Audit Committee

17 September 2020

hcpc | health & care professions council

Internal assurance report

Executive Summary

This paper provides information on internal assurance activities that have taken place since June 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
E – Near miss reporting summary 2020

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 November 2020.
Strategic priority	The strategic priorities set in 2018 are no longer current.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	1 - Failure to deliver effective regulatory functions 3 - Failure to be a trusted regulator and meet stakeholder expectations
Financial and resource implications	None
Author	Claire Amor, Head of Governance claire.amor@hcpc-uk.org Anna Raftery, QA Lead anna.raftery@hcpc-uk.org Roy Dunn, CISRO roy.dunn@hcpc-uk.org

A. Quality Assurance report

Executive Summary

The report covers the departmental activities since June 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 framework for 2020-21 was finalised and has been approved by SMT (appendix 1).

1.2   In order to encourage transparency and accountability the approach to the framework for this financial year was different, combining all the areas of QA activity into a single framework.

1.3   This new framework has also been mapped against the Strategic Risk Register (SRR) and the PSA standards, clearly showing how each QA activity mitigates against risk and supports the standards.

1.4   The QA activity schedule has also been updated to show more detail. Reporting deadlines and more accurate timelines have been included, which will allow both SMT and the Audit Committee to have accountability from the QA department.

QA Progression

1.5   The new QA Lead, Anna Raftery, came into post on 22 June. They have endeavoured to continue to progress the QA departments development and address gaps that may have formed with the extended gap in personnel.

1.6   Progress on departmental development has been picked up and pushed forward. In this period the focus has been on the following areas:
- Progressing recommendations from the BDO internal audit on QA, specifically:
  - Introduction of an audit assurance rating, in place for all completed QA activity from the beginning of July 2020. This will allow QA to provide more robust risk assurance to both SMT and the Audit Committee. It will also allow clearer reporting on compliance over time and organisation improvements.
  - Linking the QA framework to the SRR and PSA standards, as referenced above.
  - Cross-skilling across the team with the Education Quality Manager leading and delivering on the Hearings review.
  - Finalisation and approval of the QA methodology.
- Department workshops to discuss and develop the more lean and agile direction for the department to develop into.
- PSA triggered targeted reviews to provide assurance on specific areas of concern, such as the Registration Appeals statistics review.

1.7   The QA Workplan 2020-21 has been drafted based on the current priorities to develop the QA department in to an effective and valuable resource. (appendix 2)

QA Recommendations

1.8   As per previous process the QA recommendations were followed up on a quarterly basis. This is reflected in the stats presented here. Going forward the recommendations will be under active scrutiny and will be directly linked to the Risk Improvement log, which will be reflected in the next QA report to the Audit Committee.
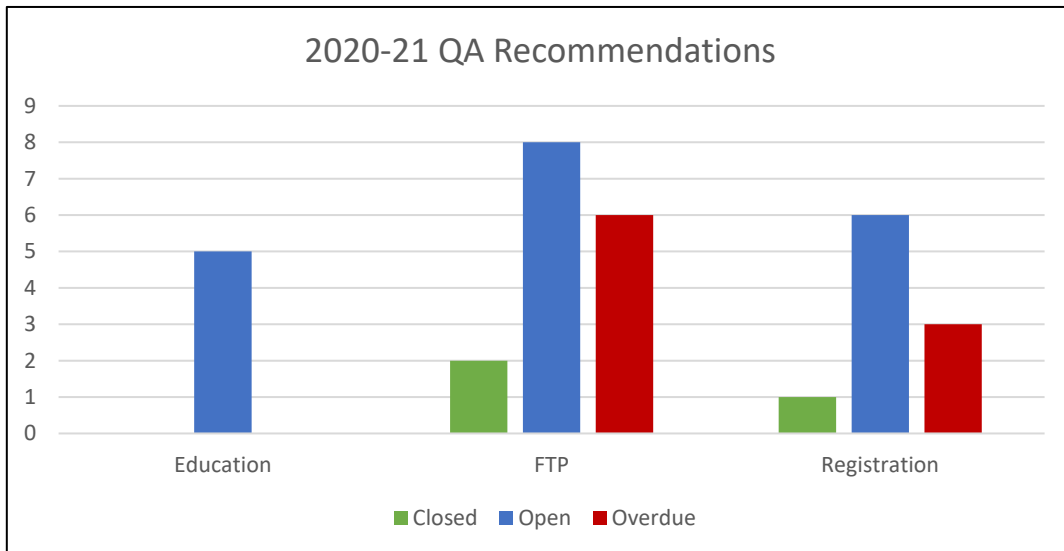

Figure 1: 2020-21 QA recommendations. Due to COVID-19 QA activity was paused for Q1 this financial year. Please note that due to resourcing issues 5 of the overdue FTP recommendations are from the 2019-20 workplan.

QA Schedule

1.9   The QA schedule 2020-21 was completed in July and approved by SMT (appendix 3)

1.10   One QA advisory activities have been delayed in starting due to delays in the lead departments projects. This is - Tone of Voice: Providing QA support and input to the Tone of Voice project (Led by Policy).

1.11   Otherwise all QA activities are progressing well according to the QA schedule to date:

QA Activity	Start	PSA	SRR	Status	Assurance	Recommendations and Notes
Education Programme Records Checks An annual audit to assess the accuracy of newly created programme records, as well as the impact of the review of programme record change management.	06/2020	1	1	Completed	Satisfactory	Three Recommendations 1: Amber - Accepted, Pending 2-3: Green – Accepted, Pending
Registration Register Annotations First audit relating to these concerns. This audit is to give assurance that the register correctly reflects which registrants have medicine entitlements following the appropriate qualifications	06/2020	10	4	Completed	Satisfactory	Two Recommendations 1: Amber – Accepted, Pending 2: Amber – Accepted, Applied
FTP Threshold policy An audit of the quality of threshold policy decisions made in 2020 Jan-Mar and Apr-June.	07/2020	14	1	In Progress	n/a	n/a
FTP Publication of Hearings Records An audit of the compliance of hearing records with the publication policy	07/2020	1	1	Reporting	Satisfactory	No Recommendations
Registration Registration Appeals A review of the registration appeals statistics to evidence the reason for the rising number of upheld registration appeals	07/2020	11	1	Completed	Satisfactory	No Recommendations
FTP Risk Assessment Review Providing QA support and analysis to the FtP Risk Assessment project.	07/2020	17	1	In Progress	n/a	*Initial meeting for the Risk Management project held in July. QA input in this helped defined next steps. Next QA input planned for end of 1st stage, in Sept 2020.*
Registration Registrant enquiry responses 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	Scoping	n/a	n/a
Education Approvals process: NPP pathway This is the first audit of the NPP (New Profession and/or Provider) pathway through the approvals process.	08/2020	9	3	In Progress	n/a	n/a

Ref	RAG	Title	Area	Reason	Description	Previous Results	Start Date	PSA WG	SRR	PSA
EDU 2020-21 01	Amber	Programme Record checks	Education	Annual Education Audit	An annual audit to assess the accuracy of newly created programme records, as well as the impact of the review of programme record change management.	QA Aug '19 - 31% of programme record changes were overseen by Education Managers.	Jun-20	No	One	1
EDU 2020-21 02	Green	Approvals process: NPP pathway	Education	A new pathway was introduced to aid Education providers new to HCPC processes through the approvals process in 2019	This is the first audit of the NPP (New Profession and/or Provider) pathway through the approvals process.	First time	Aug-20	No	Three	9
EDU 2020-21 03	Green	Major change process	Education	QA follow up review of the major change process	This is a follow up QA review of the major change process focusing on decisions made at the change notification stage. This audit is to give assurance that decisions are completed according to guidance and decisions are clear, proportionate and well-reasoned.	QA May '19 - 75% of decisions were completed according to guidance.	Oct-20	No	One	9
EDU 2020-21 04	Green	Advise on Education pilot	Education	Education are completing a BI project to revise and improve their approval and monitoring of programmes	Providing QA support and input to the Education Approval and Monitoring pilot	N/A	Dec-20	No	One	9
EDU 2020-21 05	Red	Education Approval and Monitoring pilot	Education	QA of new Edu approval and monitoring procedure	An audit of the outcome and implementation of the Education Approval and Monitoring pilot	Assurance for new process (EDU 2020-21 04)	Jan-21	No	One	9
FTP 2020-21 01	Amber	Threshold Policy	FTP	PSA audit identified significant concerns in the decision making at both the triage stage and at the threshold decision stage	An audit of the quality of threshold policy decisions made in 2020 Jan-Mar and Apr-June.	QA Jan '19 approx. 25% fail QA June '19 approx. 20% fail PSA audit '19 approx. 25% fail	Jul-20	Yes	One	14
FTP 2020-21 02	Red	Risk Assessment review	FTP	FtP are completing a BI project to improve their case risk assessment procedure following concerns raised by PSA	Providing QA support and input to the FtP Risk Assessment project	N/A	Jul-20	Yes	One	17
FTP 2020-21 03	Amber	Publication of Hearings Records	FTP	Evidencing audit requested by Policy	An audit of the compliance of hearing records with the publication policy	First time	Jul-20		One	1

ID	RAG	Title	Department	Trigger	Description	Previous	Date	Col	Priority	#
FTP 2020-21 04	Amber	Tone of Voice	FTP	FtP are completing a BI project to improve communicating with stakeholders following concerns raised by PSA	Providing QA support and input to the FtP Tone of Voice project	N/A	Aug-20	Yes	Three	18
FTP 2020-21 05	Red	Risk Assessment - implementation audit	FTP	QA of new risk assessment process (FTP 2020-21 02)	An audit of the outcome and implementation of the FtP Risk Assessment project	Assurance for new process (FTP 2020-21 02)	Sep-20	Yes	One	17
FTP 2020-21 06	Amber	Risk Assessment - monitoring quality metrics	FTP	QA follow up of FTP 20020-21 05	A review of the revised FtP Risk Assessment process post implementation to provide ongoing assurance and continuous improvement	Monitoring for new process (FTP 2020-21 02)	Feb-21	Yes	One	17
REG 2020-21 01	Red	Register Annotations	Registration	Concerns received from NHS and the College of Podiatry following incorrect information being given relating to prescribing rights	First audit relating to these concerns. This audit is to give assurance that the register correctly reflects which registrants have medicine entitlements following the appropriate qualifications	First time	Jun-20	No	Four	10
REG 2020-21 02	Red	Registration Appeals	Registration	PSA questioned the rise in the number of registration appeals	A review of the registration appeals statistics to evidence the reason for the rising number of upheld registration appeals	N/A	Jul-20	Yes	One	11
REG 2020-21 03	Red	Registrant Enquiry responses	Registration	Concerns received from NHS and the College of Podiatry following incorrect information being given relating to prescribing rights	Second audit relating to these concerns. This audit is of the registration team responses sent to email enquiries from registrants and other stakeholders	First time	Jul-20	No	One	1
REG 2020-21 04	Red	Digital Applications	Registration	This is a significant change to the application process, where applicants can submit applications electronically	An audit of the digital registration applications, newly introduced due to the COVID-19 lockdown	First time	Oct-20	No	One	11
REG 2020-21 05	Amber	Paperless Appeals	Registration	Significant change to process, using electronic bundles as opposed to paper bundles	An audit of the recently introduced paperless appeals process	First time	Dec-20	No	Four	11
REG 2020-21 06	Amber	CPD - new system review	Registration	The introduction of the CPD online system was a significant change to the process, allowing registrants to submit their CPD profiles online	A review of the CPD online system	First time	Feb-21	No	One	13

QA Department Workplan

QA Development Activity	Q1 JUNE 1	8	15	22	29	Q2 JULY 6	13	20	27	AUG 3	10	17	24	31	SEP 7	14	21	28	Q3 OCT 5	12	19	26	NOV 2	9	16	23	30	DEC 7	14	21	28	Q4 JAN 4	11	18	25	FEB 1	8	15	22	MAR 1	8	15	22	29
Development/Implementation of 2020-2021 QAF	develop	develop	develop	develop	develop	develop	develop	develop	develop	approve	implement																																	
Implement assurance ratings for audits			develop	develop		implement	implement	implement																								review	review	review	review									
Map QA activity to Risk Register						develop	develop	develop	develop	approve	implement																					review	review	review	review									
Map QA activity to PSA Standards						develop	develop	develop	develop	approve	implement																					review	review	review	review									
Application of cross working and collaboration						embedding	embedding	embedding	embedding	embedding	embedding	embedding	embedding	embedding	embedding	embedding	embedding	embedding	embedding	embedding	embedding	embedding																						
Collaboration with Risk on improvement/recommendation tracker												develop	develop	develop	approve	approve	approve	approve	implement	implement	embedding	embedding	embedding	embedding	embedding	embedding	embedding	embedding	embedding	embedding										review	review	review	review	review
Development/Implementation of QA Charter/Strategy																			develop	develop	develop	develop	develop	develop	develop	develop	develop	develop	develop	develop		approve	implement	implement										
Development/Implementation of QA service standards																			develop	develop	develop	develop	develop	develop	develop	develop	develop	develop	develop	develop		approve	implement	implement										
Review and Improvement of QA reporting																							develop	develop	develop	develop	develop	develop	develop	develop		develop	develop	develop	develop	approve	approve	implement	implement					
Development of 1st line FTP assurance (with FtP)																									develop	develop	develop	develop	develop	develop		develop	develop	develop	develop	approve	approve	approve	implement	implement	implement	implement		
Development/Implementation of 2021-2022 QAF																																develop	develop	develop	develop	develop	develop	develop	develop	approve	approve	implement	implement	

Legend

develop	(green)
approve	(orange)
implement	(navy)
review	(yellow)
embedding	(light blue)
training	(purple)

QA Schedule 2020-21

Q1–Q2

RAG	QA Activity	Area	Start Date	QAM	SRR	PSA	Q1 JUNE					Q2 JULY				AUGUST					SEPTEMBER		
							1	8	15	22	29	6	13	20	27	3	10	17	24	31	7	14	21	28
Red	Register Annotations	Registration	Jun-20	James	Four	10																		
Amber	Programme Record checks	Education	Jun-20	Aveen	One	1																		
Red	Threshold Policy	FTP	Jul-20	Ben	One	14																		
Red	Risk Assessment review	FTP	Jul-20	Ben	One	17																		
Amber	Hearing checks	FTP	Jul-20	Aveen	One	1																		
Red	Reg Appeals	Registration	Jul-20	James	One	11																		
Amber	Reg Enquiry responses	Registration	Jul-20	James	One	1																		
Amber	Tone of Voice	FTP	Aug-20	Aveen	Three	18																		
Green	Approvals process: NPP pathway	Education	Aug-20	Aveen	Three	9																		
Red	Risk Assessment - implementation audit	FTP	Sep-20	Ben	One	17																		
Red	Digital Apps	Registration	Oct-20	James	One	11																		
Green	Major change process	Education	Oct-20	Aveen	One	9																		
Amber	Paperless Appeals	Registration	Dec-20	James	Four	11																		
Green	Advise on Education pilot	Education	Dec-20	Aveen	One	9																		
Red	Education Approval and Monitoring pilot	Education	Jan-21	Aveen	One	9																		
Amber	CPD - new system review	Registration	Feb-21	James	One	13																		
Amber	Risk Assessment - monitoring quality metrics	FTP	Feb-21	Ben	One	17																		

Q3–Q4

RAG	QA Activity	Area	Start Date	QAM	SRR	PSA	Q3 OCTOBER				NOVEMBER					DECEMBER				Q4 JANUARY				FEBRUARY				MARCH				
							5	12	19	26	2	9	16	23	30	7	14	21	28	4	11	18	25	1	8	15	22	1	8	15	22	29
Red	Register Annotations	Registration	Jun-20	James	Four	10																											
Amber	Programme Record checks	Education	Jun-20	Aveen	One	1																											
Red	Threshold Policy	FTP	Jul-20	Ben	One	14																											
Red	Risk Assessment review	FTP	Jul-20	Ben	One	17																											
Amber	Hearing checks	FTP	Jul-20	Aveen	One	1																											
Red	Reg Appeals	Registration	Jul-20	James	One	11																											
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Red	Education Approval and Monitoring pilot	Education	Jan-21	Aveen	One	9																											
Amber	CPD - new system review	Registration	Feb-21	James	One	13																											
Amber	Risk Assessment - monitoring quality metrics	FTP	Feb-21	Ben	One	17																											

Legend

Colour	Meaning
Blue	Scope
Green	QA Activity (e.g. audit, review, RCA, support)
Purple	Drafting and sign off of report
Orange	Reporting (SMT)
Red	Reporting (AC)
Grey	No Activity (QAM on AL/Sick, no other resource available, Office closed)

B. Organisational compliance

- **Information security -** The HCPC passed its annual ISO27001 audit with no non-conformities found. This is notable given the adaptations to process required due to remote working.

  We also attained Cyber Essential Plus accreditation in July. This certification focuses on the external view of HCPC on the internet, and addresses the following areas; secure configuration, firewalls and routers, access controls, software updates, malware protection. An external vulnerability scan is included in the process.

- **Business continuity -** A lessons learnt review of our preparation for the pandemic and deployment of disaster recovery planning is underway and will be presented to the Audit Committee in November.

- **Risk Management -** There is a paper on the Committee's September agenda outlining plans to review our risk management system. Several consultancy providers have been contacted and invited to respond to our assignment spec to support the review.

- **Near miss reporting -** the annual review of our NMR process is included at section E of this report.

- **Other compliance -** No health and safety reports, employee whistleblowing disclosures, instances of reported fraud or bribery occurred in the reporting period.

C. Feedback and Complaints

The annual feedback and complaints report for 2019-20 is on the Audit Committee agenda for September 2020. Data for 2020-21 to date 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							**33**

There is a service standard of 15 working days to provide a substantive response to complaints. In July 2020 all complaints were closed within the service standard.

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. Reporting period and annual figures are set out below. Incidents that meet the Information Commissioners (ICO) criteria for reporting are notified to the ICO.

As previously noted by the Committee by correspondence, one incident was reported to the ICO in June 2020. This related to a case summary document being sent to the wrong registrant. The ICO closed the referral with no regulatory action. Our recently introduced secure document sharing portal will reduce the potential for human errors such as this.

	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Information rights requests													
FOI	27	26	28	24	13	24	21	14	13	15	24	13	21
SAR	18	16	18	29	6	11	7	10	10	11	7	3	2
Disclosure requests	6	2	5	3	5	7	5	6	2	3	1	7	8
Internal reviews	4	3	4	0	1	2	1	3	2	2	1	1	1
ICO	1	2	0	0	0	0	0	0	0	0	0	0	0
Total requests received	**56**	**49**	**55**	**56**	**25**	**44**	**34**	**33**	**27**	**31**	**33**	**24**	**32**
Total closed	42	43	58	53	50	38	26	49	22	31	29	34	30
% within statutory period	**90%**	**93%**	**93%**	**94%**	**96%**	**97%**	**92%**	**94%**	**95%**	**100%**	**93%**	**94%**	**100%**
Data incidents													
No. of data incidents	16	6	3	9	6	7	5	5	8	7	10	4	1
No. reported to the ICO	0	0	0	0	0	0	0	0	0	0	1	0	0

E. Near Miss summary report 2020

HCPC has recently undergone several significant changes. In 2019 -20 we have a new Chair of Council, and new Chief Executive & Registrar, new contractors, and major projects about to come to completion. Additionally the transfer of social workers regulation in England to Social Work England reduced the size of our register with an accompanying reduction in income.

The pandemic response at the end of the financial year posed more challenge and change as we rapidly adapted to 100% remote working.

The events above could be expected to put pressure on existing plans and processes. Perhaps surprisingly, there has not been an upsurge in NMRs to date.

Over time, the number of NMR's has gone down and most events resulting in a near miss can be considered a 'one off'. There is no apparent direct correlation of numbers of NMR's declared and the number of registrants.
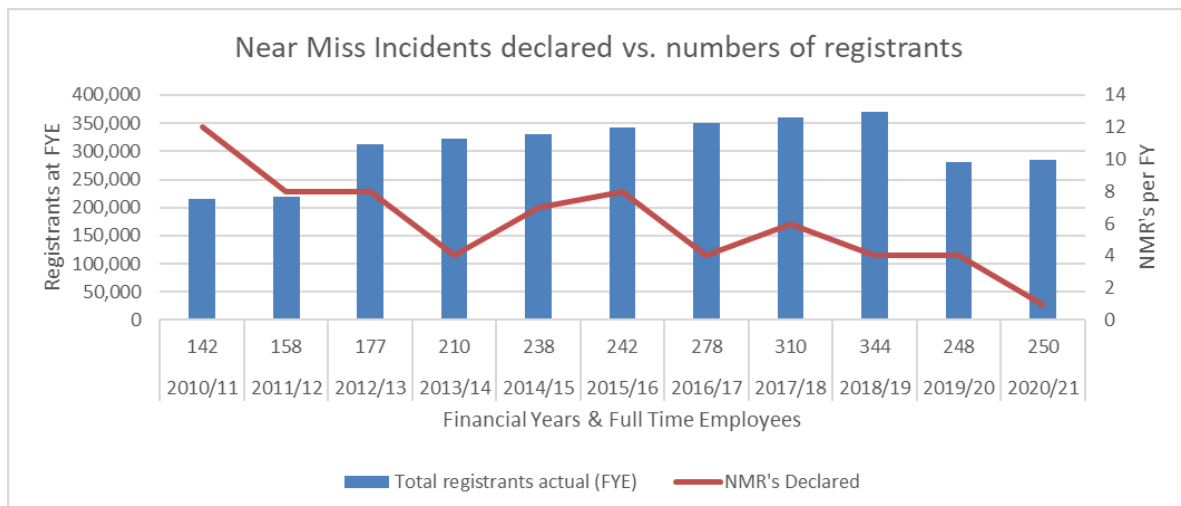
Rapid change, in systems, direction or personnel can cause, or highlight errors. We have previously seen that increases in complexity when planned do not have great impact on the numbers of NMR's, but as is seen in NMR76 below, left of field issues, can result from rapid changes in working practices.

This pandemic related issue may be the first of a series of errors related to new remote working practices and the systems rapidly set up to support them. However, a great deal of thought was concentrated on this area in the immediate run up to the shut down, and some earlier planning processes were already in place.

Recent Near Misses

NMR76, occurred when a new temporary employee, that had a UK law degree, and UK work history, but was currently working in South Africa was engaged to work in the FTP department during the pandemic lock down via an employment agency. Although a UK address was quoted in the application to the agency the individual was not currently resident at that location but still overseas, outside the EEA. As

access to PII is an essential part of the FTP process, such remote access is not compatible with this temporary employee's location.

The agency in question was not aware of the new employees true location, but has subsequently been reminded of our requirements and the employee was terminated.

In future (post lock down) new employees will be required to attend on site training in the London office to prove presence within the UK / EEA.

It is unlikely that this issue would have occurred without the pandemic lockdown. We also found that other potential employees were located in Canada (and other locations), unable to return to the UK. These persons was not allowed to commence work until back in the UK.

To date, this has been the only pandemic related NMR declared.

NMR75 relates to web content that was accessible on a "pre-production" web server for HCPTS.

Removal of FTP case material at the request of the registrant, (not a social worker) was carried out as publication was not required. The material was removed from the public website. Subsequently the registrant re-searched for their case and located a link to it on the pre-production server, which should have been inaccessible to search engines. When the exact location of the material was revealed by evaluating the link supplied, the preproduction server was identified, and the access shut down.

The Social Work England project had required that all case material, registrant and applicant detail be removed from HCPC's systems and storage, and passed to the new regulator at the end of November 2019. Published hearing reports were required to be extracted from the website, to be republished on the new regulators website in December 2019.

Technical issues required that the webpages be transferred back to the pre-production server behind the public website, for collection of the content. To enable this the access control was adjusted to allow access to the pre-production server for the web support company (our regular supplier) that was undertaking the data extraction task.

Unfortunately in adjusting access the change resulted in the content on the pre-production server being available to everyone, including indexing services for web search engines. The registrant referred to above, that had been subject to FTP activity, and incorrectly listed on the public HCPTS website was again revealed. The registrant alerting us to the apparent re-release of their case resulted in us locating the error in access rights.

No confidential material was accessed from the pre-production server, but this does highlight a worrying flaw in the approach of the supplier, and our initial response to that concern. Although we were alerted to a potential issue by the supplier, the message was not passed to those that control access at the user level.

NMR74 relates to the new CPD portal, that communicates with those selected (on the NetRegulate system) to take part in CPD audit, in parallel with the renewal process.

The CPD portal is manually populated with dates specific to each professions CPD cycle. Human error resulted in dates relating to the February 2018, being retained in the portal for the new cycle commencing in February 2020.

On the first day of the (2020) cycle where those selected are first contacted, the whole range of communications were sent out over multiple channels, email, and SMS. This is because all dates for invitations, chases, potential removal from the register, and removal were in the past, on the day the cycle started in 2020. The receipt of the whole set from "please submit your CPD profile by April 2018" through to threats of removal if profile material was not received by 2018, probably hinted strongly that a computer based error was occurring. However, this did cause a level of concern amongst the CPD selected registrants. Unfortunately the first day of the PH CPD cycle was a Saturday and it was difficult to respond to all those that received and reacted to our errant communications.

Although manual checking of such parameters has been increased, system logic should not have allowed alerts to historic dates to be sent out. System changes have been recommended.

NMR73 relates to the theft of an employees mobile phone from behind the reception desk in 186 Kennington Park Road. Whilst this is not a direct reputational impact, the area behind the reception desk should be a secure area. The intruder came behind the reception desk, and was either unaware or not concerned by quite obvious CCTV coverage. Employees at reception are most physically exposed, Secure delivery of hard copy complaints, post and other items are received here. Occasional tasks dealing with information of a personal nature may be undertaken at the reception desk and networked computers are used Measures to further secure the reception area are being undertaken. However the pandemic has drastically reduced the numbers of persons entering the buildings in the short term.

Transactions in Registrations vs NMR's per financial year
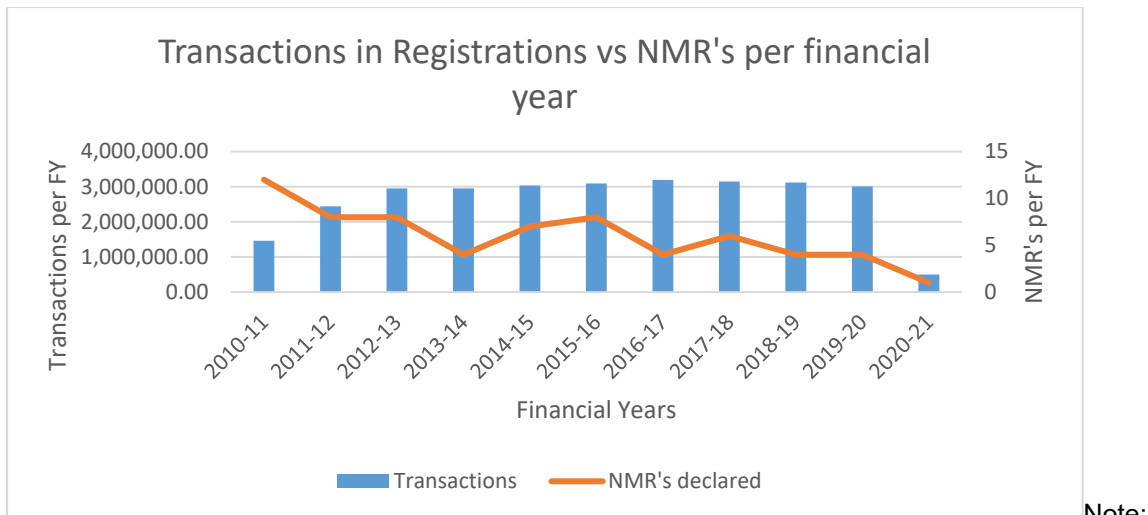
Note: 2020-21, NMR's and transactions to date, 20th August 2020.

The number of non NMR errors may change due to the process modifications that are being made over the pandemic lock down period. Physical mail outs are decreasing drastically and electronic systems for delivery of FTP bundles may improve information security. However, we are also getting better at spotting issues and reporting them. Information Incident Reports (IIR's) are stable, even with the drastic changes to how some departments are working; and this is just one measure of smaller impact non conformance. See Information Governance report for 10 June 2020 Audit Committee.

The eBundles project, may ease the pressure on the FTP department to perform copying and printing tasks (even if outsourced) and reduce errors occurring due to chasing mail out deadlines, which have been early to mid afternoon.

We will continue to monitor for possible issues around the changes in processes resulting from the remote working.