

Audit and Risk Assurance Committee, 10 March 2021

Internal and External audit recommendations tracker

Executive summary

This report provides the Committee with progress updates on the implementation of recommendations arising from Internal and External audits. In addition, any significant Quality Assurance recommendations and recommendations arising from 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.

Decision

The Committee is requested to note the paper.

Background information

Please refer to individual internal audit reports for the background to recommendations.

Date of paper

3 March 2021

Internal Audit report – PSA and internal reporting (considered at Audit Committee 11 November 2020)

Recommendations summary

Priority	Outstanding recommendations	Status
High	0	Overdue 0
Medium	1	Not yet due 2
Low	4	Completed 3

For the related
Audit Findings
See Appendix 1
or
[PRESS]

Recommendation / Priority (RAG)	Management response	Timescale/Responsibility	Completion Date/Status	Current Commentary	Commentary log
1 Key Risk Area 1: KPIs and effective oversight of HCPC's performance. In order to support HCPC's development of the corporate strategy and performance reporting, HCPC should conduct a standalone workshop event with both members of Council and SMT, similar to the one held in January 2018, to decide upon a the format and framework of performance reporting. In doing so HCPC should gather examples of performance reporting approaches from other healthcare regulators and compare different approaches to decide on what works best for its needs. When setting out a performance framework HCPC should focus on clearly linking defined and measurable metrics, with targets, corporate objectives and regulatory requirements. In this way there will be a clear golden thread linking the strategic requirement with the KPI demonstrating whether that strategic requirement is being met.	The HCPC will seek to schedule a session with Council and SMT in the new financial year on performance and KPI requirements to support the new Corporate Strategy. Additionally the HCPC will establish a Finance and Resources Committee in early 2021 and this group will lead on performance against metrics oversight and will input into future reporting requirements.	Head of Governance May 2021	On track	The session with Council will take place in April 2021. The People and Resources Committee has been established and has met once to date. The Committee will not be leading on metrics oversight for all areas, rather the appropriate committee will e.g. ETC for education and registration metrics.	N/A

2 Key Risk Area 2: KPIs' definitions and methodologies In deciding on the titles and descriptions of future KPIs, HCPC should take steps to ensure that that titles and descriptions reflect the performance measure as closely as possible to avoid any misinterpretation of the figures. For example: i. the current measure 'number of cases per manager' should clearly explain that some cases are excluded; and ii. the measure 'median time to produce a visitors report following a visit' where it states 'year-to-date' should reflect that the actual data is a rolling 12 month average.	The two examples given in recommendation two are resolved. The education KPI will be worded as suggested and the case per case manager KPI is no longer one we use given the Council's agreement of new FTP metrics in July 2020.	SMT (given metrics span all departments) April 2021	Completed	Completed - as confirmed in the management commentary	N/A
3 Key Risk Area 2: KPIs' definitions and methodologies HCPC plans to improve internal reporting mechanisms including performance reporting. Nonetheless, while calculations remain heavily reliant on manual input staff should be reminded of the importance of carefully checking KPIs prior to submission. Where KPIs are not supported by detailed methodology documents to assist staff in calculating them, these should be prepared.	Manual processes for collating KPI data will be addressed through our focus on digital transformation, which will aim provide greater automation in data production. The new Executive Director of Regulation will review the performance criteria for the regulatory functions. The Exec Director of Digital Transformation will support the documentation and automation of the production of these KPIs. In the meantime, employees will be reminded of the importance of reviewing data for accuracy	SMT (given metrics span all departments) April 2021	On track	There is a workshop planned for April to discuss KPIs with Council	N/A

4	Key Risk Area 4: Assignment and monitoring of actions planned by the performance working group HCPC should ensure that there is a documented Terms of Reference in place for the performance working group approved by Council. This will help formalise the activity of the working group in driving improvements and ensure that actions continue to be prioritised.	A terms of reference will be developed and approved by the SMT as it is an Executive group.	QA Lead 01/12/2020	Completed	QAL 25/02/2021 – The terms of reference have been drafted and are going through the process of review before going to SMT for approval.	N/A
5	Key Risk Area 4: Assignment and monitoring of actions planned by the performance working group The action tracker should be regularly reviewed to ensure that all actions which are overdue have detailed commentary on the latest progress with revised timescales for completion.	This need is regularly reinforced at meetings and will continue to be. Action updates are reviewed by the Head of Policy and Standards before each meeting.	QA Lead Complete	Completed	QAL 25/02/2021 – The action tracker continues to be updated each month. A new performance oversight plan is being completed to put in place for 2021/22	N/A

Internal Audit report – FTP end to end process - Follow up review (considered at Audit Committee 11 November 2020)

Recommendations summary

Priority	Outstanding recommendations	Status	For the related Audit Findings See Appendix 1 or [PRESS]
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	Commentary log
4 Recommendation from the FtP end the end process review considered at Audit Committee 4 March 2020 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. Overall assessment from the FtP end the end follow up report considered at Audit Committee 11 November 2020): In progress - overdue Our sample testing of five Protection of Title (POT) cases identified two POT cases had been acknowledged outside the five working days timeframe. However, they had all been processed within 50 days. We did note from the latest (13th October 2020) weekly performance figures for non-FtP reporting that 29 cases were open over the two months target. While there is an understandable focus on FtP performance, staff should be reminded of the importance of completing actions within given timescales for non-FtP matters and performance should continue to be monitored closely.	Action to be taken: as set out in recommendation	1. DL CRT Q4 2019-2020	Completed	All staff across the function have been reminded of this as part of the ongoing improvement work. This will continue to be revisited as part of departmental training due to be rolled out in March/April 2021. In addition, the launch of the new case management system will allow easier tracking and monitoring of such actions for team members and management. The system will also improve and streamline the process of responding to incoming enquiries and evidence. ----- The number of cases outside of the SLA has increased since the last audit to 42 cases. However, since the start of the year the progression of POT work has been under further monitoring by FTP management with a target of significantly reducing the number of cases outside of SLA by the end of the reporting year.	Commentary History See Appendix 2 or [PRESS]

Internal Audit report – Reshaping the Organisation (considered at Audit Committee 17 September 2020)

Recommendations summary

Priority	Outstanding recommendations	Status
High	0	Overdue 0
Medium	2	Not yet due 4
Low	4	Completed 2

For the related
Audit Findings
See Appendix 1
or
[PRESS]

Recommendation / Priority (RAG)	Management response	Timescale/Responsibility	Completion Date/Status	Current Commentary	Commentary log
1 Key Risk Area 1: The forward plan and how it will be achieved is sufficiently marked out HCPC should continue to formalise its corporate strategy, with a vision that extends beyond 2021, at the same time as implementing shorter transformational changes. In designing the longer-term strategy, HCPC should take steps to mitigate the risk that short term tactical decision making drives the strategic focus of the organisation. This can be achieved by regular reviews of the transformation work referenced against the development of the new strategy. Also, when the strategy is presented to Council, a cross-reference to the transformation work to show how they dovetail or where adaptations are required.	The Corporate Strategy is being crystallised in collaboration with stakeholders and there is now a reference point against which to reference the transformation activities to ensure they are consistent with the longer term vision. The Digital Transformation Strategy is being developed alongside the Corporate Strategy to mitigate against divergence. The developing Corporate Strategy includes high level success factors. Following approval this will be supported by an annual Corporate Plan and associated departmental plans which will provide more granular detail around milestones and performance metrics.	Chief Executive Q3/4 2020/1	Partially complete - On track	Corporate Strategy is complete following publication on 21 January. Corporate Plan and Budget are on track for completion in March. The budget has been considered at the PRC and draft Corporate Plan at Council. Corporate Plan includes proposals for monitoring delivery and achievement of outcomes.	Commentary History See Appendix 2 or [PRESS]

2	Key Risk Area 1: The forward plan and how it will be achieved is sufficiently marked out As part of the introduction of the new strategy to be approved in December 2020 HCPC should ensure that the standard formats of these documents include status updates on highlevel milestones. In addition the strategy should be complemented with a high-level description of success factors indicating when each milestone will be considered to be achieved.	The Corporate Strategy is being crystallised in collaboration with stakeholders and there is now a reference point against which to reference the transformation activities to ensure they are consistent with the longer term vision. The Digital Transformation Strategy is being developed alongside the Corporate Strategy to mitigate against divergence. The developing Corporate Strategy includes high level success factors. Following approval this will be supported by an annual Corporate Plan and associated departmental plans which will provide more granular detail around milestones and performance metrics.	Chief Executive Q3/4 2020/1	Partially complete - On track	See response to point 1.	Commentary History See Appendix 2 or [PRESS]
3	Key Risk Area 1: The forward plan and how it will be achieved is sufficiently marked out The sufficient resourcing of the Finance team should be reassessed to ensure the team has sufficient capacity, particularly considering the change in structure and the colleague on long-term absence.	The resourcing of Finance is being reviewed in the light of project demands. The Director of Business Improvement has been retained until the end of December 2020 to continue to provide strategic support to the Finance team.	Chief Executive Q3/4 2020/1	Completed	ED Corporate Services is in post and additional finance resource has been deployed.	Commentary History See Appendix 2 or [PRESS]
5	Key Risk Area 1: The forward plan and how it will be achieved is sufficiently marked out Nearer the time of his departure, the detailed next steps of the programme that the outgoing Business Improvement Director intends, should be clearly documented, particularly those relating to transformation activities that have yet to be completed.	The Executive Director of Regulation has been recruited and the Director of Business Improvement contract has been until 31st December 2020. This will enable sufficient overlap to allow for a transfer of the Transformation Strategy for FtP. A substantive Head of FtP has been appointed who has responsibility for ensuring that the performance of FtP continues to improve. Executive oversight of these improvements will transfer from the Director of Business Improvement to the Executive Director	Executive Director of Regulation End of Q3 2020/21	Completed	In December 2020, Council agreed proposals to accelerate the implementation of the FtP Improvement Plan. Since coming into post the new Exec Director of Regulation has reviewed and augmented the FtP Improvement Plan. 16 priority projects have been identified and are in progress for delivery by July 2021. PWC have been commissioned to review and refresh the project plans, risks/mitigations and benefits realisation plans.	Commentary History See Appendix 2 or [PRESS]
7	Key Risk Area 1: The forward plan and how it will be achieved is sufficiently marked out The comments raised with regards to annotations to the Register should be considered as part of the future planning of improvements in this area.	A priority for the recently appointed Executive Director of Regulation is to develop their plans for the future of the Registration function. The comments regarding annotations to the Register will be part of these plans.	Executive Director of Regulation Q4 2020/21		No change to the previous update and linked to regulatory reform and new registration systems.	Commentary History See Appendix 2 or [PRESS]

8 Key Risk Area 2: Anticipating the major risks and opportunities and stakeholder consultation HCPC should consider conducting additional employee engagement activities to help embed and measure cultural change. While existing changes have been predominantly focussed on changing processes, HCPC should also ensure there is sufficient focus on cultural change and changes to staff wellbeing.	Since the audit fieldwork was completed further employee surveys and engagement activities have taken place in relation to Covid-19 working, establishing a new normal post Covid and the development of the Corporate Strategy. Employee wellbeing has been supported through initiatives during Covid-19. A continued focus on well-being and shifting the culture of the organisation is reflected in the Corporate Strategy and will be further developed in the next Corporate Plan. Organisational resilience and development continues to be a priority focus with progress being monitored by the SMT fortnightly.	Chief Executive and Director of HR and OD Q4 2020/21		Dir of HR&OD - previous commentary still stands. Additionally, we have also advertised for members of the EDI forum, we have completed a Well Being pulse survey and are developing an action plan, we have presented and signposted all wellbeing initiates and EDI activity that can be found on our website and have an annual plan outlining all diversity celebrations and health and wellbeing days (i.e. cervical cancer day etc) so we don't miss these and discuss with employees. For LGBT month we held a 'talk in' – which received very positive feedback – all stepping stones to assist with culture change. Furthermore, we are looking at a new competency based framework, which will have positive and negative indicators, and will form part of a behavioural contract with employees. This will be introduced and developed through our Tone of Voice and Customer Service workshops. We are embarking on plans for return to office in June – taking into account the principles of the new normal agreed by the working group.	Commentary History See Appendix 2 or [PRESS]
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Internal Audit report – IT Controls (considered at Audit Committee 17 September 2020)

Recommendations summary

Priority	Outstanding recommendations	Status
High	0	Overdue 0
Medium	3	Not yet due 6
Low	3	Completed 0

For the related
Audit Findings
See Appendix 1
or
[PRESS]

Recommendation / Priority (RAG)	Management response	Timescale/Responsibility	Completion Date/Status	Current Commentary	Commentary log
<p>1 Key Risk Area 1: The IT governance framework Key Risk Area 2: IT's support for the achievements of enterprise objectives</p> <p>HCPC should develop and introduce a formal IT Governance framework which aligns with the Code of Corporate Governance. The aim of the framework should be:</p> <ul style="list-style-type: none"> - To ensure that appropriate roles, responsibilities and accountabilities are established for data, system ownership, reporting and communications. This will build on the information which already forms part of the ISMS. - To report on IT Governance status and tracking of all IT Governance issues and remedial actions to closure; and - To define responsibility for key IT controls, particularly in respect of IT systems managed by business units. <p>The IT governance framework should be reviewed periodically, and updated as needed.</p>	<p>The Digital Transformation has an ambitious agenda and roadmap, which means we already recognise that there is a need to develop a Governance model to support transformation activity and operations.</p>	<p>Director of Digital Transformation Q2 2021 (revised from Q1 2021)</p>	<p>On track</p>	<p>Draft Technology Governance Framework has been developed and discussed at Digital Transformation Advisory Forum.</p> <p>Realistically it will be Q2 before it is completed.</p>	<p>Commentary History See Appendix 2 or [PRESS]</p>

<p>2 Key Risk Area 3: Effectiveness and added business value of IT is demonstrated to both the business and IT executives</p> <p>We recommend HCPC consider developing a more detailed set of KPIs to measure IT performance as a part of the digital agenda and in respect of best practice. Typical general examples for IT KPIs that could be used are as follows:</p> <ul style="list-style-type: none"> - IT expense per employee - Support expense per user - IT expense as a % of total expense - The number of recurring problems. <p>Furthermore, based on the new operation model specifics, HCPC should consider adopting ITIL Key Performance Indicators especially in the area of Service Design and Continual Service Improvement.</p>	<p>Review and revise KPIs against strategic imperatives and best practice.</p>	<p>Head of IT and Projects March 2021</p>		<p>These items are dependent on the finalisation of the new organisation as part of the Digital Transformation strategy. The final decision of the structure has been deferred whilst the new Executive Director of Corporate Services is onboarded and is able to review. As part of the strategic planning these items have been discussed at an initial level in forums such as the Digital Advisory Forum and some conversations on governance have been started with the PRC.</p> <p>Item 2 is directly driven by the consolidation of the strategic plan (which will influence investment spend), the reorganisation of Digital (which will influence the costs to operate), the output of the new normal (which will influence operating costs) and the adoption of the Data Platform to enable clear and decisive reporting of investment and cost metrics.</p> <p>Based on the points lists, I believe that these items should undergo further review in September 2021.</p>	<p>Commentary History See Appendix 2 or [PRESS]</p>
<p>3 Key Risk Area 3: Effectiveness and added business value of IT is demonstrated to both the business and IT executives</p> <p>When processes and IT systems are being reviewed and updated as part of transformation, it is important to ensure that the proportionality of controls is kept as a critical success factor in the delivery of new systems.</p>	<p>Review and revise KPIs against strategic imperatives and best practice.</p>	<p>Head of IT and Projects March 2021</p>		<p>These items are dependent on the finalisation of the new organisation as part of the Digital Transformation strategy. The final decision of the structure has been deferred whilst the new Executive Director of Corporate Services is onboarded and is able to review. As part of the strategic planning these items have been discussed at an initial level in forums such as the Digital Advisory Forum and some conversations on governance have been started with the PRC.</p> <p>The additional work being undertaken on the Digital Strategy regarding the approach to the FTP CMS implementation, the work alongside PWC on the FTP transformation, and the Design Authority approach also influences items. This will drive changes on approach through item 3 and are foundational to the principles of the Digital Transformation work.</p>	<p>Commentary History See Appendix 2 or [PRESS]</p>

<p>4 Key Risk Area 4: The service desk</p> <p>Key Risk Area 5: Problem & Incident Management</p> <p>HCPC should develop a Service Portfolio to manage the entire lifecycle of all services, and include three categories: Service Pipeline (proposed or in development); Service Catalogue (Live or available for deployment); and retired services.</p> <p>In the development of the Service Catalogue, business unit managers and other decision makers should work with both end users and stakeholders to determine the level of required IT services. Categorisation of the services should be undertaken together with access permissions, restricting access to specific services.</p> <p>We recommend that for each identified IT service within the Service Catalogue, the following attributes should be recorded:</p> <ul style="list-style-type: none"> - Name of the service - Description of each individual service - Service category (i.e. Infrastructure, Software, Hardware, Video, Support, etc.) - Supported and related services - Service Level Agreement - Who can request the service - Service owner - Costs associated with the service - Delivery expectations - Security Requirements 	<p>This is work that is already identified and will be implemented as part of the service desk improvement.</p>	<p>Head of IT and Projects March 2021</p>		<p>These items are dependent on the finalisation of the new organisation as part of the Digital Transformation strategy. The final decision of the structure has been deferred whilst the new Executive Director of Corporate Services is onboarded and is able to review. As part of the strategic planning these items have been discussed at an initial level in forums such as the Digital Advisory Forum and some conversations on governance have been started with the PRC.</p> <p>In terms of 4, 5 and 6, there are additional considerations regarding Covid-19 and staff availability. The delivery of the new Service Desk is progressing and this will drive the output and opportunity to drive change on these items. The Service Desk work however will take a number of months yet to finalise and is probably more appropriate to assess later in the year.</p> <p>Based on the points lists, I believe that these items should undergo further review in September 2021.</p>	<p>Commentary History See Appendix 2 or [PRESS]</p>
<p>5 Key Risk Area 4: The service desk</p> <p>Key Risk Area 5: Problem & Incident Management</p> <p>For the key IT services desk processes, HCPC should develop formal procedures. Procedures streamline the internal process, but also ensure compliance, give guidelines for decision making and provide the roadmap for day-to-day operations.</p>	<p>This is work that is already identified and will be implemented as part of the service desk improvement.</p>	<p>Head of IT and Projects March 2021</p>		<p>See 4</p>	<p>Commentary History See Appendix 2 or [PRESS]</p>

6	<p>Key Risk Area 4: The service desk Key Risk Area 5: Problem & Incident Management</p> <p>The IT Service desk manager should develop the Service Desk Mission, Vision and Values. This should be approved by Senior Management and distributed to all staff.</p>	<p>This is work that is already identified and will be implemented as part of the service desk improvement.</p>	<p>Head of IT and Projects March 2021</p>		<p>See 4</p>	<p>Commentary History See Appendix 2 or [PRESS]</p>
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Internal Audit report – Business Continuity Planning (considered at Audit Committee 4 March 2020)

Recommendations summary

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

For the related
Audit Findings
See Appendix 1
or
[PRESS]

Recommendation / Priority (RAG)	Management response	Timescale/Responsibility	Completion Date/Status	Current Commentary	Commentary log
6 Key Risk Area 5: Business continuity testing HCPC should address identified gaps in the current BCP and schedule another planned BCP test to ensure that updated areas are working effectively.	A further test will be carried out in the next Financial year COVID-19 response (essentially a major interruption to normal business operations negates any immediate requirement for BCP testing) March – June 2020.	CISRO 31/03/2020	On hold	A BC/DR test will be designed for the organisation when the “new normal” is established. HCPC is currently running under invocation conditions and a test now, is not appropriate. Desk tests under lockdown and remote working conditions will be established for future use.	Commentary History See Appendix 2 or [PRESS]

Internal Audit report – Quality Assurance (considered at Audit Committee 10 September 2019)

Recommendations summary

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

For the related
Audit Findings
 See Appendix 1
 or
[PRESS]

Recommendation / Priority (RAG)	Management response	Timescale/Responsibility	Completion Date/Status	Current Commentary	Commentary log
5 It is recommended that the QA function put an audit charter in place which will set out: -the purpose of the function; -reporting lines; -roles and responsibilities; -how audits will be selected to be undertaken (risk based approach); -process for any deviations from the agreed audit plan; -is a document that the QA function can be held accountable to; -formally agreed at the Audit Committee.	5 & 6: As is documented, much of the information that would form part of an audit charter and overall strategy is already documented in the Departments' workplans and quality assurance frameworks. We will look to produce these documents in the future so that this information can be provided to a range of stakeholders as standalone, high level overview documents.	Quality Assurance Lead Completion date: Q2 – implementation in Q1 2020/21 (revised to Q1-Q2-Q3 2020/21)	31/12/2020	QAL – Charter is completed, is being presented to ARAC at this meeting with QA update COMPLETED Approved by SMT on 15/01/2021	Commentary History See Appendix 2 or [PRESS]

Internal Audit report – Key Financial Controls Review – Transactions Team (considered at Audit Committee March 2019)

Risk summary

Priority	Outstanding recommendations of No.
High	0
Medium	2
Low	0

Status	
Overdue	2
Not yet due	0
Completed	0

For the related
Audit Findings
See Appendix 1
or
[PRESS]

Risk / Priority (RAG)	Management response	Timescale/Responsible	Completion Date/Status	Current Commentary	Commentary log
1 Lack of formally documented procedures heightens the succession risk in case of a loss of key personnel. This may lead to an incorrect/inconsistent application of key processes and decisions being taken. Outdated procedures can also cause confusion for a new person who joins any of the above teams regarding what processes to follow, and may lead to processing errors.	Management will implement the following actions: 1. Develop a detailed process document for credit control related activities.	Financial Control Manager	31/10/2020	There has been a delay to the preparation of process notes due to some system issues following go live. Work on this is in progress, detailed process notes are expected to be completed by end of March 21.	Commentary History See Appendix 2 or [PRESS]
3 Lack of formally documented procedures heightens the succession risk in case of a loss of key personnel. This may lead to an incorrect/inconsistent application of key processes and decisions being taken. Outdated procedures can also cause confusion for a new person who joins any of the above teams regarding what processes to follow, and may lead to processing errors.	Management will implement the following actions: 3. Update all policies and procedure documents to capture the owner and dates of review. As part of the RCA of the process issues, we will process map the processes and document the control points. Improvement plans will be created based on risk.	Financial Control Manager Registration Operations Manager Treasury accountant / Head of Financial Accounting.	31/10/2020	Work on registration system related process notes are in progress, these are expected to be completed by end of March 21.	Commentary History See Appendix 2 or [PRESS]

Appendix 1 - Audit Findings (nb positive findings not listed)

PSA AND INTERNAL	
Key Risk Area 1: KPIs and effective oversight of HCPC's performance.	<ul style="list-style-type: none"> The current Key Performance Indicators (KPIs) dashboard is broadly based on the work done in a Corporate Plan and KPI workshop with members of Council and the Senior Management Team (SMT) held in January 2018. This standard report is accompanied by an FtP performance dashboard. From our review of Council minutes, we noted that the FtP performance dashboard format has been evolving, with Council providing input at each meeting to shape the format of future reports. With the recent changes in the PSA standards, and structural changes within HCPC itself, taking into account ongoing steps to formulate a new Corporate Strategy, we consider that Council will benefit from a workshop session, like that in 2018, to provide detailed input on the structure and format of performance reporting. As part of our work, we conducted a comparison of performance reporting by HCPC with peer regulators the GMC and NMC. This highlighted that good practice in performance reporting is to link performance metrics clearly with strategic objectives, be they regulatory compliance based or otherwise. As part of HCPC's ongoing initiatives to prepare its corporate strategy, having performance metrics that directly correlate to objectives helps ensure that information provided to Council is of an appropriately strategic focus. Although differences in reporting formats and styles were expected in our comparison with NMC and GMC performance reports, as a general observation, we noted that the presentation of performance figures when compared to HCPC's reports made it easier to clearly see whether performance was in-line with targets or expectations, for example through the use of graphs or percentage based metrics.
Key Risk Area 2: KPIs' definitions and methodologies	<ul style="list-style-type: none"> From our recalculation of the Registration KPIs from Jan to March 2020, we found that the Feb 20 reported median figures for International applications (both European Mutual Recognition (EMR) and Non-EMR) were the mean figures instead of the median figure. Although the differences between the median and mean scores were minor and performance still within target, the accuracy of data reported to Council is important with errors in calculation indicating minor weaknesses in controls. The corporate Education KPI is not clearly defined as it does not clear whether results are within the month or based on a 12 month rolling median. Our recalculation of the monthly median did not agree with the January and February 2020 figures reported to Council, albeit the difference was minor. One of the corporate FtP KPIs, relating to 'number of cases per case manager', was not clearly defined as it is calculated excluding Rule 12 and Interim Order cases. In addition, we noted that this KPI was reported incorrectly as 40 cases per manager for February to May 2020, when on recalculation we found it to be 33. We consider that the heavy manual operation of indicators in these cases, increases the risk of error.
Key Risk Area 4: Assignment and monitoring of actions planned by the performance working group	<ul style="list-style-type: none"> The performance working group does not have a formally documented Terms of Reference setting out its wider objectives, authority and governance structures. Without a formally approved Terms of Reference the objective and purpose for the working group is not formalised and mutually agreed. Our review of the performance working group action plan as at June 2020 identified eight actions not started and four actions in progress that had passed their target completion date, but did not include any supporting explanation, commentary or revised target dates. An additional flag has been set up to state the impact of COVID-19 on delivery of actions. Many actions may be on hold or delayed due to the impact of COVID-19, but this field has not been completed. Keeping the action tracker fully up-to-date will help to ensure that actions can be reprioritised appropriately.

Key Risk Area 5: Controls on existing performance reports to SMT and Council	<p>· HCPC recognises the need for a more efficient and effective case management system for the FtP department, and more automation generally for the production of KPIs. As set out in Key Risk Areas 1 and 2 of this report, spreadsheets and manual processes are relied on in performance reporting due to a lack of suitable reporting functions within systems. We identified minor discrepancies in the performance reporting of both Registration and Education department KPIs which showed some potential deficiencies in manual checks before the final submission of performance information.</p>	To return to the main Summary and Tracker Scroll up or [PRESS]
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Reshaping the the organisation		
Key Risk Area 1: The forward plan and how it will be achieved is sufficiently marked out	<p>From interviews with stakeholders involved in HCPC's transformation activities, we noted that although there was clarity over short term plans, stakeholders found it challenging to place transformation plans within the context of a wider HCPC strategy, although we note that discussions have commenced to address this. While we appreciate that a corporate strategy is currently being prepared, and that a plan for the second half of 2020 will be presented to Council in July 2020, there is a risk that short term transformation activity might not be aligned to longer term goals, and the short term tactical objectives might drive HCPC in a strategic direction that was unintended.</p> <p>1.1 Clarity of vision of its future organisational structure with reference to defined success factors</p> <ul style="list-style-type: none"> · Recognising that the Transformation Map used to govern the wider transformation activities is a high-level document, and is due to be replaced in December 2020, future versions of standard progress updates would be improved by showing completion progress to date and containing some more contextual detail about how each element of transformation activity will be achieved. As part of the standard format of high-level documents moving forward HCPC would benefit from these also showing some high-level contextual detail with information on progress to-date. · As part of the Transformation Map and other transformation documents reviewed, project success factors, although having been considered, have not been formally identified. At a planning stage, clearly defining when a project has been successfully implemented can be helpful in focussing attention on achieving clearly defined outcomes, and for those charged with governance who were not involved in planning, project success factors will help clarify progress against key outcomes. · Following the restructuring of the Finance team we noted that the team is involved in both the day-to-day financial management of HCPC, but also in the reshaping activities. There is currently one member of staff on long term sick leave and there is a risk that the capacity of the team will be stretched to both conduct business-as-usual functions while contributing to the reshaping programme. 	To return to the main Summary and Tracker Scroll up or [PRESS]

Key Risk Area 1: The forward plan and how it will be achieved is sufficiently marked out 1.2 Digital strategy	<p>An overall digital strategy and long term vision needs to be continued to be created, ensuring it is coordinated with the overall business strategy. The organisational strategy and a business architecture should be developed alongside a digital or technical strategy, in order to avoid divergent paths and ensure the best outcome and utilisation of technology.</p> <ul style="list-style-type: none"> · HCPC is still formulating its approach to managing data as an organisation. Individual lines of business have historically been responsible for their own IT applications and data, and from interviews with staff there are still areas of IT activity that have yet to be centrally mapped. <p>Once a strategy and agreed roadmap is in place, HCPC needs to consolidate and define logically technological accountabilities.</p>	To return to the main Summary and Tracker Scroll up or [PRESS]
Key Risk Area 1: The forward plan and how it will be achieved is sufficiently marked out 1.3 Fitness to Practise	<p>The Business Improvement Director exits from HCPC at the end of December 2020, extended from September 2020, to allow for key transformation activities to be completed. With past and potential future uncertainties in delivery timescales caused by Covid-19, HCPC will need to ensure that should the Business Improvement Director leave before transformation activities have concluded, sufficiently detailed hand-over activities take place.</p> <ul style="list-style-type: none"> · Whilst analysts within the business improvement team have been creating MI prototypes, a final specification needs to be created for business as usual development of the MI reporting. This will need to be developed alongside the introduction of the CMS, to ensure that the CMS can produce the desired data reporting in an efficient and accurate way. Some issues were identified with current MI reporting processes as part of our 2019/20 Fitness to Practise audit which highlight the importance of making improvements in this area. The usage of MI performance data is also the focus of two additional audits within the 2020/21 Internal Audit Plan. 	To return to the main Summary and Tracker Scroll up or [PRESS]
Key Risk Area 1: The forward plan and how it will be achieved is sufficiently marked out 1.4 Registration	<p>Stakeholder interviews identified issues in the manner in which the registration department approach annotations to the Register that show where a registrant has additional entitlements, due to the completion of additional training. This was flagged as a complex area that may not have yet been considered as part of the changes to the Registration team / processes. It would be a valuable additional element to consider as part of the transformation of Registration activities.</p>	To return to the main Summary and Tracker Scroll up or [PRESS]
Key Risk Area 2: Anticipating the major risks and opportunities and stakeholder consultation 2.1 Consultation and engagement across with stakeholders	<p>Whilst we noted that the plan has been communicated well across the higher levels of the organisation, operational staff interviewed did not feel they had a clear understanding of how the SMT's role operates currently, or will function in future, in relation to their levels or operational areas of responsibility. Some staff interviewed expressed a view that engagement on these topics could be improved.</p> <ul style="list-style-type: none"> · Employee surveys could benefit from being conducted more frequently, as the pace of change may impact on employee engagement. These could also be amended to target specific areas to evaluate viewpoints towards the change, rather than being conducted generally on an organisation wide level. · Although we noted that staff 'pulse' surveys have been conducted to assess employee engagement, from interviews with stakeholders there may be opportunities for greater focus on employee wellbeing and culture. At present transformation plans have been mostly process based, and about being lean and restructuring, whereas stakeholders considered some further focus on staff wellbeing and culture would be welcome and also help to deliver the changes needed. · In addition, although we noted a number of good examples of consultation with internal stakeholders, we did not observe examples of consultations with external stakeholders such as the registrants, the PSA or other regulatory bodies. We note that this is part of the next phase of the work. 	To return to the main Summary and Tracker Scroll up or [PRESS]

IT Controls		
Key Risk Area 1: The IT governance framework	<p>We reviewed the Code of Governance with the supporting documents and noted that certain aspects of IT governance are not incorporated in this framework, such as regulatory requirements and organisational structures.</p> <p>We understand that current IT governance practices are mainly organised around the Senior Management Team (SMT). Depending on the issue, IT related topics are also discussed at the Council level. The evaluation and monitoring of IT projects are considered by the Project Management team. Although all these practices could be considered as set of IT governance work-streams, there is no comprehensive and consistent IT governance structure and processes which will:</p> <ul style="list-style-type: none"> - Ensure alignment with organisational governance. - Control the information technology environment through the implementation of good practices. - Clearly distinguish management and governance responsibilities. - The fundamental consequences related to lack of clearly defined IT governance are: - IT and the IT controls may not be fully aligned to the business needs and - The absence of direction in IT investment decisions. - Furthermore, in HCPC's IT environment, where some IT systems are managed by business units, preserving of the current IT Governance practices will be a risk to the digital transformation, due to lack of formally defined processes to monitor, evaluate and direct IT. 	To return to the main Summary and Tracker Scroll up or [PRESS]
& Key Risk Area 2: IT's support for the achievements of enterprise objectives	Given the new digital strategy anchors the planned digital transformation and that all other governance building blocks are influenced by it, in recommendation 1 we included a set of improvements that will mitigate the typical risks related to strategy development.	
Key Risk Area 3: Effectiveness and added business value of IT is demonstrated to both the business and IT executives	Whilst performance statistics are used as noted above, we identified that other operational Key Performance Indicators (KPIs) have not been developed to assist with the monitoring of IT value. Measuring IT is essential for good IT governance. In addition, HCPC, in the context of the digital transformation, need a pragmatic approach to monitoring the effectiveness of IT to enable them to adjust their program and assist with decisions on IT investment. Senior management would benefit from IT performance reports based on more detailed KPIs.	To return to the main Summary and Tracker Scroll up or [PRESS]

Key Risk Area 4: The service desk	We reviewed the current IT Service Catalogue and we noted attributes for IT services are not recorded completely. In addition, we were informed that there is no formal management of the IT services' lifecycle and the IT Service Catalogue has not been updated since it was introduced. We understand, however, that there is a plan to update the catalogue later in 2020. <ul style="list-style-type: none">· The Service Catalogue is at the core of IT service delivery and contains a centralised list of services from the IT service portfolio. The purpose of the Service Catalogue is to provide a single source of consistent information on all agreed services, and ensure that it is available to those who are approved to access it.· We reviewed the IT service processes and noted that service desk procedures have not been formalised, although there is a process workflow. A procedure document being the step-by-step detailed set of instructions that describes how to perform the tasks in a process.· The IT service desk mission, vision and values have not been formally established, although we understand this is work in progress. Without a clearly defined mission that is determined by its "customers" needs, a service desk may not meet business requirements.	To return to the main Summary and Tracker Scroll up or [PRESS]
& Key Risk Area 5: Problem & Incident Management	We noted, however, that the Problem Management business process is not supported with a formal procedure. This should be considered together with the issue set out in KRA 4.	
FTP end to end review		
Key Risk Area 1: End to end FtP Process	· 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.	To return to the main Summary and Tracker Scroll up or
FtP end to end process (Protection of title (POT))	Follow up (November 2020): Our sample testing of five Protection of Title (POT) cases identified two POT cases had been acknowledged outside the five working days timeframe. However, they had all been processed within 50 days. We did note from the latest (13th October 2020) weekly performance figures for non-FtP reporting that 29 cases were open over the two months target. While there is an understandable focus on FtP performance, staff should be reminded of the importance of completing actions within given timescales for non-FtP matters and performance should continue to be monitored closely.	[PRESS]
Business continuity		
Key Risk Area 5: Business continuity testing	· Given that we have identified some gaps in current BCP arrangements at HCPC (see KRA 1-4), BCP arrangements will need to be tested to ensure that these areas are working effectively.	To return to the main Summary and Tracker Scroll up or
Quality Assurance		

		To return to the main Summary and Tracker Scroll up or [PRESS]
5	<p>There is no audit charter at which the QA Department operate by and are held accountable to though information that would form part of a charter exists in the quality assurance frameworks and workplans.</p> <p>There is no overarching strategy document for the QA function though information that would form part of such a document exists in the quality assurance frameworks and workplans. Without a strategy there is the risk that the organisation's approach and objectives in the context of its QA activities will not be detailed. A strategy should at the minimum set out an aim/key objectives to be met.</p> <p>Due to the timings of the change, a framework for the ISO specific audits and non-regulatory audits is not currently in place and should be produced and aligned with the new QA structure in place as the current framework is ISO focused and relates to the previous structure of the team. We understand that the new Quality Assurance Development manager has commenced the development of a framework to detail the working arrangements for ISO and non ISO activity between the QA and Governance Departments.</p> <p>Discussions with the business (the QA function's 'auditees') highlighted that in the case of one area, the auditee not aware of the findings of audits being undertaken until the draft report was issued. It is important that an exit meeting be a mandatory requirement as this is a key control in ensuring emerging findings and recommendations are discussed with auditees before the report is drafted.</p> <p>The review highlighted that the current performance reporting includes status and progress updates on individual reviews and against the annual plans. Performance reporting can be further enhanced through the introduction of performance metrics to measure the quality and timeliness of individual reviews and against the annual plan. This includes, for example, when audits are to be completed and reports are to be issued. Beneficiaries of the QA function, such as senior management and the Audit Committee do not get a clear sense of progress made against expected progress of work and thus the assurance they are getting. Further discussions with Management highlighted that conversations have commenced on developing a suite of service standards to measure performance of the QA activity.</p> <p>The scoping document reviewed, did not mention key staff to be consulted during the audit. This is important in ensuring that the right persons are consulted in carrying out the review. It also provides a clear evidence trail and clearly sets out expectations and parameters for the review.</p>	

Key Financial controls

2&3	<p>From a review of core policies and procedures which govern the Transactions Team, Registration Operations Team and Financial Accounting Team's operations, there were instances identified where documents do not clearly capture key processes and controls and where processes are not documented. Significant reliance is also placed on the knowledge of key personnel within HCPC. Specific observations include:</p> <ul style="list-style-type: none"> • There is no detailed process document in place for credit controls. Although there is a process map, this is high-level and does not contain sufficient detail to re-perform the task without guidance from management. • Fitness to practice cases are complex and decisions on whether registrants should be contacted for fees are based on a complex set of outcomes from the case. There is currently no documented guidance in place for the Registration Operations Team in relation to contacting registrants on fitness to practice cases on unpaid fees. • From our discussions with the Treasury Accountant we understand that the bank reconciliations process document does not reflect the current practice. The document does not specify the owner and review dates. • The Director of Finance's payment authorisation limit is £25,000, which is documented in a July 2018 council meeting paper. From our discussions with the Director of Finance we understand that she is able to delegate an amount to other managers in the team at her discretion and has delegated an authorisation limit of £10,000 for some expense items to the Head of Financial Accounting. These delegations are not documented and it is unclear whether the Council intends the £25k delegated amount to Directors to be sub-delegated without the Council's express authorization. • Detailed process documents are produced by the Transactions Manager on banking and refund processes, however these documents do not specify the owner and document review dates. 	To return to the main Summary and Tracker Scroll up or [PRESS]
4	<p>Management information and analysis surrounding aged debt balances are to be communicated to Senior Management. Frequency of reporting, and forums for which to report to are to be determined, though at a minimum Finance and Registration should have oversight.</p> <p>Management should define categories or reason codes for non-payment and these should be captured within the registrants balance report, in order to facilitate more detailed analysis and discussion.</p> <p>Areas to consider as part of reporting could include (but are not limited to): debtor trends over time (e.g. by profession), analysis on most common reasons for non-payment, and write-offs due to registrants being removed from the register.</p>	To return to the main Summary and Tracker Scroll up or [PRESS]

Appendix 2 - Commentary History - a log of the past 6 Audit Committee updates

Reshaping the Organisation	Nov-20	Sep-20	Jun-20	Mar-20	Nov-19	Sep-19	
1 Key Risk Area 1: The forward plan and how it will be achieved is sufficiently marked out HCPC should continue to formalise its corporate strategy, with a vision that extends beyond 2021, at the same time as implementing shorter transformational changes. In designing the longer-term strategy, HCPC should take steps to mitigate the risk that short term tactical decision making drives the strategic focus of the organisation. This can be achieved by regular reviews of the transformation work referenced against the development of the new strategy. Also, when the strategy is presented to Council, a cross-reference to the transformation work to show how they dovetail or where adaptations are required.	Draft Corporate Strategy being consulted including stakeholder engagement activities. Strategy due to be finalised in December and published in early 2021. Corporate Plan and budget for Year1 to be completed by March.	N/A	N/A	N/A	N/A	N/A	To return to the main Summary and Tracker Scroll up or [PRESS]
2 Key Risk Area 1: The forward plan and how it will be achieved is sufficiently marked out As part of the introduction of the new strategy to be approved in December 2020 HCPC should ensure that the standard formats of these documents include status updates on highlevel milestones. In addition the strategy should be complemented with a high-level description of success factors indicating when each milestone will be considered to be achieved.	See response to point 1.	N/A	N/A	N/A			To return to the main Summary and Tracker Scroll up or [PRESS]
3 Key Risk Area 1: The forward plan and how it will be achieved is sufficiently marked out The sufficient resourcing of the Finance team should be reassessed to ensure the team has sufficient capacity, particularly considering the change in structure and the colleague on long-term absence.	Person specification for Executive Director Corporate Services post has strong financial leadership element. Finance resource plan includes recruitment of financial accountant and systems accountant. Project accountant contract has been extended.	N/A	N/A	N/A			To return to the main Summary and Tracker Scroll up or [PRESS]
5 Key Risk Area 1: The forward plan and how it will be achieved is sufficiently marked out Nearer the time of his departure, the detailed next steps of the programme that the outgoing Business Improvement Director intends, should be clearly documented, particularly those relating to transformation activities that have yet to be completed.	The Executive Director of Regulation has been recruited and will take over responsibility from 16th November allowing a 6 week hand-over. Undertaking an independent review of the Transformation Plan is being discussed as a method for evaluating the robustness of the forward plan being handed over.	N/A	N/A	N/A			To return to the main Summary and Tracker Scroll up or [PRESS]
7 Key Risk Area 1: The forward plan and how it will be achieved is sufficiently marked out The comments raised with regards to annotations to the Register should be considered as part of the future planning of improvements in this area.	Registrations is subject of business improvement focus. Recent roll out of new registration system provides a vehicle for further improvements enabling registration resource to be focused on value add activity. . Regulatory reform proposals include provisions on annotations.	N/A	N/A	N/A			To return to the main Summary and Tracker Scroll up or [PRESS]

8	Key Risk Area 2: Anticipating the major risks and opportunities and stakeholder consultation HCPC should consider conducting additional employee engagement activities to help embed and measure cultural change. While existing changes have been predominantly focussed on changing processes, HCPC should also ensure there is sufficient focus on cultural change and changes to staff wellbeing.	Continued employee engagement including: further all employee survey on the Corporate Strategy; introduction of weekly team brief with feedback to weekly SMT/OMT huddle. Revised terms of reference for the Employee Forum. External consultancy engaged to support culture change including revised behavior matrix aligned with new corporate values. Development of estates strategy so that physical and virtual working environments support organisational cultural change. Future all employee surveys.	N/A	N/A	N/A	N/A	N/A	N/A	To return to the main Summary and Tracker Scroll up or [PRESS]
IT Controls									
		Nov-20	Sep-20	Jun-20	Mar-20	Nov-19	Sep-19		
1	Key Risk Area 1: The IT governance framework Key Risk Area 2: IT's support for the achievements of enterprise objectives HCPC should develop and introduce a formal IT Governance framework which aligns with the Code of Corporate Governance. The aim of the framework should be: <ul style="list-style-type: none">- To ensure that appropriate roles, responsibilities and accountabilities are established for data, system ownership, reporting and communications. This will build on the information which already forms part of the ISMS.- To report on IT Governance status and tracking of all IT Governance issues and remedial actions to closure; and- To define responsibility for key IT controls, particularly in respect of IT systems managed by business units. The IT governance framework should be	Also highlighted in the Digital Transformation Strategy. The intention is to develop a new governance model to support more agile ways of working both within technology and across the wider organisation.	N/A	N/A	N/A	N/A	N/A	N/A	To return to the main Summary and Tracker Scroll up or [PRESS]
2	Key Risk Area 3: Effectiveness and added business value of IT is demonstrated to both the business and IT executives We recommend HCPC consider developing a more detailed set of KPIs to measure IT performance as a part of the digital agenda and in respect of best practice. Typical general examples for IT KPIs that could be used are as follows: <ul style="list-style-type: none">- IT expense per employee- Support expense per user- IT expense as a % of total expense- The number of recurring problems. Furthermore, based on the new operation model specifics, HCPC should consider adopting ITIL Key Performance Indicators especially in the area of Service Design and Continual Service Improvement.	A standard set of KPI will be considered as part of the reorganisation work resulting from the Digital Transformation work. Following the approval of the strategy presented by the Executive Directory of Digital Transformation at the last meeting Council, work has now started to shape the new Digital organisation.	N/A	N/A	N/A	N/A	N/A	N/A	To return to the main Summary and Tracker Scroll up or [PRESS]

3 Key Risk Area 3: Effectiveness and added business value of IT is demonstrated to both the business and IT executives When processes and IT systems are being reviewed and updated as part of transformation, it is important to ensure that the proportionality of controls is kept as a critical success factor in the delivery of new systems.	A standard set of KPI will be considered as part of the reorganisation work resulting from the Digital Transformation work. Following the approval of the strategy presented by the Executive Directory of Digital Transformation at the last meeting Council, work has now started to shape the new Digital organisation.	N/A	N/A	N/A	N/A	N/A	To return to the main Summary and Tracker Scroll up or [PRESS]
4 Key Risk Area 4: The service desk Key Risk Area 5: Problem & Incident Management HCPC should develop a Service Portfolio to manage the entire lifecycle of all services, and include three categories: Service Pipeline (proposed or in development); Service Catalogue (Live or available for deployment); and retired services. In the development of the Service Catalogue, business unit managers and other decision makers should work with both end users and stakeholders to determine the level of required IT services. Categorisation of the services should be undertaken together with access permissions, restricting access to specific services. We recommend that for each identified IT service within the Service Catalogue, the following attributes should be recorded: - Name of the service - Description of each individual service	An updated Service catalogue will be produced as part of the output of the work to reorganise the Digital team during the transformation. Following the approval of the strategy presented by the Executive Directory of Digital Transformation at the last meeting Council, work has now started to shape the new Digital organisation. Part of this will be delivered alongside the implementation of the new Service Desk that will complete later in the year.	N/A	N/A	N/A	N/A	N/A	To return to the main Summary and Tracker Scroll up or [PRESS]

5	Key Risk Area 4: The service desk Key Risk Area 5: Problem & Incident Management For the key IT services desk processes, HCPC should develop formal procedures. Procedures streamline the internal process, but also ensure compliance, give guidelines for decision making and provide the roadmap for day-to-day operations.	This will be delivered alongside the implementation of the new Service Desk that will complete later in the year.	N/A	N/A	N/A	N/A	N/A	N/A	To return to the main Summary and Tracker Scroll up or [PRESS]
6	Key Risk Area 4: The service desk Key Risk Area 5: Problem & Incident Management The IT Service desk manager should develop the Service Desk Mission, Vision and Values. This should be approved by Senior Management and distributed to all staff.	This will be delivered alongside the implementation of the new Service Desk that will complete later in the year.	N/A	N/A	N/A	N/A	N/A	N/A	To return to the main Summary and Tracker Scroll up or [PRESS]
	FTP end to end process review	Nov-20	Sep-20	Jun-20	Mar-20	Nov-19	Sep-19		
4	FtP end to end process (triage) Key Risk Area 1: - 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.	N/A	N/A	4 - as set out in recommendation Progress June 2020: completed by DL CRT.	N/A	N/A	N/A	N/A	To return to the main Summary and Tracker Scroll up or [PRESS]

Business continuity testing	Nov-20	Sep-20	Jun-20	Mar-20	Nov-19	Sep-19	
5 Business continuity testing -Key Risk Area 5: Given that we have identified some gaps in current BCP arrangements at HCPC (see KRA 1 4), BCP arrangements will need to be tested to ensure that these areas are working effectively.	Ongoing -Live test in covid-19 response. May look to test "New normal" at a later stage when we establish what that is.	Ongoing - Live test in Covid-19 response	Live test in Covid-19 response	N/A	N/A	N/A	To return to the main Summary and Tracker Scroll up or [PRESS]

	Quality Assurance	Nov-20	Sep-20	Jun-20	Mar-20	Nov-19	Sep-19	
5	<p>It is recommended that the QA function put an audit charter in place which will set out:</p> <ul style="list-style-type: none"> -the purpose of the function; -reporting lines; -roles and responsibilities; -how audits will be selected to be undertaken (risk based approach); -process for any deviations from the agreed audit plan; -is a document that the QA function can be held accountable to; -formally agreed at the Audit Committee. 	<p>QAL - The Charter is in the process of being developed and a draft will be submitted to AC in Q4 for final approval.</p>	<p>With the new QA lead in post a QA charter will be investigated and developed in Q3 2020-21 in line with the Audit charter in place.</p>	<p>New QA Lead/QA team to present the framework at the Audit Committee for approval Q2-Q3</p>	<p>Given the delays to the organisational framework (for non-regulatory audits) and the change in approach for quality in the organisation this activity may be delayed.</p>	<p>N/A</p>	<p>N/A</p>	<p>To return to the main Summary and Tracker Scroll up or [PRESS]</p>

	Key Financial controls	Nov-20	Sep-20	Jun-20	Mar-20	Nov-19	Sep-19	
1	Lack of formally documented procedures heightens the succession risk in case of a loss of key personnel. This may lead to an incorrect/inconsistent application of key processes and decisions being taken. Outdated procedures can also cause confusion for a new person who joins any of the above teams regarding what processes to follow, and may lead to processing errors.	Detailed process note will be updated following the go live of the new registration system.	The balance report process notes which documents how debtor balances are reviewed and actions have been reviewed and updated.	BDO Follow up review comments: In progress - overdue The Finance Director confirmed that the Transactions Manager has left the organisation and all current processes and controls are currently under review Executive update Due to other priorities such as year end and audit, policies are yet to be reviewed by the Financial Control Manager	Following the Finance restructure, all policies will be reviewed by the Financial Control Manager	Awaiting approval by FD but a process document for credit control related activities (non-FTP) has been done. All current process documents capture the owner and date of review and reason.	Training notes on the credit control / balance report process (excluding those coming out of FTP processes which is covered by the Reg Ops team) has been done and requires approval by FD.	To return to the main Summary and Tracker Scroll up or [PRESS]
3	Lack of formally documented procedures heightens the succession risk in case of a loss of key personnel. This may lead to an incorrect/inconsistent application of key processes and decisions being taken. Outdated procedures can also cause confusion for a new person who joins any of the above teams regarding what processes to follow, and may lead to processing errors.	Procedures and policies now captures the owner and date of review. Process and procedures will be updated following the go live of the registration system and update to the financial systems.	We are in the progress of updating all financial procedures with the aim to complete the review by end of September. A list of all finance policies have been collated and mapped with their next review dates.	BDO Follow up review comments: In progress – not due yet The Finance Director confirmed that the Transactions Manager has left the organisation and all current processes and controls are currently under review. Executive update Due to other priorities such as year end and audit, policies are yet to be reviewed by the Financial Control Manager	Following the Finance restructure, all policies will be reviewed by the Financial Control Manager	HOFA: About 80% of the finance procedures have been updated to include owner and review dates. The remaining 20% is currently being reviewed; this is due to the treasury manager being on long term sick.	HOFA 10/09/19 – All Finance Procedure notes are currently being updated and will be completed by 30 September 2019 All Transaction processes have been updated to include owner and review dates.	To return to the main Summary and Tracker Scroll up or [PRESS]