of Business Change / Head of Education | Currently unknown | To be determined | To be determined | | | | | NEW RISK |

| Risk Number | Risk Category | Risk Title | consequence) | Risk Team | Risk Owner | Impact Catastrophic = 5 Significant = 4 Moderate = 3 Minor = 2 Insignificant = 1 (Before mitigations) | Likelihood Highly Likely = 5 Likely = 4 Possible = 3 Unlikely = 2 Highly Unlikely = 1 (Before mitigations) | High = 25-20 Medium/High =19- 11 Medium = 10-6 Low/Medium = 5 - 3 Low = 2 - 1 | Type Mitigate Accept Avoid Transfer | | Treatment Owners | Target Dates Time at which treatment due to be fully functioning | Post mitigation Impact Catastrophic = 5 Significant = 4 Moderate = 3 Minor = 2 Insignificant = 1 | Post mitigation Likelihood Highly Likely = 5 Likely =4 Possible = 3 Unlikely =2 Highly Unlikely =1 | Risk Rating High = 25-20 Medium/High = 19-11 Medium = 10-6 Low/Medium = 5 - 3 Low = 2 - 1 | | Rating (with reasonable resources and time) High = 25-20 Medium/High = 19-11 Medium = 10-6 Low/Medium = 5 -3 Low = 2 - 1 | Future Mitigations | Risk Status Notes |
|----------------|------------------|--|--|-----------|--------------------|--|---|---|---|---|---------------------|--|---|--|---|------------------|---|-----------------------|--|
| 1 | Strategy | Leadership Consistency | Inconsistent leadership across the organisation will impact the delivery of key organisational objectives due to the lack of a defined leadership strategy and consistent leadership behaviours. | ELT | Chief Executive | 4 | 4 | 16 | Mitigate | workplans, Values & behaviours work across organisation.Full ELT & SLT in place. ELT members reviewed annually. Weekly ELT onsite meetings. Reappointment of Chair supports stability. | Chief Executive | Nov-21 | 3 | 3 | 9 | Nov/Dec 2021 | 6 | | 360 degree rvws may imprtove impact, embred behav framwk, in annual perf rvw. T3 programme |
| 2 | Strategy | Relationship with Council | An ineffective relationship between the ELT and Council will lead to an inability to manage Council expectations and a still evolving relationship. | ELT | Chief Executive | 3 | 3 | 9 | Mitigate | Corporate plan & strategy to ensure understanding, priority, key council member 1:1's and Chair CEO. Regular review of corporate plan deliverables to monitor progress. Mix of face to face and online Council & committee meetings. Increased pre meeting discussion of papers between authors and members as required. | Chief Executive | Nov-21 | 2 | 2 | 4 | Nov/Dec 2021 | 4 | | certain amount of challenge between ELT & Council required for mgmt to operate |
| 3 | Strategy | Poor Organisational Culture | - 9 | ELT | Chief Executive | 4 | 4 | 16 | Mitigate | Corporate plan & values, people strategy, behaviour framework, compassionate regulator, established wider leadership group ELT, SLT, etc | | Sep-21 | 3 | 3 | 9 | Nov/Dec 2021 | 7 | | |
| 4 | Strategy | High Rate of Change | Unsuccessful projects and initiatives will impact the delivery of key organisational objectives due to the rate of change across HCPC being too great for the organisation's capacity and capability. | ELT | Chief Executive | 4 | 4 | 16 | Mitigate | Regular review of corporate plan delivery & prioritisation in light of resources availiable. ELT oversight of major progress changes, Project Team to support initiatives. Change control programme started. Business Change and Benefits realisation monitoring, corporate planning to control rate of change to match organisation capacity. Ensure workload is not excessive matching required pace. | Executive | Nov-21 | 4 | 3 | 12 | Aug/Sept 2022 | 9 | | |
| | | External Relationship Management | Duplicate, inconsistent or inappropriate or lack of communications will impact HCPC's ability to influence the wider health environment due to poor management of external facing relationships and interim central stakeholder management system. | | Chief Executive | 5 | 4 | 20 | | Monthly strategy & planning by ELT , incl horizon scanning, stakeholder engagement incl oversight by Luther. Stakeholder mapping, Relationship Mgrs for key stakeholders, engagement plan for Chair & CEO, using OneNote system. Strat stakeholder Lead is in place, meeting with Unions, Home Country representitives. | Executive | In place | 3 | 3 | 9 | Aug/Sept 2022 | 6 | | |
| 6 | Strategy | ELT Capacity Issues | ELT become too operational and fail to delegate to Heads of Dept, resulting in issues that impact the delivery of organisational objectives due to the high rate of change. | ELT | Chief Executive | 4 | 5 | 20 | | Established a broader leadership group and heads of service roles as part of people strategy. Leadership dev programme in place. Strategy & Planning sessions ongoing. ELT & SLT notice periods. Effective Change Management apporach being embedded. | Chief Executive | Ongoing | 2 | 3 | 6 | Aug/Sept 2022 | 4 | | |

| 7 | Strategy | Lack of Effective Horizon Scanning | An inability to predict future requirements will impact the effectiveness of business planning due to a lack of horizon scanning to identify emerging issues and opportunities. | Executive | 4 | 4 | 16 | Mitigate | Monthly strategy & planning by ELT , incl horizon scanning, stakeholder engagement incl oversight by Luther, Public Affairs, Intell sharing across regulators, forward planning, people strat etc, Strat Stakeholders mgmt | Chief Executive | Ongoing | 3 | 3 | 9 | Aug/Sept 2022 | 9 | |
|---------|----------|---|--|------------------------|---|---|----|----------|---|--------------------|---------|---|---|---|------------------|---|---|
| 8 | Strategy | Lack of Succession Planning | Single points of failure and inadequate corporate memory will affect organisational resilience due to weaknesses in succession planning, knowledge sharing and process documentation. | ELT Chief Executive | 4 | 3 | 12 | Mitigate | 5 1 | Chief Executive | Ongoing | 3 | 3 | 9 | Aug/Sept 2022 | 6 | Low to medium currently. Issue identified as SPF was caused by another issue |
| 10 & 87 | | | managed, resourced and controlled to deliver the appropriate KPI results impacting public protection, HCPC's reputation and delivery of operational requirements to provide sufficient | ELT QA Lead | 3 | 4 | 12 | Mitigate | QA activity in Regulatory departments extended beyond pure PSA compliance. Dept workplans, monthy performance monitoring of BAU by ELT incl financial performance. KPI monitored at ELT & Council. Quarterly FTP reviews in 2022/23 | Chief Executive | Ongoing | 3 | 3 | 9 | Aug/Sept 2022 | 6 | Merged old risks to be more encompassing of approach |

| Risk Number | | Risk Title | Risk Description (Event - cause - consequence) | Risk Team | | Impact | Highly Likely = 5 Likely = 4 Possible = 3 | Rating High = 25-20 Medium/High =19- 11 Medium = 10-6 | Treatment Type Mitigate Accept Avoid Transfer | Treatment Steps | Treatment Owners | Treatment Target Dates Time at which treatment due to be fully functioning | Post mitigation Impact Catastrophic = 5 Significant = 4 Moderate = 3 Minor = 2 Insignificant = 1 | Post mitigation Likelihood Highly Likely = 5 Likely =4 Possible = 3 Unlikely =2 Highly Unlikely =1 | Residual Risk Rating High = 25-20 Medium/High = 19-11 Medium = 10-6 Low/Medium = 5 - 3 Low = 2 - 1 | Next Review Date | (with reasonable resources and time) High = 25-20 Medium/High = 19-11 Medium = 10-6 Low/Medium = 5 - 3 Low = 2 - 1 | Future Mitigations | Risk Status Notes |
|----------------|----------|---------------|--|----------------------------|--------------------|--------|---|---|--|---|---------------------|--|---|---|---|------------------------|--|-----------------------|----------------------|
| 11 | Finance | , | Process failures and accounting errors will impact the service delivered to registrants and lead to financial losses due to the new Income System not meeting business requirements and requiring multiple manual supporting processes. | Finance and Procurement | Head of Finance | 5 | 5 | 25 | Mitigate | BC Reimplementation bids received from KPMG and Cognizant. Additional expertise will be sought to support supplier selection process with Gartner's help, who are market intelligence company with experience within the IT sector. Project Board has been set up, as per Exec Dir of Resources & Bus Performance instructions. Includes Kayleigh and Paul (Projects Team), Geoff Kirk (IT), etc. | Finance | Jan-23 | 4 | 3 | 12 | Aug/Sept 2022 | LM | | |
| 12 | Finance | Documentation | Process failures and accounting errors will impact the service delivered to registrants and lead to financial losses due to current finance processes not being fully documented and there being an over-reliance on specific staff's process knowledge. | Finance and Procurement | Head of Finance | 5 | 5 | 25 | Mitigate | Walk-through videos, guidance notes and handover material has been produced and will be incorporated within our detailed month-end timetable with covers assigned to mitigate instances that task owners are not available. | Head of Finance | 90% complete | 2 | 2 | 4 | Aug/Sept 2022 | L | | |
| 13 | | | Process failures and accounting errors will impact the service delivered to registrants and lead to financial losses due to there being too few permanent staff to operate finance processes effectively and a reliance on temporary staff who do not have sufficient process knowledge. | Finance and Procurement | Head of Finance | 5 | 3 | 15 | | We have recruited for most, if not all, required posts including Senior Finance BP, Systems Accountant, Payroll Manager, Procurement Manager and Senior Transactions Analyst. Additional roles have been created for a Project Finances Lead to address the need for Finance to maintain a project accounting function and also a Finance Ops Manager, who will be the key contact between us and the Reg Ops Team, to ensure accurate and up-to-date transactions are being recorded. The recently appointed Financial Controller has, unfortunately, handed in their notice due to a family emergency abroad. We are aiming to recruit an Interim Financial Controller to get us through year-end and audit and are also recruiting for the permanent position in parallel. | Head of Finance | May-22 | 3 | 1 | 3 | Aug/Sept 2022 | L | | |
| 14 | Strategy | Improvement | The Finance Team failing to expand their skills will affect the progress of operational improvements due to ongoing system, process and resourcing issues meaning the team has no time to undertake training. | Procurement | Head of Finance | 4 | 3 | 12 | Mitigate | Finance Improvement Plan will be produced for each of the key finance functions including Finance Transactions, Financial Controls, Management Reporting and Procurement. As per the previous update, the Systems Accountant has been tasked with producing the as-is process maps and the corresponding SOPs to identify potential efficiencies as well as prep us for the requirements gathering phase of the BC Reimplementation project. | Finance | Aug/Sept 2022 | 3 | 3 | 9 | Aug/Sept 2022 | L | | |

| | 15 | Management Immaturity | S | Finance and Procurement | Head of Finance | 3 | 4 | 12 | Ü | On hold awaiting for the Head of Finance to commence/ Procurement Mgr to comence. With new PMgr in place, vendor mgmt will become part of BAU, KPI's & compliance monitoring to be put in place. | Procurement Manager | May-22 | 2 2 | 4 | Aug/Sept 2022 | L | | As part of ISO27001 |
|---|----|--------------------------|---|----------------------------|--------------------|---|---|----|---|--|------------------------|----------------|-----|---|------------------|---|-------------------|--------------------------------|
| _ | 90 | registrant | Registrant forecast is too simplistic and relies on variable quality external data sources in a volatile external environment | Finance and Procurement | Head of Finance | 3 | 3 | 9 | | Internal working group and external support from BDO to examine model mechanics and | Head of Finance | Summer 2022 | 3 2 | 6 | Aug/Sept 2022 | 4 | Forecast to | New risk being addressed |
| | | | for required accuracy, leading to potential incorrect projections of registrant numbers. | | | | | | | analysis of other regualtors inputs and outputs | | | | | | | advisory board to | |

| | Risk Category | Risk Title | Risk Description (Event - cause - consequence) | Risk Team | | Impact | Inherent Risk Likelihood Highly Likely = 5 Likely = 4 Possible = 3 Unlikely = 2 Highly Unlikely = 1 (Before mitigations) | Inherent Risk Rating High = 25-20 Medium/High =19- 11 Medium = 10-6 Low/Medium = 5 - 3 Low = 2 - 1 | Type Mitigate | Treatment Steps | Treatment Owners | Treatment Target Dates Time at which treatment due to be fully functioning | Post mitigation Impact Catastrophic = 5 Significant = 4 Moderate = 3 Minor = 2 Insignificant = 1 | Post mitigation Likelihood Highly Likely = 5 Likely =4 Possible = 3 Unlikely =2 Highly Unlikely = | Residual Risk Rating High = 25-20 Medium/High = 19-11 Medium = 10-1 16 Low/Medium = 5 - 3 Low = 2 - 1 | Next Review Date | | Future Mitigations | Risk Status Notes |
|----|----------------------|--|--|-----------|-----------------------------------|--------|--|--|------------------|---|-----------------------------------|--|---|--|---|---------------------|---|-----------------------|---|
| 38 | Operations | | Inefficiencies in the FTP process will affect the delivery of organisational objectives due to FTP being a large percentage of HCPC's spend and FTP volumes and costs increasing. | FTP | Head of Fitness to Practice | 3 | 3 | 9 | Mitigate | FTP improvement programme, embedding phse 1, phase 2 starting this month | Head of Fitness to Practise | 31/03/2022 | 2 : | 3 | 3 9 | Aug/Sept 2022 | 6 | | Mitigation roll out underway |
| 39 | Operations | Improvement Project Failure | Failure of the FTP Improvement Programme will impact the effectiveness of existing FTP processes and limit the capacity and capability to deliver ongoing FTP improvements due to the Programme being too complex or allocated budgets being exceeded. | FTP | Head of Fitness to Practice | 4 | 3 | 12 | Mitigate | 1/ FTP improvement programme, monitor outcomeson an ongoing basis. | Head of Fitness to Practise | 31/12/202 | 4 | 4 : | 3 12 | Aug/Sept 2022 | 4 | | When delivered full project |
| 40 | Public Protection | | A FTP case incorrectly not being progressed or proven will impact public protection and the reputation of HCPC due to FTP process failures or poor FTP decision making. | FTP | Head of Fitness to Practice | 4 | 2 | 8 | Mitigate | 1/ FTP improvement programme 2/ Ongoing quality assurance activities | Head of Fitness to Practise | 31/03/2022 | 2 | 4 2 | 8 | Aug/Sept 2022 | 5 | | Always some risk |
| 41 | Public Protection | · | A FTP case being challenged by the PSA will impact public protection and the reputation of HCPC due to disagreements between the PSA and HCPC in how policies and standards should be applied. | FTP | Head of Fitness to Practice | 4 | 2 | 8 | Mitigate | 1/ FTP improvement programme 2/ Ongoing quality assurance activities | Head of Fitness to Practise | 31/03/2022 | 2 | 4 | 8 | Aug/Sept 2022 | 5 | | Always some risk |
| 42 | Public Protection | Impact | The FTP backlog becoming unsustainable due to insufficient workforce to cover an influx of cases will impact public protection and the reputation of HCPC if hearings cannot be held remotely and department responsiveness is impacted by planning uncertainty. | FTP | Head of Fitness to Practice | 3 | 3 | 9 | Mitigate | 1) FTP improvement programme 2) Planning for return to inperson hearing activity to ensure options for hearing delivery remain open to us 3) Seeking permanent Rules change to allow remote hearings 4) In person hearings commencing will progress hearings. 5) Forecasting based on trend monitoring, incoming complaints 6) Increased headcount in all areas this FY 7) Monthly case load monitoring in each area. | Head of Fitness to Practise | Started from 31/12/2021 | | | 4 | Aug/Sept 2022 | 4 | | As low as likely to go |
| 56 | Reputation | Whistleblowing Processes (external | Failure to identify and respond to issues will impact the reputation of HCPC and the level of service delivered to stakeholders due to ineffective external whistleblowing processes. | FTP | Head of FTP | 3 | 3 | 9 | Mitigate | FTP standard response to raised concerns Emerging concerns group, intell sharing on location, Regulator based. Employer engagement concerns via Prof & Upstream. Dev rptg to highlight workplace hotspots for FTP | | Current | | 3 | 3 9 | Aug/Sept 2022 | 5 | | Internal & externa whisletblowin g split out |

| | Risk Category | Risk Title | Risk Description (Event - cause - consequence) | Risk Team | | Significant = 4 Moderate = 3 | Likelihood Highly Likely = 5 Likely = 4 Possible = 3 Unlikely = 2 Highly Unlikely = 1 | | Treatment Type Mitigate Accept Avoid Transfer | Treatment Steps | Treatment Owners | Treatment Target Dates Time at which treatment due to be fully functioning | Post mitigation Impact Catastrophic = 5 Significant = 4 Moderate = 3 Minor = 2 Insignificant = 1 | Post mitigation Likelihood Highly Likely = 5 Likely = 4 Possible = 3 Unlikely = 2 Highly Unlikely = 1 | Residual Risk Rating High = 25-20 Medium/High = 19-11 Medium = 10-6 Low/Medium = 5-3 Low = 2-1 | Next Review Date | | Future Mitigations | Risk Status Notes |
|----|------------------|-------------------------------|---|------------|--|---------------------------------|--|----|--|--|-------------------------|--|---|--|---|---------------------|---|---|----------------------|
| 43 | Operations | Corporate Reporting | Ineffective corporate reporting will impact the reputation of HCPC and cause performance assessment issues due to reporting responsibilities not being clearly defined. | Governance | Head of Governance and Deputy Registrar | 3 | 4 | 12 | Mitigate | Monthly Dir reporting to ELT, redefined KPI's for Council, capability of analysis to be determined. Council & Committee reporting well defined. Exec Dir of Resources & Bus Perf started. Annual Report working group meets weekly, ARAC oversight; PSA coordination, liaison provided by QA Lead. Code of Corporate Governance, Committees report to council on matters considered each year. | | Current | 2 | 3 | 6 | Aug/Sept 2022 | 4 | Exec Dir Bus Perf to PRC on regular basis, Nov PRC. ELT Terms of Ref 2B rvwd Data Quality auditing/ ausurance. Improv to Finance System to ease Fin rptg | , |
| 46 | Operations | Legal Advice Access Issues | Issues with access to good quality and consistent legal advice will lead to incorrect and inconsistent decision making. | Governance | Head of Governance and Deputy Registrar | 4 | 4 | 16 | Mitigate | Central oversight of requests, Log all requests to ensure same scenarios are not investigaed. Two legal providers on retainer to provide resilience. Separation of oversight and use of Legal Provision from main users of legal advice. Monthly meetings with both providers to dertemine | and Deputy Registrar | Current | 2 | 3 | 6 | Aug/Sept 2022 | 4 | Potential to hire internal legal counsel | 4 |
| 47 | Governanc e | Effectiveness | The quality of Council decision making will impact the ability of HCPC to plan and achieve its objectives due to the Council not receiving adequate information, not having time to review all options and not having the correct range of skills and training. | Governance | Head of Governance and Deputy Registrar | 4 | 4 | 16 | Mitigate | Goverannce and ELT oversight, guidence, set cover sheet, internal and external review. Skills matrix for members, gap analysis, regular Council seminars, policy issues, risk appetite, succesion planning, regualr perf revw, including 360, members perf and review, undertake e-Learning as em[ployees, agenda planning with Chair & Hd of Gov, monitoring of | Registrar | Current | 3 | 3 | 9 | Aug/Sept 2022 | 6 | Rvw paper writing guidance, improved EDI guidance for paper writers. Council Dev plan. Council effectiveness review Oct/Nov 2022 | |
| 49 | | Engagement | Lack of engagement with the QA team will impact the level of compliance to team policies and processes due to the QA team's reccomendations not been taken on board in a consistent manner. Ownership and delivery of agreed recommendations not maintained. | | QA Lead | 3 | 3 | 9 | Mitigate | Ongoing engagement plan with Regulatory departments employees, SLT interaction. Internal Comms input. Monthly Regulatory Mgr blog. Tracking og Recommendations, QA report follow ups, with focus on low assurance, prioritised by risk, | QA Lead | Current | 3 | 2 | 6 | Aug/Sept 2022 | | Rww approach to recommendations, rptg on status of business rules, cross dept business rqmnts, tracking improv impact | |

| Reputation Non-adherence to the Code of Corporate Governance Council members not adhering to the code of corporate governance will inpact the reputation of HCPC | Head of Governance and Deputy Registrar | 3 | 12 | Mitigate External review by PSA annually, limited closed meetings based on preset criteria, regular training, e-Learning as employees, update Secretariat ensures code of corp gov is followed, fit for purpose COCG, Code of standards, Annual Report & Accounts. Emphasis on Cogf C Gov in induction Skills Matrix? | Current | 3 2 | 6 Aug/Sept 2022 | 6 Rvw Sch of delegation coming Yr, |
|---|--|---|----|---|---------|-----|--------------------|--|
| Reputation Whistleblowing Processes (internal) Reputation Ineffective Whistleblowing Processes (internal) Failure to identify and respond to issues will impact the reputation of HCPC and the level of service delivered to stakeholders due to ineffective internal whistleblowing processes. | te Head of 4 Governance and Deputy Registrar | 3 | 12 | Mitigate Promotion of internal whisIteblowing process and annual training on anti-bribery and fraud. Incidentrs would be reported to ARAC. | Current | 3 3 | 9 Aug/Sept 2022 | 6 Repromoter Internal & external whisletblowin g split out |

| | Category | Risk Title | Risk Description (Event - cause - consequence) | Risk Team | | Impact Catastrophic = 5 Significant = 4 Moderate = 3 Minor = 2 Insignificant = 1 (Before mitigations) | | Inherent Risk Rating High = 25-20 Medium/High =19- 11 Medium = 10-6 Low/Medium = 5 - 3 Low = 2 - 1 | Treatment Type Mitigate Accept Avoid Transfer | Treatment Steps | Treatment Owners | Treatment Target Dates Time at which treatment due to be fully functioning | Impact Catastrophic = 5 Significant = 4 Moderate = 3 Minor = 2 Insignificant = 1 | 5 Likely =4 Possible = 3 Unlikely =2 Highly Unlikely =1 | _ | Next Review Date | Rating (with reasonable resources and time) High = 25-20 Medium/High = 19-11 Medium = 10-6 Low/Medium = 5 - 3 Low = 2 - 1 | Future Mitigations | Risk Status Notes |
|------|------------|--|--|-----------|-------------------------------|---|---------------|--|--|--|--|--|--|--|----|---------------------|--|-----------------------|---|
| 18-E | Operations | Recruitment and Retention Issues | An inability to recruit and retain employees will lead to higher training and churn costs and reduce the quality of service delivered by HCPC due to a competitive job market and a poor perception of HCPC amongst employees. | HR and OD | Head of Human Resources | 3 | 4 | 12 | Mitigate | People Strategy which has direct focus on developing the employer brand, recruitment strategies and retention completed. Focus on behaviours, aligning these through APDR and employee | Head of Human Resources | Ongoing | 3 | 2 | 6 | Aug/Sept 2022 | 6 | | |
| 19 | Operations | Limited Career Development Opportunities | Limited career development opportunities will affect employee churn rates and employee wellbeing and lead to single points of failure due to a lack of effective succession planning and unclear career paths. | HR and OD | Head of Human Resources | 3 | 4 | 12 | Mitigate | Develop a new organisational Succession plan which focuses on career development opportunities. In progress. | Head of Human Resources | Ongoing | 3 | 4 | 12 | Aug/Sept 2022 | 6 | | Awaiting Succession plans, apprentiships , workforce plan roll out |
| 20 | Operations | Increased Flexible Working Requests | Requests for greater levels of flexible working by staff will have financial impacts on HCPC and make resource planning more complex due to all staff experiencing more flexible working arrangements during the COVID-19 pandemic. | HR and OD | Head of Human Resources | 2 | 4 | 8 | Mitigate | Develop a New ways of working Policy in collaboration with Corporate Services | Head of Human Resources | Ongoing | 2 | 3 | 6 | Aug/Sept 2022 | 4 | | Hybrid working, team, reconfigure office, more collaborative. Resourced at home but can also work at |
| | | Staff Morale Issues | Low levels of employee morale will affect employee wellbeing and churn rates and reduce the level of service delivered by HCPC due to a poor perception of HCPC amongst employees, a high level of organisational change and increasing job demands. | HR and OD | Head of Human Resources | 3 | 4 | 12 | Mitigate | The new ways of working policy along with the introduction of an employee engagement strategy will enhance employee morale. For example, employees will be asked to participate in identifying behaviours for all HCPC values. Workshops from Nov 2021 | Head of Human Resources | Ongoing | 2 | 2 | 4 | Aug/Sept 2022 | 4 | | home nolicy People being heard in workshops. Sept Hybrid working survey on how it works, 1/4 moral surveys. |
| NEW | Operations | Employees EDI | EDI aspects of HR policy, processes and reporting are not compliant with requirements | HR and OD | Head of Human Resources | Significant 4 | Possible 3 | 12 | Mitigate | Involvement of Strategic Lead for EDI as policy & processes developed or updated. | Head of Human Resources | Ongoing | To be determined | To be determined | | | | | |
| NEW | | withdrawal of payroll services | | | Head of Human Resources | Significant 4 | Possible 3 | 12 | Mitigate | Contractural controls on termination of services on both side of contract. | Head of Human Resources; Head of Finance | | | To be determined | | | | | |
| NEW | | | Employee skills & behaviours not appropriate for HCPC requirements as a modern, compassionate regulator | HR and OD | Head of Human Resources | Significant 4 | Possible 3 | 12 | Mitigate | To be determined | Head of Human Resources | | To be determined | To be determined | | | | | |

| Risk | Risk | Risk Title | Risk Description (Event - cause - | Risk Team | Risk Owner | Inherent Risk | Inherent Risk | Inherent Risk | Treatment | Treatment Steps | Treatment | Treatment | Post | Post | Residual | Next Review | Target Risk | Future | Risk Status |
|----------------|-------------------------|---|--|------------|---|--|---|--|--|---|---|--|---|-------------------------|-------------------------|------------------|--|-------------|-------------|
| Number | Category | | consequence) | | | Impact Catastrophic = 5 Significant = 4 Moderate = 3 Minor = 2 Insignificant = 1 (Before mitigations) | Likelihood Highly Likely = 5 Likely = 4 Possible = 3 Unlikely = 2 Highly Unlikely = 1 (Before mitigations) | Rating High = 25-20 Medium/High = 19- 11 Medium = 10-6 Low/Medium = 5 - 3 Low = 2 - 1 | Type Mitigate Accept Avoid Transfer | | Owners | Target Dates Time at which treatment due to be fully functioning | mitigation Impact Catastrophic = 5 Significant = 4 Moderate = 3 Minor = 2 Insignificant = 1 | =1 | | Date | (with reasonable resources and time) High = 25-20 Medium/High = 19-11 Medium = 10-6 Low/Medium = 5 - 3 Low = 2 - 1 | Mitigations | Notes |
| 44 | Information Security | Information Security Policies Not Being Followed | Information security breaches will impact the confidentiality, integrity and availability of HCPC and stakeholder data due to staff not following information security policies for data handling, redaction and encryption. | Governance | Head of Governance and Deputy Registrar | C =4 I = 4 A = 4 | C = 4 I = 4 A = 4 | C = 16 I = 16 A = 16 | Mitigate | Reporting culture to see where not following requirements leads to incidents, and custom mitigations for specific areas. | CISRO / Head of Governance | d Current | C =3 I = 3 A = 3 | C = 2 I = 2 A = 2 | C =6 I = 6 A = 6 | Aug/Sept 2022 | C=5 I=5 A=5 | | |
| 45 | Information Security | | Poor data management by suppliers will impact the confidentiality, integrity and availability of HCPC and stakeholder data due to a lack of monitoring of supplier's compliance to HCPC data management policies. | Governance | Head of Governance and Deputy Registrar | C = 2 I = 2 A = 2 | C = 4 I = 4 A = 4 | C = 8 I = 8 A= 8 | Mitigate | Robust contracts and minimum certification requirements, to lower likelihood of breaches. | CISRO / Procurement | Current | C =2 I = 2 A = 2 | C = 2 I = 2 A = 2 | C =4 I = 4 A = 4 | Aug/Sept 2022 | C=3 I=3 A=3 | | |
| 48 | Information Security | Lack of Information Security Awareness | Information security incidents will impact the confidentiality, integrity and availability of HCPC and stakeholder data due to a lack of information security awareness across all levels of the organisation. | Governance | Head of Governance and Deputy Registrar | C = 2 I = 2 A = 2 | C = 4 I = 4 A = 4 | C = 8 I = 8 A= 8 | Mitigate | Annual employee, Partne and temporary worker infosec training plus ongoing intranet/Teams messaging on current issues to heighten awareness | r CISRO | Current | C =2 I = 2 A = 2 | C = 2 I = 2 A = 2 | C =4 I = 4 A = 4 | Aug/Sept 2022 | C=3 I=3 A=3 | | |
| | Information Security | Lack of Information Security response | Alerts to incidents outsdie business hours will not be addressed immediately resulting in heightened risk to the confidentiality, integrity and availability of HCPC information. | Governance | Head of Governance and Deputy Registrar; Head of IT | C = 3 I = 3 A = 3 | C = 3 I = 3 A = 3 | C = 9 I = 9 A = 9 | Tolerate (current, should mitigate) | Increase automated monitoring and response mechanisms, or provision SoC | Head of IT / CISRO | Unknown | C =3 I = 3 A = 3 | C = 3 I = 3 A = 3 | C = 9 I = 9 A = 9 | Aug/Sept 2022 | C=2 I=5 A=5 | | |
| New Risk | Information Security | Incomplete automated defences | Wide scale automated defence mechanisms have not been installed, leaving some vulnerabilities in place. | Governance | Head of Governance and Deputy Registrar; Head of IT | C =4 I = 4 A = 4 | C = 4 I = 4 A = 4 | C = 16 I = 16 A = 16 | Tolerate (current, should mitigate) | Upgrade existing provision from E3 to E5 Microsoft offering | Head of IT / CISRO | Unknown | C =3 I = 3 A = 3 | C = 2 I = 2 A = 2 | C = 6 I = 6 A = 6 | Aug/Sept 2022 | C=3 I=3 A=3 | | |
| New Risk 88 | Information Security | Information security | Failure to provide sufficient resources to protect the organisation and its data from cyber risk lead to increased business and financial risk | ELT | Exec Dir of Resources | C =4 I = 4 A = 4 | C = 4 I = 4 A = 4 | C = 16 I = 16 A = 16 | Mitigate | Provide just enough funding for above basic protection at all times. | Exec Dir of Resources Head of IT / CISRO | Unknown | C =3 I = 3 A = 3 | C = 2 I = 2 A = 2 | C = 6 I = 6 A = 6 | Aug/Sept 2022 | C=5 I=5 A=5 | | |

| | Category | Risk Title | consequence) | Risk Team | Risk Owner | Impact Catastrophic = 5 Significant = 4 Moderate = 3 Minor = 2 Insignificant = 1 (Before mitigations) | Inherent Risk Likelihood Highly Likely = 5 Likely = 4 Possible = 3 Unlikely = 2 Highly Unlikely = 1 (Before mitigations) | Rating High = 25-20 | Type Mitigate Accept Avoid Transfer | Treatment Steps | Treatment Owners | Target Dates Time at which treatment due to be fully functioning | Impact Catastrophic = 5 Significant = 4 Moderate = 3 Minor = 2 Insignificant = 1 | mitigation Likelihood Highly Likely = 5 Likely =4 Possible = 3 Unlikely =2 Highly Unlikely =1 | Residual Risk Rating High = 25-20 Medium/High = 19-11 Medium = 10-6 Low/Medium = 5 - 3 Low = 2 - 1 | Date | (with reasonable resources and time) High = 25-20 Medium/High = 19-11 Medium = 10-6 Low/Medium = 5 - 3 Low = 2 - 1 | Future Mitigations | Risk Status Notes |
|----|------------|--|--|------------------------|---|--|--|---------------------|---|---|-----------------------------------|--|--|---|---|--------|--|-----------------------|----------------------|
| 29 | | Intelligence Gathering and Analysis Processes | A lack of coordinated intelligence gathering and analysis will impact the reputation of HCPC due to appropriate expertise only recently being recruited and the associated processes still being developed. Organisational level deficit of protocols and processess for describing, capturing, compiling, analysing and sharing data. | | Executive Director, Professional Practise and Insight | 3 | 4 | 12 | Mitigate | Focus on delivery of priority projects. Stakeholder survey launched 14 Oct 2021. Completed and shared. Stakeholder intelligence gathering/sharing model being developed by PUR team. One note stakeholder intelligence gathering system. EDI data collection portal live 1st Dec 2021, data collection continuing to improve. I&I Framework delivery plan in development Short term alternative to data platform hoped for to improve data quality and accessibility and hence enable priority analyses via Programme for Data Excellence - Funded to end 2022/3 FY | Analytics | Mar-23 | 3 | 2 | 6 | Sep-22 | 3 | | |
| | Operations | Impact of Data accuracy | A lack of processes and reporting mechanisms for the systematic checking of data quality, and/or of actions to correct issues at source both in the data and in the collection of those data, will impact on the reputation of HCPC. At present work often any corrective action is only on the analysis set for the job in hand, rather than at source or in a reporting dataset where these changes are fixed. | Insight & Analytics | Executive Director, Professional Practise and Insight | 3 | 5 | 15 | Mitigate | Through first tranches of the Programme for Data Excellence: Develop systematic approach to identification and documentation of data quality issues. Develop collaborative approach to addressing data quality issues, including consideration of correction at source. | Head of Insight & Analytics | Mar-23 | 2 | 3 | 6 | Sep-22 | 4 | | |

| Risk Number | Risk Catego | Risk T | Fitle | Risk Description (Event - cause - consequence) | Risk Team | Risk Owner | Inherent Risk Impact Catastrophic = 5 Significant = 4 Moderate = 3 Minor = 2 Insignificant = 1 (Before mitigations) | Inherent Risk Likelihood Highly Likely = 5 Likely = 4 Possible = 3 Unlikely = 2 Highly Unlikely = 1 (Before mitigations) | Inherent Risk Rating High = 25-20 Medium/High =19- 11 Medium = 10-6 Low/Medium = 5 - 3 Low = 2 - 1 | Treatment Type Mitigate Accept Avoid Transfer | Treatment Steps | Treatment Owners | Treatment Target Dates Time at which treatment due to be fully functioning | Impact Catastrophic = 5 Significant = 4 Moderate = 3 Minor = 2 | Post mitigation Likelihood Highly Likely = 5 Likely =4 Possible = 3 Unlikely =2 Highly Unlikely =1 | Risk Rating High = 25-20 Medium/High = 19-11 Medium = 10-6 Low/Medium = 5 | Next Review Date | Target Risk Rating (with reasonable resources and time) High = 25-20 Medium/High = 19-11 Medium = 10-6 Low/Medium = 5 3 Low = 2 - 1 | Mitigations | Risk Status Notes |
|----------------|---------------------|----------------------------------|----------|---|-------------|--|---|--|--|--|---|--|--|--|---|---|---------------------|---|--|---|
| 53 | Informa Security | tion Succes y Cyber Attack | Security | A successful cyber security attack will impact the confidentiality, integrity and availability of HCPC systems and data | IT | Head of IT & Digital Transformati on | 4 | 3 | 12 | Mitigate | Combination of ISO27001 & Cyber Essentials Plus to maintain minimal level of control as a baseline Investigate options for increasing technical resources available that focus on infosec matters | Head of IT, Head of Governance | 30/09/2022 | 4 | 2 | 8 | Nov/Dec 2022 | 6 | Gradual move away from G drive to Sharepoint / Azure. | |
| IT6 | Informa Security | tion Remot Workin loss | ng data | Employee and member remote working leads to data risk loss which cannot be prevented by traditional approaches | IT | Hd of IT &Digital Hd of Gov | 4 | 3 | 12 | Mitigate | Introduce automated controls around data loss prevention (IT) Ensure all staff and members are trained & understand their responsibilities (Gov) | Head of IT & DT Head of Gov | 31/12/2022 | 3 | 2 | 6 | Nov/Dec 2022 | 6 | Azure DLP, categorise docs and track & delete if outside controlled area. This Financial yr (E5) | |
| IT1 | Informa Security | | | Failure to manage data in accordance with agreed data retention policies | IT/Business | Head of IT & Digital and Head of Governance | 4 | 4 | 16 | Mitigate | Automate retention, storage and distribution rules wherever possible (IT) Active analysis of network holdings to be undertaken with remit to spotlight areas for additional control or management (Gov) Document processes and correct location for each data asset (info asset owners) | DT, Head of Governance, Information Asset Owners | 31/03/2023 | 3 | 2 | 6 | Nov/Dec 2022 | 6 | | Asset owners probably do not understand their role? Gov focus! 365 need to check if retention is still applied on emails eg 2 yr deletion. |
| IT2 | Informa Security | ation User Y Permis | ssions | Failure to manage user permissions appropriately | ІТ | Head of IT & Digital | 5 | 3 | 15 | Mitigate | Ensure robust processes for starters, leavers & changers (IT/HR) Ensure priveledged accounts are tightly controlled (IT) Actively manage 3rd party access, rescinding all access not managed via IT team (IT) | Head of HR | 30/09/2022 | 5 | 1 | 5 | Nov/Dec 2022 | 5 | leavers & changed role processes & | To be discussed with Finance post sage migration to Business Central |
| ІТЗ | Operati | ons IT Supp failure | - | Key IT supplier fails to provide expected service. | | Head of IT & Digital, Head of Finance | 4 | 3 | 12 | Mitigate | Ensure procurement process assesses financial, technical and service competence(IT/Proc) Establish escrow arrangements where appropriate (IT) Actively manage suppliers' technical and service level performance (IT) Monitor financial standing of key suppliers (Proc) | | 30/12/2022 | 4 | 2 | 8 | Nov/Dec 2022 | 8 | | Includes financial failure of suppliers; non functional reqmnts around procurement. ESCROW doesn't work easily with Cloud - Sliced Bread needs to be available for FTP so bespoke ESCROW being developed REDACT IN PUBLIC VERSION |

| IT4 | Operations | | IT disaster recovery and resilience arrangements to not work as expected | Head of IT&DT | 5 | 3 | 10 | Mitigate | Review ITDR arrangements in light of new ways of working (IT) Undertake regular testing of individual components, and of overall response (IT) Ensure dept business continuity plans include provisions for how to continue essential services without IT (Gov) | Head of Gov | 31/03/2023 | 3 | 2 | 6 | Nov/Dec 2022 | 6 | Buid in to current project process. |
|-----|------------|---|---|------------------|---|---|----|----------|---|-------------|------------|---|---|---|-----------------|---|---|
| IT5 | Operations | IT skills, capacity and resources | Failure to ensure that sufficient IT skills, capacity and resources are in place to meet organisational expectations, manage InfoSec threats and deliver the corporate plan | Head of IT&DT | 4 | 4 | 16 | Mitigate | Update the DT Strategy to provide an agreed roadmap for technology requirements and how these will be met. Review team structure and roles. Undertake benchmarking against peers and best practices. | | 31/03/2023 | 3 | 3 | 6 | Nov/Dec 2022 | 4 | Technicaly competent with current needs, but on going training AZURE capacity 25% increse in org, but getting 2 jnr rolls, loosing 1 snr. |

| | Risk Category | Risk Title | consequence) | Risk Team | Risk Owner | Impact Catastrophic = 5 Significant = 4 Moderate = 3 Minor = 2 Insignificant = 1 (Before mitigations) | (Before mitigations) | Inherent Risk Rating High = 25-20 Medium/High =19-11 Medium = 10-6 Low/Medium = 5 - 3 Low = 2 - 1 | Type Mitigate Accept Avoid Transfer | Treatment Steps | Treatment Owners | Treatment Target Dates Time at which treatment due to be fully functioning | 5 Significant = 4 Moderate = 3 Minor = 2 Insignificant = 1 | Post mitigation Likelihood Highly Likely = 5 Likely =4 Possible = 3 Unlikely =2 Highly Unlikely =1 | High = 25-20 Medium/High = 19-11 Medium = 10-6 Low/Medium = 5 - 3 Low = 2 - 1 | = | Target Risk Rating (with reasonable resources and time) High = 25-20 Medium/High = 19-11 Medium = 10-6 Low/Medium = 5 -3 Low = 2 - 1 | Future Mitigations | Risk Status Notes |
|----|------------------|---|--|-----------|-------------------------------|--|-------------------------|--|---|---|-------------------------------|---|---|--|---|--------|--|-----------------------|----------------------|
| 70 | Strategy | Absence of Annual Budget Planning | An absence of annual budget planning will impact the delivery of organisational objectives due to project roadmaps not aligning to the organisational strategy. | Project | Head of Business Change | 2 | 4 | 8 | Mitigate | May 2022: Annual project submission requests will start in August with the publication of a plan leading up to project prioritisation in November (calendared by Governance). Project sponsors will be request to submit project proposals which include an initial draft benefit plan. Head of BC and Programme lead will work with Governanance and HEads of function to align to the appropriate Strategic plan milestones. Next steps: Prepare updated investment template combined benefits tracker included. | Head of Business Change | | 2 | 4 | 8 | Sep-22 | | | |
| 71 | Strategy | Project Department Resourcing Limitations | Project management resourcing issues will impact the delivery of organisational objectives due to the Project Department not having the required staffing numbers to deliver the high rate of required change. | Project | Head of Business Change | 3 | 4 | 12 | Mitigate | May 2022: Consultation period completed in February followed by a recruitment drive. Offers made to four candidates, thhree declined due to better offers and concerns over HCPC ratings on Glassdoor. One internal candidate appointed and one further candidate being interviewed. Recruitment for Business APplications Manager deferred whilst Head of IT reviews role. Workload on team members is still restricting full realisation of the investment objectives. RIsk Impact rasied to Moderate. Next steps: Continue internal recruitment campaign. | Head of Business Change | | 3 | 4 | 12 | Sep-22 | | | |
| 72 | Finance | Lack of an Integrated Financial System | Lack of an integrated financial system will result in inefficient management of project finances and discrepancies between project and finance accounting due to project financial management being a manual, stand alone process. | Project | Head of Business Change | 2 | 2 | 4 | Mitigate | May 2022: Project Management methodology includes detailed tracker for manageing project costs. This is managed by each project lead and is reviewed regulalry against the Flnance position. RIsk likelihood reduced to Unlikely Next Steps: Use opportunity with the new BC upgrade to fully intgrate project accounting. | Head of Business Change | | 2 | 2 | 4 | Sep-22 | | | |
| 73 | Finance | No Project Backfill Budgeting | Requirements to fund backfill on each project will result in higher than expected project spend due to there being no centralised allocation of budget for backfill requirements. | Project | Head of Business Change | 3 | 4 | 12 | Mitigate | May 2022: Options to create central backfill budget not progressed and instead each project will undergo a resource review at Initiation. Primary concern remains ensuring the Business Change applications team has sufficient resources to support project work, and that IT and Digital are able to provide resources to support project work. Impact rasied to moderate. Next steps: Resource plan to be created for each newly initiated project and Geoff and Paul to sponsor a joint paper to ELT seeking backfill support for IT and for BC for key projects | Head of Business Change | | 3 | 4 | 12 | Sep-22 | | | |
| 74 | Strategy | and Consistent | A lack of clarity on the business strategy and its outcomes among employees will impact the delivery of organisational objectives due to a lack of clear and consistent communication from leadership. | Project | Head of Business Change | 3 | 3 | 9 | mitigate | May 2022: Team brief shared as part of the all day event held at the HCPC in March. WOrk still in progress on publishing visible product roadmaps. Application team began joint sprint planning sessions between in May to create a 6 week release programme for IT, Business Change and the Business Area lead. risk Liklihood reduced to possible. Next Steps: Fully embed the operational sprint cycle and publish project and product roadmaps in a centrally accesible area. | Head of Business Change | | 3 | 3 | 9 | Sep-22 | | | |

| 75 | Operations | Lack of Benefit Analysis and Tracking | A lack of benefit analysis and post implementation benefit tracking will result in poor project prioritisation and an unclear realisation of value due to a lack of measurable benefits being defined in each project business case and there being no clear business change ownership. | Project | Head of Business Change | 2 | 4 | 8 | Mitigate | May 2022: A workgroup was established to capture key requirements for a Benefits and Change framework. A summary of the findins and the approach was presented to SLG in April and guidance provided to SLG to renforce the requirement to identify key benefits during Initiaition as a mandatory step. Next Steps: A paper is just to be published in June specifing the minimum requirements for benefits capture and a reporting matric will be included in the project and directorate reporting pack. | Head of Business Change | Sep-21 | 3 | 3 | 9 | Sep-22 | | |
|----|------------|--|---|---------|-------------------------------|---|---|----|----------|--|-------------------------------|---------|---|---|-----|---------------------|--|---|
| 76 | Strategy | Ineffective Adoption of Agile Methodologies | Ineffective Agile methodology adoption will impact the delivery of organisational objectives due to a failure to fully assess the impact of Agile on existing processes and systems, poor staff awareness and a lack of training for key stakeholders. | Project | Head of Business Change | 2 | 3 | 6 | Mitigate | May 2022: Team training plans have been developed to support Agile processes in both the project and the application space. Trial investigations are underway to identify an approapriate backlog management and reporting tool. The Business Application Managr role has been refined to increas the requirement on Agile coaching. Registrations Project is demonstrating Agile benefits. Llkehood reduced to Possible. | Change | Sep-21 | 2 | 3 | 6 | Sep-22 | | |
| 77 | Strategy | Project Governance Reduction | A reduction in project governance will impact the delivery of organisational objectives due to project initiation processes not being completed effectively when Agile methodologies are followed. | Project | Head of Business Change | 2 | 3 | 6 | Mitigate | May 2022: Reintroduced mandatory Initiatiation for Project Spend with simplified approach to access funding for discovery via a paper to ELT (Project Investment paper). Next Steps: Introduction of a defined changed process flow in June to act as a framework for all change decisons. | Head of Business Change | | 2 | 3 | 6 | Sep-22 | | |
| 78 | Strategy | Poor Benefit Realisation | Poor benefits realisation will impact the delivery of organisational objectives due to projects and changes not being managed within a single strategy with a clear, prioritised roadmap. | Project | Head of Business Change | 3 | 3 | 9 | Mitigate | May 2022: Aligned to item 75 in the register. | Head of Business Change | | 3 | 3 | 9 | Sep-22 | | |
| 79 | Strategy | Poor Supplier Service Levels | Poor service levels from suppliers will impact the delivery of organisational objectives due to a lack of ongoing supplier performance management. | Project | Head of Business Change | 3 | 4 | 12 | Transfer | May 2022: Supplier Management is now part of t IT and Digital transformation so risk will move to IT. Head of IT has begun a review of the FTP CMS supplier following the separation of the relationship between Nintex and Slicedbread. Next Steps: Head of IT and Digital to progress the review and establishement of a support and licence agreement with SLicedbread for October 2022 as the current contract expires on 1/11/2022 | Head of IT and Digital | | 3 | 4 | 12 | Sep-22 | | |
| 80 | Operations | Poor change management | Failure to manage change management across the organisation leads to conflicting or missing processes or functions resulting in local failures in regulation | Project | Head of Business Change | 4 | 3 | 12 | Mitigate | New: Change process being developed to provide standard temaplated process with appropriate governance bodies for all project change events. | Head of Business Change | | 4 | 3 | 12 | Sep-22 | | |
| 81 | Operations | Poor change management | Failure to fully document systems, including system dependancies, results in systems failure or difficulty in moving to new suppliers | Project | Head of Business Change | 4 | 3 | 12 | Mitigate | | Head of Business Change | | 4 | 3 | 12 | Sep-22 | | |
| 82 | Finance | Changed CAPEX rules will impact budget | Finance have released new CAPEX / OPEX guidelines for use in all investment spend. The current budget to 100% CAPEX based so changes will have an I&R impact | Project | Head of Business Change | 4 | 4 | 16 | Mitigate | New: Review approach with Project Accountant and reforecast budgets. Initial impact concerns shared. | Head of Business Change | | 4 | 4 | 16 | Sep-22 | | |
| 9 | Finance | Programme Overspend | Programme budget limits being exceeded will impact the delivery of organisational objectives and change due to a lack of clear programme prioritisation. | ELT | Chief Executive | 3 | 3 | 9 | Mitigate | Corporate plan and deliverable tracking monitoring of budget spend | Chief Executive | Ongoing | | | Low | Feb/Mar/Apr 2022 | | REMOVED FROM FINANCE TO PROJECTS |

| | Risk Category | Risk Title | Risk Description (Event - cause - consequence) | Risk Team | Risk Owner | Inherent Risk Impact Catastrophic = 5 Significant = 4 Moderate = 3 Minor = 2 Insignificant = 1 (Before mitigations) | | Inherent Risk Rating High = 25-20 Medium/High =19- 11 Medium = 10-6 I Low/Medium = 5 - 3 Low = 2 - 1 | Treatment Type Mitigate Accept Avoid Transfer | Treatment Steps | Treatment Owners | | Post mitigation Impact Catastrophic = 5 Significant = 4 Moderate = 3 Minor = 2 Insignificant = 1 | Post mitigation Likelihood Highly Likely = 5 Likely = 4 Possible = 3 Unlikely = 2 Highly Unlikely = 1 | Residual Risk Rating High = 25-20 Medium/High = 19-11 Medium = 10-6 Low/Medium = 5-3 Low = 2-1 | Date | Target Risk Rating (with reasonable resources and time) High = 25-20 Medium/High = 19-11 Medium = 10-6 Low/Medium = 5 - 3 Low = 2 - 1 | Future Mitigations | Risk Status Notes |
|----|------------------|---|---|-----------------|--|---|---|--|--|--|--|---|--|---|---|---------------------|---|-----------------------|---|
| 80 | Operations | compliance to | Non compliance to fire safety regulations will increase the risk of a fire leading to a building being destroyed or being unavailable for a significant period of time due to buildings requiring a range of remedial work to achieve compliance to evolving fire safety regulations. | Office Services | Head of Estates and Facilities Management | 4 | 1 | 4 | Mitigate | Service & Maintenance contracts in place for related systems and services; regular audit of H&S employee training, building signage, monitored alarms systems, emergency lighting, regular fire evacuation tests (outside pandemic conditions). Leased premises, Landlord/Managing Agents organised evacuation tests and systems in place.Regular Managing Agent meetings. | Facilities Manager | Scheduled compliance testing, and systems already implemente d | 4 | 1 | 4 | Feb/Mar/Apr 2022 | 4 | | Cannot be lowered without significant cost and business change. Risk being managed effectively.At target. |
| 81 | | Building Plant End of Life | Building plant failures and non compliance to standards will affect office availability and the quality of the office environment due to equipment such as boilers, air conditioning and lifts reaching end of life and requiring replacement. | Office Services | Head of Estates and Facilities Management | 3 | 3 | 9 | Mitigate | Planned preventative maintenance contracts in place; reactive maintenance as required until funding for replacement plant is available. | Head of Estates and Facilities Management | PPM scheduled, Reactive beyond buget with ELT approval | 3 | 2 | 6 | Aug/Sept 2022 | 4 | | Delay on preventive maint delayed until stay or go decision |
| 82 | | Failure of Server Room Power Supply | Failure of the power supply to the server room will impact the availability of IT systems due to the failover power supply only being tested once every 5 years. | Office Services | Head of Estates and Facilities Management | 3 | 1 | 3 | Mitigate | Diverse redundant power routing to main server room, with automated fail over. Minimum 5 year fixed power testing in place, UPS in place to allow elegant automated shut down of servers, aircon to server room on fail over power also. Building footprint will be reduced Dec 2021 with hand back of 405 KR. | Facilities Manager | In place. | 3 | 1 | 3 | Aug/Sept 2022 | 3 | | |
| 83 | Operations | Process Post | Inability to process departmental post will affect the delivery of services to stakeholders due to HCPC offices not being accessible or equipment such as scanners not being available. | | Head of Estates and Facilities Management | 2 | 2 | 4 | Mitigate | Franking machine replaced by leased equipment with support contract and maintenance, Postal credit card (held by Finance) to allow emergency manual processing in house. Potential reduction in post requirment long term as Digital first strategy delivers more services online. | Facilities Manager (plus Dept heads) | In place, digital first strategy underway but difficult to proedict impact on postal requirement at present. | 2 | 2 | 4 | Aug/Sept 2022 | 4 | | Rqmt for depts top collect and process post. Hand full of items post pandemic |

| 84 | Operations | Physical Security | Inability to provide adequate physical security for the protection of onsite individuals and organisational assets | Office Services Head of Estates and Facilities Management | 4 | 4 | 16 | Mitigate | Physical and digital security systems and measures are in place supported by service, maintenance and monitoring contracts. Physical Hearings hosted 184/186, with required risk assessments for specific cases. | Facilities Manager | In place, additional provisions or extensions of services will be made for any prevailing situation | 4 | 3 | 12 | Aug/Sept 2022 | | | SER85 |
|----------|------------|--|--|---|---|---|----|----------|---|-----------------------|--|-----|-----|----|------------------|---|--|-------|
| 85 | Operations | Health and Safety | Non compliance with health and safety regulations increases risk of personal harm or injury, including specfic risks for vulnerable persons. | Office Services Head of Estates and Facilities Management | 4 | 4 | 16 | Mitigate | Service & Maintenance contracts in place for related systems and services; regular audit of H&S employee training, building signage, regular monitoring and planning for compliance with any adjustments to regulations | Facilities Manager | Scheduled compliance testing, and systems already implemente d | 4 | 2 | 8 | Aug/Sept 2022 | 5 | | |
| 20220905 | | Inflationary pressures on cost of office operation. | Projected financial resources are insufficient to maintain heating and lighting required for safe and compliant operation of the buildings resulting in unfunded pressures due to utility costs. | Office Services Head of Estates and Facilities Management | 4 | 5 | 20 | Mitigate | Factor in fuel costs and other inflationary factors to OFS budget and reforecasting. Implement CCS suggested controls | | | TBD | TBD | | Nov/Dec 2022 | | Replace heating systems for more efficient systems | |

| | Risk Category | Risk Title | Risk Description (Event - cause - consequence) | Risk Team | Risk Owner | Inherent Risk Impact Catastrophic = 5 Significant = 4 Moderate = 3 Minor = 2 Insignificant = 1 (Before mitigations) | Inherent Risk Likelihood Highly Likely = 5 Likely = 4 Possible = 3 Unlikely = 2 Highly Unlikely = 1 (Before mitigations) | Inherent Risk Rating High = 25-20 Medium/High =19- 11 Medium = 10-6 Low/Medium = 5 - 3 Low = 2 - 1 | Treatment Type Mitigate Accept Avoid Transfer | Treatment Steps | Treatment Owners | Treatment Target Dates Time at which treatment due to be fully functioning | Post mitigation Impact Catastrophic = 5 Significant = 4 Moderate = 3 Minor = 2 Insignificant = 1 | Post mitigation Likelihood Highly Likely = 5 Likely =4 Possible = 3 Unlikely =2 Highly Unlikely =1 | | Date | | Future Mitigations | Risk Status Notes |
|------------------------------|------------------|--|---|-----------------|---|---|--|--|--|---|--|--|---|--|----|------------------|---|-----------------------|---|
| 16-b | Finance | | A requirement to convert partner contracts to worker contracts will lead to significant costs for HCPC due to changes in how employment law is interpreted and applied | Partner | Head of Professionali sm and Upstream Regulation Partner Project Lead | 4 | 3 | 12 | Mitigate | Create robust enforecable partner contracts which lower risks of legal challenge in future. | Head of Professionalis m and Upstream Regulation Partners Project Lead | 31.07.22 | 3 | 4 | 12 | Aug/Sept 2022 | М | | Decision at ELT June 2022, for impltn Aug 2022 |
| 17 | Reputation | Partner Training | An inability to provide effective partner training will affect partner performance, the reputation of HCPC and cause noncompliance to PSA standards due to difficulties in monitoring training effectiveness, damaging public protection ensuring it meets changing requirements and ensuring that partner's are fully engaged with it. | Partner | Head of Professionali sm and Upstream Regulation Partner Project Lead | 4 | 3 | 12 | Mitigate | Ongoing annual reviews with stakeholder input and aligned to the outcome of the tribunal case. Updated KPI Partner rpt, feedback survey on training effectiveness, updated training programme, elearning, ongoing and up to date with current practise, legal partner based training for all partners. QA of services provided by Partners. | Head of Professionalis m and Upstream Regulation Partners Project Lead | 31.03.22 | 3 | 3 | 9 | Aug/Sept 2022 | 3 | | Paper from Uta and legal advice going to ELT and RemCom |
| 18-P | Operations | Recruitment and Retention Issues | An inability to recruit and retain partners will lead to higher training and churn costs and reduce the quality of service delivered by HCPC due to a competitive job market and a poor perception of HCPC amongst partners. | Partner | Head of Professionali sm and Upstream Regulation Partner Project Lead | 3 | 3 | 9 | Mitigate | Work closely with colleagues across the business to support retention and recruitment of partners. Visitor role becoming more difficult to recruit to. Review roles and engagement with partners and consider alternate solutions. | Head of Professionalis m and Upstream Regulation Partners Project Lead | 30.09.21 | 3 | 3 | 9 | Aug/Sept 2022 | 3 | | Visitor role now paper based, and less attractive. Risk might be going up |
| NEW 13/06/20 22 New | | decisions | Inconsistent or poor quality decisions by Partners result in lack of trust in HCPC regulatory decisions. EDI aspects of Partner reporting and | Partner Partner | Head of Professionali sm and Upstream Regulation Partner Project Lead | 4 To be | 3 To be | 9 | Mitigate | Regular robust training, analysis of feedback from S.29 reviews (PSA), internal audits, ICP seperation. Decision Review Group & Decision Assurance Group & Legally Qualified Chairs for ICP. | Head of Professionalis m and Upstream Regulation Partners Project Lead | | 4 | 2 | 8 | Aug/Sept 2022 | 6 | | |

| | Risk Category | Risk Title | Risk Description (Event - cause - consequence) | Risk Team | Risk Owner | Impact Catastrophic = 5 Significant = 4 Moderate = 3 Minor = 2 | Inherent Risk Likelihood Highly Likely = 5 Likely = 4 Possible = 3 Unlikely = 2 Highly Unlikely = 1 (Before mitigations) | Inherent Risk Rating High = 25-20 Medium/High =19- 11 Medium = 10-6 Low/Medium = 5 - 3 Low = 2 - 1 | Treatment Type Mitigate Accept Avoid Transfer | Treatment Steps | Treatment Owners | Treatment Target Dates Time at which treatment due to be fully functioning | Post mitigation Impact Catastrophic = 5 Significant = 4 Moderate = 3 Minor = 2 Insignificant = 1 | Likelihood Highly Likely = 5 Likely =4 Possible = 3 Unlikely =2 | | Next Review Date | Target Risk Rating (with reasonable resources and time) High = 25-20 Medium/High = 19-11 Medium = 10-6 Low/Medium = 5 - 3 Low = 2 - 1 | Future Mitigations | Risk Status Notes |
|-----|------------------|--|---|-------------------------|---|---|--|--|--|--|--|--|---|--|---|---------------------|---|-----------------------|---|
| 28 | Operations | Policy and Standards Department Resourcing Limitations | Policy and Standards Department resourcing issues will impact its ability to meet the requirements of an evolving organisation and manage BAU, when Regulatory Reform timelines are announced. (HCPC could be next with NMC). Policy Coordination is a potential issue. | Policy and Standards | Executive Director, Professional Practise and Insight | 3 | 5 | 12 | Mitigate | Fuuly staffed department for current requirement | Head of Policy | Apr-22 | 3 | 3 | 9 | Aug/Sept 2022 | 8 | | PSA moved to QA responsability |
| 30 | Reputation | EDI Non- Compliance | Failing to meet EDI goals will lead to regulatory non-compliances (PSA Standards), inconsistencies in the level of service delivered to specific stakeholder groups and impact the reputation of HCPC due to ineffective EDI data collection processes. EDI requirements not considered during policy or process change result in unintended non compliance with legal requirements. | Policy and Standards | Executive Director, Professional Practise and Insight | 4 | 4 | 16 | Mitigate | 1) Registrants EDI information is held alongside the Reg record (infosec assurured); comms programme in development to encourage registrants to provide their EDI information to improve coverage. 2) Appropriate analytical skills inhouse to interprete data across regulatory functions. 3) EDI Lead in post, and EDI action plan in place and running. 4) EDI data capture progressing across registration, ftp and complaints. Prof body liaison, relationship manager approach. 5) EDI Impact analysis process in place. | Head of Policy Head of IT & Head of Business Change, Head of Insight & Analytics | | 3 | 3 | 9 | Aug/Sept 2022 | 6 | | Lowering as more professions go through renewal and mass data capture |
| 31 | Strategy | Lack of Clarity on HCPC's Role | Registrants and their professional bodies being unclear of the role and responsibilities of HCPC will impact perceived service quality and the reputation of HCPC due to a lack of ongoing communication of HCPC objectives and responsibilities to stakeholder groups and changing HCPC business strategies. | Policy and Standards | Executive Director, Professional Practise and Insight | 2 | 4 | 8 | Mitigate | Ongoing standards review and communication of such Establishment of (1/4ly) professional body engagement group. Ongoing newsletters, web content. Ongoing development of Professional Liaison function. Stakeholder mapping and engagement strategy developed. Relationship management approach currently being put in place across HCPC to build trusted relationships. Model to capture and share key stakeholder insights in development. | Head of Policy Communications Lead | Current / ongoing | 2 | 3 | 6 | Aug/Sept 2022 | 4 | | |
| NEW | Operations | Misleading standards documentation | l | Prof & Upstream | Executive Director, Professional Practise and Insight | 3 | 3 | 9 | Mitigate | To be determined | Head of Professionalis m and upstream regulation | | | | | Aug/Sept 2022 | | | |

| NEW | Operations | Lack of Corporate memory and documentation | Poorly documented past legal advice may lead to difficulties should our apporach be challenged, resulting in re-evaluation of policies and processes. | | Executive Director, Professional Practise and Insight | 3 | 3 | 9 | Mitigate | Full review and documentation of our apporach to addressing regulatory requirements during the Regulatory Reform process | Head of Policy | | 3 | 2 | 6 | Aug/Sept 2022 | | |
|-----|------------|--|---|---------------------------|---|---|---|----|----------|--|--|--|---|---|----|------------------|---|---|
| NEW | Reputation | Lack of EDI input into policy & process | EDI data, capacity and understanding not fully available to support appropriate oversight of regulatory and business functions resulting in . | Policy and Standards | Executive Director, Professional Practise and Insight | 3 | 4 | 12 | Mitigate | EDI data analysis and interpretation; Progression of EDI Action plan; Council & PRC insight on EDI analysis via periodic papers. Inclusion of SLEDI on Project Boards to improve compliance. | Strategic Lead EDI | | 4 | 2 | 8 | Aug/Sept 2022 | | Data portal in place (for use by internal and external parties to aid analysis) |
| | Reputation | Strategic relationships with strategic partners incorrectly assigned weight and resource. | Strategic Relationships: incorrect level of engagment with Strategic Partners? Appropriately balanced and filtered. Internal & external aspects Incorrect application of stakeholder map and prioritisation | Policy and Standards | Executive Director, Professional Practise and Insight | 4 | 4 | 16 | Mitigate | Strategic Relatonship Lead Luther providing support & expertise & Prof Body quarterly mtgs to filter or target work Relationship Mgmt Model Prof body mtgs | Strategic Relationships Lead | Ongoing but progress mtg end Q4 | 4 | 3 | 12 | Aug/Sept 2022 | | Improve Rel model and expand, resourcing level consideration |
| | Reputation | resource. | Poor Professional body relationships with HCPC may impact trust of the regulator by registrants or other stakeholders | | Executive Director, Professional Practise and Insight | 4 | 4 | 16 | Mitigate | Strategic Relationship Lead Prof Body quarterly mtgs to filte or target work Relationship Mgmt Model Prof body mtgs | Strategic Pre Relationships Lead | Ongoing but progress mtg end Q4 | 3 | 3 | 9 | Aug/Sept 2022 | | Improve Rel model and expand, resourcing level consideration |
| | Reputation | | Lack of strategic relationships with key partner organisations or patient groups may lead to ineffective engagment or lack of awarenress of key issues | Policy and Standards | Executive Director, Professional Practise and Insight | 3 | 4 | 12 | Mitigate | Strategic Relationship Lead Expansion of Rel mgmt model Deve of servicer user strat | Strategic Relationships Lead | Ongoing Q4 Initial scoping Q3; work 23/24 onwards | 3 | 2 | 6 | Aug/Sept 2022 | | 18 month time scale? Improve Rel model and expand, resourcing level consideration |
| | Reputation | Strategic Relationships Resourcing | Level of resourcing for Strategic Relationships mangement is insufficient for task | Policy and r Standards | Executive Director, Professional Practise and Insight | 4 | 4 | 16 | Mitigate | Strategic Relationship Lead Devolution of Relationship Mgm to across different teams resources | Strategic nt Relationships Lead | Ongoing | 3 | 3 | 9 | Aug/Sept 2022 | 6 | Further dedicated Strat Rel resourcing |

| Risk | Risk | Risk Title | Risk Description (Event - cause - | Risk Team | Risk Owner | Inherent Risk | Inherent Risk | Inherent Risk | Treatment | Treatment Steps | Treatment | Treatment | Post | Post | Residual | Next Review | Target Risk | Future | Risk Status |
|--------|----------|--|--|-----------|------------|--|---|---|---|--|-----------|---|---|---|---|------------------|-------------|-------------|-------------|
| lumber | Category | | consequence) | | | Impact Catastrophic = 5 Significant = 4 Moderate = 3 Minor = 2 Insignificant = 1 (Before mitigations) | Highly Likely = 5 Likely = 4 Possible = 3 Unlikely = 2 | Rating High = 25-20 Medium/High =19- 11 Medium = 10-6 Low/Medium = 5 - 3 Low = 2 - 1 | Type Mitigate Accept Avoid Transfer | | Owners | Target Dates Time at which treatment due to be fully functioning | mitigation Impact Catastrophic = 5 Significant = 4 Moderate = 3 Minor = 2 Insignificant = 1 | mitigation Likelihood Highly Likely = 5 Likely =4 Possible = 3 Unlikely =2 Highly Unlikely =1 | High = 25-20 Medium/High = 19-11 Medium = 10- 6 | Date | | Mitigations | Notes |
| 57 | | Concentration on Remedial Work | Due to resource limitations currently compliant regulatory areas may be developing underlying issues leading to future PSA non-compliance due to attention being focused on obvious high risk areas. | QA | QA Lead | 3 | 3 | 9 | Mitigate | QA activity in Regulatory departments. PSA working group monthly meetings. Enhanced internal risk and assurance model being developed. | QA Lead | Current | 2 | 2 | 4 | Aug/Sept 2022 | 4 | | |
| 58 | | Departments not complying with public facing standards and guidelines | Failure by QA to locate Regulatory departments not complying with public facing standards and guidelines will lead to PSA non-compliance and a risk to the public. | QA | QA Lead | 4 | 3 | 12 | Mitigate | Robust validation of departmental first line checks. QA activity in Regulatory departments. PSA working group monthly meetings. | QA Lead | Current | 4 | 2 | 8 | Aug/Sept 2022 | 5 | | |
| | | traditional | Due to unintended prioritisation bias, some underlying risk areas may be under examined, leading to subsequent non compliance | QA | QA Lead | 3 | 3 | 9 | Mitigate | Validated risk based prioritisation process, with ELT challenge on areas less focused on. Formal risk asurance workplan, incorporating three lines approach. | QA Lead | Current | 2 | 2 | 4 | Aug/Sept 2022 | 4 | | |

| | Risk Category | Risk Title | Risk Description (Event - cause - consequence) | Risk Team | Risk Owner | Inherent Risk Impact Catastrophic = 5 Significant = 4 Moderate = 3 Minor = 2 Insignificant = 1 (Before mitigations) | | Inherent Risk Rating High = 25-20 Medium/High =19- 11 Medium = 10-6 Low/Medium = 5 - 3 Low = 2 - 1 | Type Mitigate | Treatment Steps | Treatment Owners | Treatment Target Dates Time at which treatment due to be fully functioning | Post mitigation Impact Catastrophic = 5 Significant = 4 Moderate = 3 Minor = 2 Insignificant = 1 | Post mitigation Likelihood Highly Likely = 5 Likely =4 Possible = 3 Unlikely =2 Highly Unlikely =1 | Residual Risk Rating High = 25-20 Medium/High = 19-11 Medium = 10-6 Low/Medium = 5 - 3 Low = 2 - 1 | Date | Target Risk Rating (with reasonable resources and time) High = 25-20 Medium/High = 19-11 Medium = 10-6 Low/Medium = 5 -3 Low = 2 - 1 | Future Mitigations | Risk Status Notes |
|------|-------------------------|--|---|-------------------------|-------------------------|---|---|--|------------------|--|-------------------------|---|--|--|---|------------------|--|--|----------------------|
| 59 | Public Protection | | Public protection issues will lead to non- compliance to PSA standards and affect the reputation of HCPC due to staff errors in the registration process for new registrants. | Registration and CPD | Head of Registration | 4 | 4 | 16 | Mitigate | Audits by Registration Management, system audit trails, external auditors. Policy and procedures supported by quality assurance activity and process controls/checks | Head of Registration | Ongoing | 4 | 3 | 12 | Aug/Sept 2022 | 4 | Increasing automation, online services and improved business rules, incl UK passlist matching in short to medium term | |
| 61 | Public Protection | Registrant Fraud | Public protection issues will lead to non- compliance to PSA standards and affect the reputation of HCPC due to fraudulent information being used in registration or renewal applications. | Registration and CPD | Head of Registration | 4 | 2 | 8 | Mitigate | Certification of documents, matched to Education provider passlists, Financial audits, system audit trails. Policy and procedures supported by internal quality audits. International verification processes i.e. previous employers, regulatory bodires and Education providers validated | Head of Registration | Ongoing | 4 | 1 | 4 | Aug/Sept 2022 | 4 | Increasing automation, online services and improved business rules, incl passlist matching in short to medium term | |
| 62 | Operations | System Failure | A technical failure of the online registration system will impact process registrations and renewals due to an increase in the use of the online application process. This includes upgrades of all potentially related systems. | and CPD | Head of Registration | 4 | 4 | 16 | Mitigate | External IT support contracts. Well trained in house IT employees.Effective project management of new product delivery. | Head of Registration | Ongoing | 4 | 3 | 12 | Aug/Sept 2022 | 9 | Improved business change continuity process in place | |
| 63 | Operations | System Interfaces | A technical failure of any system that the registration team is reliant upon will impact registrations and renewals due to an increase in the number and complexity of interfaces between operational systems. This includes upgrades of all potentially related systems. | | Head of Registration | 4 | 4 | 16 | Mitigate | External IT support contracts. Well trained in house IT employees.Effective project management of new product delivery. IT reviewing email categorization. | Head of Registration | Ongoing | 4 | 3 | 12 | Aug/Sept 2022 | 9 | Improved business change continuity process in place | |
| 64 | Information Security | Data Sharing | The confidentiality of data being breached will impact the reputation of HCPC due to registration and appeal data packs being transferred to external parties via unprotected email. | Registration and CPD | Head of Registration | 3 | 3 | 9 | Mitigate | e-Bundles software adopted. Password delivery systems to be considered | Head of Registration | Ongoing | 3 | 2 | 6 | Aug/Sept 2022 | 3 | Portal only access with business rules could lower likelihood down to 1 | |
| 65-a | Operations | Current Working Practices - | Current work practices (CRM not fully integrated and implemented) not being sustainable will impact staff availability and the ability to deliver registration services due to staff wellbeing being negatively impacted by factors such as high overtime rates. | | Head of Registration | 4 | 5 | 20 | Mitigate | Increased ownership, of processes with management oversight, use of CRM reporting mechanisms, capability of employees and managers to use functionality. Bespoke solution for short | Registration | Ongoing | 4 | 4 | 16 | Aug/Sept 2022 | · · | Fully used controls of processes and functionality of CRM, validation of outcomes. New digita strategy implementation. | |
| | | | | | | | | | | term rapid input from paper international applications. | | | | | | | | | |
| 65-b | Operations | Sustainability of Current Working Practices - employee availability | Retention of trained employees in current market may impact processing rates. | Registration and CPD | Head of Registration | 4 | 4 | 16 | Mitigate | Regular contact with employees. Introduce hybrid working. HCPC Health and wellbeing initiatives. Introduce Online applications, implementation cloud based contact centre telephony. | | | 3 | 3 | 9 | | | Fully used controls of processes and functionality of CRM, validation of outcomes. New digita strategy implementation. | |

| 66 | Operations | Rollout of New Fee Structures | | Registration and CPD | Head of Registration & Head of Finance | 4 | 4 | 16 | Mitigate | continuity, and Regi | nd of Ongo gistration ead of ance | ing 4 | 2 | 8 | Aug/Sept 4 2022 | Ongoing requirement of robust, testing of new fee strutures or payment processes |
|-----|------------|--|--|-------------------------|--|---|---|----|----------|--|--|----------|---|----|--------------------|--|
| 67 | Operations | Appeal Process Regulation | The small pool of council members that are eligible to chair registration appeal hearings will impact the throughput of appeal cases and may cause the suitability of the chair to be challenged by appellants due to regulatory requirements being very restrictive on who can chair a registration appeal. | Registration and CPD | Head of Registration | 3 | 3 | 9 | Mitigate | | ad of Ongo | ing 3 | 2 | 6 | Aug/Sept 3 2022 | Regulatory Reform |
| 68 | Operations | Lack of Out of Hours Support | Failure to respond to online issues and questions outside of normal working hours will not meet registrants service level expectations due to the registration teams only being available during standard working hours. | Registration and CPD | Head of Registration | 3 | 3 | 9 | Mitigate | Clear guidance published on website. FAQs regularly updated on website. User experience testing before new product launch. Weekend working to allow for social media based contact and readmission requests | d of Ongo | ing 2 | 3 | 6 | Aug/Sept 6 | Ensuring publication of professional cycles to public & prof bodies. Ensure weekend cover during closure of renewal windows Investigate Automated response to online queries overnight (High cost solution) |
| 69 | Operations | Insufficient Departmental Engagement in Projects | | Registration and CPD | Head of Registration | 4 | 4 | 16 | Mitigate | | d of Ongo gistration | ing 3 | 3 | 9 | Aug/Sept 4 2022 | |
| NEW | Operations | Contact Centre | | Registration and CPD | Head of Registration | 4 | 4 | 16 | Mitigate | Generation of issue based Region of information is delivered, upskilled workforce with internally delivered CC training. Specialised contact centre team, building experience and skills in CC activities. More available & accessable information on website. [Budget etc] | nd of gistration | Sep-22 4 | 4 | 16 | Aug/Sept 22 6 | Change mgmt for guidance updates, Tone of Voice applied to registration processes. Appropriate sign posting as requiured. Utilising recently implimented cloud based contact centre with appropriate 1st & 2nd line response mechanisms. |
| NEW | Operations | International Applications | Processing backlogs of International applications results in delays to expansion of UK registrant workforce and potential conflict with PSA standards | Registration and CPD | Head of Registration | 4 | 5 | 20 | Mitigate | Bespoke surge support solution for short term rapid input from paper international applications. In process of recruiting more employees and ring fenced team applied. Additional Budget for 10 RA's & 1 TL in place. Online international application process available to capture applicant input directly into CRM database | d of gistration | Sep-22 4 | 3 | 12 | Aug/Sept 22 | Forecasting with specific input on programmes of recruitement (HEE etc) |

| Operations Reporting NEW | Inconsistent use of inbuilt CRM reporting and ad-hoc solutions delivers conflicting data over time resulting in poor visibility of processes, performance and improvement | Head of Registration | 4 5 | 20 | | Head of Registration | Dec-22 | 4 | 4 | 16 | Aug/Sept 22 | Insight & Analytics looking at automation of reporting. |
|----------------------------|--|-------------------------|-----|----|--------------------------|-------------------------|--------|---|---|----|-------------|--|
| Operations Capability NEW | Experience, skills & knowledge of workforce does not match currrent requirement of business or match stakeholder expectations resulting in missed opportunities and KPI's. | Head of Registration | 4 5 | 20 | Trialing more specialist | Head of Registration | Dec-22 | 4 | 4 | 16 | Aug/Sept 22 | External rcmnt for areas where no resource available. New operating model |

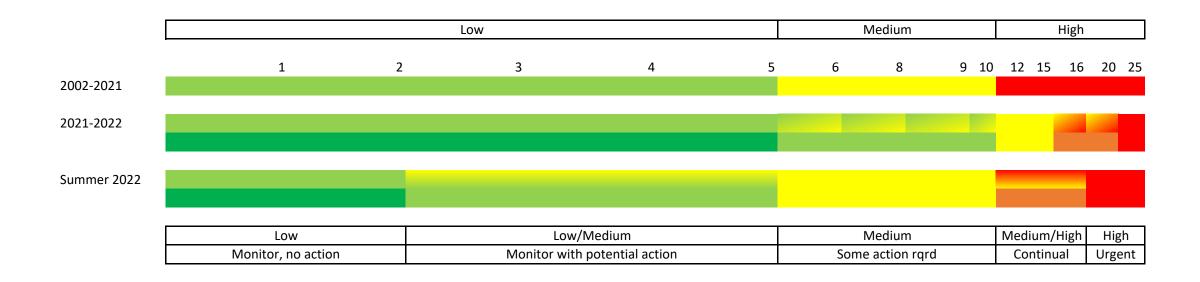
Reference data for Risk Matrix tracked changes

| IMPACT | LIKELIHOOD | RISK RATING | TREATMENT TYPE | RISK TYPE |
|-------------------|---------------------|---------------|----------------|----------------------|
| Catastrophic = 5 | Highly Likely = 5 | High | Mitigate | Finance |
| Significant = 4 | Likely = 4 | Medium / High | Accept | Information Security |
| Moderate = 3 | Possible = 3 | Medium | Avoid | Strategy |
| Minor = 2 | Unlikely =2 | Low / Medium | Transfer | Operations |
| Insignificant = 1 | Highly unlikely = 1 | Low | | Public Protection |
| | - | • | | Reputation |

Summer 2021

| Catastrophic | 5 | 10 | 15 | 20 | 25 |
|---------------|-----------------|----------|----------|--------|---------------|
| Significant | 4 | 8 | 12 | 16 | 20 |
| Moderate | 3 | 6 | 9 | 12 | 15 |
| Minor | 2 | 4 | 6 | 8 | 10 |
| Insignificant | 1 | 2 | 3 | 4 | 5 |
| - | Highly Unlikely | Unlikely | Possible | Likely | Highly Likely |

| | Summer 2022 | | | | | | Required action for risk level |
|---|---------------|-----------------|----------|----------|--------|---------------|--------------------------------|
| | Catastrophic | 5 | 10 | 15 | 20 | 25 | Urgent Action required |
| | Significant | 4 | 8 | 12 | 16 | 20 | Urgent Action required |
| | Moderate | 3 | 6 | 9 | 12 | 15 | Continual |
| | Minor | 2 | 4 | 6 | 8 | 10 | Some action required |
| | Insignificant | 1 | 2 | 3 | 4 | 5 | Monitor, no action |
| _ | | Highly Unlikely | Unlikely | Possible | Likely | Highly Likely | |



IMPACT

IMPACT TYPES

| Public Protection | Financial | Reputation | | | |
|--|--|--|--|--|--|
| Catastrophic 5 | Catastrophic 5 | Catastrophic 5 | | | |
| A systematic failure for which HCPC are ultimately responsible for, exposes the public to serious harm in cases where mitigation was expected. | Unfunded pressures greater than £1 million | Incompetence/ maladministration or other event that will destroy public trust or a key relationship | | | |
| Significant 4 | Significant 4 | Significant 4 | | | |
| A systematic failure for which HCPC are ultimately responsible for, exposes more than 10 people to harm in cases where mitigation was expected. | Unfunded pressures £250k - £1 million | Incompetence/ maladministration that will undermine public trust a key relationship for a sustained period or at a critical moment | | | |
| Moderate 3 | Moderate 3 | Moderate 3 | | | |
| A systemic failure for which HCPC are ultimately responsible for exposes more than 2 people to harm in cases when mitigation was expected. | Unfunded pressures £50,000 - £250,000 | Incompetence/ maladministration that will undermine public trust or a key relationship for a short period. Example Policy U-turn | | | |
| Minor 2 | Minor 2 | Minor 2 | | | |
| A systemic failure which results in inadequate protection for individuals/individual communities, including failure to resolve celebrity cases. | Unfunded pressures between £20,000-£50,000 | Event that will lead to widespread public criticism. | | | |
| Insignificant 1 | Insignificant 1 | Insignificant 1 | | | |
| A systemic failure for which fails to address an operational requirement | Unfunded pressures over £10,000 | Event that will lead to public criticism by external stakeholders as anticipated. | | | |

LIKELIHOOD AREAS

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

LIKELIHOOD