Audit and Risk Assurance Committee

13 November 2024

HCPC internal audit recommendations tracker

Executive Summary

This report provides the Audit and Risk Assurance Committee with progress updates on the implementation of recommendations arising from internal audits. In addition, any significant quality assurance recommendations and recommendations arising from external audits and 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.

Previous consideration	This is a standing item considered at each meeting of the Committee.
Decision	The Committee is asked to discuss and note the report.
Next steps	The next report will be received in March 2025.
Strategic priority	All
Risk	All
Financial and resource implications	None as a result of this paper.
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Internal Audit report – Regulatory Policy (first considered at Audit and Risk Assurance Committee 15 November 2023)

Recommendations summary

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

	Recommendation / Priority (RAG)	Management response	Timescale/ Responsibility	Completion Date/Status	Current Commentary
1	**Where policies, procedures and guidance are not in place and up to date there is a risk that consultations are managed inconsistently, ineffectively and do not allow for a forum whereby stakeholders can voice their concerns or thoughts. As a result, the outcomes from consultations may not be effective in impacting future policies and ensuring buy in from key stakeholders to their implementation.** HCPC should develop policies, procedures and guideline which cover the below suggested areas: • Strategy and Planning: Consultation strategy and planning, how, who and when the planned consultations will be undertaken including how non-cyclical consultations will be factored in the plan. • Pre-consultation guidelines – things to be considered pre the consultation activity starts. • Milestones: Consultation key timeliness, stage wise reporting, documentation storage. • Stakeholder engagement: including pre-consultation surveys, during consultation surveys, webinars, workshops etc. • Consultation reporting: Post consultation final report content, areas to consider, internal reporting process. • Feedback: Post consultation feedback from internal and external stakeholders. • Publishing: How to externally publish and report any policy changes. • Lessons learnt from consultations and shared within the Policy team • Management and oversight: Consultation with ELT and Council approval, what will be included in an ELT paper e.g., risk assessments, scope of consultation, main key stakeholders etc.	Building on recommendations of audit and expertise in team, develop a standardised consultation procedure	Q1 2024-25 Rachael Gledhill, Head of Policy & Standards	Completed October 2024.	The consultation process document has been finalised. The next steps will be to socialise this with the team.

	Recommendation / Priority (RAG)	Management response	Timescale/Responsibility	Completion Date/Status	Current Commentary
2	**There is risk that consultations and the respective subject matters where not compared to HCPC's strategic risk register may not align with HCPC's risk appetite. This could lead to reputational damage for HCPC.** HCPC should align its risk assessment for individual consultations directly to the strategic risk register and report this in its papers to ELT and the Council. The paper should set out whether the subject matter risk sits within the risk appetite or outside of the risk appetite. Where the consultation subject matter sits outside, HCPC should consider whether additional controls are required such as what additional actions will be undertaken because of the risk assessment. HCPC can also consider the 'phrasing' of consultations to ensure appropriate for the risk and to enable stakeholder buy-in.	Working with Governance, discuss how we might include risk assessment and risk appetite within governance paper cover sheets across the organisation.	Q4 2024-25 Anna Raftery, Head of Assurance and Compliance	Due Q4 2024-25	Update from Head of Governance is new cover sheet has been circulated to the chair of council and committees. I am meeting with Governance to discuss risk appetite being incorporated into the cover sheets for council & committees. We have included risk appetite in the investment planning process, risk assessment for investment planning which needs ot be included, whilst taking into consideration the risk appetite.
3	**Where no formal lessons learnt process is in place there is a risk that learnings will not be fully identified and able to make a positive impact on future consultations and team efficiency and effectiveness.** A formal process for undertaking and reviewing lessons learnt should be established.	Incorporate this into the consultation process outlined in Finding 1	Q1 2024-25 Rachael Gledhill, Head of Policy & Standards	Completed October 2024.	As I mentioned in the September update, this is part of a process of continuous improvement and so there may be further areas where we wish to develop good practice in this area.

Internal Audit report – Partners Review (first considered at Audit and Risk Assurance Committee 15 November 2023)

Recommendations summary

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

	Recommendation / Priority (RAG)	Management response	Timescale/ Responsibility	Completion Date/Status	Current Commentary
1	**Where there are high levels of manual intervention required for the calculation of partner payments, and limitations on the second line assurance checks completed by areas such as Finance, there is a risk that payments are made incorrectly, and resources are not working efficiently.** HCPC should: a) Review the process for calculating cancellation payments within the FtP directorate, and the methods of calculation. Consider whether the process can be redefined and updated to be more efficient. b) Ensure where practicable, all requests for payment which are derived from data in the Nexus system, include supporting documentation. Finance should then verify the payment charge is valid and has not been previously paid. c) On a regular basis, assess whether upgrades can be made to its business systems to allow an automated transfer of payment data from the CRM system to the WAP system, which would remove the need for manual Excel spreadsheets as a delivery mechanism.	WE ACCEPT THE FINDINGS AND ADD THAT FURTHER ANALYSIS WILL BE COMPLETED BY THE END OF THE MONTH.	1 April 2024 Uta Pollmann, Partner Project Lead Aihab Al Koubaisi, Financial Controller Deborah Oluwole, FTP	Completed September 2024.	We are now implementing the following process: 1.Cancellation Payments: We have added conditional formatting to the FTP excel spreadsheet which FTP send us so that if there is a cancellation then a cancellation email is required and it is marked in red. Finance then ensure that the cancellation email is attached to the file and verify that the correct amount has been paid per the cancellation policy. 2.Hearing Ends Early – Cancellation Fee Payable: Similar process as above is adopted. However, the evidence required is a copy of the hearing to verify attendance and that the hearing ended early. 3.Duplicate payments: We are now checking the panel payments report sent by FTP against 6 months of raw data downloaded via Power BI from the FTP system. We then check that the panel payment's report unique "ADJ" number against 6 months worth of raw data to ensure there are no duplicate payments. If the ADJ number appears in both the new panel report and the raw data then there is a potential duplicate payment which we need to investigate. However, there have been no such instances to date.

	Recommendation / Priority (RAG)	Management response	Timescale/ Responsibility	Completion Date/Status	Current Commentary
2	**There is a risk that where there is limited guidance on how long CPD assessments should take, assessors may 'rush' assessments to maximise the number of assessments they undertake to maximise the fees payable. As a result, assessors may sign off inappropriate assessments, that could ultimately put patients at risk.** HCPC should: a) Review the process for CPD Assessments to include more specific detail on the expected time and review work to be carried out. This should specify how long assessments are expected to take, and if considered necessary, include a specific requirement to assess the CPD record and verify that a sample of courses provided a satisfactory level of training. For example, assessors could be required to score courses or other training activity with a determined amount of CPD units to indicate their effectiveness and then confirm whether a minimum number of CPD units have been accumulated by the partner during the two-year review period. b) Consider re-introducing a maximum number of assessments that an assessor can undertake in a specified period. c) Undertake periodic spot checks on CPD assessments to verify that the level of review is consistent with policy requirements, ie that there has not been a 'light touch' review which does not delve into the details of training and make a formal assessment of its suitability.	WE ACCEPT THE FINDINGS AND ADD THAT FURTHER ANALYSIS WILL BE COMPLETED BY THE END OF THE MONTH.	1 April 2024 Uta Pollmann, Partner Project Lead Vesna Maglov, Registration Manager	Completed October 2024.	Refresher training completed with ODPs as first round. Record of assessment training with Quality Assurance team went well. We are currently checking the record of assessment forms for completeness and quality before submitting to registrants. We worked with Aveen in Quality Assurance to develop our own checklist when processing records of asessment, which strengthens our assurance for decision making. First line checks are currently done by Nicole Small, the Operational Manager for Quality Assurance and Training in Registration. We have developed a framework to do these first line checks.

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		2	Not yet due	2
Low		0	Completed	0

	Recommendation / Priority (RAG)	Management response	Timescale/ Responsibility	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.	Revised due date: Q4 2024-25	Q3 2024/2025 risk and assurance meetings have not yet taken place due to timelines between ARAC September and annual leave from the Head of Assurance and Compliance. Fuller update to come March 2025.

	Recommendation / Priority (RAG)	Management response	Timescale/ Responsibility	Completion Date/Status	Current Commentary
5 & 6	**Failure to have an independent assessment of controls could result in an unreliable or inaccurate assessment of control adequacy and effectiveness, thus giving those charged with governance false assurance as to the efficacy of HCPC's system of governance, risk management and internal control.** 5. Following implementation of recommendations 1-4, The Quality Assurance Team should introduce a rolling programme of reviews of team assurance maps over a three-year cycle, assessing the veracity of the self-assessment statements and providing and independent assessment of the strength of the control environment (Year 2). 6. As part of the above process, collate information on best practice observed and use this to continually improve the good practice guidance and Quality Framework (Year 2).	Departmental self-assessment statements and methods will be evaluated on a case by case basis, to check the veracity of claimed effectiveness, and share best practise where observed and applicable to other departments.	1 March 2024 Anna Raftery, Head of Assurance and Compliance.	Revised due date: Q4 2024-25	Following the pilot taking place in Q3 and Q4 2024/2025, this recommendation will be reviewed.

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	1
Low		0	Completed	0

	Recommendation / Priority (RAG)	Management response	Timescale/ Responsibility	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	1b was reported as completed to ARAC September 2023; revised due date for the rest is March 2025.	We are in the midst of updating our policies and manuals including the Financial Regulations, Procurement Policy, Vendor Management Manual (new document), Investment Policy and others. We are moving towards consolidating the majority of our policies where appropriate, particularly around the procure-to-pay process, which would be captured in the updated Procurement Manual (also work in progress). Due to ongoing priorities such as budgeting for 2025-26 , producing the 5-year financial plan and finalising investment planning for major projects, we need to address key policies in the first instance (as mentioned, Financial Regulations, etc.) and then move towards incorporating or removing historic documents that are now obsolete. For 1 c) this is still the aim and we have made progress towards collating all the relevant policies to update versus remove. We still need to add procedures and manual to this list and reduce the overall number of files.Quarterly Finance inductions have been taking place with two that were conducted so far, which cover Payroll, Core Finance and Procurement for new starters. Also, as part of the Business Central project, guidance material was developed to target creation and approval of purchase orders and an introduction manual to the Business Central system, which is on Sharepoint and was communicated to the entire organisation.

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	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 Jagana Abubacarr – Finance BP	Revised date 31 March 2025, agreed by Head of Finance.	Business Central Phase 2 Transformation solutions design have been finalised; majority of the project is still on course to complete by March 2025, however, Deferral Income Module might cross to next financial year. This is due to deferral of income being dependent on Sale Order Automation project to complete in CRM.

Internal Audit report – Education Standards (first considered at Audit and Risk Assurance Committee 9 June 2022)

Recommendations summary

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

	Recommendation / Priority (RAG)	Management response	Timescale/ Responsibility	Completion Date/Status	Current Commentary
1	**Key Risk Area 1: Suitable organisations are appointed to deliver educational programmes** HCPC should continue to keep the standards under review and provide an annual update to the Education and Training Committee highlighting any issues which have arisen that could prompt an interim review mid-cycle.	Action: Develop an annual reporting mechanism to highlight any issues that could prompt an interim review of the Standards to the Education and Training Committee.	Action Owner: Head of Policy, Standards and Strategic Relationships Completion date: 31/08/2022	Revised date 31 December 2022 2nd Revised date: Due to commence Q4 2023-24. 3rd Revised date: Due Q4 2024/2025	Status report being presented to November ETC covering learning from stakeholder feedback, discussion of expert panels and initial proposals for amendments to the standards. There isn't an additional update on the timeline for the SETS review. It is still planned to run until early 2026, so that is the completion date. We have revised a completion date of Q4 2024/2025 for this recommendation.

Internal Audit report – Safeguarding controls (first considered at Audit and Risk Assurance Committee 9 March 2022)

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	Completion Date/Status	Current Commentary
	Committee note (March 2022): Whilst some of the management actions were reported as being contained in workplans and therefore completed, the Committee agreed that those actions should remain active in the recommendation tracker with implementation dates until completed.	N/A	N/A	N/A	N/A
4	**Key Risk Area 2**: Guidance to registrants on standards and safeguarding risks HCPC should develop a suite of safeguarding materials aimed at assisting registrants manage key safeguarding risks which they may encounter during the course of their professional roles. These materials should be readily available to registrants through HCPC's website. This should be benchmarked against the safeguarding materials provided by other healthcare professions regulators. HCPC should also consider delivering specific safeguarding guidance sessions as part of the programme of Professional Liaison Service webinars. **Status update from BDO following Follow up Audit June 2023:** **Webinars have been developed by HCPC and attended by staff to help increase safeguarding awareness across the organisation. For example, the #myhcpcstandards webinar on safeguarding, which included a survey where 95% of staff rated the webinar as good and above. Work is ongoing with updating policies, procedures and guidance and subsequently making these more accessible to staff.** Revised due date: September 2023	While we have materials relevant to safeguarding (eg #MyStandards webinars) these are not readily accessible or specifically flagged as safeguarding materials. There is an opportunity to review our materials and update/improve them via the planned review of our Standards of Conduct, Performance and Ethics, due in 2022/23. Action: (1) Add to 2022/23 Policy and Comms team workplans. (2) Add safeguarding to 2022/23 Prof Liaison event programme.	Action Owners: Rachael Gledhill (Head of Policy & Strategic Relationships), Kellie Green, (Head of Professionalism and Upstream Regulation), Tony Glazier (Communications Lead)	Revised due date: September 2023 Partially completed November 2023 Revised due date September 2024	This recommendation is complete.

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		5	Not yet due	6
Low		2	Completed	1

	Recommendation / Priority (RAG)	Management response	Timescale/ Responsibility	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)	November 2024 (new procurement bill to be in effect from Feb 2025)	the Current Policy was split off from the current procurement manual and revised, the revised version of the new procurement policy is currently under review with HOF. Between now and Feb 2025 we will be updating the Procurement Policy to comply with the New Procurement Act 2023 which will come in to effect in Feb 2025.
2	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.	The QA team will be engaged via the entire procurement process for large contracts through emails, meetings and/or MS Teams to increase visibility of relevant documents, approvals and other issues. This will give them the opportunity to raise any concerns throughout the entire process and ensure that we are collaborating every step of the way.	Action Owner: Tarek Hussein (Procurement Manager, Finance)	November 2024 (changes will be reflected in the new policy).	The QA team are now involved as part of the key stakeholders in large value procurement campaigns. We are producing a (Tender Tracker) that will provide a live snapshot of our activities and the stage we are in for specific tenders. Spot checks are happening as part of the overall process. Single Source Requests are capturing additional details via email correspondence and/or meetings with quarterly reports to the Assurance & Compliance team. Once we finalise our tender tracker, we will be able to close this item. We are on track with meeting the November deadline.

	Recommendation / Priority (RAG)	Management response	Timescale/ Responsibility	Completion Date/Status	Current Commentary
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)	June 2024 (same as original report) Revised Date: November 2024.	We will be introducing a vendor evaluation forms that budget holders need to complete on a quarterly basis, which will be submitted to Procurement. Any under-performance will result in Procurement and the budget holders holding regular catch-ups with the vendors to address issues and formulate an action plan to monitor performance going forward.
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)	November 2024.	We maintain records of our vendor background checks, including ongoing financial health assessments, particularly for long-term and high-value contracts. This process will be updated and included in the new Procurement Manual
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)	June 2024 (same as original report) Revised Date: November 2024.	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.

	Recommendation / Priority (RAG)	Management response	Timescale/ Responsibility	Completion Date/Status	Current Commentary
6	On at least an annual basis, employee vs supplier bank account checks should be undertaken.	These checks are carried out as part of the monthly payroll reconciliations and communicated to Procurement to confirm that there are no duplicate bank account details between suppliers and employees. The only exceptions would be the employee expense reimbursement process, whereby employees have to be set up as suppliers in order to have their expenses covered - this would be identified as part of the reconciliation process.	Action Owner: Tarek Hussein (Procurement Manager, Finance)	Complete	These checks are carried out as part of the monthly payroll reconciliations and communicated to Procurement to confirm that there are no duplicate bank account details between suppliers and employees. The only exceptions would be the employee expense reimbursement process, whereby employees have to be set up as suppliers in order to have their expenses covered - this would be identified as part of the reconciliation process.
7	. HCPC should ensure that: a) On at least an annual basis employees are reminded to review and update their Conflict of Interest (COI's) declarations. b) There is documented evidence for each procurement activity that potential conflicts of interest have been considered.	Conflict of interest declaration forms are completed by all tender panel members and relevant stakeholders during the process, regardless of the contract value. These forms are stored as part of the tender records and are now a key requirement for all tenders, which needs to be stipulated in the revised Procurement Manual.	Action Owner: Tarek Hussein (Procurement Manager, Finance)	November 2024.	Conflict of interest declaration forms are completed by all tender panel members and relevant stakeholders during the process, regardless of the contract value. These forms are stored as part of the tender records and are now a key requirement for all tenders, which needs to be stipulated in the revised Procurement Manual. Accordingly, this process is already in place. It needs to be added to the new procurement manual by March 2025.

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	1	
Medium		3	Not yet due	2	
Low		0	Completed	0	

	Recommendation / Priority (RAG)	Management response	Timescale/ Responsibility	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 Kayleigh Birtwistle	Due 01/04/2025	Benefits are now linked direct to outcomes in the investment case, so a dependency path is created using the following alignment: A project produces OUTPUTS, which enable certain OUTCOMES to exist, these outcomes create BENEFITS which can be measured (this relationship is enforced in the investment case template).
2	**Management are less likely to assess the risks, either relating to what the project is intended to mitigate, or the risks generated by the project, or sufficiently mindful of the future likelihood and impact of the benefits being achieved.** Add key risks as a required section in the investment case template.	We accept the findings and add that further analysis will be completed as part of the new investment cycle.	01/04/2025 Kayleigh Birtwistle	Due 01/04/2025	Risk to the project being delivered and assessment against our risk appetite are now included in the Investment Paper template. This is in addition to the more detailed risk capture and assessment already conducted during initiation and during delivery.

	Recommendation / Priority (RAG)	Management response	Timescale/ Responsibility	Completion Date/Status	Current Commentary
3	**It is unclear what the authority the Change and Benefits Group has. The current terms of reference does not specify if the Group has the authority to recommend or approve, be informed, inform others, etc.** Clarify the authority of the Change and Benefits Group, particularly whether it recommends investment cases to ELT for ELT approval. It would also be useful to clarify its authority over live projects. Alternatively, HCPC should stand up an investment committee to conduct the approval on behalf of the board (i.e. Council).	We accept this recommendation and will update the TOR to clarify the role of the CBF.	19/09/2024 Kayleigh Birtwistle	Overdue- 19/09/2024	•The CBF is an advisory board to ELT, not a decision-making board. •It ensures that papers submitted to ELT are assessed to highlight any diversions from the people, financial, sustainability and digital strategy and this is added as guidance for ELT discussion. •It reviews papers to determine if they are viable in terms of approach and internal resource commitment and if not guidance is added to support further funding during the discussion with ELT. •It carries no authority over live projects but is consulted prior to submission of any benefits change to ELT. Project authority is Project Board and then ELT exclusively. •ELT is the Investment Committee and has representation from each key are including finance. •The TOR allows for a 15% reallocation of total budget to support initiatives under-threat or change but cannot exceed total budget approved by ELT. •We are reviewing to determine if the technical review and guidance currently with the CBF is separated into a Technical Advisory Board (name to be defined) which will then form a similar body to ensure Digital compliance separately (but alongside the compliance offered by the CBF Benefits compliance specifically). This work however is currently only under draft consideration.

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	1	
Low		1	Completed	0	

Recommendation / Priority (RAG)	Management response	Timescale/ Responsibility	Completion Date/Status	Current Commentary
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 0 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 Anna Raftery (Head of Assurance and Compliance) Uta Pollmann (Partner Project Lead)	Due Q3 2025-26	Prioritisation of the partner improvement program. The work on KPIs and quality assurance will commence from Feb 2025; this is in line with the overall project to be delivered by Oct 2025. Other ongoing work is around partner payments; we would like some indirect dependencies on the new payment pathways, hence why the date is pushed back to February 2025.

Appendix 1 - Commentary History - a log of the last 4 Audit and Risk Assurance Committee updates

	Payroll and IR35	Sep-24	Jun-24	Mar-24	Sep-23
4	**Where reconciliations are not undertaken between employee bank accounts vs supplier bank accounts there is a risk that payments are made into employee bank accounts which are disguised as suppliers.** On an annual basis, employee vs supplier bank account checks should be undertaken across the whole organisation. Other triggers for review of employee vs supplier bank account details could include the following: onboarding of new suppliers, new or change in supplier bank details and new employee details.	This has now marked as completed.	A reconciliation has been carried out between our employee bank accounts in our payroll register and our suppliers register, and vice versa. We are satisfied that there are no discrepancies to report. A copy of the reconciliation file can be provided to the Committee on request.	We are in the process of carrying out a reconciliation check. We have obtained all employees together with their bank details from our payroll software. We have not been able to download a list of suppliers with their bank details from our Sage Accounting Software. We are therefore going to reach out to Sage to assist us with this and then implement a reconciliation check on a regular basis.	

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	Regulatory Policy	Sep-24	Jun-24	Mar-24	Nov-23
1	**Where policies, procedures and guidance are not in place and up to date there is a risk that consultations are managed inconsistently, ineffectively and do not allow for a forum whereby stakeholders can voice their concerns or thoughts. As a result, the outcomes from consultations may not be effective in impacting future policies and ensuring buy in from key stakeholders to their implementation.** HCPC should develop policies, procedures and guideline which cover the below suggested areas: • Strategy and Planning: Consultation strategy and planning, how, who and when the planned consultations will be undertaken including how non-cyclical consultations will be factored in the plan. • Pre-consultation guidelines – things to be considered pre the consultation activity starts. • Milestones: Consultation key timeliness, stage wise reporting, documentation storage. • Stakeholder engagement: including pre-consultation surveys, during consultation surveys, webinars, workshops etc. • Consultation reporting: Post consultation final report content, areas to consider, internal reporting process. • Feedback: Post consultation feedback from internal and external stakeholders. • Publishing: How to externally publish and report any policy changes. • Lessons learnt from consultations and shared within the Policy team • Management and oversight: Consultation with ELT and Council approval, what will be included in an ELT paper e.g., risk assessments, scope of consultation, main key stakeholders etc.	Since the audit we have had discussions within the team about the form of the standardised consultation procedure document and the main areas it should cover. We have developed an initial draft checklist and will be using this to link to areas of existing best consultation practice, such as the 'top tips' based on Blake Morgan (our legal provider) advice and the Government's consultation principles. We have also identified further areas where we may wish to develop our own best practice guides in the future, such as around the development of consultation questions to ensure that the questions we ask are the most meaningful. This work will be ongoing as we look to continuously improve, but the main recommendation around an initial process document will be completed by the end of October.	In progress, not many new updates. Although there are a lot of things listed there it's just one process document that we're looking at producing which covers those areas. Rather than multiple documents, there will be one step-by-step document. There is an existing document which is currently being updated, however, there have been difficulties regarding capacity to update it.	In progress, no new updates.	

	Regulatory Policy	Sep-24	Jun-24	Mar-24	Nov-23
2	**There is risk that consultations and the respective subject matters where not compared to HCPC's strategic risk register may not align with HCPC's risk appetite. This could lead to reputational damage for HCPC.** HCPC should align its risk assessment for individual consultations directly to the strategic risk register and report this in its papers to ELT and the Council. The paper should set out whether the subject matter risk sits within the risk appetite or outside of the risk appetite. Where the consultation subject matter sits outside, HCPC should consider whether additional controls are required such as what additional actions will be undertaken because of the risk assessment. HCPC can also consider the 'phrasing' of consultations to ensure appropriate for the risk and to enable stakeholder buy-in.	Further to the June update, a revised version of committee and council cover sheet is going to the chair and committee chairs by end of Q2.	Governance have shared the draft of updated guidance and templates. They are being reviewed on a meeting taking place 24 June 2024. The results of the review will go back to Governance.	Governance will be sending out a draft cover sheet and guidance to get feedback with a view to launching this before the next Council and Committee meetings in May/June 2024. We are going to use the same cover sheet for ELT too and it does include the statement of risk appetite.	
3	**Where no formal lessons learnt process is in place there is a risk that learnings will not be fully identified and able to make a positive impact on future consultations and team efficiency and effectiveness.** A formal process for undertaking and reviewing lessons learnt should be established.	Since the audit we have had discussions within the team about the form of the standardised consultation procedure document and the main areas it should cover. We have developed an initial draft checklist and will be using this to link to areas of existing best consultation practice, such as the 'top tips' based on Blake Morgan's (our legal provider) advice and the Government's consultation principles. We have also identified further areas where we may wish to develop our own best practice guides in the future, such as around the development of consultation questions to ensure that the questions we ask are the most meaningful. This work will be ongoing as we look to continuously improve, but the main recommendation around an initial process document will be completed by the end of October.	In progress, formal reflections paper developed re SCPES review to provide a basis for other learning	In progress, no new updates.	

	Regulatory Policy	Sep-24	Jun-24	Mar-24	Nov-23
4	**Staff may be over or underutilised within the Policy team, which may impact staff well-being and overall team performance.** The Policy team should use the work planner to include staff assigned to consultations to demonstrate workloads and where alternative approaches to the current workforce may be required. *(As per recommendation 1, a formalised approach should be put in place for work planning and work force management.)*	No further updates, this action is completed. Staff assigned to consultations are included within work plan. In addition, each consultation has its own project plan, including staff responsibilities from Policy and other teams. There are no further consultations planned for this financial year, but should the need for a potential consultation be identified, priorities, capacity and the work plan would be reviewed.	2024-25 work plan includes staff assigned to consultations.	In progress, no new updates.	

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	Partners Review	Sep-24	Jun-24	Mar-24	Nov-23
1	**Where there are high levels of manual intervention required for the calculation of partner payments, and limitations on the second line assurance checks completed by areas such as Finance, there is a risk that payments are made incorrectly, and resources are not working efficiently.** HCPC should: a) Review the process for calculating cancellation payments within the FtP directorate, and the methods of calculation. Consider whether the process can be redefined and updated to be more efficient. b) Ensure where practicable, all requests for payment which are derived from data in the Nexus system, include supporting documentation. Finance should then verify the payment charge is valid and has not been previously paid. c) On a regular basis, assess whether upgrades can be made to its business systems to allow an automated transfer of payment data from the CRM system to the WAP system, which would remove the need for manual Excel spreadsheets as a delivery mechanism.	A step by step process has been emailed to the Finance team to ensure that verification checks are carried out on 1. Checking cancellation payments have been applied correctly. 2. Ensuring that there are no duplicate payments and the reports are free from any material errors. 3. sample checking public hearing documents to confirm partners attendance. A copy of the step by step process can be provided on request. Project for worker status and holiday pay; reviewing and having payroll and financial system for Partners. This will include different pathways, authorisation systems etc. All part of a broader project to review and ensure correct partner payments across all regulatory functions, and financial controls.	We are in the process of preparing a file that will alert the team of any cancellations and prompting them to send an email to either the cancellation inbox or teams channel. With regards to duplicate payments, Finance have been provided with PowerBI links to the Nexus system. This allows Finance to search raw data for duplicate payments going back 6 months.	Finance check processes have improved after working with FTP to gain a better understand of the Nexus report and the data shared. A specific Inbox was created to communicate cancellations between FTP and the finance department to add an additional layer of control.	
2	**There is a risk that where there is limited guidance on how long CPD assessments should take, assessors may 'rush' assessments to maximise the number of assessments they undertake to maximise the fees payable. As a result, assessors may sign off inappropriate assessments, that could ultimately put patients at risk.** HCPC should: a) Review the process for CPD Assessments to include more specific detail on the expected time and review work to be carried out. This should specify how long assessments are expected to take, and if considered necessary, include a specific requirement to assess the CPD record and verify that a sample of courses provided a satisfactory level of training. For example, assessors could be required to score courses or other training activity with a determined amount of CPD units to indicate their effectiveness and then confirm whether a minimum number of CPD units have been accumulated by the partner during the two-year review period. b) Consider re-introducing a maximum number of assessments that an assessor can undertake in a specified period. c) Undertake periodic spot checks on CPD assessments to verify that the level of review is consistent with policy requirements, ie that there has not been a 'light touch' review which does not delve into the details of training and make a formal assessment of its suitability.	Everything is on track. Vesna and Aveen are working on internal training courses for Advisors and e-learning for Partners, auditing first september. Creating guidance for assessors. Same for Registration Advisors who will be processing feedback. One for assessors, one for advisors, one for e-learning support. We will incorporate those in our refreshers training happening mid-September with first round of assessors. Introduction to HCPC is adhoc, depending when registration process takes place. Aveen and Vesna are conducting training and QA aspect for feedback. Feedback given to assesssors where it's not been implemented, taking on board lessons learned from international applications, facilitating buy-in from assessors. So far, have had positive engagement from assessors regarding changes. Once the new ROA is implemented, first line checks will be introduced to capture the audit life cycle from submission to ROA.	The CPD review project is underway. Nearly 50% of all CPD assessors have agreed to partake in the pilot and provide us with feedback. We aim to implement the new form during the gap of CPD profile assessments between 31 July and 1 September 2024. The project is on track.	We have reviewed the CPD audit form and will pilot the new form shortly with current CPD assessor to gather their feedback. After the pilot, the new form can't be introduced until 31 July as we need to wait for a gap in the CPD cycle due to the require system update to reflect the changes.	

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	Unified Assurance Framework	Sep-24	Jun-24	Mar-24	Nov-23
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).	Pillars have been identified; currently working on formal self assessment with assurance owners. Delays due to resourcing, staff availability, and time constraints. Plans by end of year 2 (2024/2025) to have developed the next version of assurance framework. We will pilot with the new format in Q3, and Q4 will be for final development and confirmation.	The Q1 Risk and Assurance meetings are happening in June and July, so will have fuller update for Q2.	Q4 risk & assurance meetings are taking place currently. A review of the pillars will take place once these are completed, in order to assess if these are adequate. In Q1 2024-25 a self assessment exercise will be run against these pillars, with guidance provided. These assessments will then be discussed in the Q1 R&A meetings	As the R&A meetings continue more clarity is being added to the identified "core" assurance areas (guidance & process, Training & induction, reporting, quality checks). As a lot of this information will not change quarter to quarter, once we have the details we can focus on the quality check outcomes, gaps, and improvements more effectively.
5 & 6	**Failure to have an independent assessment of controls could result in an unreliable or inaccurate assessment of control adequacy and effectiveness, thus giving those charged with governance false assurance as to the efficacy of HCPC's system of governance, risk management and internal control.** 5. Following implementation of recommendations 1-4, The Quality Assurance Team should introduce a rolling programme of reviews of team assurance maps over a three-year cycle, assessing the veracity of the self-assessment statements and providing and independent assessment of the strength of the control environment (Year 2). 6. As part of the above process, collate information on best practice observed and use this to continually improve the good practice guidance and Quality Framework (Year 2).	Revised due date following the pilot in Q3. This recommendation will be reviewed following the pilot.	This will be reviewed in Q2 as we have the revised date following the Q1 Risk and Assurance meetings.	This has been moved back due to resource, risk level, and stage of recommendations 1-3. Following self assessment exercise in Q1 2024-25 these recommendations will be reviewed again to determine how best to proceed or if they have been superseded by other work.	Still in planning stage, will need to be re-scoped with new priorities and resource implications.

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	Key Financial Controls Follow up	Sep-24	Jun-24	Mar-24	Nov-23
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).	Since we have changed our finance system to BC, we will need to update all of our financial processes and procedures. We intend to collate all the finance processes and procedures through the creation of a finance process & procedures manual. This process will involve reviewing all existing finance processes & procedures. Given the system change from Sage to BC, combined with the rationalisation from 2 finance systems (Sage & BC) to one finance system (BC) most of the prior processes & procedures have been updated & this will need to be documented. We are aiming to complete this by 31 March 2025.	A: We are looking at our policies in order to consolidate them once the year-end activities for 2023-24 are completed, which will be from August 2024 onwards. B: This action is now not applicable as we have implemented our new finance system, Business Central as of 12th April. This is a standardised, out-the-box solution, which has clear how-to guides via the Microsoft Dynamics website. C: Similar to the comments for point (A), we are looking to update this from August 2024. D: This is currently in progress and will be in effect from the end of June 2024, which is when the quarterly inductions sessions will take place, to align with Business Central. These will also be updated in line with policy changes from August 2024.	A&C: Once Business Central is implemented & the audit for 2023-24 is completed this can be actioned. D: Once Business Central is implemented & the audit for 2023-24 is completed this can be actioned.	The Commentary is repeated from September's update. A&C: Once Business Central is implemented & the audit for 2022-23 is completed this can be actioned. D: Once Business Central is implemented & the audit for 2022-23 is completed this can be actioned.

	Key Financial Controls Follow up	Sep-24	Jun-24	Mar-24	Nov-23
2	**Where controls are not suitably robust around supplier set up and changes to bank details there is a risk that incorrect bank accounts are paid due to error or fraud, with could lead to monies being unrecoverable.** HCPC should investigate adding approvals within the finance system (for both SAGE and BC) for each addition or change to bank details, with a change of bank details being put on hold without the approval of the second individual. If it is not possible to require approval within the system, HCPC should look to add electronic signatures to the sign-off of each weeks' audit log, so that individuals checking these additions or changes can be held accountable for any errors not identified.	Any change on our new system BC requires authorisation by our systems accountant or financial controller. This is now marked as completed.	The sign off of audit log changes by the financial controller are continuing on a timely basis.	The sign off of audit log changes by the financial controller are continuing on a timely basis.	The Commentary is repeated from September's update. The sign off of audit log changes by the financial controller are continuing on a timely basis.

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	Registrant Forecasting Review	Sep-24	Jun-24	Mar-24	Nov-23
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.	Phase 2 Business Central transformation. Finance have workaround to calculate the registrant financial model. Part of phase 2 of the Business Central transformation is to automate this process. This is an ongoing project, coordinating with other regulators regarding best practice. Project is on track for the completion date of 31 March 2025.	Finance team have started Phase 2 of the Business Central transformation. Part of the project includes automate registrant financial model and implement deferred income module within the Business Central	Business Central Re-implementation is at a testing stage and go live expected in December 23, we aim to further update in January 2024.	Business Central Re-implementation still ongoing and go live expected in December 2023, further update likely in January 2024

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	Education Standards	Sep-24	Jun-24	Mar-24	Nov-23
1	**Key Risk Area 1: Suitable organisations are appointed to deliver educational programmes** HCPC should continue to keep the standards under review and provide an annual update to the Education and Training Committee highlighting any issues which have arisen that could prompt an interim review mid-cycle.	SETs review progressing with plan presented to ETC in March and updates given at June and September meetings. Moving to listening and formulating proposals stage of the plan (phase 3) involving further stakeholder engagement.	SETs review has now commenced. An initial plan and timetable were presented to ETC in March and update will be given at June ETC meeting. Review currently planned to run until early 2026.	No further update, the SETs review is still planned to begin in Q4 of this financial year.	The SETs review is still planned to begin in Q4 of this financial year.

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	Registration Payment Process	Sep-24	Jun-24	Mar-24	Nov-23
2	**Key Risk Area 2: Systematic issues from the 2020/21 financial reporting exercise have been cleared** A long-term solution systems-based solution should be introduced which eliminates, as much as reasonably practicable, the requirement for complex monthly reconciliations and manual journal postings to HCPC's finance system.	It has been implemented by the business and went live on 12 April 2024. This is now marked as completed.	Phase 1 and 2 were succesfully completed. Phase 1 go live date was 10 March 2024. Phase 2 go live date was 09 April 2024.	We have needed to do further testing of the system and the data migration exercise. This has had a knock-on effect on the go-live date of January 2024 with a revised Provisional go-live date of April 2024.	We have needed additional time for UAT testing of system and the data migration exercise. This has had a knock-on effect on the go-live date of November 2023 with a revised provisional go-live date of January 2024.

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	Safeguarding controls	Sep-24	Jun-24	Mar-24	Nov-23
4	**Key Risk Area 2: Guidance to registrants on standards and safeguarding risks** HCPC should develop a suite of safeguarding materials aimed at assisting registrants manage key safeguarding risks which they may encounter during the course of their professional roles. These materials should be readily available to registrants through HCPC's website. This should be benchmarked against the safeguarding materials provided by other healthcare professions regulators. HCPC should also consider delivering specific safeguarding guidance sessions as part of the programme of Professional Liaison Service webinars.	The updated SCPEs took effect on 1st September. This included consequential changes made to relevant guidance and supporting materials. We provide information on safeguarding for registrants within our guidance on confidentiality and this is being reviewed as part of the next phase of our SCPEs work (which focuses on more substantive changes and additional or new guidance). The timetable for this work is in development but guidance around safeguarding will be the first priority. Launch and promotion of the new standards, including updated web content, social media posts and direct emails to registrants and key stakeholders. We will continue to promote the new standards and create new content which will include support on sexual safety.	Work to update supporting guidance and materials to the SCPEs underway. Priority focus on updating current materials in line for standards taking effect in September 2024. Potential additional materials on safeguarding being scoped for next phase.	RG: Work on supporting guidance and materials around SCPEs being scoped. Implementation of SCPEs including comms underway leading to Q3 23-24 when new standards take effect. TG: Comms support will be provided when it comes to promoting the new standards and guidance, and creating content to support understanding.	RG: Revised SCPEs approved by Council in October and published. Work on supporting guidance and materials on track for Q4. KG: We have now completed the ask from this audit TG: Comms support will be provided when it comes to promoting the new standards and guidance, and creating content to support understanding.
6	**Key Risk Area 4: Controls to identify safeguarding issues identified through DBS** HCPC should explore the feasibility of having a formal relationship with Disclosure Scotland as it currently has with the DBS, whereby the DBS proactively alerts the HCPC of registrants who have been arrested or convicted for a serious criminal offence.	Disclosure Scotland (14th May 2024) have declined to sign a MoU with HCPC. This is now marked as completed.	Disclosure Scotland (14th May 2024) have declined to sign a MoU with HCPC.	Latest feedback is that it is still up for consideration by their Executive Management Team, although there seems to be a lack of enthusiasm to pursue an MoU.	Disclosure Scotland have advised that a decision was being escalated in early October 2023. HCPC is still awaiting feedback. A revised completion date is December 2023 at the earliest, should they decide to proceed.

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Safeguarding controls	Sep-24	Jun-24	Mar-24	Nov-23
.HCPC should ensure the Procurement policy is reviewed, at a minimum every two years with 'ad-hoc' changes as they are required.	The new procurement bill will come into effect in October 2024, which means that a number of changes will need to be applied to our existing procurement policy and manuals, which will also need to be separated to distinguish between policy (summary level) and manuals (detailed instructions on procurement processes). We are on track with meeting the November deadline to incorporate the changes introduced as a result of the new procurement bill.			
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.	The QA team are now involved as part of the key stakeholders in large value procurement campaigns. We are producing a (Tender Tracker) that will provide a live snapshot of our activities and the stage we are in for specific tenders. Spot checks are happening as part of the overall process. Single Source Requests are capturing additional details via email correspondence and/or meetings with quarterly reports to the Assurance & Compliance team. Once we finalise our tender tracker, we will be able to close this item. We are on track with meeting the November deadline.			
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.	We have produced a standardised vendor performance evaluation form, which will enable us to collate contract owners' feedback on the performance of our vendors. This has already been put in place on a quarterly basis, however, the new form and associated tracker (to collate all the various responses from the vendor performance evaluation form) will complement the existing process and allow for greater reporting of performance across the wider business. We aim to have the new forms finalised and communicated to key stakeholders by the end of September 2024.			
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 maintain records of our vendor background checks, including ongoing financial health assessments, particularly for long-term and high-value contracts. This process will be updated and included in the new Procurement Manual This process is carried out at time of extensions, renewals for all existing contracts.			
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.	During the migration of data from the old finance systems to the new Business Central (BC) system, only active and approved vendors were transferred. After BC went live, the vendor list was double-checked and filtered for confirmation. Moving forward, we will evaluate vendor performance on a quarterly basis to ensure that only approved and qualified vendors remain listed. (End of September 2024)			
On at least an annual basis, employee vs supplier bank account checks should be undertaken.	Checks are carried out by Payroll in Finance Team. Procurement will be notified if there are any conflicts or duplications flagged.			
HCPC should ensure that: a) On at least an annual basis employees are reminded to review and update their Conflict of Interest (COI's) declarations. b) There is documented evidence for each procurement activity that potential conflicts of interest have been considered.	Procurement is currently requesting all tender panel members and/or contract owners to complete their conflict of interest forms prior to the tender evaluation process and have them signed off and attached to the relevant tender document. This process will be spotted in the new Procurement Manual.			