

10 November 2021

Internal Assurance Report – November 2021

Executive Summary

This paper provides information on internal assurance activities that have taken place since September 2021 and activities that are ongoing in this period. This report includes the following areas

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

Developing the report

A review is underway to bring together various compliance and quality assurance activity across the organisation into one joined together HCPC Assurance Framework based on the new three lines model. Initial planning for the future look has been discussed with the ARAC Chair. We present a new look report at the November ARAC meeting which offers more graphical reporting the report will be further developed as the new framework is established.

Previous consideration	This is a standing item considered at each meeting of the Committee.
Decision	The Committee is asked to discuss the report.
Next steps	The next report will be received in March 2022.
Strategic priority	Strategy aim 1 – Continuously improve and innovate Strategy aim 5 – Build a resilient, healthy, capable and sustainable organisation.
Risk	Strategic Risk 1 – Our performance does not improve to a standard that enables us to achieve all the PSA standards of good regulation. In seeking to meet these standards we lose focus and lose standards in other areas. Strategic Risk 5 – The resources we require to achieve our strategy are not in place or are not sustainable.

Strategic Risk 6 – We are unable to demonstrate the value of regulation due to negative experiences of our regulation in practice.

Financial and
resource
implications

None.

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A. HCPC Assurance

1. Three Lines Model

- 1.1. Following the review of the Three Lines Model (previously Three Lines of Defence) we have committed to review our internal assurance framework and develop an integrated and fully unified assurance approach, bringing together the work of the QA team and the Risk and Compliance function, as well as closer working with the Internal Auditors. Also key will be drawing in the 1st line assurance activities happening as BAU within departments.
- 1.2. The Three Lines Model helps organisations identify structures and processes that best assist the achievement of objectives and facilitate strong governance and risk management. The model applies to all organizations and is optimized by:
- Adopting a principles-based approach and adapting the model to suit organizational objectives and circumstances.
 - Focusing on the contribution risk management makes to achieving objectives and creating value, as well as to matters of “defence” and protecting value.
 - Clearly understanding the roles and responsibilities represented in the model and the relationships among them.
 - Implementing measures to ensure activities and objectives are aligned with the prioritized interests of stakeholders.

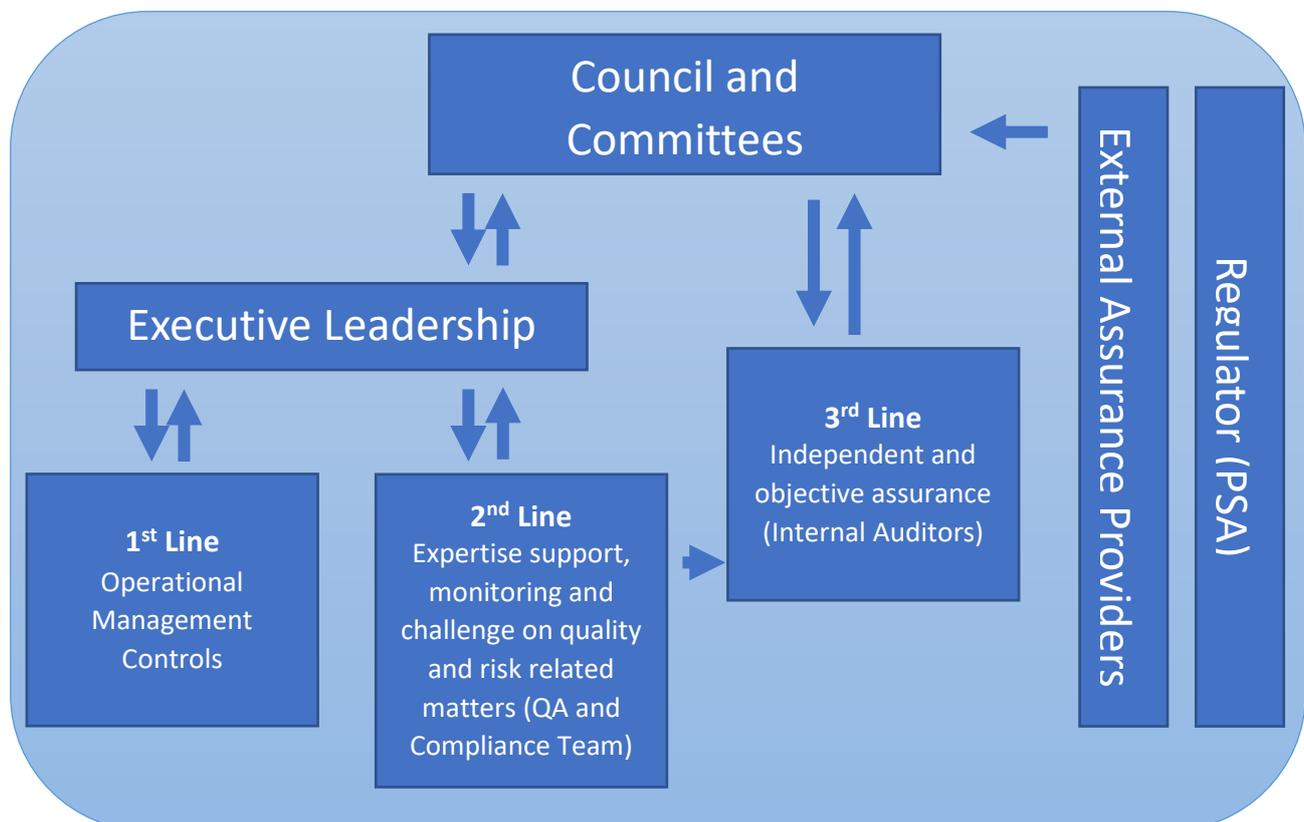


Figure 1: Three Lines Model

2. Integrated Assurance Project

- 2.1. As the first step, the Head of Governance, QA Lead and Chief Information Security & Risk Officer met to define the assurance systems in place and what the goals are in implementing the Three Lines Model.

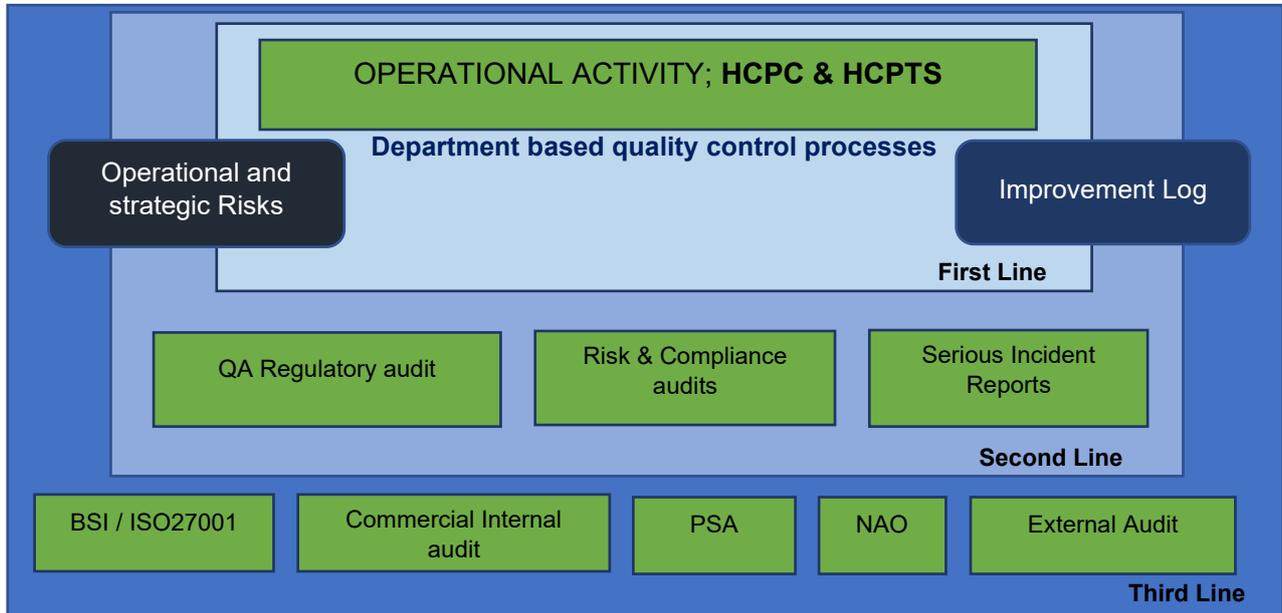


Figure 2: HCPC Organisational Model

- 2.2. From this discussion it was clear that this is a large piece of work, and so moving forward as a defined Improvement Project would ensure accountability and transparency on the development and delivery of an integrated assurance framework. The QA Lead will manage this project, with the support of the rest of the Governance Management Team as needed.
- 2.3. Part of the launch discussion included identifying all the different aspects of assurance currently in place. Alongside this previous assurance mapping has been reviewed, and various internal stakeholders are being contacted to confirm 1st line checks.
- 2.4. In tandem with the information gathering, initial analysis has started to identify any gaps, duplication or links that need to be introduced. This is in the early stage while there is still some information outstanding, however we have already identified some quick wins in terms of having a clearer division of responsibilities.
- 2.5. In the next steps the QA Lead will continue analysing the information gathered to identify waste and assess risk, before using this information to develop a robust and effective Assurance and Risk Framework incorporating the whole organisation.

2.6. This new framework will be tested in Q4 and fully implemented as the Assurance and risk Framework 2022/23.



B. Quality Assurance department update – November 2021

4. QA Activity

4.1. Since the last update, QA have continued to progress and complete activities on the 2021/22 QA framework successfully.

Completed	In Progress	Up Next
<ul style="list-style-type: none"> •Comparable Qualifications List, Registration. •Education Guidance Documents Review, Education. 	<ul style="list-style-type: none"> •Lean Six Sigma Green Belt Project, Registration •Risk Assessment audits, FTP •Investigation Quality (Case Plans) audit, FTP •Failure Mode and Effects Analysis of Approval Process, Education 	<ul style="list-style-type: none"> •Hearings Checks audit (follow up), FTP •Annotations & Medicine Entitlements (follow up), Reg •Triage Closures audit, FTP •Digital Applications (follow up), Reg •Lean Six Sigma Green Belt Projects: QA Outreach; Intergrated Assurance Model; TBC.

4.2. The Registration audit on the CQL process was completed since the last meeting. The assurance rating was found to be **Limited**.

- The Key Findings were:
 - ★ 100% of applicants held a qualification on the CQL
 - ★ All required annual/biennial checks have been completed
 - ✗ 9% of CQL applications have been sent for assessment unnecessarily
 - ✗ Inconsistencies in recording: Received date of application; Processing times
- The QA Team has made seven recommendations relating to the following areas:
 - High Priority (2): Clear audit trails; Refresher training
 - Medium Priority (3): Guidance updated; Checks completed and recorded
 - Low Priority (2): Data errors corrected; Email templates updated

- The overall assurance rating was ■ Limited

4.3. There have been no **Low** Assurance ratings found since the last update to ARAC.

5. QA Framework 2021/22

5.1. No significant changes have been made to the QA Framework 2021/22 since the last update to ARAC.

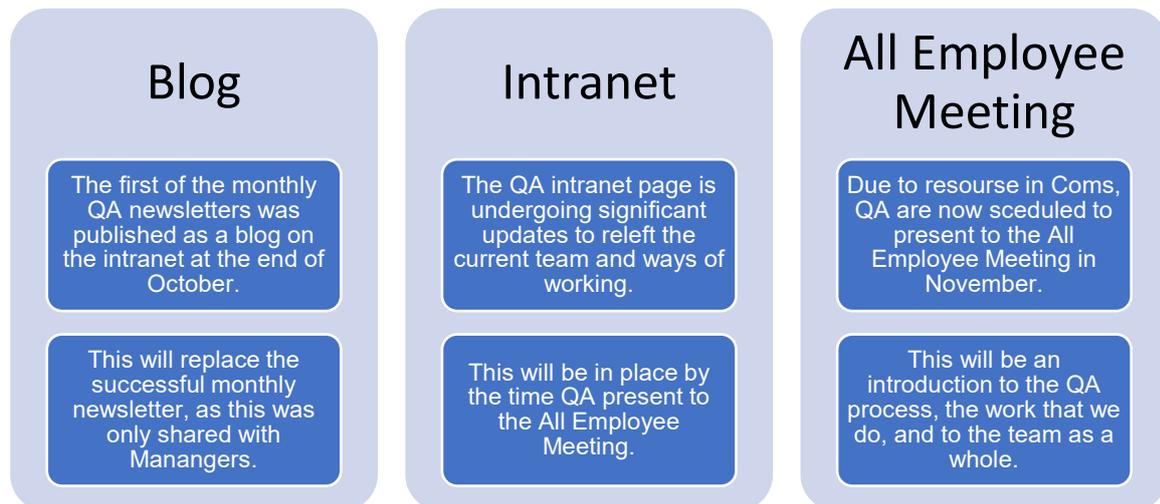
5.2. Work will begin in November to start the drafting of the 2022/23 QA Framework, as well as the new Integrated Assurance Model.

6. QA team development 2021-22

6.1. On the 7th of October the team held their first In Office Team Day. This allowed us to hold collaborative meetings, reflections, and training in person and continue to build our relationships as a team.

6.2. We took the opportunity to discuss and reflect on including interviews as part of our regular QA information gathering activities, not only sharing advice on how to plan/hold/follow up on these interviews, but also confirm they have been a valuable addition which have allowed QA to produce more well-rounded and informed analysis and reports.

6.3. The QA Team is continuing to raise awareness with the organisation as a whole on the QA Team and its work:



6.4. The first of the Lean Six Sigma projects continues to be underway, however there have been some delays due to priorities within the Registration department which could also have an impact on the expected timeline for this project. We are monitoring this closely and will identify what impact this could have on the QA schedule for the rest of the year.

7 QA Overview

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

QA Activity	Start	PSA	SRR	Status	Assurance	Recommendations and Notes
Health and Wellbeing Strategy and Tone of voice QA are involved in the implementation of the new strategy. This work will involve quality assuring new templates produced through the Tone of Voice review in 21-22 and other areas of the Health and Wellbeing Strategy throughout 21-22.	04/2021 09/2021	3, 18	4, 6	Ongoing	n/a	The tone of voice project is now progressing in FTP after being On Hold.
<i>Education:</i> Guidance Review A review of guidance to support the implementation of the new Education QA model.	05/2021	5, 9	2, 5, 6	Completed	n/a	QA held a workshop with Education on producing accessible and robust guidance. This review was based on the principles agreed in the workshop. New guidance style conventions have been agreed with Education.
<i>Registration:</i> Comparable Qualification List (CQL) Audit An annual audit to provide assurance that applicants who joined the Register via the CQL route hold an appropriate qualification and all required verification checks have taken place.	08/2021	10, 11	2, 6	Completed	Limited	2 High – 1 Complete, 1 Accepted 3 Medium – Accepted 2 Low - Accepted
<i>Registration:</i> International applications - Lean Six Sigma (LSS) Review A review of the international application process, using LSS methodology, with a view to improving efficiency as well as the applicants' experience	08/2021	11	1, 4	In Progress	n/a	This is the first of four LSS Projects that QA will complete this financial year.

QA Activity	Start	PSA	SRR	Status	Assurance	Recommendations and Notes
<p><i>Fitness to Practise:</i> Risk Assessments – Review of process, first line checks and guidance A review of FTP’s risk assessment (RA) process, the new RA tool within the new Nexus case management system, the guidance available to staff and a review of the implementation of FTP’s new internal quality checking process for RAs.</p>	09/2021	15, 16, 17	1, 6	In Progress	n/a	This review is underway and on track to be reported on to ELT in December.
<p><i>Fitness to Practise:</i> Risk Assessments audit An audit of a sample of recent risk assessments carried out since the launch of the Nexus case management system.</p>	09/2021	15, 16, 17	1, 6	In Progress	n/a	This audit is underway and on track to be reported on to ELT in December.
<p><i>Fitness to Practise:</i> Investigation quality benchmarking A benchmarking review of the introduction of new case plans within FTP and the implementation of FTP’s new internal quality checking process for case plans.</p>	09/2021	14, 15, 17	1, 6	In Progress	n/a	This benchmarking review is underway and on track to be reported on to ELT in December.
<p><i>Education:</i> Approval Process - Failure Mode & Effects Analysis (FMEA)</p>	10/2021	9	1, 5	In Progress	n/a	The QA team met with the Education Department to conduct this FMEA activity. Further work was identified as necessary to complete the activity which will be carried out in stages throughout November and early December. Early learning from the exercise was positive.

C. Organisational compliance

Risk and Compliance update – November 2021

9. Information security

- 9.1. ISO27001. The only planned changes to the policy documentation is the consideration of an updated policy around the use of vetting and barring checks on employees. Further development of the policy is being developed with the HR department. The next ISO27001 audit by BSI is due in April 2022.
- 9.2. An update to the ISO27001 standard will be launched between 2022 and 2023, with a decrease in the number of designated controls, and a wider spread. This will impact the Information Security Management System (ISMS). Existing policies and documents will need to be mapped to the changed standard. This will require substantial effort, but ultimately lead to a more comprehensive system.

ISO27001:2013	ISO27001:2022 ?	Difference
<ul style="list-style-type: none">• 14 Domains• 114 Controls	<ul style="list-style-type: none">• 4 Domains• 93 Controls	<ul style="list-style-type: none">• Remove duplication• Updated to include new and emerging technologies

10. Information Security Training

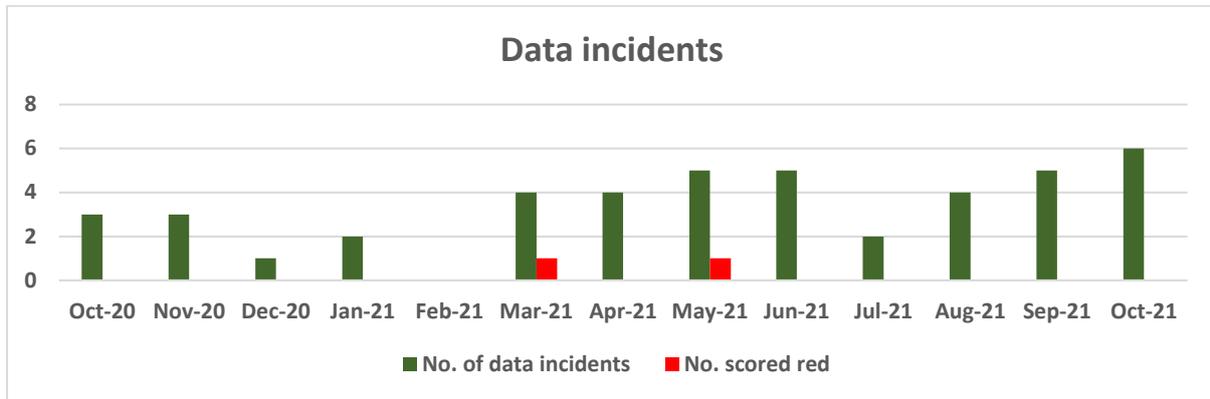
- 10.1. Information security training continues as new employees start, along with anti-bribery & fraud prevention. Council and Committee members have been invited to complete this annual training. Progress is indicated in the graphics below.



11. Data Incidents.

- 11.1. The HCPC has for some time reported and risk assessed personal data incidents. Data incidents are recorded for the month they are reported, not the

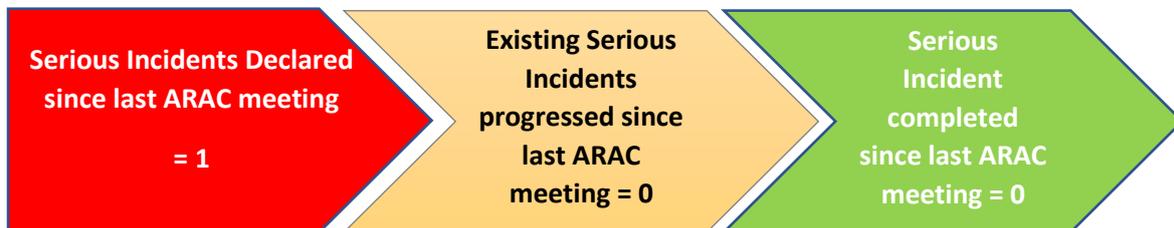
month they occurred. Those scored at 12 out of 25 or above are considered High Risk in information security terms and may be reported to the ICO.



12. Risk Management

- 12.1. The new format operational risk register is running. Updates to mitigations and target risk levels have been completed and shared with ELT. Propagation of the new risk management model into the Projects area will take place over the next months
- 12.2. The inherent and target risks now fall into five levels. This is being implemented in the Strategic Risk Register (see adjoining Strategic Risk Register)

13. Serious Incident Reports SIR (formerly Near Miss Reports) summary.



- 13.1. One new SIR has been declared relating to an issue within the Registration database. The technical issue has been fixed rapidly after testing with the supplier. However, the nature of the flaw, and its potential impact make this a matter of concern.

14. Ad-Hoc reporting

- 14.1. A data set for the UK-Reach project into ethnicity impact on covid-19 susceptibility has been shared with a government financed research project. All UK health related regulators are involved in this study.

15. Health and Safety

- 15.1. There has been one incident recorded since the last ARAC meeting in September. A contractor received a cut to his hand, first aid was applied by colleagues and the individual was back on site working the next day.

16. **Other compliance**

16.1. No employee whistleblowing disclosures, or incidences of fraud or bribery have been recorded in the reporting period.

17. **Single Supplier sign off procurement (September/October**

Single Source Requests		
Department / Supplier	No.	Total Value
HUMAN RESOURCES	1	£78,000
T-Three	1	£78,000
Grand Total	1	£78,000

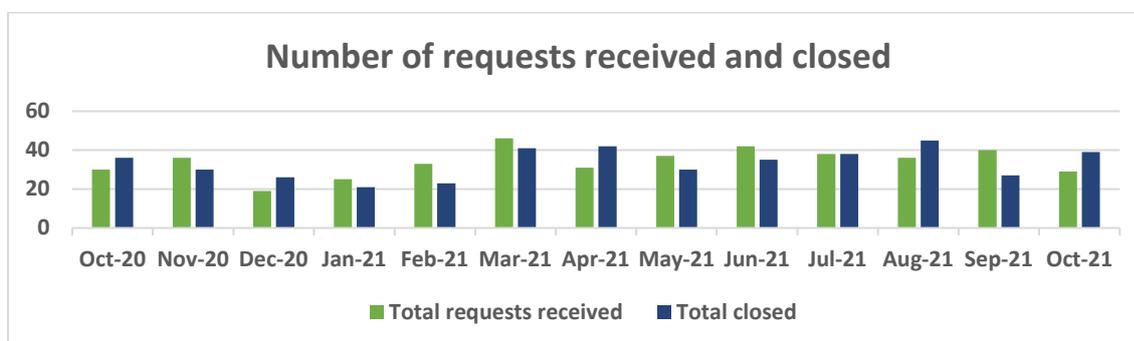
17.1. T-Three is an existing supplier (since 2017) whose current contract expires in early 2022. A single Supplier Contract for four years to provide coaching and consultancy services has been signed. The supplier has a good knowledge of HCPC’s culture and values. Consistency of methods and the existing supplier relationship are valued by the L&D department.

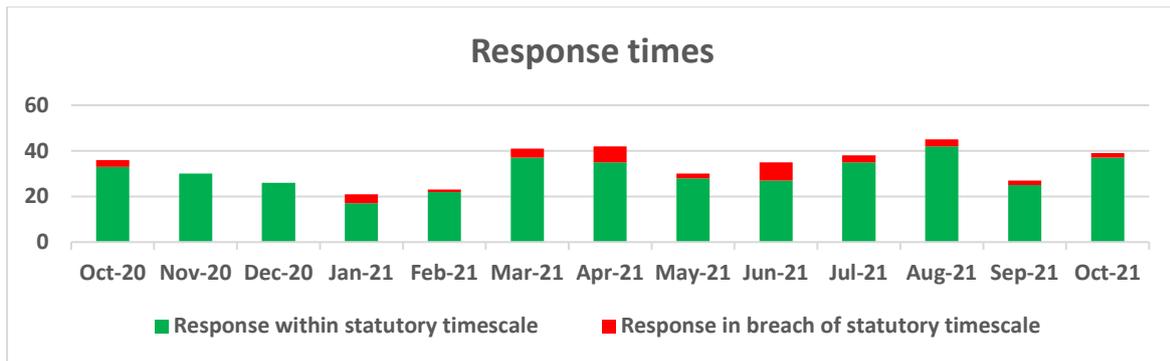
C. Information Governance

18. October’s information requests are indicated.

Total received in the reporting month	
FOI	9
SAR	8
Disclosure requests	6
Internal reviews	6
ICO	0
Total	29

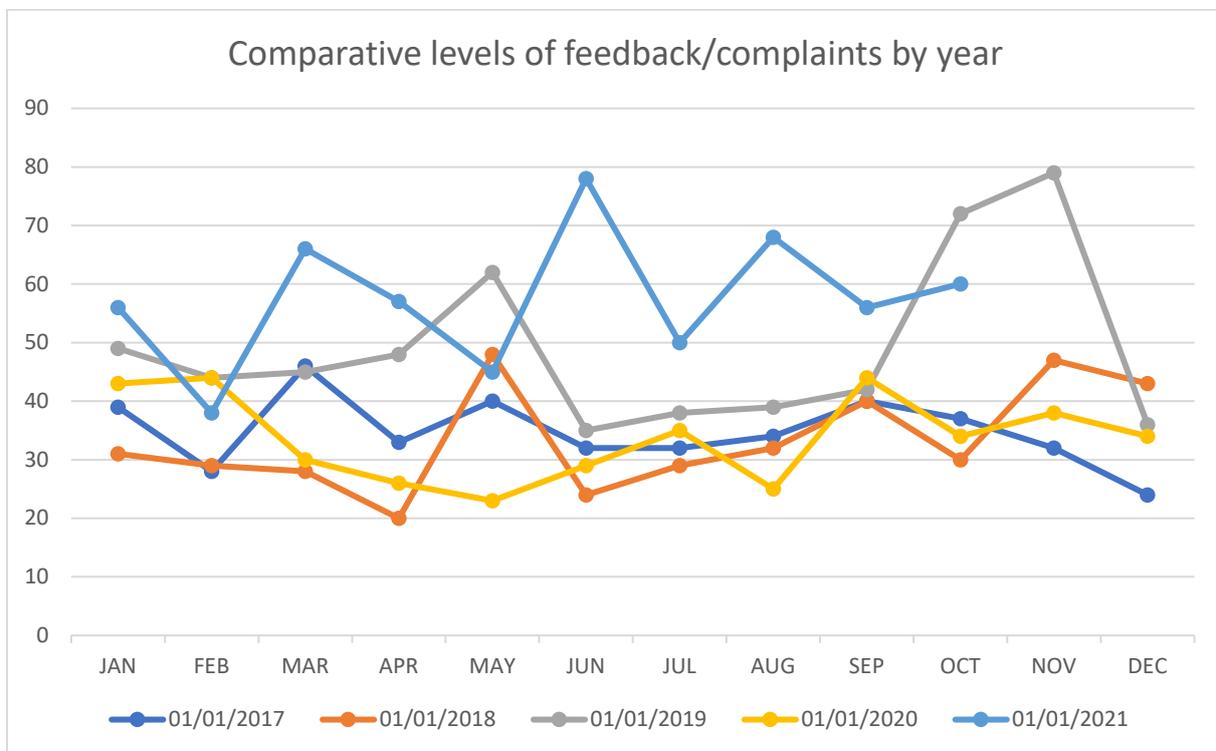
18.1. Data is provided below of the rolling year’s information governance activity. Reporting period and annual figures are set out below.





D. Feedback and Complaints

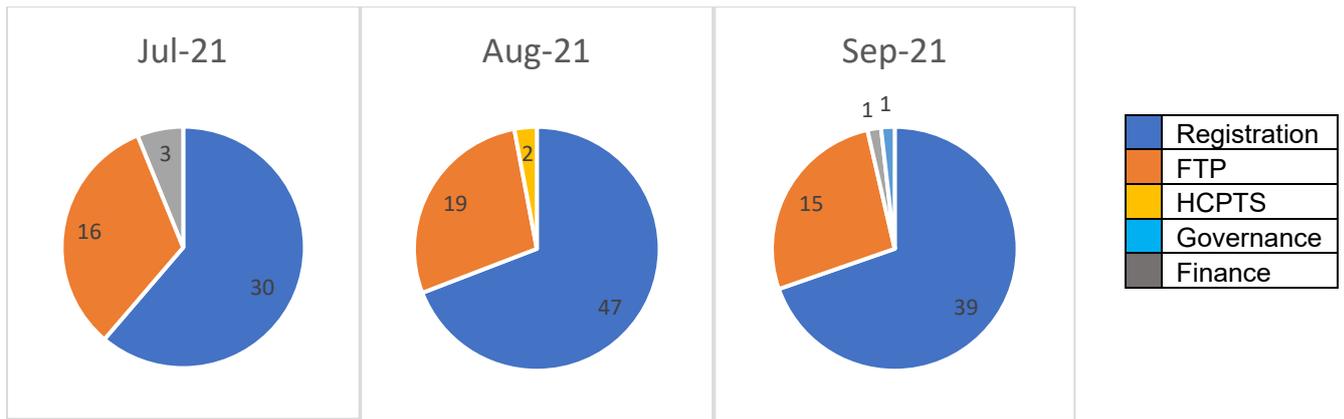
19. Feedback and Complaints update – By Year



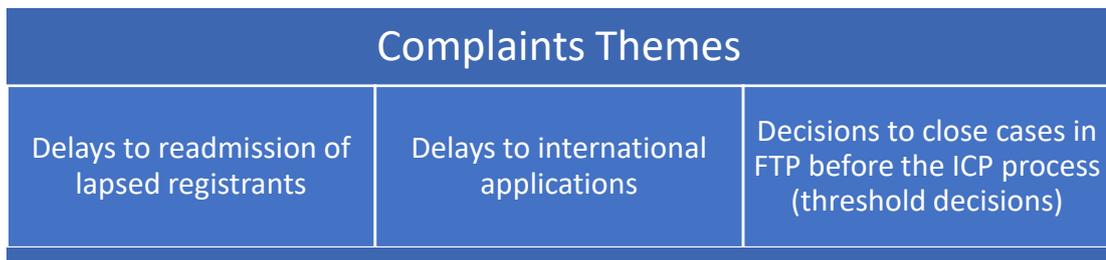
Complaints	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
01/01/2017	39	28	46	33	40	32	32	34	40	37	32	24
01/01/2018	31	29	28	20	48	24	29	32	40	30	47	43
01/01/2019	49	44	45	48	62	35	38	39	42	72	79	36
01/01/2020	43	44	30	26	23	29	35	25	44	34	38	34
01/01/2021	56	38	66	57	45	78	50	68	56	60		

20. Feedback and Complaints by Department

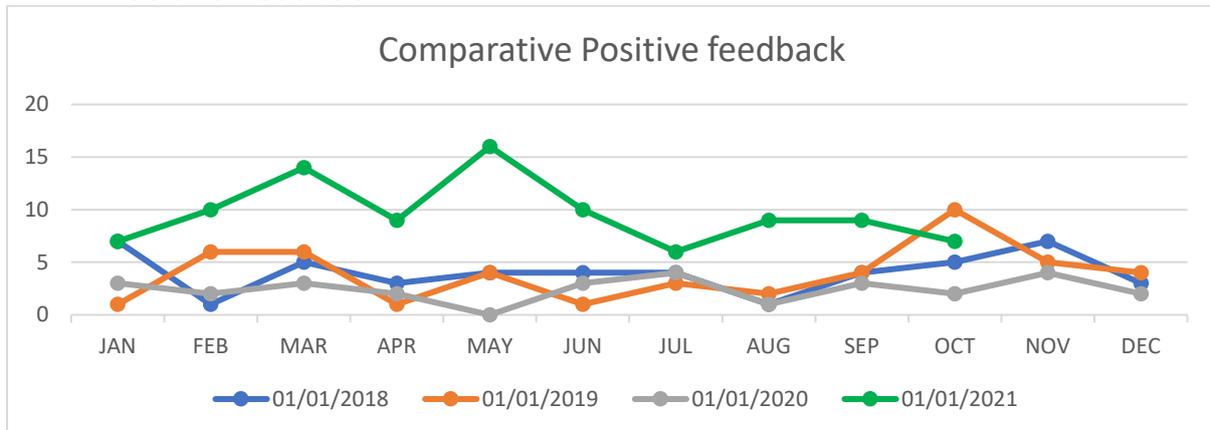
20.1. Key departments receiving feedback / complaints over the last three months.



20.2. Themes around current complaints



21. Positive Feedback



Positive Feedback	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
01/01/2018	7	1	5	3	4	4	4	1	4	5	7	3
01/01/2019	1	6	6	1	4	1	3	2	4	10	5	4
01/01/2020	3	2	3	2	0	3	4	1	3	2	4	2
01/01/2021	7	10	14	9	16	10	6	9	9	7*		

* Received to date by Service & Complaints Manager