

Internal assurance report

Executive Summary

This paper provides information on internal assurance activities that have taken place since September 2020 and activities that are ongoing in this period. This report includes the following areas;

- A - Quality Assurance
- B – Organisational Compliance
- C – Complaints and Feedback
- D – Information Governance

Previous consideration	This is a standing item considered at each meeting of the Committee.
Decision	The Committee is invited to discuss the report.
Next steps	Any feedback on format or future content will be included for the next iteration in March 2021.
Strategic priority	The strategic priorities set in 2018 are no longer current. We are developing a new strategy that we aim to confirm at the end of 2020.
Risk	Our internal assurance activity seeks to provide assurance across all strategic risks. Prioritisation of resource is based on risk and organisational priorities.
Financial and resource implications	None as a result of this update.
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A - Quality Assurance departmental activities report

1 Executive Summary

The report covers the departmental activities since September 2020. 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.

QA Framework 2020-21

1.1 The QA Schedule has been updated since the last report in September 2020 (appendix 1):

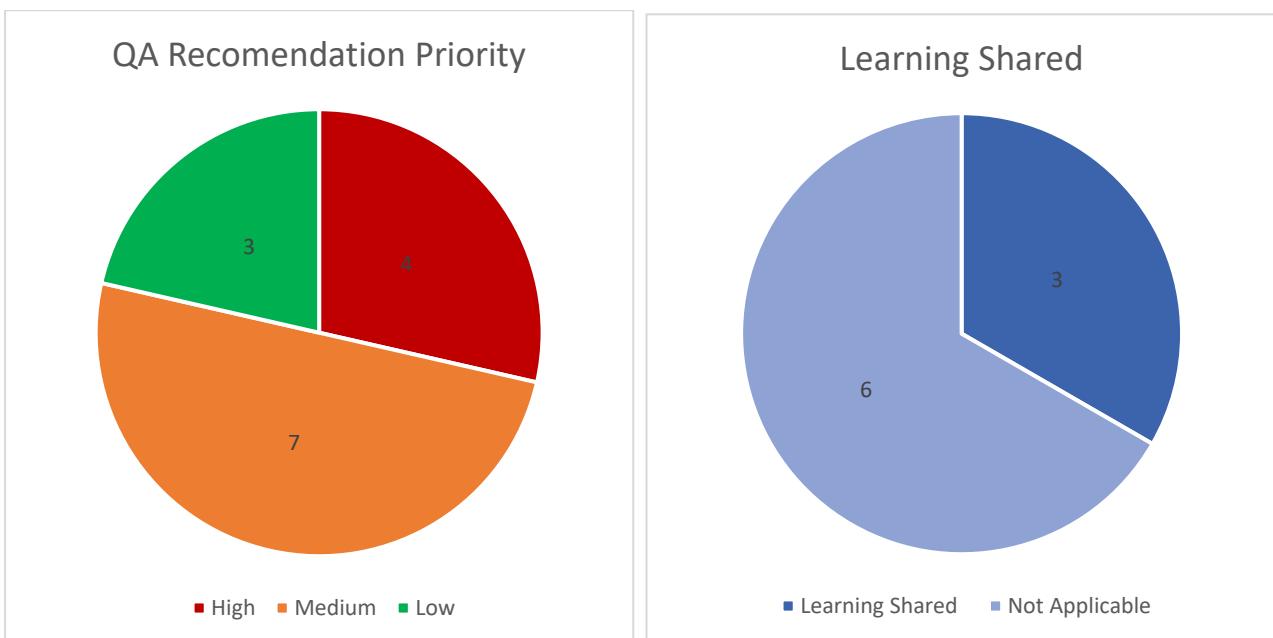
- QA were requested to complete a high-level review of the proposed FtP CMS system. This showed how the QA team has already raised our profile with the rest of the organisation and shown how we can add value to other areas outside of the regulation departments. It also showed we can act in an agile way in order to complete a targeted review on a tight deadline when needed.
- There has been a delay in the new FtP Risk Assessment review/implementation, which has now been pushed back to coincide with the introduction of the new FtP CMS system. This has meant that most of this part of the QA workstream has been rescheduled to Q4 2020/21 – Q1 2021/22. We will still provide light touch reviews in the development of this process.
- The Paperless Appeals audit planned for Q4 has been brought forward to Q3 and assigned to a different Quality Assurance Manager in order to further cross-skilling in the team. Following a discussion with Registration Appeal Panel Chairs on perceived quality issues, the scope of this audit has been widened and as such has been renamed Registration Appeals. This has meant the Digital Applications review has been rescheduled to Q4.
- The overall Registration Wellbeing project continues in the Policy department, however the QA input on the tone of voice work has been put on hold while this project progresses to the point where QA input will be of value. QA continue to be a part of the project board and so will continue to assess as it evolves. There has been no change in this since last reporting.

1.2 The QA development workplan continues:

- The QA Charter is in the early stages of drafting and is on track for SMT sign off in Q4 before Audit Committee approval.
- Scoping of the QA service standards has started and drafting will begin soon. This is on track for SMT sign off in Q4 before Audit Committee approval.
- The QA team have started a series of workshops to improve reporting to SMT.
- The QA team is planning Lean Six Sigma training for the team. This will support the team in becoming a more effective QA resource by implementing the Lean principles of efficiency and the Six Sigma principles of statistical analysis to reduce deficit.

QA Recommendations

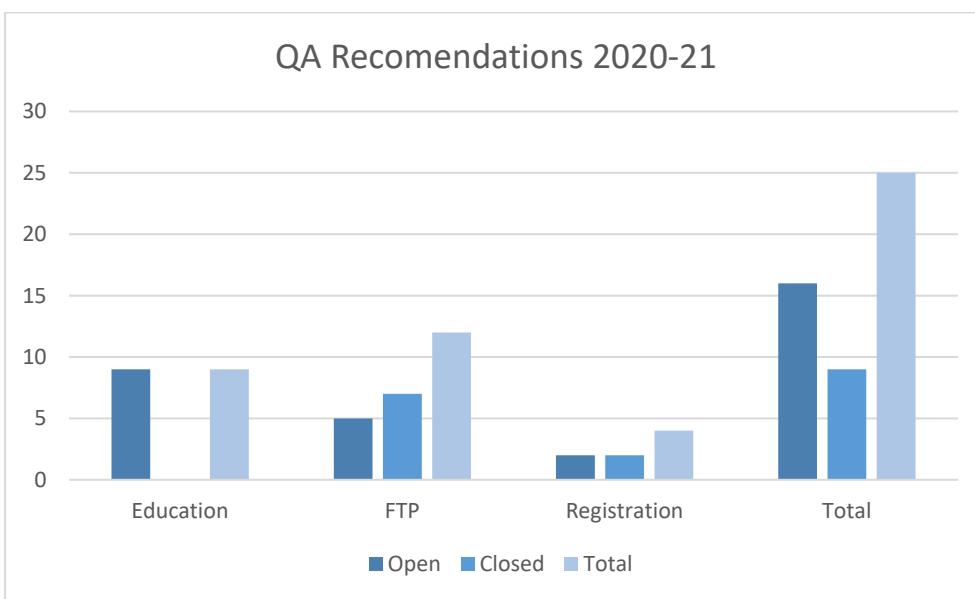
1.3 QA recommendations update November 2020.



1.4

Figure 1: QA Recommendation priority

Figure 2: Learning from recommendations shared with other departments



1.5

Figure 3: 2020-21 QA recommendations.

QA Schedule

1.6 All QA activities are progressing well according to the QA schedule to date:

QA Activity	Start	PSA	SRR	Status	Assurance	Recommendations and Notes
<i>FTP Threshold policy</i> An audit of the quality of threshold policy decisions made in 2020 Jan-Mar and Apr-June.	07/2020	14	1	Completed	Low (A/R)	Three Recommendations: 1: High – Accepted, Implemented 2-3: Medium – Accepted. Pending
<i>FTP Publication of Hearings Records</i> An audit of the compliance of hearing records with the publication policy	07/2020	1	1	Reporting	Satisfactory (G/A)	No Recommendations
<i>FTP Risk Assessment Review</i> Providing QA support and analysis to the FtP Risk Assessment project.	07/2020	17	1	In Progress	n/a	<i>Initial meeting for the Risk Management project held in July. QA input in this helped define next steps. Next QA input planned for end of 1st stage, in Sept 2020.</i>
<i>Registration Registrant Enquiry responses</i> Second audit relating to these concerns. This audit is of the registration team responses sent to email enquiries from registrants and other stakeholders	08/2020	1	1	Reporting	Satisfactory (G/A)	Two Recommendations: 1-2: High – Accepted, Pending
<i>Education Approvals process: NPP pathway</i> This is the first audit of the NPP (New Profession and/or Provider) pathway through the approvals process.	08/2020	9	3	Completed	Limited (A)	Four Recommendation: 1: High – Accepted, Pending 2-3: Medium – Accepted, Pending 4: Low – Accepted, Pending
<i>Education Major Change Process</i> This is a follow up QA review of the major change process focusing on decisions made at the change notification stage.	10/2020	9	1	Reporting	Full (G)	No Recommendations
<i>FTP CMS Design</i> Light touch review of the high level design of the FtP CMS system	10/2020	17	1	Completed	n/a	Feedback provided
<i>Registration Registration Assessments</i> Review of the reg assessment guidance to confirm it is fit for purpose, and a review of refusal decisions to confirm the guidance is being followed.	10/2020	11	4	Scoping	n/a	n/a
<i>Registration Registration Appeals</i> Review of the newly introduced paperless appeals process. Scope extended: Will also review wider appeals process following feedback received from panel chairs.	11/2020	11	4	Scoping	n/a	n/a

Appendix 1: QA Schedule 2020-21 (Updated 10/2020)

B. Organisational compliance

- **Information Security and Anti Bribery & Fraud** – annual e-learning Employee training on information security and Anti Bribery & Fraud has been completed. Partners are now being offered the same set of training alongside EDI training, for November 2020.

The CISRO has provided advice and support in reviewing new IT suppliers and contracts, in support of digital transformation, for information security and data protection compliance.

- **Non regulatory audits** - a review of the Policy & Standards department Public Enquiry process is underway. Similarly, a review of the complaints response process and not upheld decisions will take place before close of 2020. Both these areas are directly relevant to PSA standard performance and are in keeping with our aim to align non-regulatory QA to provide assurance on our non-regulatory PSA standard performance.
- **Data reporting** - The new IBM, CRM Registration system is now live (28th October onwards) and specific reports are being created to fulfil existing reporting requirements now full data migration has taken place. Crystal Reports data will not be updated in future. Monitoring of the NetRegulate Registration system for any inadvertent data changes during the shutdown / migration period took place 22nd October to 29th October.

CISRO has been involved in the 'Big Data / Azure Data Architecture' project, which is ongoing. Consultants are evaluating how to provide a global view of Education, Fitness to Practice, Registration, Financial and EDI data across the organisation with appropriate data protection measures in place.

- **Business continuity** - The HCPC produced a review focusing on our regulatory response as part of the PSA's request to regulators for information. A report on the business continuity aspects of the Covid-19 response has been prepared by the CISRO. This is to be updated as a second wave develops. An audit under ISO principles will be carried out shortly on the environmental adjustments to make us Covid-secure.
- **Near Miss incidents** - There are currently no near miss reports in progress.
- **Risk Management** – As noted early on this meeting's agenda, the Council and SMT took part in a workshop focused on risk appetite on 21 October. This has informed a revised draft risk appetite.

An initial scoping meeting has been held with the selected consultant to support the operation risk management review project. The proposed plan will be presented to the SMT in early November with the aim of launching workshops with each department shortly thereafter.

With the agreement of SMT a dedicated requirement around Risk Management is being added to all management level and higher job descriptions.

- **Health and Safety** - We have recorded 2 incidents since the start of the financial year (both for the same reason and within close succession). This was due to the first instance not having been reported. Following the second incident notification the incident was recorded (09/09/20) and remediation's put immediately in place. These incidents are both are classed as minor non-reportable incidents.

Detail: 186KPR courtyard decking has contracted since installation with a widening in the gap between decking, a chair leg was able to slip between the decking. No serious injuries were sustained (minor bruising), an interim floor covering was put in place same day as notified until an order for widened chair-leg feet were delivered/installed which prevents the issue reoccurring until a more permanent solution can be implemented.

- **Other Compliance** - There have been no employee whistleblowing disclosures, instances of reported fraud or bribery in the reporting period.

C. Feedback and Complaints

Data for 2020 is provided below.

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total	Monthly average
2018	31	29	28	20	48	24	29	32	40	30	47	43	401	33
2019	49	44	45	48	62	35	38	39	42	72	79	36	589	50
2020	43	44	30	26	23	29	35	25	44					33

There is a service standard of 15 working days to provide a substantive response to complaints. Since a change to internal process in July 2020 all complaints have been closed within the service standard.

In October, the SMT considered a 6-month review of learning obtained from complaints. This included consideration of applying learning across different business areas.

D. Information Governance

Data is provided below of the rolling year's information governance activity. The HCPC has for some time reported and risk assessed personal data incidents.

Incidents that meet the Information Commissioners (ICO) criteria for reporting are notified to the ICO. There were no ICO reported incidents in the period.

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
FOI	28	24	13	24	21	14	13	15	24	13	21	14	14
SAR	18	29	6	11	7	10	10	11	7	3	2	11	9
Disclosure requests	5	3	5	7	5	6	2	3	1	7	8	4	4
Internal reviews	4	0	1	2	1	3	2	2	1	1	1	2	3
ICO	0	0	0	0	0	0	0	0	0	0	0	0	0
Total requests received	55	56	25	44	34	33	27	31	33	24	32	31	30
Total closed	58	53	50	38	26	49	22	31	29	34	30	23	36
Response within statutory time period	54	50	48	37	24	46	21	31	27	32	30	22	33
Response in breach statutory time period	4	3	2	1	2	3	1	0	2	2	0	1	3
% within statutory period	93%	94%	96%	97%	92%	94%	95%	100%	93%	94%	100%	96%	92%

Data incidents

No. of data incidents	3	9	6	7	5	5	8	7	10	4	1	8	3
No. reported to the ICO	0	0	0	0	0	0	0	0	1	0	0	0	0