

Internal assurance report

Executive Summary

This paper provides information on internal assurance activities that have taken place since November 2019 and activities that are ongoing in this period. This report includes the following areas;

- Quality Assurance
- Complaints and Feedback
- Chief Information Security and Risk Officer report

Previous consideration	None.
Decision	The Committee is invited to discuss the report.
Next steps	The report is a standing item on the Committee's agenda.
Strategic priority	Strategic priority 1: Continuously improve our performance across all our regulatory functions
Risk	1 - Failure to deliver effective regulatory functions 3 - Failure to be a trusted regulator and meet stakeholder expectations
Financial and resource implications	None
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Quality Assurance departmental activities report

1 Executive Summary

The report covers the departmental activities since November 2019. Feedback from the Audit Committee on the information presented in the report will continue to be collected and the report developed over this financial year.

2 Quality Assurance Team changes

From January 2020 the Quality Assurance Team has come under Governance Department oversight. The Head of Quality Assurance left the HCPC at the end of January 2020. Recruitment for a 'QA Lead' is ongoing.

The QA Team currently consists of the Education Quality Manager, Registration Quality Assurance Manager, FTP Quality Manager and the Service and Complaints Manager.

Whilst continuing the remainder of the audit schedule for 2019-20, the focus since January 2020 has been on improving the timeliness of audit report findings. Key to this is a review of how the HCPC approaches QA. Several discussions have been held with the Business Improvement Team on how to make HCPC QA more agile and value adding. Given the significant reduction in the size of the QA Team since its inception, the previous approach to auditing is not possible to deliver within the needed timeliness.

It has been agreed that FTP will trial a new approach to QA to be defined jointly between the QA team and the FTP department. This is likely to place more importance on business as usual or process quality checks carried out by the FTP department as providing a key intelligence source to shape where the QA team focuses its resource. The first joint workshop with FTP will take place in March.

To support the QA managers in this aim of being more agile and targeted, they will attend a lean auditing course together in February as well as root cause analysis training. In the 2020-21 financial year it is anticipated that lean six sigma training will be provided to key employees both in the QA team and wider departments.

3 Service and Complaints

There was a spike in complaints received in December when a renewal window closed. This is a common pattern as the volume of contacts into the registration department increases. This also coincided with the transfer of Social Worker regulation on 2 December also increasing contacts into the department.

The annual service and complaints report is in production and will be presented to the Audit Committee in June 2020.

The Service and Complaints manager has provided input into the evidence submission for the PSA performance review. Under the new standards, the complaints function is subject to specific scrutiny.

Audit Committee

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As with the QA reports, the timeliness of reporting information for feedback and complaints is also a focus for improvement, as well as enhancing the analysis provided to the SMT and foregrounding and celebrating the regular positive feedback we receive from registrants and other contacts about our employees.

Appendix 1 - Regulatory department audit schedules 2019-20 progress

Audit	Period	Status
Education		
Education Major Change Process and Decisions To determine whether the process is being followed to the required standard, in line with published guidance and decisions are clearly recorded and communicated.	Quarter 1 – 2 Report finalised December 2020	Completed 4 recommendations
Findings - The audit findings indicate that the process is working well overall. In particular, it identified the significant engagement that takes place between education providers and the Department in order to fully understand the changes and the context of wider initiatives, such as degree apprenticeships. There are opportunities for improvement in clarifying guidance in relation to areas of the process.		
Education Programme Records (February – July 2019) Biannual audit to check that information on education programme records is correct and programmes have been created, updated or closed based on information submitted by education providers. Findings - The audit identified that the core information for programme records was correct for 100% of the events. This demonstrates significant continuous improvement from previous audits in January (79%) and March 2019 (92%).	Quarter 2 Report finalised November 2020	Completed No recommendations
Education Creation of New Programme Records To determine whether the process is being followed around changes to education programme records, is in line with published guidance and relevant programme records are accurate and complete. Findings - The audit found that programme records appeared accurately on the HCPC website and in the Registration system, with the exception of one date on one programme record. Combined with the findings of the last Education Programme Records audit (August 2019), where 100% of programme records had correct core information, this provides confidence that the Department is working well to meet the relevant PSA Standards of good regulation.	Quarter 2 Report finalised February 2020	Completed 3 Recommendations
Education Annual Monitoring Planning To determine whether the process is being followed to the required standard, in line with published guidance and decisions are clear.	Quarter 3 This report is expected to be finalised in March 2020.	With internal department for management responses.
FTP		

FTP Investigation Committee Panel (ICP) Decisions To assess the quality of written decisions, and to assess the potential impact of changes to the process in the introduction of ICP-specific Chairs and the introduction of a Fast Track process.	Quarter 1 This report is expected to be finalised in March 2020.	With internal department for management responses.
FTP Threshold (2019 - 20) To assess the quality of decisions made under the Threshold policy, whether decisions are being made in line with the policy, are clearly communicated to relevant parties and if the process is being followed.	Quarter 2 This report is expected to be finalised in March 2020.	With internal department for management responses.
FTP Risk Assessments To assess the quality, whether guidance is being followed, and whether the assessments are completed within the required timescales. Findings – Whilst the results of this audit were an improvement on those for the 2019 audit, there remains significant room for improvement.	Quarter 2 – 3 Report finalised February 2020	Complete Recommendations
FTP Case Classification To review the effective application of the recently introduced case classification system.	Quarter 4	Ongoing (audit stage)
Registration		
Registration Appeals To determine whether the process is being followed to the required standard, and in line with published guidance. Findings – The audit found the process is working well overall with 100% compliance to key quality standards. The majority of issues identified in the audit were low level and could be resolved by updating the guidance document to reflect the current process.	Quarter 1 Report finalised August 2020	Completed 2 recommendations
Registration CPD Assessment Decisions To focus on the quality of written decisions by CPD assessors, that decisions are processed in line with published guidance and communicated to registrants. Findings - The audit identified that the process is working well. In all the CPD profiles audited, all decisions that needed to be signed off by a Registration Manager or Team Leader were signed off and all relevant assessment documentation was linked to the registrants' Net Regulate records. Correct assessment decisions were sent to registrants in 99% of the profiles audited.	Quarter 2 Report finalised February 2020	Completed 1 recommendation
Registration Pass Lists / FTP Referrals To determine whether the process is being followed to the required standard, and in line with published guidance.	Quarter 3 This report is expected to be	With internal department for management responses.

	finalised in March 2020.	
CQL A review of the Comparable Qualifications List (CQL) process.	Quarter 4	Ongoing (audit stage)

Chief Information Security and Risk Officer report

1. ISO certification and audits

The next ISO 27001:2013 audit is scheduled for early April 2020. This will focus on;

- Context of the Organisation, Scope and Policy
- Objectives / Performance Monitoring & Measurement
- Risk Assessment, Risk Treatment, Statement of Applicability
- Control of Documents and Records
- Compliance: Legal and Other Requirements
- Internal Audit, Corrective Actions, Management Review
- Access Control & Cryptography
- Asset Management
- System Acquisition, Development and Maintenance
- Communications Security
- Business Continuity
- Security awareness sampling, Policy & Standards, Education Depts.

Internal information security audits;

- Tidy Desk audit December 2019 Park House & 186, 20-26 Stannary Street
- FTP CMS access rights February 2020
- FTP DBS checks – proposed
- Royal Mail sign for deliveries – inconsistencies and errors being highlighted to demand Royal Mail action

2. Information Security

This year's information security training was rolled out to all Partners in October with the assistance of the Learning & Development and Partner teams. To date 99% of Partners have completed the training on line. The eight remaining non completed partners are not currently being used. The new employee information security was rolled out to users via the Learning hub on 17 February 2020.

The information security management system documentation has undergone its annual review, and policies have been slightly adjusted following recent BDO audits.

There were 84 incidents of minor information loss reported to the Governance team in the 2019 calendar year. Six incidents have been internally reported to date in 2020. All incidents are risk assessed based on the risk of harm to the data subject.

3. Data reporting

The five year registrant forecast has been updated with end of December 2019 data. The number of registrations reported to PSA for the purposes of PSA levy calculation was 280,803 registrants for the end of the calendar year.

Some bespoke reporting was developed to aid the monitoring of NetRegulate SW records during and after the migration period. A set of Home Country reports will be extracted every quarter, and offered to the NHSI & PHE or their equivalents, via a

specific area of the public website. No new reports are envisaged at the moment, but effort will be required in Communications to create the bespoke area, and put up the test reports.

4. Risk Management

The Strategic Risk Register has been updated. Fraud has been added to Strategic Risk 5. The Enterprise Risk Register has been updated. The next iteration will follow a review of potential fraud and bribery areas around each area of the organisation.

Following the Audit Committee risk workshop in January 2020 the outputs from BDO have been considered and will be incorporated into a proposed project to review and redesign the HCPC's risk management system and registers. This project has gained SMT support with project management resource allocated for 2020-21. Audit Committee (and other stakeholders) input will be sought through the project.

5. Near Miss Reports (NMR) summary.

One NMR (Theft of a personal mobile phone from behind the reception desk) is about to go to SMT, cost and design of modifications to the Reception desk are finalised.

In the reporting period two NMRs have been called these are: -

- A website preproduction server having public access following the social work transfer project. No PII was available to be lost or stolen, but poor practice was indicated.
- SMS (text) and emails complete sequences generated by the CPD portal.

6. Fraud and Bribery

Fraud & Bribery Risk training is being sourced and will be rolled out to selected individuals as soon as the information security training packages complete.

In the reporting period there have been no reported incidents of fraud or bribery.