Council

1 July 2021

hcpc | health & care professions council

Chief Executive's report on organisational performance July 2021

Executive Summary

This paper provides the Council with updates on the organisation's performance since the May 2021 Council meeting. It includes specific projects and activities for the Council to note, stakeholder engagement activity, an update on Covid temporary registration and assessment of performance.

This iteration includes
- The first population of the new KPI suite as agreed by Council at its May meeting.
- The first progress report for the Corporate Plan 2021-22 deliverables.
- The first register population of the new Strategic Risks as agreed by Council in March and discussed by the Audit and Risk Assurance Committee in June.

The Finance report is not included as an appendix in this iteration as the full year budget is on the main agenda. Additionally, a new reporting format has been agreed by the People and Resources Committee. The first iteration of this new more detailed format will be presented to Council at its September 2021 meeting.

Previous consideration	This is a standing item, considered at each Council meeting.
Purpose of report	The Council is asked to discuss the paper and provide any feedback on future format and information to be included.
Next steps	The next report will be received in September 2021.
Strategic priority	This report is relevant to all strategic priorities.
Financial and resource implications	None as a result of this paper.
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Chief Executive's Performance Report

July 2021

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1. Chief Executive's Organisational Assessment

This report includes for the first time performance against the revised Key Performance Indicators that were agreed by Council at its meeting in May. Also included is the Corporate Plan deliverables tracker.

Improving our core regulatory functions

I am pleased to report that the new Fitness to Practise Case Management System (CMS) went live on 7 June. The delivery of this new system is the product of a lot of hard work and commitment from the FTP, projects and IT teams over the past months, and is a key enabler for the realisation of many of the FTP improvement project deliverables.

The first 18 week cycle of the FTP Perform Plus programme, being delivered with support from PWC, has now concluded. The programme has had a positive impact on performance, quality, capability and culture within the FTP team. The programme has now moved to the next cycle which aims to embed the elements from the 18 week programme as a sustainable business as usual model within the FTP team.

The new Education quality assurance model is on track for delivery in September 2021, with the second of three pilot cycles now being concluded.

The responsiveness of the Registrations function is an area of concern. The team has seen a significant increase in the volume of email traffic. This is in part due to limitations to the 'phone capacity and call management whilst employees work remotely, significant increase in international applications and issues which have prompted registrants to contact HCPC, for example direct debits. To improve performance an increased number of registration colleagues have returned to the office on a rostered basis, and more trained resource has been allocated to call handling and the processing of international applications to improve performance.

Collaboration and engagement

Much of the focus of our engagement activities has been in relation to the Professional Qualifications Bill. Further detail is provided in the stakeholder engagement section of this report.

Covid-19 impacts

Whilst the number of staff attending the offices has increased, the delay to the ending of Covid restrictions means the available office space that can be used safely continues to be restricted. However, teams have been encouraged to re-connect in person, with many taking up the opportunity to get together in the office where social distancing permits or in the local park.

To help safeguard those employees attending the office, we have registered with the DHSC national testing process and are providing employees with lateral flow tests.

Organisational culture

The new Executive team met for the first time in person at our offices in Kennington in June. We discussed what kind of behaviours we as the Executive team will live to

make our values a reality and how we can put in place structures that support that. We have adapted our meeting structure to include twice-weekly huddles. This approach is informed by learning from the FTP Perform Plus programme. The huddles provide an informal space for the executive team to share and support each other. A similar approach is being adopted with the wider leadership group which includes the heads of function. In addition, each member of the Executive is taking turns to do a weekly blog for all staff. A facilitated session involving the Executive team and wider leadership group is also planned.

2. Chief Executive's public agenda overview – 1 July 2021

Consultations on a Revised SET1 for Operating Department Practitioners (ODPs) and Health and Character Guidance

The HCPC ran these two public consultations between January and April 2021. Positively, the responses for both consultations were supportive and therefore The Executive is asking the Council to agree the revisions. I am particularly grateful to our colleagues in the Policy team for their excellent stakeholder engagement on the revision to SET1 for ODPs which was noted at the June Education and Training Committee.

Advanced Practice regulatory proposals

Following considerable exploratory work and research, we are asking Council for its decision on the next steps for the regulatory approach to this important area of registrant practice. Our review has identified how complex this landscape is and that there could be an important role for the HCPC to play in leading regulatory thought in this area.

HCPC Diversity Report 2021

I am pleased we are publishing our first annual Diversity Report, a step forward in our ability to learn from the data we hold in this area. Our strategy includes an aim to significantly improve the quality of our data and insights to inform our understanding and knowledge of the diversity and experiences of our registrants, their service users, our colleagues and partners, so that we can identify and address how they may be impacted by our policies, processes and decisions and better respond to their needs.

Professional liaison service year 1 review

The prevention aims set out in our Corporate Strategy 2021-26 depend on the success of the Service, particularly our ability to enable our professions to meet our standards so they are able to adapt to changes in health and care practice delivery, preventing harm to service users. This report identifies what has been achieved and learnt in the Service's first year. We seek Council's views on future areas of focus.

Budget 2021-22 – Private paper

The Council agreed to an interim budget for the first quarter of 2021-22 to enable the Executive more time to develop an affordable full year budget, given the uncertainties over income that existed before our fee rise was agreed. I am pleased

that we are now able to present to the Council the full budget for scrutiny and approval. Getting to this point has been an organisation wide effort but my particular thanks go to the Finance team for their hard work in robustly testing assumptions.

PSA report – Private paper

Following the Council's discussion of the initial findings of the PSA's review of the HCPC's performance in 2020, this paper provides the full draft report. The paper remains private as publication has not yet taken place. I am pleased to see the HCPC's considerable efforts to improve FtP performance recognised in the report.

3. Stakeholder engagement summary

Public Affairs - Professional Qualifications Bill

Government has introduced new legislation (The Professional Qualifications Bill) so that skilled professionals can have their qualifications recognised in the UK where they meet UK standards. It essentially aims to provide for mutual recognition of qualifications. The Bill, as drafted, presented some challenges as it appeared to reduce, or remove, our autonomy to decide whether applicants met our Standards and current registration requirements. A key focus for engagement in the reporting period has been liaison with Peers in the House of Lords regarding the Professional Qualifications Bill and its implications for professional healthcare regulators.

We have engaged with Peers who have tabled amendments on the Bill and/or have a broader interest in healthcare regulation. Our position is that we think there would be value in a statutory duty to consult the necessary regulator regarding any secondary legislation that the Government produced through clause 1 or clause 3 provisions of the Bill. We have subsequently engaged with:

- Former Health Secretary Lord Lansley, who has tabled a range of amendments at Committee Stage as well as supported the amendments of other peers, across the House, who have been seeking to ensure that the work of healthcare regulators such as HCPC is not fettered by the new provisions within the Bill. Specifically, he has tabled amendments seeking to safeguard the independence of regulators regarding how they determine whether an overseas applicant is fit to practice in the UK, within the new framework the government is proposing to recognise overseas qualifications. In putting forward those amendments he referenced the work of HCPC.

- Conservative peer Baroness Fraser, got in contact with the HCPC before the Second Reading and we have subsequently met her, providing data on registrant numbers and potential vacancies and case studies for the debates. In the debates, she has raised HCPC's concerns on Clause 3 with regards to assurances that regulators would be formally consulted if the powers within the Bill were used.

- Crossbench peer and healthcare practitioner Baroness Finlay, who we previously met to discuss regulatory reform, contacted HCPC for its views on the Bill and she posed a number of questions to the Minister on Clause 1 of the Bill on HCPC's behalf.

The engagement has not only resulted in improvements to the Bill but has raised the profile of HCPC within the Lords as all three peers have raised the importance of the work of HCPC and highlighted the value of HCPC registrants, in the debates and with the Minister Lord Grimstone. Putting these issues on the record has also delivered further engagement with the Bill teams in DHSC and BEIS who are now actively consulting HCPC on proposed amendments for the Report Stage debates.

We are continuing to follow the Bill closely as it completes its Committee Stages and will continue to liaise with peers on proposed amendments. This activity will be particularly focused on a statutory duty to consult.

Public Affairs - Other engagement

Other meetings attended included a meeting with MP Dr Lisa Cameron, to discuss the FtP process. We used the opportunity to outline the progress we have made, and continue to make, in this area.

We have also monitored closely the announcements of new cabinets and committees following the elections in Scotland and Wales and have followed up with introductory letters to the new health ministers and opposition spokespeople. We have subsequently agreed to meet Annie Wells MSP, the new Conservative Shadow Health spokesperson in Scotland and expect to secure further meetings.

4. Regulatory Development

4.1 Regulatory reform

Since my last report to Council, we have responded to the government's consultation: *Regulating healthcare professionals, protecting the public.* We've published our response which can be found here HCPC responds to the Government's regulatory reform consultation | (hcpc-uk.org)

Further to the Queen's Speech in May we are preparing for the publication of the Health and Care Bill.

In support of the policy intent outlined in the recent White Paper *Integration and innovation: working together to improve social care for all,* the Department of Health and Social Care have commissioned KPMG to undertake an independent review on how the regulatory landscape might be simplified. The review will cover the healthcare professional regulators (excluding the Pharmaceutical Society of Northern Ireland) plus the Professional Standards Authority for Health and Social Care (PSA). It will look at options for how the regulatory bodies might be reconfigured with the aim of enhancing public protection and informed by efficiency and economic considerations. The timeline for this review is approximately six months.

4.2 Education quality assurance model implementation

The new Education quality assurance model is on track for delivery in September 2021. We have concluded the second of three pilot cycles, with results presented to SMT in May and ETC in June. Results showed that the majority of measures to meet strategic objectives are on track, and evaluation has helped shape key focus areas in the final pilot cycle. The Executive is now undertaking a programme of work to

ensure scale up messaging and support is in place for stakeholders to enable benefits realisation on implementation. Final evaluation will be presented through SMT in August and ETC in September, with a decision point for each to progress to full implementation.

4.3   Engagement with professional bodies

In July 2021, we will be hosting an event with policy representatives from the different professional bodies that represent our registrants to update them on important policy development work, which will include Guidance on health and character, EDI report and advanced practice. We will also use this opportunity to raise the profile of the Professional liaison service.

5. Covid Response

5.1   Temporary Registers

The tables below set out the number of temporary registrants on each of the registers as of 18 June 2021. In summary there are 14,121 temporary registrants.

	Former registrants		
	Reg	Non-reg	Total
AS	230	38	268
BS	1756	1410	3166
CH	666	202	868
CS	331	257	588
DT	451	89	540
HAD	132	20	152
ODP	539	135	674
OR	94	77	171
OT	2186	1563	3749
PA	1281	568	1849
PH	2481	762	3243
PO	63	45	108
PYL	780	678	1458
RA	2116	1338	3454
SL	1015	707	1722
Total	14121	7889	22010

Registered = added to the temporary register
Non-registered = added to the temporary register but subsequently removed

At the end of April, we wrote to 7,456 former registrants on the temporary register who left the permanent Register more than three years ago advising that they will be removed from the temporary register, unless they confirm they have previously or are currently practising in a role related to the Covid-19 pandemic. 197 responded expressing the need to remain on the temp register. We removed 7,259 temporary registrants on the 1 June.

5 Organisational development

6.1 Corporate Plan 2021-22

The Corporate Plan deliverables tracker is appended to this report. Deliverables now have estimated target delivery dates following considerable discussion through the budgeting process.

6.2 Establishing a new working culture

A draft people strategy was discussed at the People and Resources Committee in June and is currently being further developed. We intend to hold a workshop session with the Council on the strategy to explore Council's important contribution to our future culture.

Work is ongoing with regard to the estates required for the 'new better' and proposals and costs are being prepared for consideration for new ways of working.

6.5 Digital Transformation - Regulatory IT systems

Registration

Since the last update to Council there have been no further direct debit issues to report.

As we reported in the last CEO update the focus has been producing the correct functional specifications with IBM to address changes HCPC require to support the correct reporting of Deferred Income, Changes to Invoicing and other finance related changes we need.

Fitness to Practise

The new FtP Case Management System launched on 7 June. At the time of writing we are in the initial hyper care period, however there are no issues that are causing us undue concern. By way of reminder this was an important launch for a number of reasons. Firstly, it demonstrated the HCPC ability to adopt an agile micro services approach that to deliver a best of breed, off the shelf platform for an important part of our organisation. Secondly, we delivered it in a fraction of the time and cost of the solutions and approaches previously being proposed. Thirdly, it will give HCPC the blueprint and confidence for future digital infrastructure delivery.

6.7 Finance

The outturn against budget for the first few months of the 2021-22 financial year is included in the KPI dashboard. A full report management accounts report will be included at the Council's September 2021 meeting.

6.8 Fee increase

The increase has now passed through both parliaments and will come into force as law in July. Developing a longer term fee strategy is a deliverable of our Corporate Plan 2021-22

Chief Executive – John Barwick

Meeting schedule period covering 28 May – 24 June 2021

CEORB Forum	28 May 2021
Lord Lansley	14 June 2021
AHP Workforce & Education Strategic Oversight Forum	16 June 2021
Baroness Fraser	16 June 2021
Chief Allied Health Professions Officers	21 June 2021
Chief Executive Steering Group	23 June 2021
Health and Education National Strategic Exchange Q2 2021	24 June 2021

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Appendix B

- Key Performance Indicators Dashboard

- Register demographics

- Media reach metrics

Key Performance Indicators dashboard

Strategy - Continuously improve and innovate

FTP

Measure	KPI 1 - % of completed FtP Improvement Projects						Period	July 21
What it tells us	FtP KPIs are currently reported within the stand-alone FtP Improvement report. This overarching metric provides Council with a snapshot of progress of the FtP Improvement Programme with the full narrative and detail being within the stand-alone report.							
Reporting period commentary	10 of the sixteen projects of the FtP Improvement programme have been completed in June and moved to the benefits tracking stage. A further three projects are expected to complete in July. Two projects are tracking amber, though one of these is also expected to complete in July, and one project is on hold. Further details of the projects' status are provided in the July FtP Improvement Programme report to Council.							
Year to date		Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	
	%	0%	0%	0%	13%	38%	63%	

Education

Measure	KPI 2 - Education Approvals 1 - Percentage meeting service standard (30 days) for issuing visitors reports following completion of QA visit 2 - Percentage meeting service standard (3 months) to complete the post QA visit process where conditions are imposed						Period	July 21
What it tells us	These measures provide Council with assurance on the timeliness of the Education approval process. More detailed metrics are reported to ETC.							
Reporting period commentary	KPIs will change for next reporting cycle if the new quality assurance model is implemented. New measures will be introduced for ETC and Council at this point. 1 – Completing most reports within operational KPI. We have focused on reducing our report production turnaround further through process improvements. Since implementing changes, monthly reporting shows a decrease in number of cases exceeding KPI. . 2 – Result is expected and in keeping with trend seen through annual reporting for the last 3 years. Important to note median for post visit completion is 3.4 for the last 12 months with 84% of cases reaching an outcome within 4 months at May end. Complexity of outcomes and conditions, timings for panel approval and time taken for providers to respond to conditions all historically impact this outcome. In light of these factors we have considered raising the KPI to 4 months. However, as we are likely to move to the new QA model (subject to ETC approval) and as the new approval process will no longer centre around a 'visit' the time to complete the full end to end process will be more relevant metric to focus om for next reporting cycle and onwards.							
Year to date		Jan-21	Feb-21	Mar-21	Apr-21	May-21		
1	%	88	88	90	92	91		
2	%	41	45	45	43	44		

Customer Service

Measure	KPI 3 - Customer service: Number of complaints and % upheld											Period	July 21
What it tells us	This provides insight into potential customer service and performance issues. Narrative will be vital for Council to probe and should include information on corrective action taken.												
Executive commentary	There was an initial dropping off in complaints received for about 5 months after the first lockdown in March 2020. However, since September 2020 the number of complaints have generally been at or above pre-pandemic levels and have increased during the first few months of 2021. As well as receiving higher levels of complaints in 2021, the proportion of complaints upheld has increased significantly. Both these factors are Again due to the increase in registration volumes discussed earlier in the Chief Executive's performance report. A large number of complaints received relate to delays with international applications and communication difficulties with the department.												

Year to date		Jan-21	Feb-21	Mar-21	Apr-21	May-21							
	Number	56	38	66	57	43							
	% upheld	44	60	62	63								
Previous year		Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
	Number	43	44	30	26	23	29	35	25	44	34	38	34
	% upheld	18	54	17	27	30	24	34	17	34	36	43	40

Strategy - Be visible, engaged and informed

Registration

Measure	KPI 4 – Registration responsiveness of our registration contact centre (calls, emails, letter) 1 - Respond to 95% of emails within 2 working days 2 - Respond to 95% of telephone calls 3 - Respond to 95% of postal correspondence within 10 working days						Period	July 21
What it tells us	What it tells us: Responsiveness will provide Council with a view of the customer service (timeliness) received by registrants. The breakdown of the register is provided in this performance report to provide Council with an understanding of the size and make up of our registrant population. Detailed registration metrics are reported to ETC							
Executive commentary	Productivity continued to be affected whilst working remotely and from January to May 2021 a total of 71,785 emails were received, which is 40,400 (or 128.7%) more than the same period in 2019. Due to the COVID-19 restrictions, the registration department deployed a full remote contact centre telephony solution at the end of March 2021 which provided improved functionality compared to the existing remote telephony solution. This included the ability to record calls and view management information providing call volumes and call handling times. However, it continued to be a challenge to manage calls remotely due to problems with remote real time management of employees, supplemented by connection and technology issues within the department. The team returned to the office on a rostered basis on the 24 May 2021 to answer telephone calls and improve call response times, which should also result in a reduction in the volume of emails received. During the period January to May 2021 2,941 international applications were received which is 1,053 (or 55.8%) more compared to the same period last year, which impacted overall performance.							

Year to date		Jan-21	Feb-21	Mar-21	Apr-21	May-21						
1: Emails	%	4%	22.6%	0.5%	0%	0%						
2: Calls	%	N/A	N/A	N/A	51.6%	61%						
3: Post	%	100%	100%	100%	95%	100%						

Strategy - Promote high quality professional practice & Develop insight and exert influence

Professional practice and insight

Measure	KPI 5 - Professional practice and insight: 50% of registrants said their practice would change as a result of information gained through a professional liaison learning event					Period	July 21
What it tells us	This measure focuses on outcomes which highlight the impact of our engagement. Engagement and media reach dashboard to be provided in performance report.						
Executive commentary	Using the data below, in May 2021, we have set ourselves a looking forward KPI of 50% of registrants who said that they would change their practice as a result of learning from one of our professional liaison events. These figures for Jan to May are based on webinar and virtual workshops only and as COVID restrictions begin to ease, we hope to be able to start delivering face-to-face workshops, which we anticipate will provide us with the opportunity for greater impact. We have recently reflected on the evaluation of all of our learning events, delivered in the last year, and learning from this evaluation will inform how we deliver future events.						

Year to date		Jan-21	Feb-21	Mar-21	Apr-21	May-21							
	%	43	56	54	47	49							

Strategy - Build a resilient, healthy, capable and sustainable organisation

Finance

Measure	KPI 6 - Finance: Performance against budgeted operating expenditure in range of 97.5% to 102.5%	Period	July 21
What it tells us	Indicates the grip and control in place and accuracy of forecasting. Measure will be the full-year forecast variance against the full-year budget moving from YTD.		
Executive commentary	Performance against budgeted operating expenditure is slightly lower than the optimum range. This is mainly due to the lower than anticipated non-pay expenditure directly related to the legal and case preparation costs in FTP; (FTP Improvement and the old and new contract cost) this is directly linked to a change in the method of legal provider billing agreed negotiated by the Executive. Even though its currently an underspend; as cases are completed; the billing will increase and catch up with the budget.		

Year to date	(,000)	Jan-21	Feb-21	Mar-21	Apr-21	May-21							
	YTD Actual	21,346	23,904	28,062	2,407	5,002							
	YTD Budget				2,924	5,757							
	YTD Forecast	21,944	24,339	26,744									
	YTD Variance	598	750	(1,318)	517	755							
	Actual as % of budget	97.3%	98.2%	104.9%	82.3%	86.9%							
Previous year	(,000)	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
	YTD Actual	28,001	30,393	32,745	2,353	4,251	6,199	8,177	10,215	12,068	14,199	16,535	18,945
	YTD Budget				3,204	5,642	8,155						
	YTD Forecast	28,164	30,720	33,422				8,598	11,277	13,865	14,498	16,944	19,416
	YTD Variance	164	327	677	851	1,391	1,956	421	1,062	1,798	299	409	471
	Actual as % of budget	99%	99%	98%	73%	75%	76%	95%	91%	87%	98%	98%	98%

Information technology

Measure	KPI 7 - **Availability of core IT systems Target: >99.5%**											**Period**	July 21
What it tells us	Measure is based on actual hours of availability per month vs total number available. Given the reliance of our core functions on IT systems, this measure indicates the reliability of the IT infrastructure. Additionally, our registrants and stakeholders predominately interact with us via our IT systems, and we have a statutory duty to ensure our online register is consistently available.												
Executive commentary	The availability of the HCPC's IT infrastructure is stable and no unresolved availability issues/problems currently exists.												
Year to date		Jan-21	Feb-21	Mar-21	Apr-21	May-20							
	Availability %	100.00	100.00	99.98	99.98	100.00							
Previous year		Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
	Availability %	100.00	100.00	100.00	100.00	100.00	99.70	100.00	100.00	100.00	99.85	100.00	99.98

Measure	KPI 8 - **Number of known successful IT network breaches**											**Period**	July 21
What it tells us	All data protection breaches will continue to be reported into ARAC. This measure gives an indication of the security of our IT infrastructure.												
Executive commentary	There have been no successful security breaches. The HCPC employs a defence in depth strategy that relies on continuous improvement and review of security controls.												
Year to date		Jan-21	Feb-21	Mar-21	Apr-21	May-20							
	Number	0	0	0	0	0							
Previous year		Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
	Number	0	0	0	0	0	0	0	0	0	0	0	0

HR

Measure	KPI 9 - **Voluntary staff turnover Target: <15%**											**Period**	July 21
What it tells us	This measure is based on permanent establishment leavers and not FTCs. It is calculated on a 12-month rolling period. This provides an indicator that could point to cultural issues. PRC considers more detailed HR and internal EDI metrics.												
Executive commentary	Compared to the previous year's data, though voluntary turnover remains to be high, there is a noticeable decline in figures. Compared to May 20, turnover has decreased by 31%. Exit interview data would suggest that this is due to enhanced job opportunities, closely followed by salary and working conditions. However, it is important to note that the general take-up of Exit Interviews are low, therefore it may be difficult to draw direct conclusions.												
Year to date		Jan-21	Feb-21	Mar-21	Apr-21	May-20							
	%	42	38	36	40	40							
Previous year		Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
	%	55	59	62	58	58	58	57	54	54	53	53	51

Measure	KPI 10 - Average number of days lost to sickness										Period	July 21
What it tells us	Measure is based on an employee average and excludes long-term sickness. This provides an indicator that could point to cultural issues. PRC will consider more detailed HR metrics.											
Executive commentary	There has been a steady decline in the number of short-term sickness across the last year. Compared to May 20, sickness has fallen by around 66% in May 21. This could potentially be attributed to the change in working conditions (following the pandemic) as we continue to work remotely with greater flexibility.											
Year to date		Jan-21	Feb-21	Mar-21	Apr-21	May-20						
	%	6	4	4	4	4						
Previous year		Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
	%	12	13	13	12	12	12	11	10	9	9	8	7
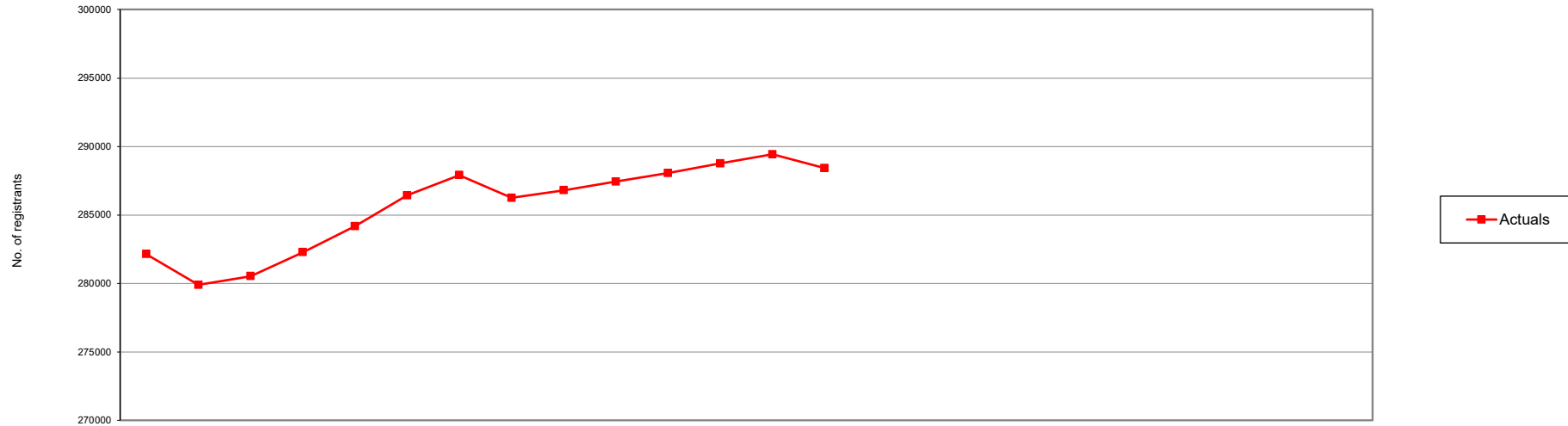
| | 2020 | | | | | | | | | 2021 | | | | | | | | | | 2022 | | | | 16/17 | 17/18 | 18/19 | 19/20 | 20/21 | 21/22 |
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	FYE	FYE	FYE	FYE	YTD	YTD
Arts therapists	4,790	4,792	4,356	4,462	4,619	4,708	4,759	4,740	4,750	4,775	4,795	4,805	4,811	4,823											4,026	4,322	4,432	4,784	4,805	4,823
Bio. scientists	23,140	23,169	23,256	23,371	23,557	23,631	23,723	23,516	23,579	23,669	23,740	23,807	23,875	23,973											22,902	22,395	23,284	23,064	23,807	23,973
Chirops/ pods	13,026	12,982	12,968	13,027	12,297	12,464	12,524	12,385	12,384	12,383	12,385	12,394	12,389	12,376											12,931	13,115	12,833	13,039	12,394	12,376
Cl scientists	6,365	6,395	6,414	6,424	6,442	6,434	6,523	6,567	6,597	6,633	6,663	6,675	6,707	6,724											5,663	5,818	6,207	6,344	6,675	6,724
Dietitians	10,234	10,230	10,228	9,693	9,940	10,067	10,128	10,084	10,092	10,118	10,137	10,161	10,192	10,208											9,107	9,585	9,722	10,207	10,161	10,208
Hearing aid disps	3,351	3,352	3,347	3,352	3,124	3,218	3,259	3,267	3,277	3,311	3,345	3,377	3,390	3,411											2,593	2,908	3,047	3,338	3,377	3,411
OTs	40,128	40,162	40,183	40,396	40,858	41,123	41,230	41,023	41,094	41,167	41,239	41,290	41,338	41,380											38,080	38,183	39,925	40,062	41,290	41,380
ODPs	14,458	14,416	14,447	14,540	14,643	14,737	14,824	14,217	14,334	14,393	14,429	14,449	14,473	14,473											13,052	13,639	13,903	14,421	14,449	14,473
Orthoptists	1,488	1,492	1,491	1,505	1,507	1,511	1,520	1,513	1,511	1,514	1,513	1,514	1,512	1,509											1,451	1,440	1,496	1,489	1,514	1,509
Paramedics	29,268	29,367	29,522	29,770	29,960	30,223	30,422	30,480	30,571	30,618	30,769	30,965	31,137	31,244											23,992	25,465	27,686	29,139	30,965	31,244
Physiotherapists	58,132	55,574	56,054	56,724	57,430	57,934	58,097	57,801	57,868	57,963	58,074	58,223	58,348	58,478											52,915	55,132	55,695	58,133	58,223	58,478
Pract psychs	24,836	24,855	24,932	24,996	25,168	25,364	25,634	25,681	25,738	25,812	25,862	25,894	25,935	24,379											22,604	23,104	24,290	24,783	25,894	24,379
Prosth/orthotists	1,091	1,093	1,096	1,105	1,108	1,110	1,112	1,102	1,106	1,107	1,110	1,113	1,114	1,115											1,063	1,051	1,101	1,090	1,113	1,115
Radiographers	35,209	35,368	35,563	36,090	36,497	36,785	36,923	36,713	36,721	36,762	36,795	36,877	36,959	37,085											32,072	32,475	34,470	35,002	36,877	37,085
Social workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0											91,944	96,497	94,453	0	0	0
SLTs	16,625	16,646	16,673	16,830	17,035	17,128	17,239	17,166	17,188	17,213	17,212	17,231	17,241	17,250											15,935	15,932	16,595	16,572	17,231	17,250
Total	282,141	279,893	280,530	282,285	284,185	286,437	287,917	286,255	286,810	287,438	288,068	288,775	289,421	288,428											350,330	361,061	369,139	281,467	288,775	288,428

Media coverage

73 mentions

Pie chart categories: Blog, Community newspaper, Other, Daily newspaper, Online version, Magazine, News website

Chart (Apr–May): y-axis 0–200
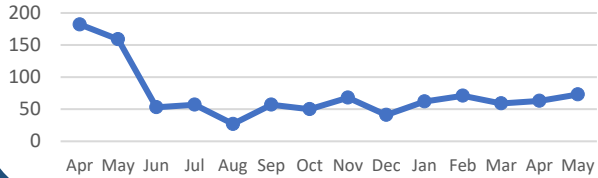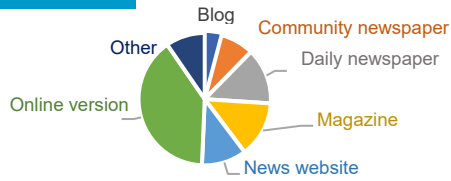
Social media engagement

f **156**   🐦 **472**   in **400**

Chart (Apr–May): y-axis 0–2500

Policy queries

Chart (Apr–Apr): y-axis 0–200
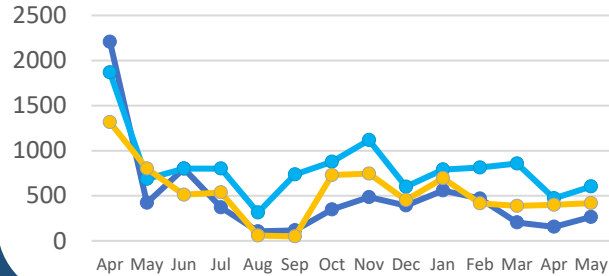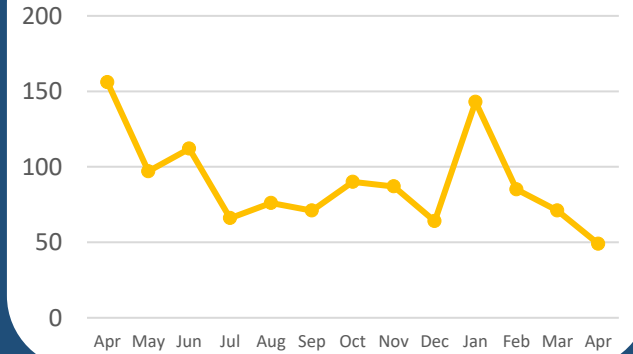
Website

951,921 page views   **166,304** unique users

Chart (Apr–May): y-axis 0–1,500,000

In Focus

Legend: ● Open rate ● Click-to-open

Chart (Apr-20 – Feb-21): y-axis 0%–80%
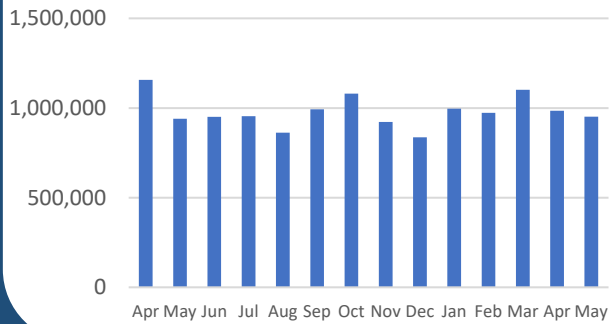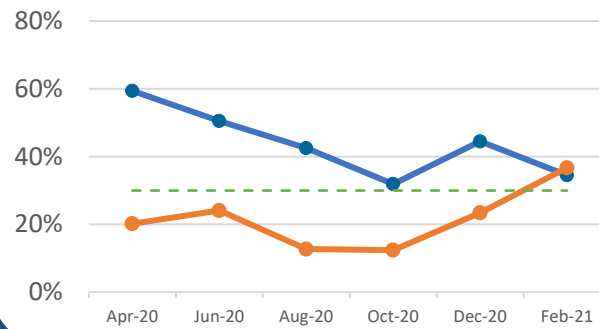
#MyHCPCStandards webinars

Legend: ■ YouTube views ■ Live views
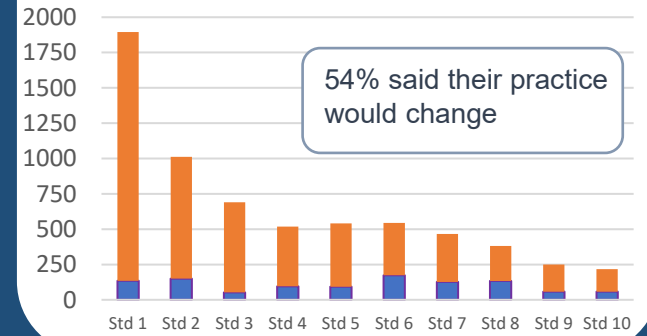
Events
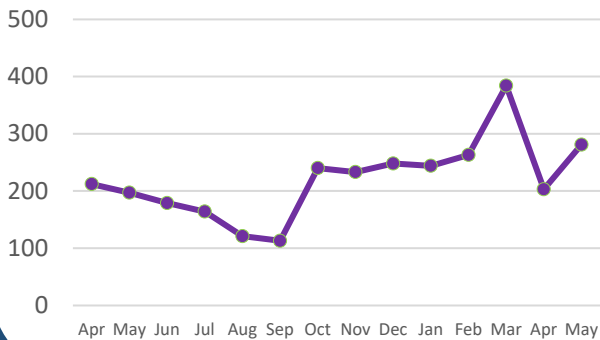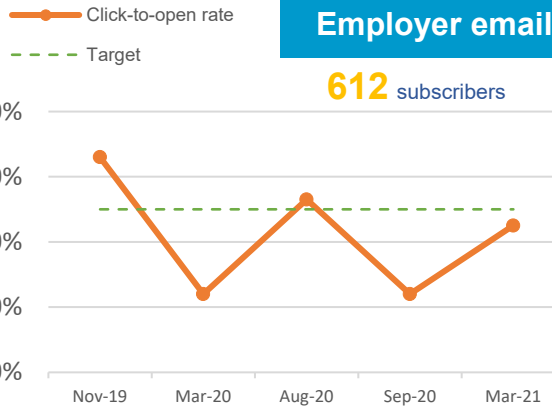
54% said their practice would change

Chart (Std 1 – Std 10): y-axis 0–2000

Employer hub

Legend: ● Visits

Chart (Apr–May): y-axis 0–500

Employer email

Legend: ● Click-to-open rate - - - Target

612 subscribers

Chart (Nov-19 – Mar-21): y-axis 0%–80%

Student hub

Legend: ● Visits - - - Target

Chart (Apr–May): y-axis 0–4000

![hcpc health & care professions council logo]
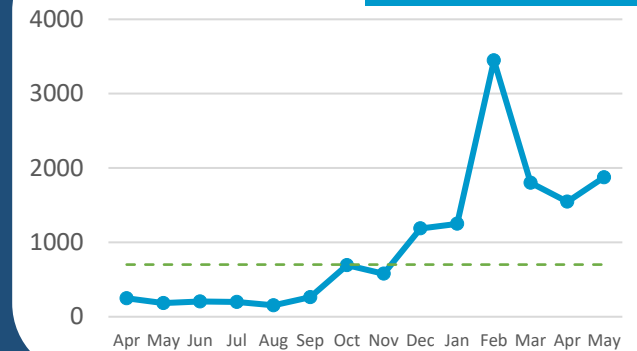
Chief Executive's report on organisational performance - July 2021

Appendix C

Corporate Plan 2021-22

Deliverables Progress Report July 2021

Strategic theme 1- Continuously improve and innovate			Target delivery	Benefit measure	Benefit target	RAG & Comment
		Key milestones				
Improving our FtP performance Improved: • Age profile of cases at each stage of our FtP process; • Quality of investigations; • Quality of decisions; and • Relationships with key FtP stakeholders.	A1	New Case Management System launched.	Q1	• Improved management systems and information, enabling easy visibility of departmental performance to varying degrees of granularity. • Move off an unsupported heritage system (Charter) • Improved FTP case progression, utilising workflows to ensure SLAs are met. • Improved quality of risk assessments completed on cases. • Efficiency savings	Q1 Q1 Q3 Q3 Q4	Went live on 7 June 2021.
	A2	Oldest cases either closed at threshold or progressed to ICP.	Q1	Oldest 280 cases as of Feb 2021 closed or progress to ICP stage – improving the age profile of cases	Q2	Progressing to SLA and plan.
	A3	Legally qualified Chairs introduced at ICP.	Q1	Efficiency savings – circ £74k in 2021-22 and £80k in 2022-23. Reduced NWF cases at HCPTS (currently 25%) Improved quality of ICP decisions and determinations	Q4 Q4 onwards Q2	ICP Chairs recruited trained and starting to hear cases in Q1 benefits tracking has commenced.
	A4	Frontloading pilot complete, if successful, adopted as business as usual.	Q3	Efficiency saving circa £1k per case in pilot Improved quality of case management – reduced percentage of NWF at HCPTS stage	Q4 Q4 onwards	Progressing to SLA and plan, mini evaluation planned for Q2.
	A5	Cases awaiting final HCPTS hearing (which were postponed due to COVID-19 restrictions) concluded.	Q4	All postponed hearings held	Q4	Listed not held. Team performance has returned to pre covid levels.
Delivering online Registrations • A fully online process which allows applicants to join our	B1	UK Applicants will be able to register online	Q3	Improved User Experience for UK Applicants Increased EDI data capture More efficient registration processing, will require less manual processing leading to efficiency savings - Reduction of temporary employee contracts / overtime needed to cover the peak UK application process for 6 months over the summer period (including B2 circa £100k savings)	Q3 From Q3 Q4	On track initial scoping has commenced.

Register more efficiently • Improved customer experience • Increased EDI and workforce data	B2	International applicants will be able to register online.	Q3	Improved User Experience for international Applicants	Q3	On track for Q3	
				Increased EDI data capture	Q4		
				More efficient registration processing less manual processing leading to efficiency savings - Estimated there will be a 50% reduction in data entry required from the Registrant Advisors which will increase productivity to feed into Quality Assurance activities by 50%. (including B1 circa £100k savings)	Q4		
	B4	We will deliver an integrated user experience.	Q1 22-3	Integrated Application & Registrant Portal - Improved user experience and access to registration services for external users	Q4 22-3	Not initiated	
	B5	Project to capture diversity data at initial point of registration and renewal completed (see B1 & B2).	Q4	Completion rates for EDI data increase significantly	22-3	See B1 & B2	
A new Education Quality Assurance Model • A new model of quality assurance of education providers that is flexible, intelligent, data led and risk based	C1	Delivery of pilot	Q2	Pilot completed on time, producing full evaluation of benefits realised through new model	Q2	On track for September ETC decision.	
	C2	Decision on full implementation	Q3	SMT / ETC positioned effectively to decide on full implementation of new model	Q3	As above. Checkpoints agreed with ETC chair	
	C3	Full implementation of the new model	Q4	Stakeholders, systems and processes prepared for full implementation by target date. Evaluation continues to demonstrate benefits realised	Q1 22-3	As above	

Strategic theme 2 – Promote high quality professional practice			Target delivery	Benefit measure	Benefit realisation target	RAG and Comment
		Key milestones				
Building our professionalism and prevention approach	D1	Complete evaluation of initial year of professional liaison team	Q1	Learning and impact from first year identified and used to inform development of the professional liaison service	Q2	On track (July Council).
	D2	Learning materials for education providers and students developed	Q3	Education providers supported and able to deliver learning on professionalism, standards and regulation	Q4	On track.
	D3	Commence increase partnership working & support for identified employers	Q3	Influenced the creation of supportive cultures and working environments within identified employers	Q4 2022/23	Resourcing at risk, dependent on additional 2 posts (1 planned will be able to deliver in part)
	D4	Develop content for employer hub & e-newsletter and evaluate use/impact	Q4	Learning and impact identified and used to inform future development of hub and e-newsletter Increased understanding amongst employers of HCPC role, support and resources, and employer responsibilities	Q4	Dependent on replacement of comms officer post and successful onboarding of professional liaison officer.
	D5	Professional liaison service developed and expanded	Q4	Increased engagements, support, education and influence of employers, registrants and other stakeholders	Q1 2022/23	Resourcing at risk, dependent on additional 2 posts (1 planned will be able to deliver in part)
	D6	Programme of employer events delivered through the year and impact evaluated	Q4	Increased engagement with understanding amongst employers of HCPC role, support, resources and employer responsibilities	2022/23	On track.
	D7	Develop a programme of support for international registrants	Q3	International registrants understand and can embed HCPC standards as they integrate into UK practice	2022/23	On track.

Strategic theme 3 – Develop insight and exert influence			Target delivery	Benefit measure	Benefit target	RAG and Comment
		Key milestones				
Delivering leadership in regulatory policy development	E1	Commence review of our regulatory position on aesthetic/cosmetic practice	Q2	Clear regulatory position for our stakeholders on aesthetic/cosmetic practice	2022-23 Q3	At risk due to potential resourcing issues in Policy team.
	E2	Scope and begin to deliver thought leadership work on for example registrant health & wellbeing, professionalism, multi-professional regulation & impact on patient safety	Q3	Professionalism – positive impact reported by our stakeholders in relation to the resources available on our website/delivered through our liaison work	Q2	Health and wellbeing work dependent on Project Management resource. Tone of voice work temporarily paused. Looking at alternative ways to deliver this without project management support.

Professionalism videoing delayed due to Covid but on track for Q3. |
| | | | | Health and wellbeing – We will see an improvement in perceptions of the HCPC and our processes from registrants and other key stakeholders, through stakeholder polling, complaints and feedback, FTP registrant feedback forms and future research | Q4 | |
| | E3 | Council decision on our regulatory approach to advanced practice | Q1 | Greater clarity for stakeholders on the risks posed (if any) by advanced practice, and the action we will take | Q2 –Q3 | On track July Council. |
| **Developing our data, analytics and reporting ability**

We will develop a consistent organisation wide approach to managing our data and create a single view of our registrants to enable insight. | F1 | Insight & Intelligence framework approved by Council | Q2 | Clarity for Council and our stakeholders about the realisation of improved insight and intelligence delivery. Planning can commence in relation to project work arising from framework. | 2022-23 | On track. |
	F2	Publication of analytical reports as set out in the framework	Q4	This will cover areas such as EDI, FtP and CPD.	2022-23	On track
	F3	Priority reporting needs defined and agreed	Q4	Working data platform, ingesting all HCPC data sources. Skilled users gaining new insights	2022-23	May not initiate until 2022-23
	F4	Delivered our first tranche of operational and performance reports (enabler for F1)	Q4	Derivation of value from effective and repeatable operational and performance reporting. Effective Data collection, cleansing, and enrichment. Joining of HCPC datasets to facilitate ability to find patterns, trends to allow analytical insight and intelligence.	Q4	

	F5	Deliver a tool kit that allows HCPC to become more predictive in its use of data	Q4	Joining of HCPC datasets to look for patterns, trends, and analytical insight and intelligence. HCPC are able to use data to inform key stakeholder groups to improve education, employment, professional behaviours to prevent/reduce the concerns being raised and maintain/enhance public protect	Q1 2022-23	
	F6	Deliver an operating model that allows HCPC to deliver new reporting, insights and data sources.	Q4	HCPC confident in the way it operates the data platform with necessary Data Governance rules and processes in place to ensure HCPC are compliant with all legislation. Audit	Q1 2022-23	

Strategic theme 4 – Be visible, engaged and informed			Target delivery	Benefit measure	Benefit target	RAG and Comment
		Key milestones				
Developing effective mechanisms to reach all stakeholders	G1	Personal engagement plans for Chair & Chief Executive implemented, to deliver engagement with key external stakeholders	Q1	Our key stakeholders will report greater visibility and engagement	Q4	On track
	G2	Maintain engagement across 4 nations with a specific focus to build relationships in Wales and Scotland post elections.	All year	Our key stakeholders in each of the four countries will report greater engagement with HCPC	Q4	On track
	G3	Conduct perceptions survey to establish stakeholder views on our regulatory functions and how we can improve and create action plan.	Q3	Qualitative and quantitative measures of understanding of stakeholder views	Q4	On track
Strengthening our organisational approach to EDI	H1	Complete analysis of data from second annual diversity data, publish 2021 Diversity report outlining findings.	Q1-2	Increased insight into registrant demographics Stakeholders understand our diversity data and see our commitment to EDI matters HCPC commences planning work to address key findings	Q3 Q2 Q3	On track
	H2	EDI employee forum established	Q1	Employees report increase in engagement and support in EDI matters, positive feedback in pulse surveys and engagement in EDI activities such as group discussions LGBT etc.	Q4	Established
	H3	Commence implementation of EDI action plan	From Q1	Realisation of the HCPC EDI strategic objectives	Q4	Development and delivery dependent on recruitment of EDI post, included in budget.

Strategic theme 5 – Build a resilient, healthy, capable and sustainable organisation			Target delivery	Benefit measure	Benefit target	RAG and Comment
		Key milestones				
Establishing the culture we need HCPC will only achieve its strategy if its employees understand the vision, their contribution to it, and have the skills and motivation to make it happen.	I1	Launch HCPC's People Strategy	Q1	All employees understand the culture of the organisation, and feel motivated to contribute and champion this culture evidenced by APDR's and also response to employee satisfaction and pulse surveys	Q4	People Strategy discussed at PRC, Council workshop planned July
	I2	All employee customer focus workshops delivered	Q1-2	All employees deal with internal and external customers consistently and professionally, where it is recognised there has been a clear culture shift to one of empathy and professionalism evidenced by a reduction of complaints in regard to tone of voice	Q3	Initial date for pilot and content of workshops agreed. Following pilot roll out will commence.
	I3	Organisational behaviours and values integrated into our performance management system	Q1	This will ensure that all colleagues can see what is expected of them in both terms of objectives and the behaviours that will be rewarded and see a clear link to the Corporate plan and overall strategy. This will be evidenced in APDR's and the responses to employee satisfaction and pulse surveys.	Q4	New values are being updated on E Perform (online APDR system) and the behaviours being identified in the customer focus workshops above are what colleagues will be measured against and held account to.
	I4	All HR policies reviewed and modernised	Q2	To allow clear guidance and better management policies need to be succinct, up to date in both practice and law, recognising 'new ways of working' and flexible working. This will be evidenced by less reliance on HR and fewer ER cases	Q4	Work has commenced, and policies are being prioritised – all are being reviewed in light of 'new normal' and hybrid ways of working. Employment contracts are also to be updated to reflect more flexibility and hybrid ways of working
	I5	Succession planning and career development plans agreed	Q4	There is continuity of delivery, staff are motivated as they can see clear progression paths and are trained appropriately.	Q1 2022-23	This will be incorporated into the new Culture and People Strategy currently being developed.

Pursuing our Digital Transformation Strategy and building our Change Management capability We will improve our digital experience to meet our users' needs and ensure our content is seen	J1	New Case Management System launched	Q1	See A1	Q1-4	See A1
	J2	UK online registration process will have been rolled out using an agile delivery process putting our registrants needs at the heart of the process	Q1	See B2 & B3	Q2-3	See B2 & B3
	J3	Conversion rate optimisation programme in place	Q2	Measurable increase in the reach of HCPC key messaging. E.g Bounce rate , Time on Site, Pages Per Visit, New vrs Returning Visitors, Plus social media	Q4	On track.
	J4	Digital transformation operating model and change management capability and capacity.	Q2	New Change (PMO) IT and Digital Transformation Operating model implemented with permanent Heads of Department in place	Q3	On track
Ensuring our financial sustainability	K1	Medium-Term Financial Strategy incorporating an efficiency action plan	Q1	Budget Efficiency Strategy agreed by Council with clear actions which sets out how we will ensure that we an efficient and effective organisation over the medium-term.	Q2 onwards	Being presented to July Council
	K2	Fee Income Strategy agreed.	Q4	Clear and robust approach agreed and documented which ensures that we are able to implement any future fee changes at the appropriate time	2022-23	Not initiated

Strategic theme 6 – Promote the value of regulation			Target delivery	Benefit measure	Benefit realisation target	RAG and Comment
		Key milestones				
Delivering year one of our Registrant health and wellbeing strategy	L1	Engage key stakeholders to establish key misconceptions and where communications can be improved	From Q2	We have a clear understanding of misconceptions and next steps to improve	Q4	On track
	L2	Undertake tone of voice review, prioritising templates and developing employee training and guidance materials	From Q1	We will see an improvement in perceptions of the HCPC and our processes from registrants and other key stakeholders, through stakeholder polling, complaints and feedback, FTP registrant feedback forms and future research	Q4	Paused due to lack of Project Manager resource.
	L3	Incorporate the research and registrants' experiences film into all employee learning and development and inductions	From Q2	Improved understanding from employees about impact leading to improved customer service levels	Q4	Not yet added to inductions but on track for benefits realisation in Q4, along with the customer engagement and behaviour workshop inputs.
	L4	Continue to engage stakeholders on the provision of mental health support	All year	Our registrants are better supported, mental health issues are reduced ensuring patient safety issues are reduced	Throughout the year	On track
Preparing for Regulatory Reform	M1	HCPC response to the DHSC consultation	Q1	HCPC voice is heard and informs future direction	Ongoing	On track
	M2	Development of messages and dedicated engagement for the Future of Health and Care White Paper and anticipated Health and Care Bill, including responding to the Health & Social Care Select Committee inquiry	From Q1			On track
	M4	Influence the policy on how consolidation of regulators should align with regulatory reform	Q2			On track

hcpc health & care professions council

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Appendix D

Strategic Risk Register May 2021

HCPC Strategic Risks

Summary of strategic risks

Strategy	Strategic Risks - High Level	Risk Description	May-21	Target Risk*
1 - Continuously improve and innovate - To improve our performance against PSA standards of good regulation and to innovate across all our regulatory functions to provide an enhanced user experience.	1. Our performance does not improve to a standard that enables us to achieve all the PSA standards of good regulation. In seeking to meet these standards we lose focus and lose standards in other areas	This includes our understanding of the PSA's expectations and the gap in our current performance we need to meet. This requires positive and ongoing engagement with the PSA and effective mechanisms for performance improvement and monitoring of our regulatory quality	12	9
2 - Promote high quality professional practice - Enable our professions to meet our standards so they are able to adapt to changes in health and care practice delivery, preventing harm to service users.	2. The HCPC's regulatory expectations are not appropriate or not understood by registrants and other stakeholders	This includes the quality and suitability of our standards and guidance in setting a threshold for safe practice which protects the public. It also includes how effectively we communicate our regulatory expectations	10	5
3 - Develop insight and exert influence - Learning from data and research to inform our decision making and share insights to protect, promote and maintain the health, safety and well-being of the public.	3. We are unable to harness the benefits of the wealth of data we hold	This includes our effectiveness in collecting, maintaining and utilising the data we need to be an intelligence driven regulator. It includes the effectiveness of our insight and intelligence, and professionalism and upstream regulation work. It relies heavily on the work of the digital transformation and IT team and includes operational reporting in the Corporate Services team. It also relies on regulatory teams inputting information.	15	3
4 - Be visible, engaged and informed - We regulate, take and communicate decisions which are informed by a deep understanding of the environment within which our registrants, employers and education providers operate.	4. We do not understand our stakeholder's needs and so are unable to be the regulator they (the wider system) need	This includes how effectively we engage with our stakeholders and our credibility with them and how well we play our part in the wider system. It includes our EDI practice externally, the ability to respond and influence external drivers for change, like the impact of Brexit, devolution or a change in government as well as issues like workforce development.	15	5
5 - Build a resilient, healthy, capable and sustainable organisation - Employees feel valued and supported, and fully able to contribute. The organisation is resilient and able to quickly adapt to changes in the external environment.	5. The resources we require to achieve our strategy are not in place or are not sustainable.	This risk includes not securing the resources we need to be effective and / or not being efficient and effective in our use of our resources (resources include financial, knowledge, skills, culture, infrastructure). It includes the development of our culture, people and physical assets, our continued financial viability and the significant failure of key business processes.		
6 - Promoting the value of regulation - The public, registrants, students and employers understand the value and importance of regulated health and care professionals.	6. We are unable to demonstrate the value of regulation due to negative experiences of our regulation in practice	This risk includes ensuring a human and compassionate approach in our regulatory processes, our stakeholders experiences of our customer service. It also includes the promotion of the value of regulation and of the value of the professions we regulate. As outdated legislation contributes to bureaucratic processes this risk includes maximising the benefit to the HCPC of upcoming regulatory reform.	12	6

* Expected risk score post planned actions

Mitigation key

	Preventative
	Monitoring
	Detective
	Remedial
	Horizon scanning
	Best practice development
	Communication

Heat map of strategic risks - residual to target (T)
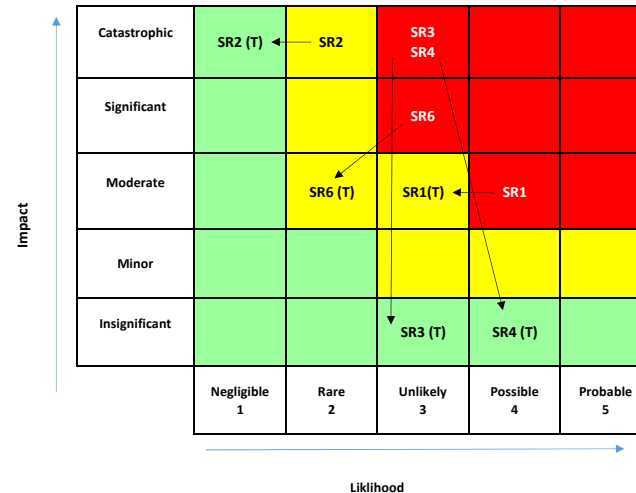
Strategic risk 1 - Our performance does not improve to a standard that enables us to achieve all the PSA standards of good regulation. In seeking to meet these standards we lose focus and lose standards in other areas

Review date	Risk owner
May-21	SMT Lead - Executive Director of Regulation

Risk summary

This includes our understanding of the PSA's expectations and the gap in our current performance we need to meet. This requires positive and ongoing engagement with the PSA and effective mechanisms for performance improvement and monitoring of our regulatory quality

	Impact		Liklihood	Risk Score
Inherent risk	5	x	5	**25**
Current risk	3	x	4	**12**
Target risk (planned mitigations in place)	3	x	3	**9**

First scoring

Current risk influencers

- ✚ HCPC not meeting a number of PSA standards.
- ✚ Reduced productivity of team during home working without full equipment e.g laptops and screens etc.
- ✚ Pandemic impact progression of cases due to pressures on health sector.
- ✚ Hearings unable to run at full capacity due to remote working.
- ✚ Potential delay to regulatory reform due to change in government approach following the publication of the White Paper setting out legislative proposals for a Health and Care Bill
- ✚ Changes to international application process following Brexit - uncertainty of what is required from the professional regulators.
- ▬ Council approved significant funding for a renewed FtP improvement plan Dec 20. PWC supporting the plan.
- ▬ Pilot for new QA model progressing well aim for ETC decision in September 21.

Risk Appetite

Our risk appetite for actions to achieve regulatory quality is open, our risk appetite for actions relating to compliance is measured.

This risk needs to be rated in the amber range to meet the risk appetite due to the measured appetite for compliance (PSA standards) we currently are not meeting a number of PSA standards and have a comprehensive improvement programme in place to address this.

Current risk level is outside of risk appetite

Mitigations in place

🔍 Enhanced QA plan for 2021-22 to review success of improvements in FtP (and registration & education)

📈 FtP improvement programme and governance in place, FtP improvement oversight board regularly meeting with attendance of PSA and DHSC

📈 Monitoring regulatory performance through performance report and KPIs (All, ongoing)

📈 PSA improvement action plans for other PSA standards in place monitored by internal working group & regular self-assessment against PSA standards reported to Council

🚧 Regulatory functions refined to allow remote operation (COVID-19)

🚧 Regular training for Partners and employees

🔭 Learning through review of PSA performance reviews of other regulators and commissioned reviews within the sector

Planned mitigations 2021-22 | progress

New Education Quality Assurance Model project (Q1-4).	On track for September 21 full implementation decision.
PSA standard improvement action plan (PSA Action Plan Working Group) (Q1-4).	Action plan for 2021 produced.
FtP Improvement Plan (FtP Q1-4).	On track (exception CMS as below).
New FtP Case Management System (improved performance data visibility). (Q1)	7 week delay from initial project timeline due to go live 8 June.
Registration workplan includes review of international process. (Q4)	

Reporting period commentary

This is the first iteration of the new Strategic Risk register there is no commentary on changes in the reporting period.

Strategic risk 2 - The HCPC's regulatory expectations are not appropriate or not understood by registrants and other stakeholders

	Review date	Risk owner
	May-21	SMT Lead - Executive Director of Professional Practice and Insight

Risk summary

This includes the quality and suitability of our standards and guidance in setting a threshold for safe practice which protects the public. It also includes how effectively we communicate our regulatory expectations

	Impact		Liklihood	Risk Score	
Inherent risk	5	x	5	**25**	First scoring
Current risk	5	x	2	**10**	
Target risk (planned mitigations in place)	5	x	1	**5**	

Current risk influencers

- ✚ Changing expectations of our professions' practice, including as a result of pandemic response, technology or other societal events
- ✚ Budgetary constraints
- ✚ Senior staff turnover (policy team)
- ▬ Professional liaison team in place
- ▬ Public facing materials in place to support registrant understanding
- ▬ Timetable / forward plan for regular review of standards and guidance
  Reflective practice guidance published

Risk Appetite

Our risk appetite for actions to achieve regulatory quality is open, the appetite for actions related to communication and profile is seeks. We are confident that our standards and guidance are fit for purpose and so this risk is currently within risk appetite. However, to maintain that control onward reviews are essential to ensure standards are constantly kept under review to maintain relevance to changing practice and the wider health sector.

Current risk level is within risk appetite

Mitigations in place

- Public consultation process in place
- Engagement with key stakeholders/experts for widescale profession specific changes to standards
- Guidance provided on meeting our standards, 'My Standards' webinar series
- Dedicated website hubs for registrants, students, employers, members of the public, education providers
- Dedicated Covid Hub covering practice in pandemic
- Policy enquiries function available to support understanding and application of our standards

Planned mitigations 2021-22 / progress

Planned mitigation	Progress
Development of learning materials for education providers and students and international registrants (Q3)	
Defining our regulatory approach to advanced practice (Q2)	Due to be presented to Council July 21.
Increase partnership working & support for employers (Q3) & Develop employer hub & e-newsletter (Q4)	
Professional liaison service developed and expanded (Q4)	
Programme of employer events delivered (Q4)	
Review of the SOPs, ODP SET1, returners to practice (Q2-4)	ODP SET 1 consultation to be presented to Council July 21.
Delivery of research programme set out in Policy & Standards workplan (Q1-4)	Professionalism research ongoing, preparation of other research brief in progress.
Review of our regulatory position on aesthetic/cosmetic practice (Q4)	
Programme of #MyHCPCstandards events (Q4)	Events underway, positive feedback received.
Toolkits (professionalism, supervision, reflectively practise) delivered Q4	

Reporting period commentary

This is the first iteration of the new Strategic Risk register there is no commentary on changes in the reporting period. It is essential that the appropriateness of our standards is constantly reviewed in response to changes in the professions and external environment. SETs underpin Education function. SOPs underpin registration and FtP. SCPEs underpin all practice for our registrants. Without the appropriate policy framework, effective regulation would not be possible and would lead to failure of PSA targets across the organisation.

Strategic risk 3 - We are unable to harness the benefits of the wealth of data we hold (benefits - better regulatory decisions, prevention, workforce planning, influencing the agenda)

Review date	Risk owner
May-21	SMT lead - Executive Director of Professional Practice and Insight

Risk summary

This includes our effectiveness in collecting, maintaining and utilising the data we need to be an intelligence driven regulator. It includes the effectiveness of our insight and intelligence, and professionalism and upstream regulation work. It relies heavily on the work of the digital transformation and IT team and includes operational reporting in the Corporate Services team. It also relies on regulatory teams inputting information.

	Impact		Liklihood	Risk Score
Inherent risk	5	x	4	20
Current risk	5	x	3	15
Target risk (planned mitigations in place)	1	x	3	3

First scoring

Current risk influencers

➕ Low % of registrant and complainant EDI data held; not currently collected
➕ Registrant data currently manually collected.
➕ Data warehouse not yet in use - data (eg FtP information, case classifications, workforce data and EDI data, risk profile information) not all accessible in a single platform so quality and accessibility issues remain.
➕ Budgetary constraints limit our ability to establish systems/platform and the analytical function
➖ 2 statistical analysts now in post to create embryonic Insights team. EDI analysis underway.

Risk Appetite

Our risk appetite for actions to achieve regulatory quality is open, the appetite for actions related to communication and profile is seeks. Current risk is outside of appetite, needs to reach an amber rating to be in line. Our ambition is to reduce this to a green rating. We are at the start of our development in this area.

Current risk level is outside of risk appetite

Mitigations in place

Publication of FtP, Education and Registration information and datasets through annual reports and FOI requests

Professionalism and prevention framework

Limited dedicated resource for Analysis and Intelligence and Professionalism and Upstream Regulation

Professionalism Liaison service in place influencing employers, using knowledge to effect change through engagement and advice

Planned mitigations 2021-22 | progress

Using our research portfolio to establish HCPC as a thought leader (externally commissioned and internal analysis) (ongoing)

Insight & Intelligence framework development (Q2) — On track to be presented to Council July 21

Deliver IT systems and operating model that allow HCPC to become more predictive in its use of data (Q4)
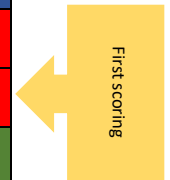
Reporting period commentary

This is the first iteration of the new Strategic Risk register there is no commentary on changes in the reporting period. This risk is led by the Executive Director of Professional Practice and Insight with significant levels of engagement needed from across the organisation, in particular on our IT capabilities.

Strategic risk 4 - We do not understand our stakeholder's needs and so are unable to be the regulator they (the wider system) need

Review date	Risk owner
May-21	SMT lead - Executive Director of Professional Practice and Insight

Risk summary

This includes how effectively we engage with our stakeholders and our credibility with them and how well we play our part in the wider system. It includes our EDI practice externally, the ability to respond and influence external drivers for change, like the impact of Brexit, devolution or a change in government as well as issues like workforce development. It recognises that we have numerous and diverse stakeholders across 15+ professional groupings and health provision across the 4 nations.

	Impact		Liklihood	Risk Score
Inherent risk	5	x	5	**25**
Current risk	5	x	3	**15**
Target risk (planned mitigations in place)	5	x	1	**5**

First scoring

Current risk influencers

- ✚ Numerous and at times conflicting stakeholder wants and needs across 15+ professional groupings, including trades union, professional bodies, government, NHS employers and national health bodies.
- ✚ Increasing divergence in political direction across 4 nations.
- ✚ Low % of registrant EDI data held, HCPC did not meet PSA EDI standard due to registrant and complainant data limitations. Challenges in filling dedicated EDI expertise resource.
- ✚ Lack of CRM system limits our ability to align and engagement across the organisation.
- ✚ Operational functions not resourced to respond as quickly as other regulators to immediate/urgent Government needs.
  Covid impacts have reduced our stakeholders' ability to engage with us effectively.
- ▬ Positive results of the independent audit of our EDI practice provides confidence.
- ▬ Ongoing support from consultants Luther Pendragon on public affairs has improved our confidence in external horizon scanning and ability to respond through communications.
- ▬ Professional Liaison function in place improving stakeholder engagement and learning from them.

Risk Appetite

Our risk appetite for actions related to communication and profile is seeks.
Current risk is outside of appetite due to our not meeting the PSA EDI standard and needs to be within the amber range to come within appetite.

Current risk level is outside risk appetite

Mitigations in place

- SMT relationship building and liaison with key stakeholders particularly Government Departments, professional bodies, other regulators, unions.
- Operational level engagement with key stakeholders in place across HCPC, including re Education, FtP with stakeholders such as Chief AHPs, CODH.
- Communications and strategic engagement supported by Luther Pendragon.
- Horizon scanning and intelligence gathering including from relationship building to be aware of external drivers and influencers, early planning and scenario development as pandemic response changes within UK and globally.
- EDI strategy based on independent audit of EDI practice. EDI stakeholder forum & internal EDI employee forum.
- Policy statement on approach to MOUs in place, a number of MOUs agreed with key stakeholders.
- Analysis and action planning from feedback mechanisms including corporate complaints, FtP stakeholder surveys, stakeholder opinion polling and education provider survey.

Planned mitigations 2021-22 — progress

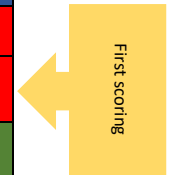| Planned mitigation	progress
Personal engagement plans for Chair & Chief Executive implemented. (Q1)	➡ Developed and embedding
Stakeholder perceptions survey. (Q2)	➡ Planning in progress
Increase partnership working & support for employers. (Q3)	➡
Analysis of data from second annual diversity data & publishing our 2021 Diversity report. (Q2)	➡ Analysis will be presented to Council July 2021
Development and implementation of EDI action plan. (Q2-4)	➡ To commence when EDI resource in place.
Project to capture diversity data at initial point of registration and renewal. (Q4)	➡
Quarterly meetings with professional bodies to ensure 2-way dialogue on areas of mutual interest. (Q1)	➡

Reporting period commentary

This is the first iteration of the new Strategic Risk register there is no commentary on changes in the reporting period. The risk score is high due to HCPC not meeting PSA standard 3 relating to EDI which is part of this risk.

Strategic risk 5 - The resources we require to achieve our strategy are not in place or are not sustainable

Review date	Risk owner
May-21	SMT - Executive Director of Corproate Services

Risk summary

This risk includes not securing the resources we need to be effective and / or not being efficient and effective in our use of our resources (resources include financial, knowledge, skills, culture, infrastructure). It includes the development of our culture, people and physical assets, our continued financial viability and the significant failure of key business processes.

	Impact		Liklihood	Risk Score
Inherent risk	5	x	5	25
Current risk	4	x	3	12
Target risk (planned mitigations in place)	2	x	2	4

Score of previous similar strategic risk 4, new scoring to be confirmed

Current risk influencers

- ✚ Full budget for 2021-22 not yet developed, interim budget for first 3 months in place.
- ✚ Need to identify further cost savings to enable a zero deficit budget.
- ✚ Head of IT and Head of Finance posts vacant, recruitment underway.
- ✚ Some HR policies have not been reviewed for several years and are not supportive of new ways of working. Review underway.
   All organisation remote working increases risk of silo working.
- ▬ Grant funding for Covid response secured.
- ▬ Proposed fee rise progressing through parliamentary process expected to come into force 1 July 21.
- ▬ Permanent ED of Corporate Services in place and leading work on financial sustainability.
- ▬ Our work on establishing our new normal ways of working and estates requirements is progressing.

Risk Appetite

Financial and Value for Money - how will we use our resources? – Measured
People - how will we lead our workforce? – Seeks

Risk appetite assesment to be confirmed.

Mitigations in place

- Adherence to budgeting and financial management and reporting processes which are subject to internal and external audit e.g. NAO.

- All employees are set goals and objectives and undertake annual performance review which includes an assessment against our values (Fair, Compassionate, Inclusive, Enterprising) promoted through all employee performance system and seeks to identify training needs.

- HR includes a central learning and development function, which runs an annual learning and development plan for commonly identified skill and knowledge needs in addition to annual compliance training in areas such as data protection, bribery, EDI.

- Employee Forum acts as a consultation group for organisational change.

- Adherence to HR processes in relation to recruitment, annual performance development review and learning and development for Partners and employees.

- Effective IT system design maintaining confidentiality, integrity and availability of data. Digital transformation strategy provides roadmap for improving our IT systems.

- Maintenance of ISO27001 Information Security standard which is subject to external audit / Regular independent security assessments of key IT infrastructure.

- Maintenance of business continuity infrastructure and processes.

- SMT monthly monitoring of productivity of all departments through detailed performance reporting.

Planned mitigations 2021-22 | progress

- Organisational Culture is defined and agreed. (Q1) — As part of the people strategy we will set out our culture.

- Organisational behaviours and values integrated into performance management system & all employee customer focus workshops delivered. (Q1-2) — Workshops underway with positive feedback received.

- All HR policies reviewed and modernised & succession planning and career development plans agreed. (Q2) — Review underway beginning with high priority policies.

- Medium-Term Financial Strategy incorporating an efficiency action plan. (Q1) — To be presented to PRC in June 21 and Council in July 21.

- Fee Income Strategy. (Q4) — Planning approach to be discussed with PRC in June 21 and Council in July 21.

- People strategy developed. — Draft to be presented to PRC June 2021.

- Estates Strategy review to ensure we have the physical space to support our culture and new ways of working. — ED Corporate Services is project lead, planning in progress.

Reporting period commentary

Strategic risk 6 - We are unable to demonstrate the value of regulation due to negative experiences of our regulation in practice

Review date	Risk owner
May-21	SMT lead - Chief Executive

Risk summary

This risk includes ensuring a human and compassionate approach in our regulatory processes, our stakeholders experiences of our customer service. It also includes the promotion of the value of regulation and of the value of the professions we regulate. As outdated legislation contributes to bureaucratic processes this risk includes maximising the benefit to the HCPC of upcoming regulatory reform.

	Impact		Liklihood	Risk Score
Inherent risk	5	x	4	**20**
Current risk	4	x	3	**12**
Target risk (planned mitigations in place)	3	x	2	**6**

First scoring

Current risk influencers

- ✚ Potential delay to regulatory reform due to government focus on changes to the GMCs legislation to enable the regulation of MAPs.
- ✚ Review of the number of regulators which will inform the use of the proposed s60 powers under the Health and Social Care Bill impacts on the future of HCPC and multi profession regulatory model.
- ✚ Performance against PSA standards could increase organisational vulnerability during a time of regulatory reform.
- ▬ Evidence submitted to the health committee inquiry on the DHSC White Paper.
- ▬ Proven model of multi profession model of regulation.

Risk Appetite

Our risk appetite for actions to achieve regulatory quality is open, the appetite for actions related to communication and profile is seeks.
Current risk is outside of appetite and needs to be within the amber range to come within appetite.

Current risk level is woutside risk appetite

Mitigations in place

- ☼ Registrant health and wellbeing strategy in place .Resourcing of action plan being prioritised.

- 💊 Research conducted into experiences of FtP and action plan in place.

- 📢 FtP representatives forum - regular mechanism for formal engagement with unions and others involved in representing our registrants in FtP.

- 📢 Organisational values 'Fair, Compassionate, Inclusive, Enterprising' promoted through performance system.

- Feedback and Complaints system with SLAs reporting to SMT & ARAC learning from complaints fed into system, you said we did examples published on website.

- 📢 Communications and strategic engagement, including parliamentarians, on regulatory reform supported by Luther Pendragon.

Planned mitigations 2021-22 / progress

	progress
Online registration functionality project (improved registrant experience) (Q3)	➡
FTP improvement project	➡ Minor delays to CMS otherwise on track
Engage key stakeholders to understand key misconceptions about our regulation and action plan (Q2)	➡
Tone of voice review project (Q2)	➡ Postponed from Q1 to Q2
Incorporate our research on registrants' experiences into employee learning and development and inductions (Q2-4)	➡
Engaging stakeholders on the provision of mental health support for registrants (Q1-4)	➡ underway
Messaging and dedicated engagement for the Future of Health and Care White Paper & Bill (Q1-4)	➡ Underway
Influence the policy on how consolidation of regulators should align with regulatory reform (Q2 -4)	➡ Underway

Reporting period commentary

This is the first iteration of the new Strategic Risk register there is no commentary on changes in the reporting period.

Risk Likelihood scoring

	Strategic	Programme/Project	Operational
Probable 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.
Possible 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.
Unlikely 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.
Rare 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.
Negligible 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.

Risk impact scoring

	Public Protection	Finance	Reputation	Operations	Strategy	Information Security
Catastrophic 5	A systematic failure for which HCPC is ultimately responsible. 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.	Services to stakeholders are unavailable for an extended period of time (days)	Strategy rendered invalid	Significant breach of confidential information involving extensive quantities of data. Regulatory investigation required
Significant 4	A systematic failure for which HCPC is ultimately responsible. 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 or a key relationship for a sustained period or at a critical moment.	Services to stakeholders are unavailable for a significant period of time (hours)	Progress on multiple strategic objectives is stopped.	Significant breach of confidential information involving limited quantities of data. Regulatory investigation required.
Moderate 3	A systemic failure for which HCPC is ultimately responsible. 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.	Services to stakeholders are significantly disrupted. Services are degraded or responses are slow for an extended period of time (days).	Progress on 1 strategic objective is stopped.	Limited breach of confidential information No regulatory investigation required
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.	Services to stakeholders are disrupted. Services are degraded or responses are slow for a significant period of time (hours)	Progress on multiple strategic objectives is slowed.	Significant or widespread non-compliance to information security policy by employees. No breach of confidential information
Insignificant 1	A systemic failure which fails to address an operational requirement	Unfunded pressures under £20,000.	Event that will lead to public criticism by external stakeholders as anticipated.	Services to stakeholders are disrupted for a short period of time (minutes).	Progress on 1 strategic objective is slowed.	Minor or one-off non-compliance to information security policy by employees. No breach of confidential information

Regulatory Quality - Open How will we deliver effective regulatory functions?	• Our focus is on long term and lasting quality in our regulatory delivery. We have to take risk and challenge ourselves to achieve positive change. Sticking with a low-risk status quo will limit our progress. • We are open to risks that will further us in our aim of delivering excellent regulatory functions. • We are prepared to try new approaches that do not have a guarantee of success where the potential benefits of success outweigh the consequences of failure. • We proactively seek to reduce public protection risk through the promotion of professionalism and prevention. • The risks we are willing to take do not have a significant chance of long-term negative impacts on our regulatory quality. We accept that in striving for excellence and trying new approaches, short term issues may arise which we will seek to mitigate as best we can. • It is **essential** that mitigations to ensure ongoing public protection are in place as a foundation of taking risks to improve our regulatory quality.
Compliance – Measured How will we comply with our statutory, regulatory and policy requirements?	• We have a preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward. • We are willing to take decisions that could be challenged only where we are confident we would be successful in defending against such challenge, and the adverse consequences of being unsuccessful are minimal. • We are willing to take low level risks of negative PSA performance impact given the appropriate controls are in place and we consider the potential benefits are required to maintain or improve our PSA standard performance. • It is **essential** that the long-term achievement of PSA standards is assured.
Communication and Profile – Seeks How will we be viewed by our stakeholders?	• We are eager to be innovative in content and method in order to communicate more effectively, despite greater inherent risk. • We are willing to express our views and communicate on issues where stakeholder opinion is divided, but where the HCPC has a legitimate voice and the Council has an agreed policy position. • In communicating our views, we are willing to accept the possibility of manageable reputational risk or a negative, but not irreversible, impact on a stakeholder relationship. • We acknowledge that being bold in communicating our position may lead to increased scrutiny from stakeholders. We accept this risk as being necessary to enable the HCPC to assert its voice and shape debate in the furtherance of excellence in regulation. • We seek meaningful two-way dialogue with our stakeholders, even where this may pose a risk to our profile due to uncomfortable feedback. • It is **essential** that the HCPC's voice is not perceived to be party political. The HCPC is neutral as a public body.
People – Seeks How will we lead our workforce?	• We are eager to be innovative and to choose options that increase our effectiveness as an organisation despite greater inherent risk. • We are prepared to accept risk as long as there is the potential for improving culture, recruitment and retention. • We want to innovate to improve our culture and working environment. • We are willing to review and restructure where this is needed, accepting the potential for short term disruption in order for the HCPC to benefit from better ways of working. • It is **essential** that risk taking in this area is consistent with the HCPC's values and culture. As an employer are committed to upholding and promoting Equality, Diversity and Inclusion.
Financial and Value for Money – Measured How will we use our resources?	• We are prepared to accept the possibility of limited financial loss where it does not have the potential to impact on our going concern. • Value for money is our primary concern in financial expenditure but we are willing to consider other benefits or constraints. • We are funded through registrant fees and we have a responsibility to ensure we invest cautiously to minimise loss while maximising benefit. • We accept that investments may be long term and take time to deliver rewards, appropriate benefit realisation monitoring is required to mitigate risk in investments. • It is **essential** we remain a financially viable organisation to ensure continued public protection through continued operation. Significant financial risks are not compatible with this requirement.