
Internal Audit report – FTP end to end process review

Executive Summary

As part of the 2019-20 Internal Audit Plan as approved by the Committee, BDO LLP have undertaken a review to of the HCPC’s FTP end to end process.

The objective of the audit was to provide assurance that the controls around the FTP end to end processes are appropriate and adequate in their design and is applied as intended in practice.

| | |
|-------------------------------------|---|
| Previous consideration | None. |
| Decision | The Committee is invited to discuss the report. |
| Next steps | Recommended actions agreed with the Executive will be tracked for progress in the Committee’s standing recommendation tracker report. |
| Strategic priority | Strategic priority 1: Continuously improve our performance across all our regulatory functions |
| Risk | SR 1 - Failure to deliver effective regulatory functions |
| Financial and resource implications | The cost of the audit is included in the Internal Audit annual fee. |
| Author | BDO LLP |



HEALTH CARE AND PROFESSIONS COUNCIL

INTERNAL AUDIT REPORT - FINAL

FITNESS TO PRACTISE
FEBRUARY 2020

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Reviewed by: Gavin Fernandes, Bill Mitchell

1 Executive Summary

Introduction

- 1.1 As part of the Health and Care Professions Council internal audit plan for 2019/20, as approved by the Audit Committee, we undertook an audit of the Fitness to Practise (FtP) End to End Process Review.
- 1.2 One of HCPC's key regulatory obligations in protecting the public is its FtP function. HCPC protects the public by investigating concerns about an HCPC registrant's FtP. Anyone can raise a concern regarding a registrant's fitness to practise - a member of the public, another HCPC member or other health professional.
- 1.3 HCPC's FtP department manages across four main streams: FtP Cases, Protection of Title, Health and Character Cases and Miscellaneous Cases. FtP cases are the largest volume case stream and go through a rigorous stage by stage process. Key stages include the initial case reception triage, investigations, external preparation and a tribunal service. At any stage of the process an Interim Order can be applied for to restrict a registrant's ability to practice while an FtP case is being investigated.
- 1.4 Over the last year, there has been some transformational changes across all FtP processes which went live in January 2019.

Review objectives and approach

- 1.5 The objective of the audit was to provide assurance that the controls around the FtP end to end processes are appropriate and adequate in their design and is applied as intended in practice.
- 1.6 The key risks with this area of activity are whether:
 - the procedures and controls around FtP processes effectively support HCPC's statutory obligations in protecting the public, that is, the controls in place from the point a concern is raised, the triage process, investigations process and hearings tribunal process;
 - the procedures and controls around Interim Orders effectively support HCPC's statutory obligations in protecting the public;
 - management and processing of FtP cases are complete, rigorous and in accordance with statutory and legislative requirements;
 - FtP cases are processed in a timely manner meeting both set statutory and administrative timescales;
 - there are adequate management quality checks at key stages of the FtP process;
 - there is a robust programme of quality assurance of FtP cases;
 - there is ongoing, accurate management and performance reporting around FtP case activity.
- 1.7 The review was conducted through an evaluation of the process design and substantive testing of a sample of Interim Orders, FtP cases, protection of title cases, miscellaneous cases and health and character declarations. In addition, we held interviews with other relevant staff involved within the FtP process from quality assurance techniques to management reporting. A review of key documentation including policies and standard operating procedures was also undertaken.

Key conclusions

■ (Amber)

Weaknesses have been identified in the control framework or non-compliance which put achievement of system objectives at risk. Some remedial action will be required.

- 1.8 Overall our end-to-end sample testing of the FtP process confirmed that the individual tasks within each stage of the FtP process are completed effectively. This was confirmed when we reviewed in detail processes such as at triage, the Investigating Committee Panel (ICP) stage and post ICP stage, the Protection of title (POT) process, declarations of character cases and miscellaneous cases. In all areas, supporting documentation was comprehensive and had been maintained to demonstrate compliance with the process steps. This was also highlighted when we reviewed the completion of FtP cases. Where interim orders are required, we also found that these are adequately risk assessed and interim order applications are consistently approved. In addition, the FtP process is monitored by quality assurance audits, which are undertaken by a QA Team who have knowledge of the process and apply recognised assurance and automation tools. This is complemented by quality assurance reports which are distributed to SMT. The Audit and Risk Committee receive an overview of the progress against the recommendations from the audit and Council receive a summary of this information in the organisational performance report.
- 1.9 The Quality Assurance (QA) team, who undertake FtP audits, have all worked in the FtP field previously and therefore have a sound knowledge of how the function works. The QA team work with the FtP team to identify which audits should be undertaken in line with risks. The risks are identified by the Head of FtP, The FTP QA manager and the Head of QA. In addition the QA plan is not rigid and can be updated via regular quarterly meetings between the Head of QA, the FtP QA Manager, the Head of FtP and, when required, the Executive Director of Regulation.
- 1.10 We noted that the triage process was identified to be sound in that it allowed for only the more relevant and pertinent cases to be considered and thus escalated to the next stage. This helps ensure that resources, even when low are focusing on those cases that are most relevant. We also noted that HCPC routinely and consistently acknowledged all concerns that were raised to them which is important as it allowed complainants to be made aware that their concerns were being dealt with. Declaration of health and character cases we tested were also all dealt with in a timely manner. This helps to ensure that registrants are able to practice in a timely manner.
- 1.11 However, we found there were a number of issues identified within the FtP processes and these generally centred on the common theme that as management are aware timescales are not being consistently adhered to across the various process stages - from triage through to case completion. A key factor that management cited for delays in the FtP processes was that staff resources have been limited and there have been a number of staff vacancies at different stages within the process.
- 1.12 In addition, the FtP end to end process needs to be developed in light of the following issues:
- Timescales had not been met in the following areas of the FtP processes:

| Process | Required timescales | Number of exceptions | Extent of delays | Total sample size tested |
|---|---------------------|----------------------|---------------------|--------------------------|
| Triage - Triage form inc. risk assessment | Five working days | 14 | 6-23 working days | 25 |
| Triage to Case Team Manager allocation service standard | Two working days | 16 | 3 - 48 working days | 25 |
| Conduct and Committee stage report | Five weeks | 1 | 7 days | 25 |
| Protection of Title | | 4 | | 10 |

| | | | | |
|------------------------------------|----------|---|---------------|----|
| Miscellaneous case acknowledgement | | 6 | Up to 2 weeks | 10 |
| Interim orders | | 5 | | 10 |
| Case completion at Triage | 12 weeks | 1 | 13 days | 25 |

- Although management checks are in place in the form of the quality assurance reviews there is no specific reporting on the organisation’s ability to meet the required timescales for the aforementioned FtP processes.
- In one case sent to the Panel the case had to be put on hold due to insufficient information being presented in the ‘bundle’ pack. This caused a delay in the decision that was made. We understand that this was an isolated issue.
- Information sent to the Audit Committee and Council with regards to recommendations from QA audits do not include how many cases recommendations have been completed, are in progress and still outstanding and have passed the implementation date.
- FtP management do not respond to the QA team in a timely manner and therefore the FtP tracker is not up to date.

Recommendations summary table

1.13 The following table summarises the recommendations made across the key risks audited, grouped by priority ratings:

| Key risk area | Rating | Recommendation Priority rating | | |
|---------------------------------|-------------|--------------------------------|----|---|
| | | 1 | 2 | 3 |
| 1 End to end FtP process | Amber | - | 5 | - |
| 2 Interim orders | Green Amber | - | 2 | 1 |
| 3 FtP case completion | Green | - | - | - |
| 4 Timeliness of case completion | Green Amber | - | 2 | - |
| 5 Management checks | Green Amber | - | 1 | - |
| 6 Quality assurance | Green Amber | - | 2 | - |
| 7 Management reporting | Green Amber | - | 1 | - |
| Total recommendations made | | - | 13 | 1 |

1.14 The following tables in Section 2 Key Findings show the results of our analysis by each key risk area. Areas for improvement are highlighted with the key recommendations in the right-hand columns.

2 Key Findings

Key Risk Area 1: End to end FtP Process

Assessment:

Amber

Background

FtP concerns may be raised by the registrant themselves, members of the public or referrals from other professionals. They are in regarding to the registrant's ability to practice in their chosen profession. All concerns that have been received by HCPC must meet the HCPC's Threshold Criteria to be considered as a potential FtP case. We looked to verify the effectiveness of HCPC's FtP end to end process. We did this by sample testing 25 FtP cases at different stages of the process. Three cases were triaged outside our testing period.

1.1 FtP end to end process (triage)

Findings & implication

Positive findings

- It was verified via sample testing of 25 FtP concerns raised that HCPC received, that they consistently followed the standard process. All concerns go through the triage test and an assessment is made as to whether the threshold criteria has been met. The triage test is an assessment as to whether a concern is within HCPC's remit (i.e. that they have the statutory powers to investigate). This is important as where there is consistency with how cases are dealt with, cases and registrants are seen to be treated fairly. In addition, having a fair threshold criteria helps to ensure that only those cases which do raise a potential risk to the public are investigated and therefore resources are not wasted.
- The triage process involves determining which stream a case should be assigned to. Initially, cases can be referred to the Investigating Committee Panel. Alternatively, an Interim Order may need to be applied once a concern has met the threshold criteria. This helps to ensure efficiency within the process.

Recommendation

1. We recommend that HCPC ensures that the triage process is sufficiently resourced so that all cases can be processed in line with the standard timescales. We recommend due to the complexity of the concerns raised, that HCPC should consider it's approach in resourcing to manage high influx of concerns. This could include use of external lawyers.

Priority 2



Management response

| Findings & implication | Recommendation |
|--|---|
| <ul style="list-style-type: none"> For all cases sampled it was identified that each one had been through the triage stage and the triage test was conducted. A triage form was completed and signed for each case and documentary evidence was on the Case Management System (CMS). This helps to ensure that all evidence of each stage of the process is recorded and cases are undertaken consistently. <p>Areas for improvement and implication</p> <ul style="list-style-type: none"> The Case Management Manual (The Manual) states that the triage stage should be completed within two weeks of receipt of the concern. In 9 cases sampled, these were triaged outside the two week deadline. When deadlines are missed there is a risk of reputational damage, key performance indicators not being achieved and the risk that registrants are not appropriately removed from working with members of the public in a timely manner. During the two week triage period, all concerns must have an initial risk assessment completed within five working days of receipt of the concern. It was identified that in 14 cases this timescale had not been achieved. Where an initial risk assessment is not completed there is a risk that an interim order is not actioned in a timely manner and the registrants are continuing to work with members of the public. For 16 cases sampled, these did not meet the 2 working days from triage to Case Team Manager allocation service standard. Allocations were found to range from 3 to 48 working days. Management advised, that The Case Reception and Triage time was recently established in May 2019. In addition there was no Manager until June 2019. During this period HCPC were heavily reliant on temporary and fixed term staff due to resourcing issues. Where service standards are not met there is a risk that cases are not being dealt with as efficiently as possible and bottlenecks exist. In one instance, the Case Manager did not send an acknowledgement letter to the complainant. This oversight however was identified by the Case Team Manager, 22 working days after the acknowledgement should have been sent. The Case Team Manager telephoned the complainant to apologise and to set out the next steps. In addition, the Case Manager sent a written acknowledgement following the telephone conversation. Where complainants are not acknowledged in a timely manner there is a risk that duplicate complaints will be raised by complainants which can cause a strain on internal resources. | <p>Accept</p> <p>Action: Whilst SW cases were included, some team members had over 80 active cases. Now, after the transfer, that has reduced to 45-50.</p> <p>A range of management interventions to ensure cases progress to closure or threshold decision are being introduced, including expanding the profession specific approach, and matching the capacity required for cases that need to go to ICP panels.</p> <p>We will evaluate the impact of case flow assumptions in Q1+2 2020/21</p> <p>Action Owner: DL CRT</p> <p>Completion date: Q2 2020-21</p> |

| Findings & implication | Recommendation |
|--|----------------|
| <ul style="list-style-type: none"> A case was transferred to the Serious Case Team and no acknowledgment letter was sent by the Case Manager. When we queried this further, the Serious Case Team had sent the letter two days later once it was transferred across. The Threshold guidance is not explicit as to which team should send the acknowledgement in cases which are referred to the Serious Case Team. The Department Lead - Case Reception & Triage advised that they have now advised the Case Team 1 that they should send an acknowledgement letter (unless there are specific reasons not to) before transferring over to the Serious Case Team. Where acknowledgement letters to the registrant and the employer are not sent there is a risk that registrants are practicing while posing risks to patients and the public depending on the severity of the concern. | |

| Findings & implication | Recommendation |
|--|--|
| <p>Positive findings</p> <ul style="list-style-type: none"> For the sample period covered, April 2019 - September 2019, one case had to be sent to the Investigating Committee Panel. This case was completed within the 12 week period as per the service standards. In addition, the case file was well documented and subsequently well evidenced. This helps to ensure that decisions made are well supported. <p>Areas for improvement and implication</p> <ul style="list-style-type: none"> We were advised by the Department Lead for Investigations that due to resourcing issues within the team, one case in the selected sample was outsourced to Capsticks (law firm). Management were unable to provide further information regarding this case. There is a risk that where cases are outsourced service standards will not be achieved. | <p>2. We recommend where cases are externally outsourced, service standards should be identified and incorporated into the case management manual for transparency.</p> <p>Priority 2 👉</p> <hr/> <p>Management response</p> <p>Accept</p> <p>Action: Capsticks input was as a result of Council direction to add capacity to system, and never intended as permanent solution. A monthly SLA with Head of investigations and HFTP was carried out, with management information and progression provided.</p> <p>For the new legal services contract a robust SLA, along with management process, is being developed with the assistance of specialist consultancy.</p> <p>Action Owner: FTP DL team</p> <p>Completion date: implementation of new contract (expected 1 April 2020)</p> |

| Findings & implication | Recommendation |
|---|--|
| <p>Positive findings</p> <ul style="list-style-type: none">For the sample period covered, April 2019 - September 2019, two cases were at the Post ICP stage and we found one case was completed within the 12 week period and during our walkthrough of the case file we found it to be complete and well organised. <p>Areas for improvement and implication</p> <ul style="list-style-type: none">Cases that progress to the Conduct and Committee stage are externally outsourced to Kingsley Napley (KN) (law firm). KN are required to provide a five week report on the status of any cases that are referred to them. For one case out of the two, it was identified that a five week report was received seven working days after the deadline. Where the five week reports are received after the deadline these should be tracked and monitored to understand if the delay is an ongoing issue for other cases and should be raised at contract management meetings between HCPC and KN. These types of delays impose further delays on HCPC meeting their service standards when progressing a case. | <p>3. We recommend where cases are externally outsourced and service standards are not met these are to be escalated during contract management meetings to prevent repeat occurrences.</p> <p>Priority 2</p> <p></p> <p>Management response</p> <p>Accept</p> <p>Action: There is an existing Service Level Agreement for cases managed under the contract. Performance against this SLA has improved in the last 18 months, leading to consistent (7 consecutive months) meeting or exceeding the postICP KPI reported to Council.</p> <p>As outlined above for the new legal services contract a robust SLA, along with management process, is being developed with the assistance of specialist consultancy.</p> <p>Action Owner: FTP DLs team Completion date: 1 April 2020</p> |

Findings & implication

Positive findings

- For the sample of 10 POT cases selected documentary evidence had been retained in all instances of each stage that HCPC had completed. HCPC retained evidence once the POT issue was resolved to assure themselves that the POT issue no longer existed. Cases were then closed. This demonstrates consistency of how cases are dealt with and would allow other staff to pick up the case if required.
- Once HCPC are made aware of a potential POT issue, they contact the complainant to acknowledge their complaint. This helps to show that HCPC takes these issues seriously and the complainant is aware that their complaint is being considered. In addition HCPC contact the accused detailing the identified issue and evidence of the issue where possible. This allows the accused to see the evidence and respond accordingly.
- All cases were approved by a manager prior to being closed. In all instances where members of the public had been accused of misusing titles the individuals were informed that the case against them had been closed.

Areas for improvement and implication

- There were four instances of delays where the POT case had not met timescales. Where there are delays there is a risk to the safety of the public where persons are misrepresenting themselves.

Recommendation

4. We recommend that relevant staff are reminded of the importance of completing actions within given timescales to help protect the public interest and the reputation of HCPC and its professions.

Priority 2



Management response

Accept

Action: as set out in recommendation

Action Owner: DL CRT

Completion date: Q4 2019-2020

Findings & implication

Positive findings

- For the 10 miscellaneous cases sampled all 10 had been completed consistently with supporting documentation made available for any decision subsequently made. For example, where a registrant could be identified the case was referred to the FtP team. Where a case was not regulated by HCPC this was documented accordingly as the reason to close the case. This allows the reasoning behind all decisions to the next stage to be clearly understood.
- When a complaint is received regarding a potential registrant it may be identified that HCPC do not regulate that occupation. HCPC then write to the complainant and inform them of the reason that HCPC cannot progress the complaint (i.e. HCPC do not regulate the profession) and direct them to the correct regulatory body. This shows that HCPC has taken the time to consider the complaint and help the complainant. In addition, this helps to build a good reputation for HCPC and helps to protect members of the public.
- For the 10 cases sampled there was sufficient supporting documentation retained in all instances. This includes additional information requested from the complainant in regards to the complaint made and any information HCPC have sourced themselves. Therefore, if any additional information comes to light on registrants this can be referred to and referenced at a later date.

Areas for improvement and implication

- Complaints should be acknowledged within five working days of HCPC receiving them. It was identified that for six out of 10 cases there were delays in acknowledgements. Delays could be up to two weeks. Where there are delays in assessing and acknowledging complaints there is a risk that some concerns are pertinent and therefore by not investigating sooner the general public are potentially at risk.

Recommendation

5. We recommend that staff are reminded of the time frames for miscellaneous cases to ensure that they are directed to the correct team in a timely manner and assed.

Priority 2



Management response

Accept

Action: as per recommendation

Action Owner: DL CRT

Completion date: Q4 2019-2020

Key Risk Area 2: Interim Orders

Assessment: Green Amber

Background

Interim orders (IO) are orders that are imposed on registrants when an FtP case is being undertaken. An application for an IO is identified when a risk assessment has been completed and the risk to the public is identified as an A or a B category. An IO application has to be approved by an operational manager prior to being sent for approval to a panel. We selected a sample of 10 IO applications from a total population of 83 covering the period April 2019 until September 2019. We sought to verify if cases were being completed consistently in line with the Manual.

Findings & implication

Positive findings

- All IOs sampled had been risk assessed and assigned a category of A and B prior to being sent for operational manager approval. The detail of the risk assessments were included within separate risk assessments as well as within the IO application for approval. This confirmed that the risk of the registrant had been considered in line with the threshold criteria.
- Evidence of one operational manager approval for the progress of IO applications to the panel was documented for all IO applications to be considered by the panel. Where the IO application was refused by one operational manager and the reason documented, a second operational manager had in addition also made an assessment in all such cases. In all cases tested where the application for an IO did not progress to the panel both operational managers consistently agreed with the decision not to progress the application. This shows consistency within the teams' decision making.
- Prior to a panel hearing, HCPC collate all the information they have and have sourced for the case and put it into a 'bundle'. This needs to be provided to the registrant at least five working days prior to the hearing. In all five cases that went to panel, all bundles had been sent to the registrants in a timely manner. This allows the registrant to see the evidence to be put against them prior to the hearing.

Areas for improvement & implication

- We identified that there were timing delays in five out of 10 cases sampled. The timing delays were at the point of review by the operational manager or at the point at which the registrant was informed that an interim order was going to be reviewed by the panel. In addition registrants should be informed that an interim order is being applied for within one day of the decision being approved by the operational managers. Where timings are not adhered to there is a risk that there is inconsistency within the process and registrants are working with the public when they are not safe to do so.

Recommendation

6. We recommend that staff are reminded of target timescales to help ensure that IOs are dealt with in a timely manner and the risk to the public is therefore minimised.

Priority 2

7. We recommend that all bundles that are sent to the Panel for consideration should be as complete as possible in order to not waste resources and ensure that the most effective decision is made.

Priority 2

8. We recommend that conversations between officers and case managers are documented with regards to potential IOs.

Priority 3



Management response

Accept

Action: as per recommendation

Action Owner: DL CPC

Completion date: Q4 2019-20

Accept

Action: as per recommendation

Action Owner: DL CPC

Completion date: Q4 2019-20

| Findings & implication | Recommendation |
|---|---|
| <ul style="list-style-type: none"> • There was one case identified, which had gone to panel for IO approval and the panel had adjourned the meeting due to lack of evidence. Additional evidence had been requested by the panel in order for the decision to be made. Where the panel are not provided sufficient information to make an informed decision the registrant may continue to work and thus put the public at risk and cause damage. • The Manual states that within one working day of the officer identifying that an IO may need to be imposed, this should be raised with the case team managers prior to being sent to the operational managers. For nine out of the 10 cases sampled, there was no evidence to suggest these conversations took place. Where the conversations do not take place there is a risk that inappropriate cases are sent for IO consideration to operational managers. | <p>Accept</p> <p>Action: as per recommendation</p> <p>Action Owner: DL CPC</p> <p>Completion date: Q4 2019-20</p> |

Key Risk Area 3: FtP case completion

Assessment: **Green**

Background

It is important that the management and processing of FtP cases are complete, rigorous and in accordance with statutory and legislative requirements. The sample identified for KRA1 was also used to check FtP case completion and we verified the cases which were complete had the correct documentation and followed the FtP end to end process.

Findings & implication

Positive findings

- Three cases out of 25 were complete, as the remaining 22 cases were ongoing live cases. When we reviewed the case files we found the expected documentation was in place. For example, completed risk assessments, initial investigation plans, triage form and threshold closure form.

Areas for improvement & implication

None

Recommendation

None



Management response

Accept/Reject

Action:

Action Owner:

Completion date:

Key Risk Area 4: Timeliness of case completion

Assessment: Green Amber

Background

It was agreed by Council in March 2018 that FtP cases progressed from receipt to a decision by an Investigating Committee Panel are to be completed within 33 weeks, FtP cases progressed from receipt to final hearing is 73 weeks and Interim Order cases progressed from receipt to an interim order decision is 16 weeks. The sample identified for KRA1 was also used to check the timeliness of case completion, however, three cases out of 25 were complete at the Triage and Case Reception stage which is 12 weeks.

Findings & implication

Positive findings

- For the 10 declaration of health and character cases tested, these were all identified to have been completed in a timely manner within 48 hours. This allowed registrants to begin work more timely.
- Two cases out of the three case closures was also completed within the 12 week service standard as the Threshold Criteria or Triage had not been met.

Areas for improvement & implication

- Our testing identified one case that was closed 13 working days past the 12 week service standard. However, it was reopened and closed 5 working days after the initial closure date, which was due to the complainant providing further information. Where delays are not identified there is a risk that the HCPC may fail to identify improvement of deterioration in real term performance in a timely enough manner to take corrective action.

Recommendation

9. We recommend that staff are reminded of the importance of meeting service standards as these are set to help protect the public interest and the reputation of HCPC and its professions.
Priority 2

10. We recommend monitoring processes should be in place to identify any cases which have suffered a delay, so that remedial action can be taken in a timely manner.

Priority 2



Management response

Accept

Action: as per recommendation, but is already happening/has been happening for over a year.

Action Owner: DLs

Completion date: complete

Accept

Action: DL CPC and DL HCPTS review outlier cases on a monthly basis and take action where necessary. Not all cases can be expedited due to factors such as adjournment applications, or criminal/employer matters, or health of participants.

Action Owner: DL CPC; Completion date: Complete

Key Risk Area 5: Management checks

Assessment:

Green Amber

Background

Management checks on each stage of the FtP end to end process are key. These are in place to confirm compliance with procedures and overall management requirements, and that complete and accurate information is recorded on CMS as the data inputted is used for management reporting. Throughout our testing, we observed what management checks were in place within the FtP end to end process.

Findings & implication Recommendation

Positive findings

- Staff work in a close proximity of each other, which assists staff to address any queries and issues as they go along, especially when completing Risk Assessments. This helps to ensure the efficiency of the process.
- We observed the use of quality assurance tools within the FtP processes, for example the use of an initial investigation plan, case investigation reports and the template that is used to assess if the threshold is met. This helps to ensure quality by promoting consistency of format and content of explanations.
- CMS has a number of automated system requirements such as 6 weekly risk assessments and it allows the user to create tasks and reminders. This helps to ensure consistent and comprehensive record keeping and allows management to check for any overdue actions or tasks.
- In our selected sample, 3 cases were closed at the triage stage and the triage decision form was approved either by the Case Team Manager or Operational Manager. Attached documents supported the key dates in CMS and appropriate decision letters were issued. Also, in all interim order cases tested where the application for an IO did not progress to the panel both operational managers consistently agreed with the decision not to progress the application. This is good as it shows consistency within the teams' decision making.

11. See recommendation 10.

Management response

Accept
Action: as above
Action Owner: as above
Completion date: as above

Areas for improvement & implication

- For 10 cases in our sample there were incomplete actions regarding the Case Team Manager six week review. We were advised by management that between July 2019 and the end of August 2019 it was agreed that these reviews would not take place. This was due to the delay in allocating cases and management wanting to bring caseloads down. It was agreed that expected timeframes would resume from September 2019 onwards. Our sample did not contain any new cases from September 2019 so we were unable to test if the indicated timeframes within the case management manual were now being met.

Key Risk Area 6: Quality assurance

Assessment:

| | |
|-------|-------|
| Green | Amber |
|-------|-------|

Background

Quality assurance act as a second line of defence within HCPC. The QA team undertake approximately six audits a year which can last between 6-8 weeks at a time. Staff were interviewed and documents were obtained to verify the way in which reviews are selected to be tested. We also looked to review a recent final FtP report in addition to the tracker that is maintained by the QA staff which compile and monitor all the recommendations made from the audits undertaken.

| Findings & implication | Recommendation |
|------------------------|----------------|
|------------------------|----------------|

Positive findings

- The FtP QA team have a knowledgeable FtP background with all three auditors who are in the team having worked in the FtP team previously. In addition, the FtP QA manager has experience of working in other regulatory bodies previously. This coherent FtP and regulatory background allows the team to understand the area in which they are working with and therefore have a sound working knowledge of the processes in place.
- An annual plan is in place which details the audits for the year. The audits to be undertaken in the year have been decided between the Head of FtP, the Head of QA and the FtP QA manager. The approach is mainly a risk based approach in addition to anything that may be topical at the time such as findings from Professional Standards Agency (PSA) reviews. This shows that the plan has been decided between key stakeholders within HCPC who should understand where the key risks lie.
- The audits within the annual plan are RAG rated and the month in which they are due to be completed is documented. This allows for the FtP team and the QA team to be prepared for when the audits are going to take place. In addition, it was advised by the QA team that planned audits are subject to change where risks evolve or more pressing reviews would be beneficial. This allows flexibility in the plan and should help the FtP team to get the best from the audits that the QA team undertake and be value adding.
- A detailed report is sent to the Audit and Risk committee (ARC) which details the work that is being undertaken by the QA team. This allows the ARC to have an understanding of the work being undertaken by the QA team and the impact which they have.
- We reviewed the most recent QA report for FtP. The report explains the process and expectation of the audits being undertaken.
- An FtP tracker is in place which details the finding, risk, recommendation, owner, target timescale, and completion date. When a recommendation had been completed and thus closed down the row is highlighted green. Where the recommendation is still in progress these are

12. We recommend that the QA team include the number of recommendations that have been made, implemented and still pending implementation when reporting to Audit Committee and Council. This could be written as pure statistics to be quick to produce, read and understand.

13. We recommend that the FtP team respond to draft reports issued by the QA team in a timely manner and the tracker is subsequently updated once the required information is obtained from the FtP team.

All Priority 2


Management response

Accept
Action: This fits in with previous recommendations from internal audit that the Quality Assurance Department are already undertaking - to produce a central recommendations tracker and to develop the departmental report to Audit Committee.
Action Owner: Head of Quality Assurance
Completion date: Q1 2020/21

Accept
Action: discuss at DL meeting and feedback to QA
Action Owner: FTP DLs

| Findings & implication | Recommendation |
|---|------------------------------------|
| <p>labelled yellow. Having a recommendation tracker in place allows the QA team to monitor the implementation of the given recommendations across the board.</p> <p>Areas for improvement & implication</p> <ul style="list-style-type: none"> The QA team produce a performance report that is sent to the Audit Committee and Council. The performance report states the audits completed and due to be completed, in addition to the rationale for the upcoming audits. It would be beneficial if the report included the recommendations made and what percentage of these are still outstanding to be completed and the number that have already been completed. Where the Audit Committee and Council is not clear on the stages of recommendation implementation there is a risk that the full value of the QA team is not realised. The FtP tracker in place has two issues. The first is that there are outstanding recommendations, of which some of these should have been implemented by December 2018. The reasoning for these not being completed is the FtP QA team are awaiting the FtP manual. Where there are delays in the completion or the finalising of the FtP manual there is a risk to the efficiency of the FtP process. <p>The FtP tracker has audits that have been issued to the FtP team in the period covering May 2019-June 2019. However, the tracker has not been updated to include the responses from the FtP team nor does the tracker have responsible officers or due dates to completion for these recommendations. There is a risk that where issues are identified these are not resolved in a timely manner and corresponding risks are allowed to persist.</p> | <p>Completion date: each time.</p> |

Key Risk Area 7: Management reporting

Assessment: Green Amber

Background

We examined the management information available and reporting carried out on the FtP process, and interviewed members of staff to understand how these tools are used. We then concluded as to whether the arrangements in place supported quality improvement. We reconciled the data regarding FtP Performance Reporting for Council from April 2019 to August 2019 against the source data to identify completeness and accuracy.

Findings & implication

Positive findings

- The FtP team have access to specifically designed, informative and comprehensive information 'dashboards' which are used well to monitor the team's performance. This allows the team to have a good oversight of how they are performing.
- Information held on the Case Management System is comprehensive. It allows the teams involved to have further quality improvement opportunities for the FtP process, from analysing the trends and outcomes data that already exists. This allows for constant development within the team and process.
- We verified that regular and comprehensive reporting of decision points, delays, trends and formal targets were provided to senior management and Council on a monthly basis. This allows senior management to have up to date information on where there may be issues and areas of good performance which can then be either rectified or continued respectively.

Areas for improvement & implication

- We found figures were incorrectly reported to Council in April 2019's Chief Executive's organisational performance report for Median length of time from receipt to final hearing: 73 weeks and Number of open pre-ICP cases (not including Rule 12 cases*) 1600 open cases by 31/3/19. The reported figure reported for Median length of time from receipt to final hearing was 89.6 and the figure in the Management Information spreadsheet was 89.8. The reported figure for Number of open pre-ICP cases (not including Rule 12 cases*) 1600 open cases by 31/3/19 was 1958 and the figure in the Management Information spreadsheet was 1972. Where statistical information is incorrectly reported there is a risk that decisions made may be influenced by incorrect information and resources and time may be inappropriately dispersed.

Recommendation

14. We recommend that information is double checked to ensure its accuracy prior to it being distributed.

Priority 2



Management response

Accept

Action: linked to systems development - This is a function of manual reporting systems. Replacement CMS system has identified improved reporting as part of benefits. In the interim a reminder will be given on the importance of the accuracy of manual reporting.

Action Owner: A+D manager

Completion date: Q4 2019-2020

A Additional information

None

B Audit objectives, Risks & Scope

| Terms of reference | |
|--------------------|---|
| Objectives | The objective of the audit is to provide assurance that the controls around the FtP end to end processes are appropriate and adequate in their design and is applied as intended in practice. |
| Key risk areas | <ul style="list-style-type: none"> • The controls around FtP processes effectively supports HCPC's statutory obligations in protecting the public, that is, the controls in place from the point a concern is raised, the triage process, investigations process and hearings tribunal process. • The controls around Interim Orders effectively supports HCPC's statutory obligations in protecting the public. • Management and processing of FtP cases are complete, rigorous and in accordance with statutory and legislative requirements. • FtP cases are processed in a timely manner meeting both set statutory and administrative timescales. • There are adequate management quality checks at key stages of the FtP process. • There is a robust programme of quality assurance of FtP cases. • There is ongoing, accurate management and performance reporting around FtP case activity. |
| Scope | <ul style="list-style-type: none"> • There is ongoing, accurate management and performance reporting around FtP case activity. • Review and assessment of the controls in place around Interim Orders from the decision to go to an IO, case management of an IO up to ensuring that the cases does not expire or is not followed up when required. • Review and assessment of the level of management quality checks undertaken at key stages of the FtP process. • Review and assessment of the adequacy and robustness of the programme of quality assurance undertaken for FtP cases. • Review and assessment of the level and frequency of management and performance reporting around FtP case activity. This will include key performance indicators and other management information used to monitor the administration and management of FtP cases. |
| Approach | Our approach to the review will include a detailed walkthrough of each case stream and interim orders, substantive testing of a sample of live FtP cases for the period April to September 2019, a review of key documentation including policies, standard operating procedures, management and performance reports, case files etc. and interviews with key operational staff across the FtP department. |

C Audit definitions

| Opinion/conclusion | |
|---|--|
|  (Green) | Overall, there is a sound control framework in place to achieve system objectives and the controls to manage the risks audited are being consistently applied. There may be some weaknesses but these are relatively small or relate to attaining higher or best practice standards. |
|  (Green-Amber) | Generally a good control framework is in place. However, some minor weaknesses have been identified in the control framework or areas of non-compliance which may put achievement of system or business objectives at risk. |
|  (Amber) | Weaknesses have been identified in the control framework or non-compliance which put achievement of system objectives at risk. Some remedial action will be required. |
|  (Amber-Red) | Significant weaknesses have been identified in the control framework or non-compliance with controls which put achievement of system objectives at risk. Remedial action should be taken promptly. |
|  (Red) | Fundamental weaknesses have been identified in the control framework or non-compliance with controls leaving the systems open to error or abuse. Remedial action is required as a priority. |

Any areas for improvement are highlighted with the key recommendations in the right-hand columns. The symbols summarise our conclusions and are shown in the far right column of the table:

| | |
|---------------------------------|---|
| Good or reasonable practice |  |
| An issue needing improvement |  |
| A key issue needing improvement |  |

| Recommendation rating | |
|-----------------------|---|
| Priority ranking 1: | There is potential for financial loss, damage to the organisation's reputation or loss of information. This may have implications for the achievement of business objectives and the recommendation should be actioned immediately. |
| Priority ranking 2: | There is a need to strengthen internal control or enhance business efficiency. |
| Priority ranking 3: | Internal control should be strengthened, but there is little risk of material loss or recommendation is of a housekeeping nature. |

D Staff consulted during review

| Name | Job title |
|-------------------|---|
| John Barwick | Executive Director of Regulation |
| Richard Houghton | Head of Registration |
| Brian James | Head of FtP |
| Imran Imamdar | FtP Operations Manager (CRT) |
| Catherine Beevis | Operational Manager - CPC |
| Genevieve Bentley | Operational Manager - CRT |
| Sarita Wilson | Department Lead - Case Reception & Triage |
| Laura Coffey | Department Lead - Investigations |
| Eve Seall | Department Lead - Case preparation and Conclusion |
| Paula Lescott | Head of Quality Assurance |
| Eva Hales | Assurance and Developmental Manager |
| Ewan Shears | Governance Officer |

We would like to thank these staff for the assistance provided during the completion of this review.

E Case references - draft purposes only

| Area | Issue | Exceptions |
|----------------|--------------------------------|--|
| FtP Triage | Timings not upheld | FTP70869, FTP70609, FTP70281, FTP71107, FTP71313, FTP70633, FTP71266, FTP71090, FTP70904, FTP71545, FTP72087, FTP71176, FTP71268, FTP70671, FTP72557, FTP72357, FTP70329, FTP72099, FTP72334, FTP73036 |
| Post ICP | Timings not upheld | FTP53133 |
| Miscellaneous | Timings not upheld | MIS70177, MIS72358, MIS71492, MIS71408, MIS72105, MIS73306 |
| POT | Timings not upheld | POT72625, POT73392, POT73964, POT72382 |
| Interim orders | Timings not upheld. | FTP70352, FTP71108, FTP58097, FTP68967, FTP57773 |
| Interim orders | Insufficient evidence to Panel | FTP70848 |

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