Audit and Risk Assurance Committee

Meeting Date	11 June 2025
Title	Internal audit recommendations tracker
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Executive Sponsor	Claire Amor, Executive Director of Corporate Affairs
Executive Summary This report provides the Committee with progress updates on the implementation of recommendations arising from internal audits. In addition, any significant quality assurance recommendations and recommendations arising from ISO standard audits will be added. Recommendations which have been implemented have been removed from this report. The original numbering of recommendations has been retained. Please refer to individual internal audit reports for the background to recommendations.	
Action required	The Committee is asked to review the information provided and seek clarification on any areas.
Previous consideration	This is a standing item considered at each meeting of the Committee.
Next steps	The next report will be received in September 2025.
Financial and resource implications	Not applicable.
Associated strategic priority/priorities	All

Associated strategic risk(s)	All
Risk appetite	Compliance - measured
Communication and engagement	Not applicable.
Equality, diversity and inclusion (EDI) impact and Welsh language standards	Not applicable.
Other impact assessments	Not applicable.
Reason for consideration in the private session of the meeting (if applicable)	Not applicable

Internal Audit report – Data Privacy (first considered at Audit and Risk Assurance Committee 11 June 2025)

Recommendations summary

Priority		Outstanding recommendations	Status		
High		0	Overdue	0	
Medium		4	Not yet due	3	
Low		7	Completed	8	

	Recommendation / Priority (RAG)	Management response	Timescale/Responsibility	On track Y/N	Completion Date/Status	Current Commentary
1	HCPC should reconfigure the RoPA to document; a. Purpose of processing b. Data processed c. Categories of data subjects d. Single most appropriate lawful basis for processing e. Additional conditions for special category data f. Name of third-party data processors and joint controllers g. Locations of third-party data processors and joint controllers h. Systems in which personal data is stored.	We accept the findings. Elements a-h will be documented in the Risk Info Assets document.	Action Owner: CISRO	Y	30/04/2025	This has been completed. Further work will be undertaken to break out supporting systems within core corporate applications. This recommendation is complete.
2	Incorporate version control in the RoPA to evidence regular review and to ensure that the RoPA is updated on an on-going basis (at a minimum annually).	We accept the findings. A version control tab will be incorporated in the Risk Info Assets document.	Action Owner: CISRO	Y	30/04/2025	Document control tab has been added. A final version of each iteration is retained long term as before. This recommendation is complete.
3	HCPC should update the data subject rights procedure to include: a. The process to follow when any data subject rights requests is received (such as the right to rectification, the right to erasure, the right to restrict processing, the right to data portability, the right to object, rights in relation to automated decision making and profiling). b. Key timescales for completion i.e. as soon as possible or within one calendar month (extended by a further two month in certain circumstances). c. Version control details to evidence regular review.	We Accept the findings. The process for managing all types of data subject rights requests will be updated. The procedure will be updated to reference key timescales for completion and version control.	Action Owner: CISRO	Y	31/05/2025	SEC InfoGov-GDPR rights for individuals has been placed in the process and guidance library on Teams. This recommendation is complete.
4	HCPC should promote the data subject rights process internally by: a. Incorporating the process (for reporting rights requests internally) in mandatory training b. Periodic employee awareness initiatives to remind them of internal processes when a data subject rights request is received. c. Asking team leaders to cascade information about the process to their teams.	We accept the findings. The process for recognising and escalating SARs is included in mandatory training which is being rolled out (February 2025). Intranet post raising awareness of SAR processes will be published. Team Leaders will be contacted to cascade this information to their teams. Furthermore, specific departmental training is planned for roll out in August 2025.	Action Owner: CISRO	Y	31/03/2025	Subject access requests are included in the mandatory annual information security training provided to employees. This recommendation is complete.

	Recommendation	Management response	Owner	Complete	Date	Update
5	HCPC should separate the privacy notice from the data protection policy and develop: a. A Data Protection Policy which sets out how HCPC complies with the requirements of the UK GDPR b. HCPC should reformat the existing privacy notice, to reflect a layered approach so that individuals can easily navigate to the section of the privacy notice which is applicable to then.	We accept the findings. a) The Privacy Notice and Data Protection Policy will be separated. The Data Protection Policy will define how HCPC complies with UK GDPR requirements. b) The privacy notice will be reformatted to make it more accessible.	Action Owner: CISRO	N Delayed to work in tandem with annual policy review.	Updated to Q2 2025-26, approved by CISRO	We have delayed this to coincide with the Annual Policy review in August/September 2025, and work to rationalise where different elements of the Information Governance process appear across the Applicant portal, Registrant portal, HCPC-uk.org, and HCPTS-uk.org.
6	HCPC should update the training to include the key data protection topics such as data protection principles, data subject rights requests (and timescales for processing), DPIAs etc.	Accept - Principles, timescales and DPIA's have been added to the 2025 training pack.	Action Owner: CISRO	Y	24/02/2025	Annual mandatory training from February 2025 include the requirements listed. This recommendation is complete.
7	HCPC should review training completion reporting arrangements, to reflect current employees only.	Accept – Management has reviewed reporting arrangements, and those on Maternity/paternity leave are still required to complete training upon their return, these names must be retained within the IT system. The L&D dept will manually remove those names of those not available for training for reporting purposes.	Action Owner: Learning & OD Lead	Y	14/03/2025	Names of staff who are on maternity, long term sick and sabbatical leave are removed from the final compliance reports. Their eLearning courses are not removed to ensure they are able to complete them when they return to work, as they are still employees of the HCPC. This recommendation is complete.
8	HCPC should develop a standalone DPIA procedure which governs the process for completing DPIAs, including the identification of the requirement to complete a DPIA and allocating the responsibilities for completion, approval and on-going review.	We accept the findings. A high level process will be linking to the existing process forms. Also now included in annual training. A process has been designed. All demonstrated projects had a DPIA	Action Owner: CISRO, Head of Business Change	N	31/03/2025	All project initations have a mandatory approval step of completing the DPIA and EIA as part of initation. The project manager facilitates this process which includes the CISRO and the identified subject matter experts assigned to the project. The template and process is reviewed with the CISRO. This recommendation is complete.
9	HCPC should incorporate the requirement to complete the DPIA in the Procurement Manual	We accept the findings. The DPIA requirement will be included in the next iteration of the Procurement Manual and is already included in the Project Checklist.	Action Owner: Procurement Manager	Y	31/03/2025	We have included the DPIA requirement in the New Procurement Policy and once it is approved, we will reflect this in the Procurement Manual with further details. This recommendation is complete.
10	HCPC should define the process for assessing the severity of a data breach (using the Information Incident rating tool) and reporting to the ICO and affected individual (if appropriate) in the helpdesk system	We accept the finding. For context, currently, the response to information incidents is the sole responsibility of the Information Governance Team who have been trained and have experience in this area. A process flow exists that flags each potential type of incident and the business lead. The Information Gov Mgr reports breaches to ELT & ARAC annually in a lessons learned section of her annual report. Employees and Partners have been trained to flag incidents to allow us to respond in appropriate time scales reporting issues to informationsecurity@hcpc-uk.org.	Action Owner: CISRO	Y	31/08/2025	The process has been mapped out in Visio. Currently awaiting IT resources to impliment the planned changes. A manual process will be retained for Partners or external parties that do not have access to the HCPC Helpdesk.
11	HCPC should implement defined data retention periods and automated deletion process (where possible) across organisation-wide systems to ensure personal data is not retained for longer than required.	Partial accept – a review of retention requirements is due in FY 2025/2026. A technology road map has been defined for most business areas and the requirement will be added to backlogs where required, but this does not guarantee implementation.	Action Owner: CISRO on behalf of system owners	Y	31/03/2026	Discussions are underway with Product Management within Business Change to document the requirements. The technical ability to run automatic deletion of items beyond the retention period has not yet been budgeted, and will be judged in light of business requirements priority.

Internal Audit report – Education (first considered at Audit and Risk Assurance Committee 18 September 2024)

Recommendations summary

Priority		Outstanding recommendations		Status	
High		0		Overdue	0
Medium		0		Not yet due	0
Low		1		Completed	1

	Recommendation / Priority (RAG)	Management response	Timescale/Responsibility	On track Y/N	Completion Date/Status	Current Commentary
1	**Where KPIs are not in place to measure partner performance on their performance, for example on conclusion of assessments there is a risk that areas where partners work well are not further embedded and passed on to other partners and/or areas for improvement are not timely identified, comparable and addressed in a pragmatic and timely manner.** 1. We recommend that HCPC undertake the following: a) Consider developing (qualitative) KPIs that are S.M.A.R.T to ensure partner performance is tracked and measured. We can advise on KPIs that can be used b) Continue to run Quality Assurance workshops within the organisation and report to the Executive Leadership team with progress along with progress with the project with PwC.	We accept this recommendation, and this will be covered by a central programme of work within HCPC. This work is currently in progress, with a project governance structure being set up at this time. The education part of this work will be to feed into organisation expectations for partner KPIs, and then develop a mechanism to record performance against KPIs within our D365 system.	Q3 2025-26 Head of Assurance and Compliance Partner Project Lead	Y	Due Q3 2025-26	Recommendation will continue as part of the partner improvement programme. Workshops are scheduled with relevant teams to define quality metrics and KPIs in Q1 and Q2 2025-26. Further updates will be managed by the Partner Project Lead and communicated via the People and Resources Committee. This recommendation is complete.

Internal Audit report – Environmental Sustainability (first considered at Audit and Risk Assurance Committee 11 June 2025)

Recommendations summary

Priority		Outstanding recommendations	Status		
High		0	Overdue		0
Medium		2	Not yet due		2
Low		0	Completed		0

	Recommendation / Priority (RAG)	Management response	Timescale/Responsibility	On track Y/N	Completion Date/Status	Current Commentary
1	1.a. Whilst HCPC has not undertaken a materiality assessment, HCPC has completed key elements via the gap analysis. This was completed via conversations with key stakeholders. HCPC should continue to review their priorities on a regular basis via Council and interaction with the third party consultants. HCPC should continue to identify any areas pertinent to HCPCs business model and the overall strategy. 1.b.HCPC should consider using a recognised framework to underpin and direct all HCPC's environmental sustainability work.	1.a. HCPC will continue to update as part of our regular reporting cycle. 1.b.HCPC will consider using a recognised framework with along with further advice. The 24 criteria assessment outlined in the executive summary of good practise (point three) aims to capture best practise. Elements of the assessment are derived from frameworks, e.g., SBTi (Science Based Target Initiative) and Social Value TOMs (Themes Outcomes Measures). Expert consultants conducted the assessment and led HCPC in the development of the strategy with knowledge of these and other such frameworks. We plan to recruit an Environment and Quality Manager who will bring further insight and assist with the proposed implementation of an Environmental Management System (EMS) which should provide opportunity to align with relevant frameworks that fits the needs of the organisation. The EMS will be enhanced over an extended period as our plans develop.	Head of Estates, Facilities Management and Sustainability	Y	1.a. June 2025 1.b.31 March 2025 Recruitment 31 March 2026 EMS Implemented	1.a Currently auditing the Greenhouse Gas Emissions (GHG) data from 2023-24 financial year. Also working with our third-party consultants, which will inform ongoing plans. 1b. Recruitment and appointment of the Environmental, Health and Safety (EHS) Manager completed April 2025. An EMS Proof of Concept is planned, pending prioritisation. This will be delivered via a Microsoft Business Central module, and continued to develop over time. This recommendation is complete.
2	2.The roadmap should be supported by action plans outlining who is responsible, timelines, and to allow progress tracking.	Action since the strategy's initiation in 2023, including progress and targets, has been shared with ELT, PRC, and the Council, who approved the initial emission reduction targets we are working toward. A progress update covering action to date and those planned was provided to the Council in September 2024. We will continue to provide similar updates as relevant. The recruitment of the Environment and Quality Manager will provide additional resources to assist across a range of areas including the documentation of more detailed actions plans in time.	Head of Estates, Facilities Management and Sustainability	Y	31 March 2025 Recruitment 31 September 2026 Action plan development	Recruitment and appointment of the Environmental, Health and Safety (EHS) Manager undertaken April 2025. The postholder will deliver an action plan in Q2 2025-26.

Internal Audit report – Key Financial Controls Follow up (first considered at Audit and Risk Assurance Committee 15 March 2023)

Priority		Outstanding recommendations			Status	
High		0			Overdue	0
Medium		1			Not yet due	0
Low		0			Completed	1

	Recommendation / Priority (RAG)	Management response	Timescale/Responsibility	On track Y/N	Completion Date/Status	Current Commentary
1	**Where there are a large number of policies and procedures which are not logged in a policy tracker and cover several topics, there is a risk that policies and procedures are not reflective of current methodologies, and tasks are not completed correctly and consistently which can leave HCPC vulnerable to fraud or error.** We recommend that HCPC: a) Review the composition of the 116 policies and procedures and consider whether any can be combined (e.g. P2P process) b) Update the Adding New Users to WAP Policy, ensuring it details how changes to individuals' access and approval thresholds are made c) Create a central finance manual and policy tracker. The policy tracker should detail the date of last update (which should align to the date on the document) and detail a responsible individual for ensuring the accuracy and completeness of the policy/procedure. The tracker should detail areas covered within policies and procedures. d) Update the Finance Induction Slides to align to the above changes as well as changes from SAGE to Business Central (BC).	Points a) & c) The focus for HCPC up until July 23, will be on the new BC implementation. This system change will impact a number of the procedures & so represents a good opportunity to review the policies and procedures and determine the best way to monitor & maintain them, which will include drawing all of these documents together in a tracker. Consideration will be given to also creating a finance manual to pull all of the finance policies & procedures together to provide a holistic view. Point d) The induction slides will be updated post the completion of the BC implementation.	30 August 2023 Points a) & c) Head of Financial Control 31/12/23 Point d) Head of Financial Control 30/09/23	Y	1b was reported as completed to ARAC September 2023; revised due date for the rest is March 2025.	Currently working on year end and preparing for external audit. Updating the financial processes and documenting the changes following the migration of financial software from Sage and WAP to BC. The Credit Card Policy, Investment Policy, Financial Regulations and Expenses Policy have been updated and approved by Council. We have updated our financial strategy, which will be presented to ELT on 03 June and PRC on 12 June. We will continue updating remaining policies and processes, then collate them in one finance manual. This recommendation is complete.

Internal Audit report – KPIs (first considered at Audit and Risk Assurance Committee 12 March 2025)

Recommendations summary

Priority		Outstanding recommendations		Status		
High		0		Overdue		0
Medium		0		Not yet due		3
Low		3		Completed		0

	Recommendation / Priority (RAG)	Management response	Timescale/Responsibility	On track Y/N	Completion Date/Status	Current Commentary
1	1.We recommend that HCPC undertake the following, for the development of new KPIs and to ensure their ongoing maintenance: a)Alignment workshops: Organise workshops and meetings where KPI owners can collaborate and discuss how their KPIs support the current and new Corporate Strategy, fostering a shared understanding and commitment to strategic goals. b)Good documentation, regular communication and training: Ensure a routine communication and on the job training programme and documentation for new KPI owners and for the introduction of new KPIs This should include information such as KPI purpose and alignment with the Corporate Strategy. c)Automation: Investigate automating manual parts of the data collection for KPI 5.	a)Accept – this will be integrated into the overarching corporate strategy development which will take place in 2025/26 to ensure the new KPIs are aligned to the new strategy. b)Accept – we will ensure appropriate KPI training included in the induction programme. c)Accept – This will be considered as part of the 2024/25 Feedback & Complaints review	a)Deputy CEO & Executive Director of ERRS b)Executive Director of Resources c)Head of Assurance and Compliance	Y N- awaiting new Head of Governance Y	01/03/2026 Updated to 01/03/27, approved by Head of Assurance and Compliance	1a. The corporate strategy plan, put together by the Executive Director of Corporate Affairs, was submitted to Council in May. 1b. Corporate KPIs are not currently included in in the induction programme. Following induciton of new head of governance, we will be incorporating them into new corporate strategy. 1c. ELT and Council have decided the primary scope for this year, which is limited to the foundational layers and the integration, aligning to investment planning. Implementation of the internal and external facing parts to take place 2026-27.
2	2. HCPC should undertake regular (cyclical) documented reviews of their KPIs and associated underpinning assumptions to ensure they remain relevant and accurate.	Accept – we will undertake a full review aligned to the development of the corporate strategy and we will complete a full cycle of review across the KPIs during the lifetime of the strategy.	Head of Assurance and Compliance	Y	01/03/2026 (or when the new strategy is developed)	Paper on the HCPC corporate strategy 2026-31 production was approved by Council in private session on 22 May. These recommendations will be a part of the development of the new corporate strategy, though is in early stages.
3	3.HCPC should consider establishing a standardised template for documenting lessons learned from each KPI review cycle. This should include details of successes, challenges, and specific actions taken.	Accept - Recommendation a: as part of the cyclical review of KPIs (see recommendation 2 above) we will develop a process and document to capture that review.	Head of Assurance and Compliance	Y	01/03/2026	Paper on the HCPC corporate strategy 2026-31 production was approved by Council in private session on 22 May. These recommendations will be a part of the development of the new corporate strategy, though is in early stages.

Internal Audit report – Outreach (first considered at Audit and Risk Assurance Committee 12 March 2025)

Recommendations summary

Priority		Outstanding recommendations		Status		
High		0		Overdue	0	
Medium		4		Not yet due	4	
Low		0		Completed	0	

	Recommendation / Priority (RAG)	Management response	Timescale/Responsibility	On track Y/N	Completion Date/Status	Current Commentary
1	Develop a list of 'must have' datasets that should be incorporated in future system upgrades, such as the employer's name and workplace location.	We accept the findings and will work with relevant colleagues to identify the data capture required and wider system and process changes thatmight be needed to be able to capture and analyse the data.	Head of Professionalism and Upstream Regulation	Y	30/09/2025	Analysis of fitness to practise data is ongoing. Continuing to identify the list of 'must-have' datasets, and should be completed on time.
2	Take a more strategic approach to coverage of professions, geographical areas and groups, informed by FtP and other data, refining the picture as more data sets become available.	We accept the findings and will develop a more targeted and risk-based approach to our prevention work, whilst identifying future data and insight needs	Head of Professionalism and Upstream Regulation	Y	30/06/2025	We have identified higher-risk professions and areas of practice including organisations to target this year using data, insights and intelligence. Currently documenting the plan
3	Develop a strategic resource plan on the basis of the resource needs, with due consideration to coverage (Rec 2) cost realism, likely risks and organisational risk appetite.	We accept the findings and will develop a strategic resource plan.	Head of Professionalism and Upstream Regulation	N - delay owing to head of department leaving organisation.	30/09/2025	Recommendation not yet started and completion may be delayed, pending appointment of new Head of Professionalism and Upstream Regulation.
4	Provide 'hostile audience' training for outreach staff and have an emergency response plan.	We accept the findings. Training will be provided and an emergency plan will be developed.	Head of Professionalism and Upstream Regulation	Y	30/11/2025	Training course and provider have been identified, pending budgetary approval from Learning and Development team.

Internal Audit report – Procurement of Large Contracts (first considered at Audit and Risk Assurance Committee 13 March 2024)

Recommendations summary

Priority		Outstanding recommendations		Status		
High		0		Overdue		0
Medium		2		Not yet due		2
Low		2		Completed		2

	Recommendation / Priority (RAG)	Management response	Timescale/Responsibility	On track Y/N	Completion Date/Status	Current Commentary
1	HCPC should ensure the Procurement policy is reviewed, at a minimum every two years with 'ad-hoc' changes as they are required.	BDO were advised we update our policies every 2 years. The Procurement Manager started 18 months ago and is in the process of updating the policy. The New Procurement Bill is coming into effect soon and we are waiting to incorporate the old policy into the new.	Action Owner: Tarek Hussein (Procurement Manager, Finance)	Y	March 2025 - New Procurement Policy completed to be review by HOF)	New Procurement Policy submitted to ELT on 03 June. Following their approval, it will be submitted to Council and PRC for final approval, and will be completed for end of June 2025. This recommendation is complete.
3	HCPC should introduce regular (at least 6 monthly) reviews of its contracts in place to ensure performance is in line with expectations and any areas of identified under performance are identified and rectified in a timely manner.	The Procurement team should: a) Introduce second line and documented 'spot checks' to ensure that procurement activity is in line with prescribed guidance. b) Discuss second line 'end to end' spot checks with the Quality Assurance team and consider if they are able to support in undertaking them on a regular basis. c) Introduce a more comprehensive description of any large value contracts single source requests with a focus on the effectiveness of the procurement process.	Action Owner: Tarek Hussein (Procurement Manager, Finance)	Y	Updated to Q2 2025-26 by Commercial Business Partnering Manager	Vendor evaluation form in place as of June 2025. Contract management add-on in progress, and will be completed early Q2 2025-26.
4	HCPC should ensure that there is documented evidence of when supplier due diligence was undertaken to ensure HCPC only approves key and significant suppliers that align to HCPC's ways of working and expectations.	We will be maintaining records of our vendor background checks including the financial health checks on an ongoing basis, particularly for long-term, high-value contracts and we will reflect this in the Procurement Policy. This process will be carried out for extensions, renewals and existing contracts every 6 months.	Action Owner: Tarek Hussein (Procurement Manager, Finance)	Y	June 25 (Procurement Manual to be drawn up once the procurement policy has been approved).	Process is carried out with payroll. We supply the list, and is already in place. This recommendation is complete.
5	HCPC should review the approved supplier list on a regular basis and where required, remove suppliers no longer identified as providing value for money and add where new value for money suppliers are identified.	We will implement a similar process as per the management response for audit finding 3 (contract and supplier evaluation). We will also ensure that individuals are aware of the approved supplier list when they are looking to procure products/services, which would give assurances that the list of suppliers have been reviewed and meet our requirements.	Action Owner: Tarek Hussein (Procurement Manager, Finance)	Y	Updated to Q2 2025-26 by Commercial Business Partnering Manager	Currently in progress, and will be completed in early Q2 2025-26. Once the vendor list is approved, we will have full supplier list to carry out review.

Internal Audit report – Project Management (first considered at Audit and Risk Assurance Committee 18 September 2024)

Recommendations summary

Priority	Outstanding recommendations		Status	
High	0		Overdue	0
Medium	1		Not yet due	0
Low	0		Completed	1

	Recommendation / Priority (RAG)	Management response	Timescale/Responsibility	On track Y/N	Completion Date/Status	Current Commentary
1	**Referencing benefits in terms of intermediate outputs, having ambiguity on levels of success desired and not prioritising benefits dilutes the impact and efficiency of the benefits management lifecycle in projects.** During benefits review, at each stage of the project lifecycle, project teams and the review panels (especially the Change and Benefits Forum) should ensure that projects focus on citing the final outputs, define more exactly what success means and prioritise benefits into 'key benefits' and 'other'.	We can link the benefits against the 'must' scope items which will mean they're the key deliverables. regarding defining what success means, this detail will be part of the requirements outputs, which are moscow'd and has an agreed acceptance criteria rather than the investment case. we will agree to link this when carrying out the investment prioritisation for fy 25/26	01/04/2025 Head of Business Change	Y	01/04/2025: Investment templates and approach updated 21/05/2025: Project Benefits linked directly to outcomes as part of the case development and are presented to Change and Benefits forum and then ELT on Initiation. From 1/6/2025 Project Manager to report on Benefits status to Project Board each month. Project Office to review status with Project Manager.	Benefits are now linked directly to outcomes in the investment case; outcomes are presented to Change and Benefits Forum and ELT on initiation. A dependency path is created using standardised alignment. All new investments utilise detail in investment case as part of approval, and are tracked upon closure. Project managers conduct a high-level assessment and report to the board each month, and conduct a formal review at each project stage, or after an event with significant change. This recommendation is complete.

Internal Audit report – Registrant Forecasting Review (first considered at Audit and Risk Assurance Committee 9 November 2022)

Recommendations summary

Priority	Outstanding recommendations		Status	
High	0		Overdue	0
Medium	1		Not yet due	1
Low	0		Completed	0

	Recommendation / Priority (RAG)	Management response	Timescale/Responsibility	On track? Y/N	Completion Date/Status	Current Commentary
4	**Where there is manual intervention, for example extracting the number of registrants from the model and importing into the Financial model there is a risk that errors arise which can ultimately affect decision making and further numbers generated.** 4. a) Investigate whether it is possible to do an automated upload from the model into the Financial model. If this is not possible, consider whether the model can be adapted to include what is required for the Financial model with less manual intervention. A secondary check should be undertaken for all data extracted from the model that is incorporated into the Financial model to verify accuracy. 4. b) Consider if it is possible to incorporate and thus easily identify from the model the number of registrants on discounted registrant fees and those on full registrant fees to support the Finance team further.	This is happening already, to a certain extent, whereby registrant numbers are extracted from the CRM system to inform our financial figures. Further work will need to be carried out to incorporate this seamlessly as part of the overall process.	January 2023 Finance Business Partner	N- difficulties with supplier, completion date revised again.	Revised date 01 September 2025, agreed by Head of Finance.	Technically live in Business Central as a manual process. Changes in CRM are completed, deployed, and connected. Next round of professions to be renewed are paramedics and orthoptists in September 2025. Supplier did not automate process; Finance Business Partner liasing with supplier to rectify this.

Internal Audit report – Stakeholder Engagement (first considered at Audit and Risk Assurance Committee 12 March 2025)

Recommendations summary

Priority		Outstanding recommendations	Status		
High		0	Overdue	0	
Medium		3	Not yet due	2	
Low		0	Completed	1	

	Recommendation / Priority (RAG)	Management response	Timescale/Responsibility	On track Y/N	Completion Date/Status	Current Commentary
1	1.HCPC should: a)Develop a stakeholder plan for the short to medium term for all stakeholder groups. b)Develop documented policies, procedures and guidance for how to manage different stakeholder groups and who manages different groups. Identify and implement best practice from each methodology. (This will help to prevent any risk from key person dependency). c)Develop a stakeholder query log that details queries / comments that have been received, who receipted them, how they were managed (i.e. what team the query was referred to) and any subsequent actions.	We agree that this is required, and further work is scheduled for this financial year and next. However, it should be noted that the production of this documentation will require resource, and this will need to be balanced with current delivery activity.	Head of Communications	Y	01/03/2026	Continuing from preivous update, plans are currently in place. Further work will be taken forward in line with resourcing levels, and is on track to be completed on time.
2	2.Review and update the arrangements in place with Luther Pendragon for the management of stakeholders for HCPC. The expectations should be set and documented and include who Luther Pendragon report to, the remit of their role, where they record information, set timeframes and key performance indicators (KPIs) for stakeholder management.	We believe additional clarity in our stakeholder response would be beneficial to all parties, including our outsourced supplier. Alongside a wider stakeholder documentation, a specific requirements document is being created to ensure clarity for our outsourced supplier and internal colleagues.	Head of Communications	Y	01/03/2025	Contracts have been agreed and new ways of working have been written and established. This recommendation is complete.
3	3.HCPC should identify how Luther Pendragon can gain access to information on other stakeholder engagement activity undertaken by HCPC on an ad hoc basis. Any 'confidential or sensitive' information could be restricted.	We believe making information relating to our engagement more accessible across the organisation, including with our outsourced supplier would be beneficial. The work to improve information sharing is scheduled for next financial year via the development of a business case for a CRM solution. Any solution will ensure everyone with a role in stakeholder management will have access to the information they require.	Head of Communications	N	01/03/2026	Investment case is likely to cover the foundational aspects of this activity in 2025-26 owing to resourcing and prioritisation. Once the foundational work is complete, the work to complete the recommendation can take plae. This may depend on the CRM investment case being implemented in 2025-26.

Internal Audit report – Unified Assurance Framework (first considered at Audit and Risk Assurance Committee 15 March 2023)

Recommendations summary

Priority		Outstanding recommendations	Status		
High		0	Overdue	0	
Medium		1	Not yet due	0	
Low		0	Completed	1	

	Recommendation / Priority (RAG)	Management response	Timescale/Responsibility	On track Y/N	Completion Date/Status	Current Commentary
1, 2 & 3	**The current approach to determining the control environment in each department may mean that key aspects of the line 1 control environment is overlooked. Furthermore, lack of a Quality Framework may make it more difficult to compare the adequacy and effectiveness of controls operating across the organisation.** 1. Develop a Quality Framework that contains 'pillars' to create a standard way in which to assess the control environment across departments. These pillars could include Policies and Guidance, Induction and Training, Quality Checks / Peer Review, Continuous Improvement and Performance Monitoring, as examples (Year 1). 2. For each pillar, design high level guidance setting out expectations for the expected controls to be captured within each pillar, including a good/better/best system of self assessment to support continuous improvement (Year 1). 3 Ask teams to complete a self-assessment against each of the pillars, utilising the good practice guidance. Collate these responses and use them as the basis for the population of the UAF (Year 2).	The variability of level 1 assurance activity across departments reflects the existing matrix of departmental workload, resources, processes and stability of those variables. Level 1 check enhancement may require resources greater than those possible under existing financial constraints. However, efforts to include these potential pillars will continue and progress to deliver against these pillars will be monitored.	Requires a complete cycle of audits to create and check compliance 01/03/24 Year 1 activities and 01/03/25 Year 2 active use in UAF. Anna Raftery, Head of Assurance and Compliance.	Y	Revised due date: Q4 2024-25	Framework with pillars have been introduced in Q1 2025-26 risk and assurance quarterly meetings including intial self-assessments. This recommendation is complete.