

Audit Committee, 4 June 2019

Quality Assurance Department update

Executive summary and recommendations

### **Introduction**

This paper provides information on the Department activities that have taken place since March and activities that are ongoing in this period.

### **Decision**

The Audit Committee is asked to discuss the paper.

### **Background information**

The Quality Assurance Department was established in June 2018, bringing together the following functions from different areas of the organisation: service and complaints, business process improvement, Registration, Fitness to Practise, Education quality assurance teams.

The Audit Committee received a paper at its last meeting in March 2019 providing an overview of the Department's activities (including an audit overview) covering the period from November 2018 to February 2019.

### **Resource and financial implications**

The activities set out in this paper are in line with the Department workplan and budget.

### **Appendices**

None

### **Date of paper**

23 May 2019

## 1 Quality Assurance Department activities (March – May 2019)

- 1.1 The 2019/20 Quality Assurance Frameworks for the regulatory departments (FTP, Registration and Education) and audit schedules have been produced. SMT received a paper in May providing an overview of the Quality Assurance Frameworks and the audit plans for these functions.
- 1.2 Quarterly meetings continue to be held with the Heads of the regulatory departments. These meetings review audit workplans, ensure that the timings of audits means that evidence is available for key deadlines such as PSA audits and ensure the focus continues to be on areas of key risks identified in the Quality Assurance Frameworks for the Departments. This also provides an opportunity to discuss the scope of audits and audit findings.
- 1.3 OMT and SMT actions on the main reports and outputs produced by the Department, incorporating the regulatory quality assurance, service and complaints and business process improvement (BPI) functions, have been finalised and agreed. These arrangements have been implemented at the start of this financial year.
- 1.4 OMT will receive a six month review report in June on the feedback and complaints received by the organisation and their outcomes. This report will be for OMT to review and consider whether any further actions are required to address issues raised, to review patterns and themes and assess the impact of any actions. Quarterly meetings will continue with the Head of FTP and commence with the Head of Registration (as heads of the departments that receive the greatest number of complaints) to ensure that the complaints process is operating effectively, to discuss key themes and activities to support the Departments.
- 1.5 A review took place to consider the structure and function of the Department in light of organisational changes and to research and consider best practice approaches (this included reviews of models and meetings with quality assurance teams at other health regulators). Development of the Department's functionality will continue in line with the areas for review agreed with OMT, in the production of further departmental guidance and in taking forward recommendations from the internal auditors' review of the Department.

## 2 Audit overview

This section provides an overview of the audits that have started or have been completed in the Department since March.

### 2.1 Audits completed in this period (March to May 2019)

Audit	Description	Outcomes	Status
FTP Risk Assessments (RAs)	<p>Audit to assess the quality, whether guidance is being followed and whether the assessments are completed within the required timescales</p> <p>253 cases were audited from all open, pre-ICP cases from 2-24 October 2018 that had an opportunity (a change in the case) for a RA. This represented 13% of open, pre-ICP cases in this period</p>	<ul style="list-style-type: none"> <li>• The audit found that whilst there were quality issues with parts of RA forms, these did not appear to impact on the correct categorisation of risk in FTP cases. RAs were completed when required in the majority of cases. Work needs to be carried out to improve the quality of RAs and completion of these in the required timescales.</li> <li>• Three recommendations were made.               <ul style="list-style-type: none"> <li>○ Ensure that consideration is given to ongoing training and support to improve consistency in applying the new approach to documenting RAs.</li> <li>○ Review a section of the process to enable it to be recorded.</li> <li>○ Consider feedback provided when reviewing the tool used for completing RAs.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• FTP management agreed the recommendations in full.</li> <li>• SMT discussed the report at its 7 May meeting.</li> <li>• The QA Department is tracking progress on the agreed activities.</li> </ul>
Registration International and European Mutual Recognition (EMR) Assessment Decisions	<p>Audit on the International and EMR assessment decisions process and whether guidance is being followed.</p> <p>208 Records of Assessment across 171 applications from July to December 2018 were audited.</p>	<ul style="list-style-type: none"> <li>• The audit found that the process for sending correct assessment decisions to applicants was working well, but there are opportunities for improvement regarding processing times and the administration of various parts of the process.</li> <li>• Four recommendations were made.               <ul style="list-style-type: none"> <li>○ Ensure that written guidance is updated and covers all of the process.</li> <li>○ Increase the number of initial decisions sent within service level.</li> <li>○ Resolve issues found with the assessment log book spreadsheets.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Audit completed, report with Registration management to review / agree recommendations</li> </ul>

		<ul style="list-style-type: none"> <li>○ Ensure any application issues raised in the audit are reviewed (and if required addressed).</li> </ul>	
FTP Non-FTP Cases	<p>Audit of recent Protection of Title (POT), Health and character declaration (DEC) cases to assess whether decisions are being made in line with guidance and concerns about registrants / applicants are being managed appropriately.</p> <p>72 cases processed between September and December 2018 were audited. This represented 34% of the total number of cases processed in this time period.</p>	<ul style="list-style-type: none"> <li>● The audit found that in the majority of DEC cases, decisions made were in line with the associated policies and clearly recorded. Work needs to be carried out to ensure approval processes are clearly set out, and to improve the consistency in applying the policy and guidance in POT cases.</li> <li>● Two recommendations were made. <ul style="list-style-type: none"> <li>○ Ensure written guidance and tools are controlled and cover all of the process.</li> <li>○ Review training and support to improve consistency in applying policy and guidance.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Audit completed, report with FTP management to review / agree recommendations</li> </ul>
BSI external audits ISO9001 (9-10 April) and ISO27001 (29-30 April)	Biannual (ISO9001) and annual (ISO27001) external audits	<ul style="list-style-type: none"> <li>● Both audits passed</li> <li>● The reports and their findings are provided at this meeting.</li> <li>● ISO9001 findings: <ul style="list-style-type: none"> <li>○ 2 minor nonconformances</li> <li>○ 1 Opportunity for Improvement</li> </ul> </li> <li>● ISO27001 findings: <ul style="list-style-type: none"> <li>○ 1 minor nonconformance</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Audits completed</li> <li>● Reports and proposed actions reviewed by OMT to determine actions to undertake</li> <li>● Reports to be reviewed by SMT and Audit Committee</li> </ul>
BPI internal department audits	Internal audits carried out against ISO9001, ISO27001 and ISO10002 (where applicable) standards in preparation for external audits against these standards	<ul style="list-style-type: none"> <li>● Non-conformities, opportunities for improvement and observations identified in audits added to improvement log</li> </ul>	<ul style="list-style-type: none"> <li>● IT Governance audit and Office Services department audits completed</li> </ul>

## 2.2 Ongoing audits

Audit	Description	Status
Education business process (approval)	Audit on approval business process focused on areas of medium and high risk identified in previous audits	Audit completed and report being finalised
Education Programme Records (October 2017 – May 2018)	Biannual audit to check the accuracy and status of programme records through a review of specific operational activities	Audit completed and report being finalised
Education Programme Records (June 2018 – January 2019)	Biannual audit to check the accuracy and status of programme records through a review of specific operational activities	Audit completed and report being finalised
FTP Final Hearing Decision	Audit of Final Hearing written decisions to determine whether those produced meet the required quality. Includes cases disposed of by means of consent and those where the HCPC have sought to discontinue allegations	Audit completed and report being finalised
FTP Threshold	Audit of decisions made under the newly implemented Threshold Policy to determine whether decisions are being made in line with policy and if the process is being followed	Audit completed and report being finalised
Education Major Change Process and Decisions	Audit on the major change business process (focused on areas of medium and high risk identified in previous audits) and the decisions made by Education Managers.	Audit ongoing
Registration Appeals	Audit to look at the Registration appeals process and whether guidance is being followed.	Audit ongoing
FTP Investigation Committee Panel Decisions	An audit of recent ICP decisions to assess the quality of written decisions, the impact of ICP-specific Chairs and the introduction of the Fast-Track ICP process.	Audit ongoing

### **3 BPI updates**

#### **3.1 ISO certification and audits**

- ISO9001 (Quality Management System) recertification took place on 9-10 April 2019.
- ISO27001 (Information Security Management System) audit took place on 29-30 April 2019.
- The reports for the audits above, as well as the ISO10002 (Customer Service) audit that took place in February, are provided at this meeting.

#### **3.2 Near Miss Reports (NMR) summary**

- Ongoing NMRs:
  - NMR72 Theft of personal phone from 186 Kennington Park Road reception desk
  - NMR73 Letter to registrants requesting new direct debit

#### **3.3 Information security training**

- Content for the new set of information security training has been developed in house through the use of an external module to make it more relevant to employees and Partners. This training is managed through the Learning Hub.
- Employee training was rolled out in March – 93% of employees have completed it and the module will be used to train any new employees.
- Partners training will be rolled out at the end of summer.

#### **3.4 Data reporting**

- The five year registrant forecast (up to the end of March) has been completed.

#### **3.5 Risk Registers**

- SMT and risk owners continue to maintain the Enterprise Risk Register. The last update was completed in April 2019.
- The next iteration of the Social Work Risk Register is published at this meeting.