

Council, 23 March 2017

Directorate work plans

Executive summary and recommendations

### **Introduction**

The work plans for each directorate are appended. These work plans have been discussed by the Executive Management Team (EMT) and approved by the Chief Executive and Registrar.

A summary is attached of notable activities in each directorate in 2017-18. EMT members will be available to answer any questions at the meeting.

### **Decision**

This Council is invited to do the following.

- Discuss this paper.
- Note the directorate work plans for 2017-18.
- Agree how it wishes to consider / receive work plans in future years.

### **Background information**

None

### **Resource implications**

The resource implications are either indicated in each work plan; would be flagged to the Council in subsequent management reporting; and/or would be noted where the Council is invited to approve specific pieces of work.

The resource implications form part of planning and budgeting for 2017-18.

**Financial implications**

The financial implications of the work outlined in each work plan have been accounted for in budgeting for 2017-18.

**Appendices**

Directorate work plans 2017-18.

**Date of paper**

10 March 2017

## **Summary of Directorate work plans**

The following provides a summary of 'notable' activities in 2017-18 for each directorate.

Where applicable to the work of the directorate, the activities that are identified are those which are about improving upon 'business as usual' activities; or which are in addition to 'business as usual' activities such as departmental project work.

### **Communications (pages 8-27)**

- Notable areas of work for the Communications Directorate include the following.
  - Development of communications and stakeholder engagement plans in relation to regulatory reform and the regulation of social workers in England.
  - Completion of the first phase of the major project to review the website and the project to develop a new intranet.
  - Launch and dissemination of revised CPD guidance.
  - Work to communicate and engage with employers.
  - Dissemination of the new 'service user guide'.

### **Education (pages 28-55)**

- Notable areas of work for the Education Directorate include the following.
  - Stakeholder work and managing the operational impact related to external developments including but not limited to the development of degree apprenticeships; funding and commissioning commitments and/or changes in the four countries; and changes to higher education quality assurance arrangements in England and Wales.
  - Approving new programmes in podiatric surgery, orthoptist exemption programmes and considering changes to existing prescribing programmes (if further changes are made to legislation).
  - Communication work to promote the revised standards of education and training.
  - Increased audits and reviews of operational processes, delivering across the internal quality compliance and assurance framework for the first time.

### **Finance (pages 56-70)**

- Notable areas of work for the Finance Directorate include the following.
  - Upgrading the accounting and purchase order systems to improve performance and reviewing options for the replacement of these systems in the future.
  - Completing the PCI DSS project. The Payment Card Industry Data Security Standard project aims to achieve compliance with version 3 of the Standard, and enable us to self-certify compliance. Significant progress was made during 2016-17 and the remaining steps to compliance will be taken in 2017-18.
  - Supporting the work of other departments and projects, including analysing the financial impact of the transfer of the regulation of social workers in England to a new regulator.

### **Fitness to practise (pages 71-117)**

- Notable areas of work for the Fitness to Practise Directorate include the following.
  - Reviewing the realignment of the Directorate in 2016-17 and how effective it has been.
  - A number of pilots to explore the viability of further developments in the fitness to practise process including hearings 'on the papers'; bringing service of documents forward; and exploring the use and value of case examiners (screeners).
  - Requirements gathering for the next version of the Case Management System (CMS).
  - A continued focus on length of time by working to reduce the number of older cases.

### **Human resources and partners (pages 118-132)**

- Notable areas of work for the Human Resources and Partners Directorate include the following.
  - Completion of the major project to build a new partners IT system by August 2017.

- Introduction of development planning and processes based on the succession plan for Directors, key managers and roles as part of work towards a broader talent management and career development framework.
- Developing the range and quality of HR and Partners management information, particularly equality and diversity information.
- Development of learning events, guidance and resources for managers on managing change and uncertainty for 2018.

### **Information technology (pages 133-157)**

- Notable areas of work for the Information Technology Directorate include the following.
  - Supporting the delivery of eight major projects including upgrades to the education system; website review and build; the registration transformation and improvement project; and review of fitness to practise case management system requirements.
  - Delivering 20 department projects including: finance system upgrades; intranet migration; an upgrade to the MS office suite; and web and digital deployments.
  - Conducting an IT customer satisfaction survey to identify areas of strength and areas for development for the IT function.

### **Operations (pages 158-195)**

- Notable areas of work for the Operations Directorate include the following.
  - **Registration.** The Department will continue to contribute significant time and resource to the registration transformation and improvement project as it continues its work.
  - **Project management.** The Department has five project deliverables this year: registration transformation and improvement (CPD element); renovation of 186 Kennington Park Road; delivery of the new Partners IT system; launch of the Tribunal service; and completion of the PCI DSS project.
  - **Office services.** The Department will complete the review of health and safety policies and procedures and begin a review of environmental policies and procedures.

- **Business process improvement.** The Department will be focused on carrying out compliance with ISO standards, including managing the transition to the ISO 9001:2015 standard.

### **Policy and Standards (pages 196-216)**

- Notable areas of work for the Policy and Standards Directorate include the following.
  - Conclusion of the research study 'Understanding the prevalence of fitness to practise concerns about paramedics and social workers in England' and beginning to address the findings.
  - Developing proposals for consultation on the threshold level of qualification for entry to the Register for paramedics as set out in the first of the standards of education and training (SET 1).
  - Responding to the four country Government consultation on regulatory reform (if published).
  - Working with Fitness to practise on a number of projects including reviewing the indicative sanctions policy; 'coding' of cases; and exploring the characteristics of and reasons for health cases.

### **Secretariat (pages 217-225)**

- Notable areas of work for the Secretariat Directorate include the following.
  - Review of documents and processes related to the Directorate's role in managing Freedom of Information and Data Protection Act requests.
  - Activities required as part of the Council's ongoing review of its corporate governance to include reviewing the code of corporate governance and considering the future role and composition of the Education and Training Committee.
  - Meeting our objectives under ISO 10002 including identifying a suitable new complaints management system.

# Health and Care Professions Council

## Communications Workplan 2017–18

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## **1 Introduction**

- 1.1 This document is a high level summary of the Communications Department's main areas of work in 2017–18. It sets out how we will actively support the core work of the Council and the principles and priorities set out in the Strategic Intent 2016–20. It is underpinned by more tactical documents and a forward planner. These set out specific outcomes and timelines and are used by the Department to support planning.

## **2 Resource**

- 2.1 There are 16 people within the Department, split into six functions. These include events, internal communications, media and PR, publishing, stakeholders and web and digital.
- 2.2 The Department will continue to use the full range of communication channels and tactics to achieve the work set out in this plan. This includes UK-wide talks, HCPC events, the HCPC website, digital activity, media work, social media, publications, our presence at specific conferences and stakeholder and parliamentary liaison.

## **3 About this document**

- 3.1 This document is divided into several sections.
- Section 4 provides a summary of activities undertaken in 2016–17 and those proposed for 2017-18
  - Section 5 summarises key issues and messages for 2017–18
  - Section 6 to 8 highlights the Department's proposed activities for 2017-18, divided into: an overview of the communication projects; collaboration with departments; and ongoing communications work
  - Section 9 looks to possible work in 2018–19
  - Section 10 looks at the risks owned by the Department

## **4 Summary**

- 4.1 The following provides a highlight of key work undertaken by the Department in 2016–17.
- Developed the servicer user guide, What you should expect from your health and care professional, by commissioning a market research and community engagement company, to gain feedback on the content and style of the guide from service users.
  - Undertook an online survey of those who employ, manage or supervise HCPC registrants, to inform our work with this stakeholder group in 2017-18.
  - Began a programme of work engaging with service-user representative and advocacy organisations with a view to building on-going relationships with these stakeholders.
  - Supported registration renewal activities, specifically social workers in England.
  - Monitored and reported on developments in the Children and Social Work Bill.
  - Worked with HR: to support the implementation of the new HR and Partners system (Core HR) with relevant communications activities to employees; and on the all employee survey and subsequent action plan.



#### 4.2 In 2017-18, the following are key activities and projects for the Department

- Appropriate communications and stakeholder engagement on developments in relation to government policy on professional regulation, specifically the regulation of social workers in England and regulatory reform
- Continued implementation of public facing information campaigns including Be Sure, raising awareness of chiropody and podiatry protected titles and promoting HCPC registration for Hearing aid dispensers
- Implementation of communications plans to disseminate Policy projects and work including new guidance on social media use, confidentiality and returners to practice as well as the revised CPD guidance.
- Dissemination of the service user guide, What you should expect from your health and care professional, explaining the Standards of conduct, performance and ethics.
- Embedding the stakeholder engagement and communications workplan, specifically taking forward a renewed programme of work with employers across all professions and building on service-user organisation engagement
- Completion of the first phase (requirements gathering) and initiation of the second phase (build) for the major project to review the website.
- Completing the new intranet project
- Working with the Education Department to refresh content for key guidance documents and online resources as well as continuing to build awareness of education processes
- Working with the Registrations Department to provide information on registration renewal, CPD audit processes and UK and international applications processes
- Working with the Fitness to Practise Department to provide information on the regulatory processes and the Health and Care Professions Council Tribunal Service
- With the HR Department, delivering the all employee survey action plan and developing line manager communications
- Delivery of a programme of events designed to communicate our processes to registrants, education providers, employers and stakeholders across the UK.
- Development of an information and engagement plan for students on HCPC-approved courses

### 5 Summary of priorities, issues and messages for 2017–18

#### 5.1 This section outlines some general communication themes and issues over the year.

- **Registrants** – As in previous years, it will be particularly important to continue to communicate our CPD standards and audit requirements, as well as registration processes for all professional groups including renewals and UK and international applications. We will also continue promoting HCPC registration and tax relief on registration fees. However, some of our work will also focus on the impact of government policy, specifically in relation to social workers in England as well as any developments in regulatory reform. We will also be disseminating policy guidance on various issues including social media use, confidentiality, returners to practice and the revised CPD guidance. A further focus this year will be the continued information and engagement plan for students on HCPC-approved courses.

- **Key stakeholders** – We have a broad range of stakeholder groups and messages for each will vary. However, in the main, our communications work will focus on raising awareness and understanding of our regulatory processes and standards, as well as our core purpose of public protection. A particular emphasis this year will be developing a renewed programme of work to engage employers across all professions and building on previous service user organisation engagement. A further focus will be relevant stakeholder engagement in relation to government policy.
- **Members of the public, service users and carers** – There continues to be a need to raise awareness with this group. However, our work will be targeted to make the most effective use of available resource. This includes our waiting room distribution and google adword programmes. As with previous years, our focus will be to raise awareness of the Register, emphasising the importance of checking that a professional is registered and, on the rare occasion when things do go wrong, how people can raise a concern. A particular focus this year includes continued signposting, the Be Sure campaign, a protected title campaign (chiropractic and podiatry), promoting HCPC Registration (Hearing aid dispensers) and the dissemination of the service user guide.
- **Employees** – As with previous years, we will continue to ensure that employees are up to date and aware of the work of the Council as well as informed of organisational and departmental activities. We will continue the implementation of the internal communications strategy, develop plans for organisational projects and continue to develop content for channels, for example line manager briefings, newsletter and employee meetings. A particular focus this year will be the development of the new intranet and delivering the employee engagement action plan.

## 6 Delivering communications projects

- 6.1 This section outlines the Department's main project work for 2017-18. This focuses on larger pieces of work which have been prioritised as organisational projects or are significant in terms of resources. They are also additional to collaborating with departments and business as usual activities.
- The development of internal and external communications and stakeholder engagement plans in relation to the impact of Government policy, specifically regulatory reform proposals and the regulation of social workers in England
  - Continued plans designed to raise awareness of our public protection role and regulatory processes with public, specifically the Be Sure campaign; a chiropractic and podiatry protection of title campaign; and promoting HCPC registration for hearing aid dispensers and their employers
  - Completion of the first phase (requirements gathering) and anticipated initiation of the second phase (build) of the major project to review the website
  - Completion of the new intranet project
  - Research and requirements gathering for a stakeholder contact management system
  - Delivering the all employee survey action plan
  - Production and implementation of the HCPC e-publishing strategy
  - Production and dissemination of a new publication which will act as an introduction and review of the work of the HCPC

## 7 Collaborating with HCPC departments

7.1 This section sets out our work with other departments providing specialist expertise and adding value to the work they are undertaking. This is not an exhaustive list, but it is intended to provide an overview of our main areas of collaboration.

- **Education** – This includes ongoing work to raise awareness and understanding of education processes through our media and PR channels, as well as the publication of the Annual Report, four editions of Education Update and at least six education provider seminars. We will also work with the Department to refresh content across all guidance and online resources and, with Policy, initiate a communications plan to disseminate the revised Standards of Education and Training and guidance.
- **Fitness to Practise** – This includes on-going work to develop stakeholder understanding of the process, the production of the FtP annual report and the communications for the independence of adjudication process.
- **Registration** – A continued focus this year will be preparing professions for registration renewal and CPD audits as well as UK and international applications, ensuring individuals understand our requirements. This year will also see the production of the CPD audit report. We will continue to work with the Department to identify the main reasons why registrants contact the team, developing information provision through social media, web and digital content.
- **Policy** – Collaboration this year will include disseminating policy guidance on confidentiality, social media use, returners to practice and CPD.
- **Partners** – We will work with the Partner team to raise awareness of their recruitment campaigns. This includes developing tailored media and PR plans, providing advice on adverts and publishing articles in HCPC In Focus. We will continue to work with the team to produce four editions of the Partner newsletter.
- **Secretariat** – Working with the team to raise awareness of the Council’s work.
- **HR** – We will continue to work with HR on communicating to employees relevant HR policy issues. We will also work with the team to develop proposals for supporting managers’ communications and the delivery of the all-employee survey action plan.

## 8 Ongoing communications work

8.1 This section records regular work which is on-going from year to year including:

- A programme of **events** including 14 Meet the HCPC events in seven locations, up to four Employer Events, at least six Education Seminars and five webcasts. In addition, the team will continue to provide support for employee events (six all employee meetings, the all-employee awayday and four ‘Lunch and Learn’ events) and stakeholder events, including an event to mark the publication of the revised CPD guidance.

- A focus on the implementation of the **internal communications** strategy, collaborating with and advising colleagues on their internal communications for major project plans and departmental plans as well as content management for channels including, intranet news, twelve editions of Park Life, content for all employee meetings, all employee emails and support with induction content.
- Management of day to day **media and pr** activities across the organisation (see below) as well as developing specific plans for departments and professions, continuing online advertising, the dissemination of public information materials through four waiting room and independent pharmacy distributions; and extending our reach through social media and articles in professional and consumer media.
- Continue to support **publishing** requirements across the organisation including the publication of a range of documents, six editions of HCPC In Focus, continuing the review and subsequent implementation of the organisation's visual identity (including use of logos and house style); and the development of e-books for certain publications as well as scoping for design and print procurement.
- Delivery of the **stakeholder** communications and engagement plan including structured meetings with lead AHPs, civil servants and key stakeholders in devolved administrations, support to Chief Executive and Chair including at annual meetings with professional bodies, regular stakeholder email, weekly Issues Brief and engagement through face-to-face meetings, talks and presentations, targeted stakeholder mailings and having a presence at relevant conferences. We will also undertake initial scoping for the 2018 stakeholder polling.
- Continue to ensure the accessibility and content of our **digital** channels (web, film, apps and intranet) is relevant and up to date through content management, one deployment in the year and updating the apps.

## 8.2 The Department will also continue to undertake the following business as usual work

- monitoring the web inbox and responding to requests for website / intranet updates;
- monitoring and responding to publication requests including public information packs, standards and guidance (eg CPD brochures);
- writing news stories for HCPC channels, including the web and intranet, publishing blog pieces and updating social media platforms;
- professional body engagement through annual meetings and attendance at profession-specific conferences;
- monitoring parliamentary, media and social media platforms and flagging issues for continued monitoring or response;
- day to day media liaison, particularly in relation to Fitness to Practise hearings;
- publishing press releases and writing articles for professional and consumer media;
- conference attendance and talks, presentations and visits;
- monitoring stock levels for publications and managing reprints and ;
- monitoring uptake of the registration logo;
- providing advice on house style and visual identity guidelines; and
- undertaking surveys, capturing statistics and providing reports on activities to Council and the Executive Management Team.

## 9 Looking to 2018–19

9.1 This section highlights some further objectives beyond the financial year 2017–18:

- Further communications work with service users will continue to be crucial, particularly building on the public information communication work we have done.
- Raising the HCPC's profile in the four nations will continue to be an important focus.
- Continuing to develop our e-communications and web platforms will be key in ensuring we reach all our stakeholders in an efficient and effective manner.
- Responding to any developments in relation to government policy on professional regulation (as outlined in the Policy and Standards Workplan).

## 10 Risk

10.1 The risks attributed to the Communications Department in the Risk Register are: failure to inform public; loss of support from key stakeholders including professional bodies, employers and government; inability to inform stakeholders following crisis; failure to inform registrants; and publication of material not approved for release.

10.2 The Register sets out the mitigation of these risks and is regularly reviewed by the Executive Management Team and the Audit Committee. Specifically:

- **Public information campaigns, social media, media work and digital activities:** These all help to inform the public and raise our profile with the professions. Likewise, increasing our presence on social media and the maintenance of the website, including the ability to update both remotely, helps to mitigate the risk of not being able to communicate with stakeholders after a crisis.
- **Stakeholder activities:** This indirectly raises our profile with the public, but is particularly important in developing our relationships with key stakeholders. Annual meetings with professional bodies are crucial in understanding their issues and our ability to respond. Similarly, joint working with professional bodies helps maintain relationships and mitigates the risk of failing to inform registrants of our requirements. Our work with employers ensures they understand our regulatory requirements. Daily parliamentary and media monitoring as well as media liaison also provides an early alerts system to issues that either require response or ongoing monitoring.
- **Registrant communications:** This is vital to enable registrants to understand their responsibilities and our requirements of them. It includes making the standards freely available across a range of media, information about registration in the registrant facing newsletter, HCPC In Focus, face to face contact through Meet the HCPC events and having a presence at professional conferences and exhibitions.
- **Disaster Recovery Plan:** The HCPC's approach to disaster recovery is an ongoing piece of work, and the disaster recovery plan is regularly reviewed and updated. Through the Executive Management Team, the Director of Communications contributes to its ongoing development, and this provides an important safeguard against the risks posed to the organisation by any disaster occurring.

THE HEALTH AND CARE PROFESSIONS COUNCIL

RISK ASSESSMENT & RISK TREATMENT PLAN July 2016

Communications

Ref	Category	ISMS Risks	Ref #	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Impact before mitigations Jul 2016	Likelihood before mitigations Jul 2016	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation Jul 2016	RISK score after Mitigation Jan 2016
3	Communications		3.1	Failure to inform public Article 3 (13)	Director of Comms	5	1	5	Overall delivery of the communications strategy across the UK	Delivery of aspects of communications workplan, specifically public information campaigns, stakeholder engagement plans, distribution of public information materials and promotion and accessibility of on-line Register through the website/apps across the four countries.	-	Low	Low
	Communications		3.2	Loss of support from key stakeholders including professional bodies, employers or government	Director of Comms	5	3	15	Delivery of communications strategy, supporting the HCPC Strategic Intent	Delivery of UK-wide activities, specifically stakeholder engagement plans as well as HCPC events, parliamentary monitoring/response, attendance at conferences and regular meetings with stakeholders across the four countries	Quality of Operational procedures	Low	Low
				Links to 1.5									
	Communications		3.3	Inability to inform stakeholders following crisis	Director of Comms	4	1	4	Invoke Business Continuity Plan (BCP)	Up to date Comms BCP available	-	Low	Low
	Communications		3.4	Failure to inform registrants Article 3 (13)	Director of Comms	5	1	5	Overall delivery of the communications strategy across the UK	Delivery of specific activities within the communications strategy, for example HCPC events, campaigns, e-newsletter, professional media, social media and conference attendance across the four countries. Promotion of new/revised publications and web/myHCPC app	Quality of Operational procedures	Low	Low
	Communications		3.5	Publication of material not approved for release	Director of Comms	4	2	8	Adherence to specific strategies and plans including media and pr strategy, social media strategy and stakeholder engagement strategy	Adherence to ISO9001 processes	Adherence to operational plans, eg forward planner	Low	Low

## **Health and Care Professions Council**

### **Communications Strategy (updated March 2017)**

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## **1 Introduction**

- 1.1 Good communication is essential for the HCPC to engage effectively with its audiences and to fulfil its primary role of protecting the public. As a regulator of health and care professionals, it is important that we tell the public about our role in protecting their wellbeing, engage registrants in what we require of them, and communicate our regulatory role to stakeholders.

## **2 This document**

- 2.1 This document is divided into several sections. It sets out the principles and purpose of our communications and engagement work and shows how it supports Strategic Intent. It also provides a high level view of who we are communicating with, what our core messages are, the channels we use and how we measure the effectiveness of our communications and engagement activity.

## **3 Communications principles**

- 3.1 The HCPC's vision and values are set out in the Strategic Intent 2016-2020. The Communications Strategy and workplan will adhere to these principles and will ensure that all our published communication will be

- Accessible
  - Accurate
  - Clear
  - Honest
  - Open and transparent
  - Professional
  - Timely
- 
- In accordance with the HCPC's house style and visual identity
  - Meet Plain English guidelines where applicable

## **4 Communications and Strategic Intent 2016-20**

- 4.1 The HCPC's Strategic Intent identifies key external and internal drivers and sets out six strategic objectives. The two most relevant to the Communications Strategy include: effective communication; and engagement in the four countries.
- 4.2 The Communications Strategy, which is underpinned by departmental annual workplans, seeks to support the core work of the Council as well as the objectives and priorities set out in the HCPC's Strategic Intent 2016-20.

## **5 Communications – a statutory responsibility**

- 5.1 The overarching purpose of the HCPC's communications and engagement work is set out in Article 3 (13) of the Health and Social Work Professions Order (2001) which states
- The Council shall inform and educate registrants, and shall inform the public, about its work



5.2 The main purpose of our communications and engagement work is to fulfil this statutory obligation. Drawing directly from the objectives in Strategic Intent, we will do this by:

- Engaging with registrants to increase understanding of the benefits of regulation, the work of Council and what is required of them
- Extending engagement with the public through improved access to information about the HCPC
- Increase awareness of HCPC's role in regulation amongst all stakeholder audiences
- Engage with employers, government, educators, professional bodies and other regulators
- Continue to build relationships and increase understanding through meetings with stakeholders in England, Scotland, Wales and Northern Ireland
- Continue to participate in UK and international regulatory forums
- Ensure employees are informed and updated on all key organisational activities

## **6 Core messages**

6.1 In all our communication activities we will promote the following core messages:

- The HCPC's primary role is to protect the public.
- We are a multi-professional regulator, regulating over 340,000 professionals including radiographers, paramedics, biomedical scientists, dietitians, practitioner psychologists, podiatrists, and social workers in England.
- We protect the public by setting standards of education, conduct and professional skills for the individuals we regulate, approving education programmes leading to registration and dealing with complaints.

6.2 These core messages are not fixed. They can be modified in line with organisational changes and external influences as well as being refined for specific projects and activities.

## **7 Stakeholder audiences**

7.1 The HCPC has a complex stakeholder map, but it is important that we communicate efficiently and effectively with stakeholders. Set out below is a summary of the main groups we communicate with. It is not exhaustive and is designed to give an overview of the groups who have a vested interest in what we do. A more detailed stakeholder matrix can be found in Appendix 1.

- Public: including members of the public; patient groups; consumer associations; referrers; and service users and carers

- Registrants: existing registrants; new registrants; and prospective registrants
- Key stakeholders across the four nations: HCPC partners; parliamentarians; professional bodies; employers; other regulators; trade unions; higher education institutions; other education providers and education organisations; and other health and social care organisations
- Internal: employees; and Council

## **8 Communication channels and resources**

8.1 The HCPC has a range of channels and tactics for communicating and engaging with stakeholders. These include face to face through meetings, HCPC events, talks and presentations as well as attendance at professional and consumer conferences. Media channels including social media as well as web and digital activities, publications and newsletters and stakeholder liaison. For internal communications, this includes face to face engagement and online information.

## **9 Implementing communications**

9.1 The Communications Department is responsible for the day to day management of the strategy and its related annual workplan. However, it is the responsibility of everyone in the organisation to communicate effectively and, therefore, most Departments have communications and engagement activities in their workplans.

9.2 The strategy, along with departmental workplans, sets out how we will proactively engage and communicate with our stakeholders to meet our statutory obligations and to fulfil the objectives set out in the Strategic Intent. From time to time, we will have to react to a range of issues that may arise from external factors including, for example, changes to government policy or unplanned incidents that may arise, for example media queries on fitness to practise cases or regulatory processes. In these situations, how we respond will be determined on a case by case basis and consideration will be given to the risks and their mitigations set out in the organisation's Risk Register as well as our legislative responsibilities.

9.3 It should be recognised that whilst the Communications Strategy is the primary contributor to delivering recognition of the HCPC's public protection role, the consistent high quality delivery of operations and activities is also an essential factor in how the organisation is perceived by its key audiences.

## **10 Measurement and evaluation**

10.1 The effectiveness of our communications work will be gauged through continuous measurement and evaluation. Qualitative and quantitative methods used will include: feedback from HCPC events; participation and evaluation of exhibitions; attendance and feedback from talks, presentations and conferences; web statistics; surveys; and media coverage. We will also undertake opinion polling to gain a better understanding of perceptions of the HCPC and our processes.

10.2 The HCPC's strategy is to continually improve the organisation, and information gathered through measurement will be used to inform activities and strategies.

## Appendix 1: Health and Care Professions Council Stakeholder Matrix

Stakeholder type	Stakeholder group	Organisations	Interests	Responsibility
Education	Education and training providers of UK approved courses	All UK education providers running UK approved courses	Changes in standards, guidance and information for students, consultations	Education, Registration, Policy, Communications
	Education and training providers (others)	International education and training providers	Changes in regulation and standards, international application process, UK workforce issues	Education, Registration, Policy
	Funders and commissioners of education	NHS Education, NHS Education Scotland, HSCNI CES, University Health Boards in Wales	Workforce issues, standards, consultations	Education, Policy
	Quality assurance organisations of education providers	Qualifications and Curriculum Authority (QCA), The Quality Assurance Agency for Higher Education (QAA) and QAA Scotland	Standards, consultations	Education, Policy, Communications
	Testing and examination content and facilities providers	OCR (Oxford Cambridge and RSA)	Standards, consultations	Education
Employers	Direct employers of HCPC registrants	HSCNI, NHS England, NHS Scotland NHS Wales, Local Authorities in England, private companies and sole practitioners	Standards, FTP process, consultations	Communications, FTP
	Employment agencies	All UK agencies which place HCPC registrants, international employment agencies	Standards, FTP process, consultations	Communications
	Employment umbrella bodies	The Recruitment and Employment Confederation, Local Government Association	Standards, FTP process, consultations	Communications
Governments, parliaments and assemblies	Courts	High Court, Magistrates' Courts	FTP, appealing HCPC decisions	FTP

	State agencies	<p><b>UK wide and England</b> – Skills for Care, Skills for Health, Health Education England, Public Health England, NHS Improvement, NHS England</p> <p><b>Scotland</b> – Healthcare Improvement Scotland, NHS Scotland</p> <p><b>Wales</b> – Wales NHS Confederation, Healthcare Inspectorate Wales</p> <p><b>Northern Ireland</b> – HSC Public Health Agency</p>	HCPC registrants, changes to standards and policy	Communications, Policy
	Civil servants (state employees)	<p><b>UK wide and England</b> – Head of Professional Standards, Chief Social Worker for Adults, Chief Social Worker for Children and Families, Chief Scientific Officer, Lead AHPs</p> <p><b>Scotland</b> – Regulation Unit, Scottish Government</p> <p><b>Wales</b> – Director General Health and Social Services / NHS Wales Chief Executive</p> <p><b>Northern Ireland</b> - HSCNI</p>	Policy issues – new professions, legislative changes, fee rise	Chief Executive and Chair, Policy, Communications
	Government Ministers	<p><b>UK wide and England</b> - Secretary of State for Health, Minister of State for Community and Social Care, Parliamentary Under Secretary of State for Care Quality, Parliamentary Under Secretary of State for NHS Productivity</p> <p><b>Scotland</b> – Cabinet Secretary for Health, Wellbeing and Sport</p> <p><b>Wales</b> – Minister for Health and Social Services</p> <p><b>Northern Ireland</b> - Minister of Health, Social Services and Public Safety</p>	Parliamentary debates, parliamentary questions	Chief Executive and Chair, Policy, Communications
	The Opposition	Shadow Secretary of State for Health and Junior Ministers	Parliamentary debates	Chief Executive and Chair, Policy, Communications
	Politicians – Central Devolved	<p><b>UK wide and England</b> – Parliament (MPs)</p> <p><b>Scotland</b> – Scottish Parliament (MSP)</p> <p><b>Wales</b> – National Assembly for Wales (AMs)</p> <p><b>Northern Ireland</b> – Northern Ireland Assembly (MLAs)</p>	Concerns from constituents	Chief Executive and Chair, Fitness to Practise, Communications
	Politicians - Local	Local Councils	Concerns from constituents	Chief Executive and Chair, Fitness to

				Practise, Communications
	Parliamentary Committees	<b>UK wide and England</b> - APPG on Health, APPG on Patient Safety, Health Select Committee, Education Select Committee <b>Scotland</b> – Health and Sport Committee <b>Wales</b> – Health and Social Care Committee <b>Northern Ireland</b> – Health, Social Services and Public Safety Committee	Inquiries – written submission or public appearances	Chief Executive Chair, Communications, Policy
	Public inquiries, inquests, royal commissions, reviews and investigations	Constituent members of the relevant committees or those giving evidence	Various – including standards and statistics	Chief Executive and Chair, Communications, Policy
	Other Ministers or Departments of Government	Various	Dependant on issue	Chief Executive and Chair, Communications, Policy
Media	Specialist media	Professional body journals, websites and e-newsletters	Standards, consultations, FTP	Communications
	Consumer media	General interest newsletters and magazines and digital outlets	Fitness to practise case outcomes	Communications
	Social media	Facebook, Google+, Twitter, YouTube, LinkedIn	Various / general corporate messaging	Communications
Professions	Professional bodies and associations	British Association of Art Therapists, British Association of Dramatherapists, British Association for Music Therapy, Institute of Biomedical Science, Society of Chiropodists and Podiatrists, The British Chiropody and Podiatry Association, The Institute of Chiropodists and Podiatrists, The Alliance of Private Sector Chiropody and Podiatry Practitioners, Association of Clinical Scientists, British Dietetic Association, British Society of Hearing Aid Audiologists, College of Occupational Therapists, College of Operating Department Practitioners, Association for Perioperative Practice, British and Irish Orthoptic Society, College of Paramedics, Chartered Society of Physiotherapy, British Psychological Society, Association of Educational Psychologists, British Association of Prosthetists and Orthotists, The Society and College of	Changes in standards, guidance and information for registrants, consultations, research, changes in health and social care regulation. Protection of title, fitness to practise, registration and renewal, international applications, employment and workforce, regulation of further groups	Chief Executive and Chair, Communications, Policy, Fitness to Practise, Registration

		Radiographers, The British Association of Social Workers, Royal College of Speech and Language Therapists		
	UK associations of professional bodies	Academy for Healthcare Science, Federation of Allied Health Professionals	Changes in standards, guidance and information for registrants, consultations, research, changes in health and social care regulation. Protection of title, fitness to practise, registration and renewal, international applications, employment and workforce, regulation of further groups	Chief Executive and Chair, Communications, Policy, Fitness to Practise, Registration
	International associations of professional bodies	e.g. International Federation of Social Workers, World Confederation for Physical Therapy	Changes in standards, guidance and information for registrants, consultations, research, changes in health and social care regulation, protection of title, fitness to practise, registration and renewal, international applications, employment and workforce, regulation of further groups, legislative developments	Chief Executive and Chair, Communications
	Trade unions / associations	Association of British Healthcare Industries, British Healthcare Trades Association, Unison, Unite (and some professional bodies have union function)	Changes in standards, guidance and information for registrants, consultations, research, changes in health and social care regulation, protection of title, fitness to practise, registration and renewal, international applications,	Communications, Policy, Fitness to Practise, Registration

			employment and workforce, regulation of further groups, legislative developments	
	Aspirant groups	Alliance for Patient Safety (The Registration Council for Clinical Physiologists, Ophthalmic Imaging Association, Voluntary Register of Clinical Technologists, Institute of Medical Illustrators, Association of Cardiothoracic Surgical Assistants, Society of Clinical Perfusion Scientists), Association for Dance Movement Psychotherapy, Audiologists (via BSHAA), Society of Sports Therapists	Legislative developments and regulation of further groups	Chief Executive and Chair, Policy, Communications
Professionals	Registrants	Arts therapists, biomedical scientists, chiropodists / podiatrists, clinical scientists, dietitians, hearing aid dispensers, occupational therapists, operating department practitioners, orthoptists, paramedics, physiotherapists, practitioner psychologists. prosthetists / orthotists, radiographers, social workers in England and speech and language therapists	Changes in standards, guidance and information for registrants, continuing professional development requirements and audit, consultations, research, changes in health and social care regulation, protection of title, fitness to practise, registration and renewal, international applications legislative developments	Registration, Fitness to Practise, Communications, Policy
	Other health and social care professionals (non-registrants)	Doctors, nurses and others	Legislative developments, regulation of further groups, consultations	Policy, Communications
	Returners to practice	Arts therapists, biomedical scientists, chiropodists / podiatrists, clinical scientists, dietitians, hearing aid dispensers, occupational therapists, operating department practitioners, orthoptists, paramedics, physiotherapists, practitioner psychologists. prosthetists / orthotists, radiographers, social workers in England and speech and language therapists	Returning to practice requirements, changes in standards, guidance and information for registrants, continuing professional development requirements and	Registration, Policy, Communications

			audit	
Prospective registrants	Prospective students	Careers services, schools and sixth-form colleges	Standards and application process	Registration, Policy, Communications
	Students on UK HCPC-approved courses	Universities and education providers	Standards and application process	Registration, Policy, Communications
	Asylum seekers and refugees	Statutory and third-sector services	Standards and application process	Registration, Policy, Communications
	International applicants – EEU	Competent bodies in home countries of applicant	Standards and application process, legislative changes	Registration, Policy, Communications
	International applicants – rest of world	Competent bodies in home countries of applicant	Standards and application process, legislative changes	Registration, Policy, Communications
Public	Patients / service users	Those using or needing the services of HCPC registrants	How to check the Register, standards, Standard of Acceptance how to raise a concern, the fitness to practise process	Fitness to Practice, Communications, Policy
	Organisations representing patients, carers, service users and advocacy organisations	The following list includes examples of the organisations we are currently engaging with.  <ol style="list-style-type: none"> <li>1. <b>Action Against Medical Accidents</b> - <a href="http://www.avma.org.uk">www.avma.org.uk</a></li> <li>2. <b>Alzheimer's Scotland</b> - <a href="http://www.alzscot.org/">www.alzscot.org/</a></li> <li>3. <b>Age UK</b> - <a href="http://www.ageuk.org.uk/">www.ageuk.org.uk/</a></li> <li>4. <b>Carers UK</b> - <a href="http://www.carersuk.org">www.carersuk.org</a></li> <li>5. <b>Board of Community Health Councils</b> (Wales) - <a href="http://www.wales.nhs.uk/sitesplus/899/home">www.wales.nhs.uk/sitesplus/899/home</a></li> <li>6. <b>CAUSE</b> - <a href="http://www.cause.org.uk/">www.cause.org.uk/</a></li> <li>7. <b>Connect</b> - <a href="http://www.ukconnect.org">www.ukconnect.org</a></li> </ol>	Our standards, how to raise a concern, how to check registration, Standard of Acceptance how to raise a concern, the fitness to practise process, consultations, research, legislative changes	Communications, Fitness to Practise, Policy



		<p>8. <b>Citizens Advice</b> - <a href="http://www.citizensadvice.org.uk">www.citizensadvice.org.uk</a></p> <p>9. <b>Citizens Advice Scotland</b> - <a href="http://www.cas.org.uk">www.cas.org.uk</a></p> <p>10. <b>Disability Wales</b> - <a href="http://www.disabilitywales.org/">www.disabilitywales.org/</a></p> <p>11. <b>Healthwatch England</b> - <a href="http://www.healthwatch.co.uk">www.healthwatch.co.uk</a></p> <p>12. <b>National Voices</b> - <a href="http://www.nationalvoices.org.uk">www.nationalvoices.org.uk</a></p> <p>13. <b>National Youth Advocacy Services</b> - <a href="http://www.nyas.net">www.nyas.net</a></p> <p>14. <b>Inclusion Scotland</b> - <a href="http://inclusionscotland.org/">http://inclusionscotland.org/</a></p> <p>15. <b>Patient Advice and Liaison Service (England)</b> - <a href="http://www.nhs.uk/chq/pages/1082.aspx?CategoryID=68">www.nhs.uk/chq/pages/1082.aspx?CategoryID=68</a></p> <p>16. <b>Patient Advice and Support (NHS Scotland)</b> - <a href="http://www.patientadvicescotland.org.uk/">www.patientadvicescotland.org.uk/</a></p> <p>17. <b>Patient Client Council Northern Ireland</b> - <a href="http://www.patientclientcouncil.hscni.net">www.patientclientcouncil.hscni.net</a></p> <p>18. <b>Patients' Association (England and Wales)</b> - <a href="http://www.patients-association.org.uk">www.patients-association.org.uk</a></p> <p>19. <b>Scottish Independent Advocacy Alliance</b> - <a href="http://www.siaa.org.uk">www.siaa.org.uk</a></p> <p>20. <b>Shaping our Lives</b> - <a href="http://www.shapingourlives.org.uk">www.shapingourlives.org.uk</a></p>		
	Carers	Those who have caring responsibilities or who self-identify as carers	How to check the Register, standards, Standard of Acceptance how to raise a concern, the fitness to practise process	Fitness to Practice, Communications
	Complainants	Those needing to raise a concern about an HCPC registrant	Our standards, how to raise a concern, how to check registration, Standard of Acceptance, the fitness to	Fitness to Practice, Communications

			practise process	
	Wider general public (potential patients and service users)	UK-wide population	Who we are and what we do, how to check registration, how to raise a concern	Communications
Regulators	UK regulators of health and social care professionals	The General Chiropractic Council (GCC), The General Dental Council (GDC), The General Medical Council (GMC), The General Optical Council (GOC), The General Osteopathic Council (GOsC), The Nursing and Midwifery Council (NMC), General Pharmaceutical Council (GPhC), Pharmaceutical Society of Northern Ireland (PSNI), Northern Ireland Social Care Council (NISCC), Care Council for Wales (CCW), Scottish Social Services Council (SSSC)	Consultations, standards and guidance for registrants, legislative changes	Chief Executive and Chair, Communications, Fitness to Practise, Policy
	International regulators of health and social care professionals	Various (see <a href="http://www.healthregulation.org">www.healthregulation.org</a> )	Consultations, standards and guidance for registrants, legislative changes	Registrations, Chief Executive and Chair, Communications, Fitness to Practise, Policy
	UK health and social care systems regulators	CQC, Monitor, Healthcare Inspectorate Wales, Healthcare Improvement Scotland, Regulation and Quality Improvement Authority	Consultations, standards and guidance for registrants, legislative changes	Chief Executive and Chair, Communications, Fitness to Practise, Policy
	International bodies and associations of regulators	Council on Licensure, Enforcement and Regulation (CLEAR)	Consultations, standards and guidance for registrants, legislative changes	Chief Executive and Chair, Operations, Communications, Fitness to Practise, Policy
External scrutiny agencies and organisations	UK oversight bodies	Professional Standards Authority for Health and Social Care	Audit of organisation, Fitness to Practise process, governance	Chief Executive and Chair, Communications, Fitness to Practise, Policy

## **Education Department**

### **2017–18 Work plan**

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## Executive summary

This work plan outlines the operational expectations and priorities for the HCPC's Education Department in 2017–18. It also provides a summary of the accomplishments from the previous year, 2016–17.

In summary, the workload produced from the operational processes continues to grow, year on year. This is partly explained by the significant increase in approved programme from the on-boarding of social workers since 2012; but increasingly explained by the growth and change in other professions and entitlements. Changes in workforce planning and commissioning and funding arrangements, alongside changes in higher education are resulting in both new programmes and significant revisions to existing ones. There is growing diversity across the four countries and between and within professions and entitlements.

In the 2016–17 financial year, we carried out;

- 47 approval visits;
- 10 annual monitoring assessment days;
- 62 annual monitoring assessments by correspondence;
- 218 major changes assessments by correspondence; and
- 8 concerns.

In addition, the following key activities were achieved –

- completion of second academic year of lay visitor being on approval visits;
- the assessment of the majority of programmes against the new service user and carer involvement standard (SET 3.17) via annual monitoring;
- the launch of the approval process for programmes for podiatrists practising podiatric surgery;
- the preparation and launch of the approval process for programmes for orthoptists to use exemptions within medicines legislation;
- production changes to Education Update, increasing to four editions a year;
- technological changes to our system to accommodate changes linked to changes in medicines legislation and the renaming of medicines annotations for chiropodists; and
- the launch of an internal quality compliance and assurance framework.

In the 2017–18 financial year, we anticipate carrying out;

- 60 approval visits;
- 12 annual monitoring assessment days;
- 47 annual monitoring assessments by correspondence;
- 249 major changes assessments by correspondence; and
- 8 concerns.

In addition, we anticipate the following key activities–

- concluding the integration of social worker and approved mental health professional programmes into annual monitoring;
- concluding the assessment of programmes against the revised standard of proficiency via annual monitoring;

- concluding the assessment of programmes against the new service user and carer involvement standard (SET 3.17) via annual monitoring;
- concluding the approval process for programme(s) for podiatrists practising podiatric surgery;
- utilising the approval process for programmes for orthoptists to use exemptions within medicines legislation for the first time;
- launching the revised standards of education and training and its guidance and supporting their introduction and assessment;
- launching the biennial survey with education providers;
- continue to review our overall approach to quality assurance (including monitoring specifically);
- running the internal quality compliance and assurance framework to drive service, process and/or system improvements;
- commencing a major project to upgrade our IT system; and
- contributing towards activity required in relation to the future regulation of social workers in England.

More detail can be found in appendices 1 and 2.

## Introduction

This work plan document outlines the resources, responsibilities and priorities of the Education Department for the financial year April 2017 – March 2018.

## About this document

This document is divided into four sections.

- [Section one provides an executive summary](#)
- [Section two outlines the key responsibilities for the Education Department and resources in 2017–18](#)
- [Section three summaries the key activities and priorities in 2017–17](#)
- [Section four outlines potential activities for the period 2018-2019 to 2019-2020](#)

There are three appendices to this document.

- [Appendix 1 provides a summary of activities delivered in 2016–17](#)
- [Appendix 2 provides a summary of the activities proposed in 2017–18](#)
- [Appendix 3 provides a summary of risks owned by the Education Department](#)

## Main operational processes

There are four main operational processes which generate the majority of the Education Department's work. These are listed below –

### **Approval process**

This activity focuses on the management and assessment of requests from programmes seeking approval for the first time, as well as existing programme seeking re-approval for significant changes. Primarily it centres on a face-to-face visit to the education provider and a decision about whether a programme meets our standards. This activity includes the organisation, scheduling and attendance of approval visits; preparation/presentation of reports to education providers and Committee/Panel; partner/education provider liaison and provision of guidance to partners/education providers.

### **Annual monitoring process**

This activity focuses on the management and assessment of audit and declaration submissions from existing approved programmes. This documentary activity takes place every year to ensure existing approved programmes retain their ongoing approval. This activity includes the organisation, scheduling and attendance of assessment days; partner/education provider liaison, provision of guidance to partners/education providers and preparation/presentation of reports to Committee/Panel.

### **Major change process**

This activity focuses on the management and assessment of notifications and submissions from existing approved programmes. All programmes are expected to inform us of significant changes so that a decision can be made about whether a programme continues to meet our standards. This is a documentary activity and does not include a face-to-face visit to education providers. This activity includes the organisation, scheduling and assessment of submissions; partner/education provider liaison, provision of guidance to partners/education providers and preparation/presentation of reports to Committee/Panel.

### **Education provider concerns process**

This activity focuses on the management and assessment of concerns raised about approved programmes. Anyone can raise a concern about an approved programme. This activity includes investigating concerns and managing them through to their conclusion. It can involve partner/education provider liaison, provision of guidance to partners/education providers and preparation/presentation of reports to Committee/Panel.

## Other activities

There are a number of other areas and activities which support and affect the main operational processes operated by the Education Department. These activities primarily aim to raise awareness of our operational processes amongst key education stakeholders and help promote an open, transparent and collaborative approach to approval, monitoring and raising concerns. The following paragraphs summarise these activities –

### **Register of approved programmes**

Members of the Department oversee the maintenance and development of the on-line register of approved programmes. This includes approved programmes which are both open and those which are closed, but retain approval for historical periods. The register is primarily used by prospective applicants to programmes and the register to check that their education and training provides eligibility to register with the HCPC.

### **Partner recruitment, selection and training**

Members of the Department, work with the Partners Department, to appoint, reappoint, appraise and train our team of lay and registrant visitors.

### **Publications**

Members of the Department, work with the Communications and Policy & Standards Departments, to ensure that our suite of publications aimed at education providers and stakeholders is reviewed, updated and promoted regularly. The set of publications ranges from the annual report and brochures explaining the operational processes through to review reports on new professions and initiatives.

### **Web and digital**

Members of the Department, work with the Communications Department, to ensure that the education related information available online and digitally is reviewed, updated and promoted regularly. This includes information on our main operational processes and the register of approved programmes on the HCPC website; as well as videos available on the HCPC YouTube channel.

### **Events**

Members of the Department, work with the Communications and Policy & Standards Department, to design and deliver events for education providers and stakeholders. This includes annual region seminars and individual topic based events.

### **Stakeholder engagement**

Members of the Department meet regularly with a wide range of stakeholders across the education, health and care sectors to develop a better understanding of our role and processes and learn from the experiences of others. This includes regular and ad-hoc meetings with educators, professional bodies and associations, commissioning and funding bodies and other regulators. It also includes participation in working and advisory groups and work related to our formal memorandum of understandings with the Care Councils and CQC.



## **Communications**

Members of the Department, work with the Communications Department, to help promote our role and processes with education providers and stakeholders as well as to help raise the profile of education with registrants, the public and external stakeholders, such as employers. This includes the identification and promotion of education related content in HCPC In-Focus, social media, HCPC blog, online news articles and press releases, as well as our focused newsletter, Education Update.

## **Systems**

Members of the Department, work with the IT Department and external suppliers, to oversee the maintenance, development and integration of a wide range of information systems used by department members. This primarily centres on the Microsoft Dynamics and SharePoint system, but also includes the information systems used for registration, finance, website production and email services.

## **Quality**

Members of the Department, work with the Business Process Improvement Department and internal quality assurance teams in Registrations and Fitness to Practice, to ensure the delivery and on-going development of an internal programme of quality compliance and assurance. This includes audit and review activities that focus on compliance and decision making associated with our legislation, rules, policies and processes. It also includes compliance with our legislation obligations in respect of information sharing (e.g. Freedom of Information and Data Protection Acts).

## **Development**

Members of the Department, work with the Policy & Standards Department, to prepare, review and implement new and revised approaches to our role in professional regulation. This activity includes periodic reviews to our standards, new professions joining the Register and the development of new initiatives linked to legislative and policy changes.

## **Major projects**

Members of the Department contribute towards major projects that are being delivered at an organisational level. The level of involvement varies depending on the scale, scope and impact of the project on the department. The initiation and priority of these major projects is determined by the Executive Management Team.

## Resources

This work plan is based on the assumption of a team of 19 employees and an overall budget of approximately £1,200,000.

### Human resources

The Department is structured around two core functional teams – one focuses on operations (service delivery and development) and the other on systems and quality. The department is led by the Director of Education who has overall responsibility for the management and leadership of the department.

The operations function is led by the Head of Educational Development and comprises of three Education Managers, six Education Officers and three Education Administrators. The function is responsible for the delivery of our operational processes as well as the development and enhancement of educational and communication initiatives with education providers and stakeholders. This function is structured into three teams – one ‘service and support’ team and two ‘assurance’ teams.

The systems and quality function is led by the Head of Education Systems and Quality and comprises of one Systems and Quality Manager and two Systems and Quality Officers. This function is responsible for the maintenance, development and integration of our information systems alongside the delivery of an internal programme of quality compliance and assurance. This function formed in 2015–16 and much of its initial work to date has focused on systems related work.

There is a permanent headcount of 19 posts in the Education Department. No new posts are anticipated in 2017–18.

<u>Job title</u>	<u>Number of posts</u>
Director of Education	1
PA to Director	1
Head of Educational Development	1
Education Manager	3
Education Officer	6
Education Administrator	3
Head of Education Systems and Quality	1
Systems and Quality Manager	1
Systems and Quality Officer	2

(A fixed term PA and Education Officer currently exist as part of maternity leave and sabbatical arrangements. It is anticipated that the permanent structure/headcount will resume in August 2017.)

### Financial resources

It is anticipated that there will be a department budget of approximately £1.2million to support the activities in the 2017–18 financial year.

The following key assumptions have been made when preparing the budget:

- The HCPC approves pre-registration programmes in sixteen professions.
- The social worker in England part of the register will remain in the 2017–18 financial year.
- The HCPC approves post-registration programmes in seven existing areas.
- The approval of approved mental health professional programmes will remain in the 2017–18 financial year.
- The approval visit schedule is relatively fixed in quarters one and two due to the six month notice period.
- 65% of the approval visit schedule is to new programmes seeking approval.
- 35% of the approval visit schedule is to existing programmes making significant changes.
- The number of new programmes for paramedics and operating department practitioners is likely to be slightly higher than other professions due to wider changes and initiatives within these professions.
- The approval visit schedule is not significantly affected by the changes to commissioning and funding arrangements for allied health profession programmes in England. The impact of these changes is beginning to become evident, but it is gradual and piecemeal. This could be due to the uncertainty that still exists around funding, commissioning and opportunities for the practice based learning.
- The approval visit schedule is not significantly affected by the changing and varying funding arrangements for social work programmes in England, however this is an expectation that developments around fast track provision and teaching partnerships will drive many engagements in the 2017–18 financial year.
- 97% of approval visits take two days and involve 3 partners.
- 3% of approval visits take three days and involve 5 partners.
- All programmes are expected to engage with the annual monitoring process, apart from the year of and the year after an approval visit.
- 50% of all programmes engaged with annual monitoring submit an audit submission; the other 50% submit a declaration.
- The preferred and most effective method of assessing annual monitoring audits is on an assessment day.
- Each annual monitoring assessment day considers, on average, 26 audit submissions.
- All annual monitoring assessment days involve 10 partners.
- Each annual monitoring considered by correspondence involves 2 partners.
- 40% of existing programmes submit a change notification each year
- 25% of change notifications are channelled into the approval or annual monitoring for further consideration.
- 75% of change notifications continue through the full major change process, involving partner assessment.
- 70% of major change submissions involve two partners.
- 30% of major change submissions involve one partner.
- 0.01% of programmes receive a concern each year.
- 50% of concern enquiries convert into formal concerns for further consideration
- 65% of concerns continue through the full investigation process
- 98% of concerns are investigated by the executive.

- 10% of concerns are investigated by the executive and two partners.
- 15 general enquiries are received each month
- There are ten meetings of the Education and Training Panel each year

The budget is therefore based on the forecast that there will be:

- 60 approval visits;
- 12 annual monitoring assessment days;
- 47 annual monitoring audits, assessed by correspondence;
- 332 change notifications assessed by the executive;
- 249 major changes submissions, assessed by correspondence;
- 16 concern related enquiries; and
- 8 concerns.

## Priorities for 2017–18

As in previous years, the main priority for the Department is the day-to-day operation of the approval and monitoring processes. The main determinants of our workload are the number of existing approved programmes and the rate of change to both these existing programme, and likely new ones.

The impact of regulating social workers in England continues to affect our work in this area. By the end of this financial year, all social worker and approved mental health professional (AMHP) programmes will have engaged with our monitoring processes for the first time. The integration of social worker and AMHP programmes into the annual monitoring process has taken three academic years (2014-15, 2015–16 and 2016–17). This has resulted in a stepped increase in workload for the last four financial years.

The impact of a number of external developments in education, health and care continue to influence our operational work and increasingly our stakeholder engagement activities. This year, we anticipate substantial resource being associated with apprenticeships, funding and commissioning changes for the allied health professions in England, funding and commissioning of fast track and teaching partnerships in social work in England, funding and commissioning commitments in Wales and Scotland, changes to higher education quality assurance arrangements in England and Wales and changes to medicines legislation.

This year, the Department will continue to implement a number of new post registration initiatives, including approving new programmes in podiatric surgery and orthoptists medicines exemptions and changes to existing programmes in prescribing to reflect any future legislative change.

The main focus of the Department's communication work this year will be associated with the publication and promotion of the revised standards of education and training and their guidance. This is anticipated to reach a range of stakeholders (e.g. education providers, visitors) via a variety of channels (e.g. web, digital, newsletter, and seminar) with a particular focus on the new requirements around interprofessional education and learner involvement.

This year, the Department will expand the number of audits and reviews and deliver across the internal quality compliance and assurance framework for the first time.

Finally, the Department will begin a major project to upgrade the Microsoft Dynamics and SharePoint IT system to ensure it remains fit for purpose and support effective and efficient operations.

The future regulation of social workers in England is likely to affect our workload and priorities. At the time of writing, the Children and Social Work Bill is still passing through Parliament, with the regulation of social workers in England due to be transfer to the new regulator (Social Work England) in 2018. We anticipate initial work in this area being primarily around stakeholder engagement and systems.

## Risk management

The Department will continue to manage those organisational risks that are primarily concerned with:

- Employees within the Department (issues such as turnover, skills development and managing performance); and
- Education providers (issues such as compliance with our processes, communication and support).

Activities outlined in this work plan also help mitigate organisation risks managed by other departments. These areas include project management and the recruitment, training and on-going support of both employees and partners.

See appendix three for more detailed information.

## Equality and diversity

The Department will continue to scrutinise and monitor all activities in this work plan with a view to identifying and where possible, mitigating any adverse impact to some groups, compared to others. It will continue to aim to improve accessibility to the main operational processes and supporting activities.

## Information security

The Department will continue to scrutinise and review all activities in this work plan in line with the organisation's information security policy and ISO27001 (information security) accreditation. It will continue to identify and where possible, mitigate any key information security risks.

## Collaboration

The Department will continue to plan and monitor all activities in this work plan to ensure successful cross team engagement and communication. Collaboration with key internal departments has been identified in section two and will be elaborated on further at initiation of particular pieces of work and in the internal communications plan.

## 2018–19 to 2019–20

The anticipated activities for the department beyond the 2017–18 financial year are –

- On-going work implementing new initiatives and professions, including extensions to prescribing and exemptions.
- On-going work implementing legislative change (e.g. social worker regulation; healthcare regulatory reform).
- On-going work related to assessing the changes to programmes as a result of the revised standards of education and training launching for the 2017-18 academic year.
- Communication and compliance work related to any future changes to standard of education and training one for paramedics.
- Communication and compliance work related to any future changes to standard of education and training one for operating department practitioners.
- On-going work to develop our e-communications and web and digital activities to reach and work with our stakeholders in a more effective manner.
- Comprehensive review of our overall approach to quality assurance, including outcomes from commissioned research, review of operations since 2004 and alignment to external quality assurance regimes.
- On-going assistance to the Policy & Standards Department around the periodic reviews of standards (e.g. standards of proficiency, standards of prescribing).
- Review of our approach to student engagement.
- On-going refinement of our quality compliance and assurance work.
- On-going development and enhancement work to our IT system (Microsoft Dynamics/SharePoint).
- On-going major project work.

## 2016–17 work plan review

### Appendix 1

The following tables summarises the progress in delivering the 2016–17 work plan. As anticipated, the Department had to adopt a flexible approach to the delivery of last year’s work plan in order to respond accordingly to internal and external factors.

Regulatory operations	Budget 2016–17	9 month reforecast 2016–17	Actual 2016–17*	Variance (Budget to actual*)
Number of approval visits	60	46	47	-28%
Number of annual monitoring assessment days	14	10	10	-40%
Number of annual monitoring postal submissions	40	57	62	35%
Number of major change notifications	217	296	302	28%
Number of major change submissions	163	216	218	25%
Number of concern enquiries	16	14	15	-7%
Number of concern submissions	8	7	8	0%

\* = The figures for March 2017 are based on scheduled cases.

Activity	Description	Timescale	Progress report
<b>Regulatory operations</b>			
Approval process	On-going assessment of programmes for podiatrists practising podiatric surgery	Q 1-4	On-going into 2017–18 – One approval case due to complete in 2017-18 (Q1). – The existing provider, College of Podiatry, still to confirm intentions around current and future training.
Annual monitoring process	On-going assessment of revised standards of proficiency by the annual monitoring process.	Q 1-4	Complete – All audits assessed from the 14 affected professions considered the implementation of the revised SOPs.
	On-going assessment and review of new service user and carer requirements by the annual monitoring process.	Q 1-4	Complete – Requirements outlined to individual education providers in September 2016.



Activity	Description	Timescale	Progress report
			<ul style="list-style-type: none"> <li>Articles in Education Update (June and Oct 2016)</li> <li>All audits assessed from the 15 affected professions and SPIP considered the implementation of service user and carer requirements.</li> </ul>
	On-going integration and review of social worker programmes into the annual monitoring process.	Q 1-4	Complete <ul style="list-style-type: none"> <li>Requirements outlined to individual education providers in September 2016.</li> <li>Audit submissions assessed throughout year.</li> </ul>
	On-going integration of approved mental health professional programmes into the annual monitoring process.	Q 1-4	Complete <ul style="list-style-type: none"> <li>Requirements outlined to individual education providers in September 2016.</li> <li>Audit submissions assessed throughout year.</li> </ul>
	Initial assessment of revised standards of conduct, performance and ethics by the annual monitoring process.	Q 3-4	On-going into 2017–18 <ul style="list-style-type: none"> <li>Revised standards and implications for education providers communicated in June 2016.</li> <li>Articles in Education Update (May, June and Oct 2016).</li> </ul>
Major change process	Assessment of supplementary and independent prescribing programmes linked to the extension of prescribing rights for dietitians and therapeutic radiographers.	Q 1-4	Complete <ul style="list-style-type: none"> <li>Requirements outlined to individual education providers in April 2016.</li> <li>Change submissions assessed throughout year.</li> <li>Article in Education Update (June 2016).</li> </ul>
<b>Policy and process development</b>			
Standards and guidance reviews and implementation	Publicise the revised standards of proficiency for social workers in England and associated changes to programmes with education providers.	Q 2-3	Complete <ul style="list-style-type: none"> <li>Revised standards of proficiency communicated to education providers in Jan 2017.</li> <li>Article in Education Update (Jan 2017)</li> </ul>
	Publicise the revised guidance on conduct and ethics for students with education providers and stakeholders.	Q 1-2	Complete <ul style="list-style-type: none"> <li>Revised guidance communicated to education providers in June 2016</li> </ul>

Activity	Description	Timescale	Progress report
			– Articles in Education Update (June 2016 and Jan 2017)
	Assist the Policy & Standards Department in the on-going review of the standards of education and training and guidance, primarily in terms of user input and stakeholder engagement.	Q 1-4	Complete – Articles in Education Update (May, June, Oct 2016 and Jan 2017) – Visitor workshops (November 2016 – Jan 2017)
Process review and implementation	On-going review of lay visitor arrangements.	Q 1-2	Complete
	On-going review of approach to monitoring.	Q 1-3	On-going into 2017–18
	Review of the approval visits to programmes for podiatrists practising podiatric surgery	Q 3-4	Deferred to 2017-18 (Due to on-going operational work in this area)
	Review of the major changes to supplementary and independent prescribing programmes linked to the extension of prescribing rights for dietitians and therapeutic radiographers.	Q 3-4	On-going into 2017–18 – Delayed due to on-going operational work in this area. – Commenced initial analysis which is focused on engagement levels to help gauge scale of take up.
New initiatives	Preparation and implementation of approval process for programmes linked to the use of exemptions by orthoptists in medicines legislation, including adaptations to process and visitor allocation, if required.	Q 1-4	Complete – Visitor role brief agreed at Education and Training Committee (Sept 2016) – New standards and process communicated to education providers and stakeholders (Nov 2016) – Approval process documentation updated (Nov 2016) – Website information updated (Nov 2016) – Visitors selected and trained (Nov 2016) – Article in Education Update (Jan 2017) – Major project to upgrade IT systems, including register of approved programmes (Mar 2017)

Activity	Description	Timescale	Progress report
	Preparation and implementation of approval process for programmes linked to further extensions of prescribing rights, including adaptations to process and visitor allocation, if required.	Q 3-4	Complete <ul style="list-style-type: none"> <li>– Revised standards and process communicated to education providers and stakeholders (April 2016)</li> <li>– Website information updated (April 2016)</li> <li>– Article in Education Update (May &amp; June 2016)</li> <li>– Change submissions assessed throughout year</li> <li>– Major project to upgrade IT systems, including register of approved programmes (Mar 2017)</li> </ul>
	Assist the Policy & Standards Department in the on-going consideration of standards of education and training one for paramedics, if required.	Q 1-4	On-going into 2017–18 <ul style="list-style-type: none"> <li>– Supported the work of the Policy &amp; Standards Department on an ad-hoc basis, including attendance on national working group.</li> </ul>
	Preparation and implementation of changes to the register of approved programmes and related communication to education providers, linked to the possible renaming of medicines annotations for chiropractors.	Q 2-4	Complete <ul style="list-style-type: none"> <li>– Articles in Education Update (May &amp; June 2016)</li> <li>– Website information updated (Oct 2016)</li> <li>– Approval process documentation updated (Oct 2016)</li> <li>– Revised names communicated to education providers and stakeholders (Feb 2017)</li> <li>– Major project to upgrade IT systems, including register of approved programmes (Mar 2017)</li> </ul>
<b>Service improvement</b>			
Quality assurance reviews and reports	Publication of Education annual report 2015	Q 1-	Complete <ul style="list-style-type: none"> <li>– Report published in May 2016</li> <li>– Article in Education Update (May 2016)</li> <li>– Website information updated, including infographics (June 2016)</li> <li>– Blog article and press release (May 2016)</li> <li>– Social media activity (May &amp; June 2016)</li> </ul>
	Preparation of Education annual report 2016.	Q 3-4	On-going into 2017–18 <ul style="list-style-type: none"> <li>• Draft report considered by ETC (March 2016)</li> </ul>

Activity	Description	Timescale	Progress report
	Pilot detailed reviews of specific processes, professions or activities, using quantitative data and information from Microsoft Dynamics.	Q 1-4	Delayed. To initiate in 2017–18.
Internal operating processes	On-going review of internal business processes, practices and guidelines, linked to additional functionality available in Microsoft Dynamics / SharePoint; feedback from education providers and visitors; freedom of information legislation; information security and legal advice.	Q 1-4	On-going into 2017–18 <ul style="list-style-type: none"> <li>Internal case review process established (June 2016)</li> <li>Advertising guidelines updated (Jan 2017)</li> </ul>
Feedback mechanisms	On-going review of feedback mechanisms.	Q 1-2	Complete <ul style="list-style-type: none"> <li>Pilot for gathering regular feedback reviewed and decision taken to stay with biennial survey approach.</li> </ul>
	Implementation of new feedback arrangements for education providers.	Q 1-4	Withdrawn
<b>Service support</b>			
Partners	On-going recruitment and training programme to ensure sufficient numbers of visitors, including anticipated recruitment of 10-20 new visitors.	Q 1-3	Complete <ul style="list-style-type: none"> <li>20 new visitors recruited</li> <li>20 new visitors trained</li> </ul>
	On-going refresher training programme, including 5-6 anticipated sessions.	Q 3-4	Complete <ul style="list-style-type: none"> <li>100 visitors attended refresher training sessions</li> </ul>
<b>Communications</b>			
Website maintenance and development	On-going review of education content of webpages, ensuring links with feedback, reports and new initiatives.	Q 1-4	Complete <ul style="list-style-type: none"> <li>Prescribing information (April 2016)</li> <li>Annual report &amp; infographics (May and June 2016)</li> </ul>

Activity	Description	Timescale	Progress report
			<ul style="list-style-type: none"> <li>- Guidance on conduct and ethics for students (June 2016) and associated video content (Jan 2017)</li> <li>- Annual monitoring information (Sept 2016)</li> <li>- Orthoptists exemptions (Nov 2016)</li> <li>- Chiropodists' annotations (Nov 2016)</li> <li>- Further information / signposting information (Various)</li> </ul>
Print, digital and on-line content	Review and refresh introductory information available to new education providers and stakeholders.	Q 1-4	Delayed. To initiate in 2017–18.
	Review and refresh information available on our approval, monitoring and concerns processes.	Q 1-4	Delayed. To initiate in 2017–18.
	Review and refresh information available to education providers and stakeholders on frequently asked about subject areas. (e.g. advertising, curriculum guidance, student fitness to practise, modalities).	Q 1-4	On-going into 2017–18 <ul style="list-style-type: none"> <li>- Advertising guidelines updated (Jan 2017)</li> </ul>
Research	Dissemination of research findings (disengagement, interprofessional education, preparedness to practice) to education providers and stakeholders.	Q 1-4	On-going into 2017–18 <ul style="list-style-type: none"> <li>- Articles in Education Update (May, June &amp; Oct 2016)</li> </ul>
	Assist the Policy & Standards Department in commissioning external research in education providers and stakeholders' perceptions and experiences of our education regulatory processes.	Q 3-4	On-going into 2017–18 <ul style="list-style-type: none"> <li>- Initial scoping discussions (Jan 2017)</li> </ul>
Education Update	Review, monitor and maximise opportunities with current newsletter.	Q 1-4	Complete <ul style="list-style-type: none"> <li>- Four issues published (May, June &amp; Oct 2016 and Jan 2017)</li> </ul>

Activity	Description	Timescale	Progress report
			<ul style="list-style-type: none"> <li>– Moved to quarterly production</li> <li>– Closer working with Communications Department, so articles aligned with production and promotion of new guidance, content or consultations</li> </ul>
<b>Systems</b>			
Microsoft Dynamics / SharePoint system	On-going maintenance and development of system	Q 1-4	Complete <ul style="list-style-type: none"> <li>– Range of process guidance created, including new starters, incident resolution and cleansing/merging records (Sept 2016)</li> </ul>
	Roll out of new functionality and end user training and support.	Q 1-4	Complete <ul style="list-style-type: none"> <li>– Range of end user guidance created, including email templates and WinZip's (Sept 2016)</li> <li>– System developments to accommodate Operations Team restructure (Sept 2016)</li> <li>– Business as usual systems development process being finalised with IT Department</li> </ul>
Education systems build major project (phase two)	Roll out of system developments and integration with other internal systems.	Q 1	Complete <ul style="list-style-type: none"> <li>– System developments (Microsoft Dynamics and SharePoint) and integrations with website and Net regulate complete (Nov 2016)</li> </ul>
<b>Quality compliance and assurance</b>			
Quality compliance and assurance frameworks	Develop and implement framework and take action as required to improve processes and service	Q 1-4	On-going into 2017–18 <ul style="list-style-type: none"> <li>– Internal department quality assurance framework being finalised.</li> </ul>
Management information	On-going review of management information and reports	Q 1-4	On-going into 2017–18 <ul style="list-style-type: none"> <li>– Live dashboards available on Microsoft Dynamics</li> <li>– Internal management information set developed</li> <li>– Management information presented to EMT &amp; Council updated (Dec 2016)</li> </ul>

Activity	Description	Timescale	Progress report
	Investigate opportunities for publication of approved programme data	Q 3-4	Delayed. To initiate in 2017–18.
<b>Major projects</b>			
Participation in the major projects	Varying levels of involvements, primarily linked to preparing department employees for system usage and/or communicating key messages to education providers and their students.		
	HR & Partners build	Q 1-3	On-going into 2017-18
	Registrations transformation and improvement	Q 1-4	On-going into 2017-18
	HCPC website review and build	Q 2-4	On-going into 2017-18
	Online expenses implementation	Q 1-4	Withdrawn
	Netregulate changes	Q 1-3	Complete

2017–18 work plan detailed activities  
Appendix 2

<b>Regulatory operations</b>	<b>Budget 2017–18</b>
Number of approval visits	60
Number of annual monitoring assessment days	12
Number of annual monitoring postal submissions	64
Number of major change notifications	217
Number of major change submissions	163
Number of concern enquiries	16
Number of concern submissions	8

<b>Activity</b>	<b>Description</b>	<b>Timescale</b>
<b>Regulatory operations</b>		
Approval process	On-going assessment of programmes for podiatrists practising podiatric surgery	Q 1-4
	Initial assessment of programmes linked to the use of exemptions by orthoptists in medicines legislation	Q 1-4
	Initial assessment of programmes against revised standards of education and training	Q 3-4
Annual monitoring process	On-going assessment of revised standards of proficiency by the annual monitoring process.	Q 1-4
	On-going assessment and review of new service user and carer requirements by the annual monitoring process.	Q 1-2
	Final integration of social worker programmes into the annual monitoring process.	Q 1-2
	Final integration of approved mental health professional programmes into the annual monitoring process.	Q 1-2
	Initial assessment of revised standards of conduct, performance and ethics by the annual monitoring process.	Q 3-4
<b>Service improvement</b>		



Activity	Description	Timescale
Quality assurance reviews and reports	Publication of Education annual report 2016	Q 1
	Preparation of Education annual report 2017.	Q 3-4
	Pilot detailed reviews of specific processes, professions or activities, using quantitative data and information from Microsoft Dynamics.	Q 1-4
Internal operating processes	On-going review of internal business processes, practices and guidelines, linked to internal quality assurance mechanisms, feedback from education providers and key stakeholders, legal advice, data and information legislation and audits, additional functionality available in Microsoft Dynamics / SharePoint.	Q 1-4
Feedback mechanisms	Biennial survey for education providers	Q 3-4
<b>Service support</b>		
Partners	On-going recruitment and training programme to ensure sufficient numbers of visitors, including anticipated recruitment of 10-20 new visitors.	Q 1-4
	On-going refresher training programme, incorporating approximately 100 visitors.	Q 1-4
<b>Communications</b>		
Website maintenance and development	On-going review of education content of webpages, ensuring links with feedback, reports and new initiatives.	Q 1-4
Print, digital and on-line content	Review and refresh introductory information available to new education providers and stakeholders.	Q 1-4
	Review and refresh information available on our approval, monitoring and concerns processes.	Q 1-4
	Review and refresh information available to education providers and stakeholders on frequently asked about subject areas.	Q 1-4
Education Update	Review, monitor and maximise opportunities with current newsletter.	Q 1-4
Events	Events to publicise and promote the revised standards of education and training and their guidance, and future assessment / compliance requirements.	Q 3-4
Research	Dissemination of research findings (past and future) to education providers and stakeholders.	Q 1-4

Activity	Description	Timescale
	Assist the Policy & Standards Department in the external research on education providers and stakeholders' perceptions and experiences of our education regulatory processes.	Q 1-4
Guidance and information	Promotion of existing guidance and information to education providers, stakeholders, visitors and students to support delivery of programmes and processes and development of professionalism (e.g. conduct and ethics for students; health, disability and becoming a health and care professional; fitness to practice report )	Q 1-4
<b>Policy and process development</b>		
Standards and guidance reviews and implementation	Publicise the revised standards of education and training and associated implications to education providers, stakeholders and visitors.	Q 1-4
	Publicise any new or revised guidance to education providers, stakeholders and visitors (e.g. social media, confidentiality, health and character)	Q 1-4
	Assist the Policy & Standards Department in the review of the standards of prescribing, standards for podiatric surgery and standards for the use by orthoptists of exemptions in medicines legislation, primarily in terms of user input and stakeholder engagement.	Q 1-4
Process review and implementation	On-going review of our overall approach to quality assurance, including particular focus on monitoring and concerns.	Q 1-4
	Review of the approval visits to programmes for podiatrists practising podiatric surgery	Q 1-4
	Review of the assessment of SET 3.17, for all programmes across both approval and monitoring processes.	Q 1-4
New initiatives	Preparation and implementation of operational processes for programmes linked to further extensions of prescribing rights, including adaptations to process and visitor allocation, if required.	Q 1-4
	Assist the Policy & Standards Department in the on-going consideration of standards of education and training one for paramedics.	Q 1-4
	Assist the Policy & Standards Department in the on-going work on annotating qualifications in podiatric surgery.	Q 1-4
<b>Systems</b>		
	On-going maintenance and development of system	Q 1-4

Activity	Description	Timescale
Microsoft Dynamics / SharePoint system	Roll out of new functionality and end user training and support.	Q 1-4
Education system changes major project	Range of upgrades, fixes and further enhancements to the Microsoft Dynamics / SharePoint system, to enhance data quality, reporting, security, integration, accessibility and usability.	Q 3-4
<b>Quality compliance and assurance</b>		
Quality compliance and assurance frameworks	Finalise and implement framework, and take action, as required, to improve processes and service.	Q 1-4
Management information	On-going review of management information and reports	Q 1-4
	Continue to investigate opportunities for publication of approved programme data	Q 1-4
<b>Major projects</b>		
Participation in the major projects	Varying levels of involvements, primarily linked to preparing department employees for system usage and/or communicating key messages to education providers and their students.	
	HR & Partners build	Q 1-2
	Registrations transformation and improvement	Q 1-4
	HCPC website review and build	Q 1-4
	186 Kennington Park Road renovation	Q 1-3
	Education system changes major project	Q 3-4
<b>Cross organisational projects</b>		
Participation in the departmental projects	Varying levels of involvement, depending on the scope and intent of the project, including (but not limited to) providing user feedback, system testing (UAT & regression), content production, stakeholder engagement and employee training and induction.	
	Development of new intranet	Q 1-4
	SAGE and WAP upgrades (short term solutions / upgrades)	Q 1-4
	Review of financial processes and systems (long term replacement to SAGE / WAP)	Q 1-4

Activity	Description	Timescale
	Governance review	Q 1-4
	Future regulation of social workers in England	Q 1-4
	Web and digital deployments	Q 1-4

Risks  
Appendix 3

Category	ISMS Risks	Ref #	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Impact before mitigations Dec 2016	Likelihood before mitigations Dec 2016	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation Jul 2016	RISK score after Mitigation Jul 2015
Education		7.1	Failure to detect low education providers standards	Director of Education	4	2	8	Operational processes (approval, monitoring and complaints about an approved programme)	Regular training of employees and visitors	Memorandums of understandings with other regulators (e.g. CQC and Care Councils)	Low	Low
			Links to 1.1, 4.3, 6.4									
Education		7.2	Education providers disengaging with process	Director of Education	3	3	9	Legal powers (HSWPO 2001)	Delivery of Education Dpt supporting activities as documented in regular work plan	Stakeholder monitoring	Low	Low
			Links to 1.1									
Education		7.3	Inability to conduct visits and monitoring tasks	Director of Education	4	2	8	Adequate resourcing, training and visit scheduling	Approvals & monitoring processes	Temporary staff hire to backfill or clear work backlogs	Low	Low
			Links to 1.1, 6.1, 11.2 & 11.3									
Education		7.4	Loss of support from Education Providers	Chief Executive or Director of Education	5	2	10	Delivery of Education strategy as documented in	Partnerships with Visitors and professional groups.	Publications, Newsletters, website content, inclusion in	Low	Low

								regular work plan		consultations and relevant PLGs, consultations with education providers		
			Links to 1.1, 14.2									
Education	I A12,13, 1415	7.5	Protracted service outage following Education system failure	Director of IT	4	2	8	Effective backup and recovery processes	In house and third party skills to support system	Included in future DR/BC tests	Low	Low
Education		7.6	Loss or significant change to funding, commissioning and placement opportunities for approved programmes	Director of Education	3	4	12	Operational processes (approval, monitoring and complaints about an approved programme)	Partnerships with Visitors and professional groups.	Regular training of employees and visitors	Med	Low
Education		7.7	Monitoring processes not effective	Director of Education	3	2	6	Well documented processes	Trained executive & visitors	Communication with education providers	Low	NEW

## Finance Department Work Plan 2017-18

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## 1. Introduction

- 1.1. The Finance department supports HCPC by processing transactions including the subscriptions of registrants, suppliers' invoices, payroll and staff expenses. We manage the budgeting and financial reporting systems, and support budget holders, EMT and Council with management information and advice.
- 1.2. The Finance Department Strategy<sup>1</sup>, approved by Council in December 2016, sets out how Finance contributes to HCPC's overall strategy, the Strategic Intent 2016-20.
- 1.3. Finance contributes primarily to objectives 1 and 2 of the Strategic Intent:
- Objective 1: Good governance** (*extracts most relevant to Finance*)  
**To maintain, review and develop good corporate governance**
- *To ensure continued financial probity and sustainability*
  - *To ensure continued risk management*
  - *To maintain regular monitoring of performance against objectives*
- Objective 2: Efficient business processes**  
**To maintain, review and develop efficient business processes throughout the organisation**
- *To promote a culture of continuous quality improvement*
  - *To maintain, review and develop standards and processes as required across all functions*
  - *To ensure continued compliance with external quality assurance frameworks*
  - *To maintain, review and develop organisation-wide policies including equality and diversity and corporate social responsibility policies*
  - *To build partnerships with suppliers to ensure value for money procurement*
  - *To increase the benefit from and manage effectively the cost of regulation.*
- 1.4. Through Finance's role supporting other HCPC departments, Finance indirectly contributes to all six strategic objectives.
- 1.5. Key stakeholders for the department are budget holders, the EMT, Audit Committee and Council, registrants, HCPC employees, partners and suppliers.

## 2. Main objectives for 2017-18

- 2.1. The Finance Department strategy categorises the department's work under three headings, with a strategic aim for each. Our objectives for 2017-18 are mapped against the strategy in the following table.

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<sup>1</sup> <http://www.hcpc-uk.org/assets/documents/10005235Enc09-Financedepartmentstrategy.pdf>



Area of work	Strategic aim	Objectives for 2017-18
<p><b>Transaction processing</b> includes:</p> <ul style="list-style-type: none"> <li>• collecting fees from Registrants</li> <li>• paying our employees, Partners and suppliers</li> </ul>	<p><b>Improving efficiency and customer service</b></p>	<ol style="list-style-type: none"> <li>1. Effective day-to-day performance of our business as usual operational processes. A summary of the core Finance processes is included in Annex 1</li> <li>2. Upgrade the accounting and purchase ordering systems, Sage and WAP. The systems were upgraded in 2014-15 but there are bugs in the current version of the purchase ordering system. The upgrade is expected to fix the bugs and improve performance.</li> </ol>
<p><b>Compliance and control</b> work includes:</p> <ul style="list-style-type: none"> <li>• reconciliations</li> <li>• management accounts</li> <li>• statutory accounts</li> <li>• meeting Freedom of Information requirements</li> <li>• procurement processes</li> <li>• managing cash flow and deposits</li> </ul>	<p><b>Proportionate and effective controls</b></p>	<ol style="list-style-type: none"> <li>3. Effective day-to-day performance of our business as usual operational processes. See Annex 1</li> <li>4. Completing the PCI DSS project. The Payment Card Industry Data Security Standard project aims to achieve compliance with version 3 of the Standard, and enable us to self-certify compliance. Significant progress was made during 2016-17 and the remaining steps to compliance will be taken in 2017-18.</li> </ol>
<p><b>Business insight</b> work includes:</p> <ul style="list-style-type: none"> <li>• budgeting and forecasting</li> <li>• procurement planning, to improve value for money</li> <li>• preparation or review of business cases for investment projects</li> <li>• preparation of the five year plan which assesses the sustainability of HCPC's finances</li> </ul>	<p><b>Customer focus and value for money</b></p>	<ol style="list-style-type: none"> <li>5. Effective day-to-day performance of our business as usual operational processes. See Annex 1</li> <li>6. Review options for a replacement for the current Finance systems and prepare a business case. Sage and WAP have been in place since 2009. Although they are still effective systems, their limitations are becoming more apparent. Employees' expectations from finance systems are increasing, partly because of the development of other HCPC systems and partly through their experience of using similar technology in their personal lives. WAP now compares poorly in terms of user experience against other HCPC systems and against typical consumer systems.</li> </ol>

Area of work	Strategic aim	Objectives for 2017-18
<ul style="list-style-type: none"> <li>other financial analysis to support management's decisions</li> </ul>		<p>Opportunities likely exist to integrate a new accounting system with other HCPC systems to improve efficiency, eg reducing duplication and re-keying of data; but developing Sage to integrate with other systems is unlikely to be cost effective. Sage allows only limited analysis of expenditure, so does not support advanced unit cost analysis. An alternative system with more fields in the database would enable better information for budget holders. The project will establish whether an alternative system can address these limitations cost effectively.</p> <p>7. Support departments' procurement. We will work proactively with departments to identify and plan new procurements and contracts due for retender. This will include continuation of the work started with the Office Services department in 2016-17 on rationalisation of facilities contracts, the migration of Fitness to Practise and Communications departments' printing arrangements to the Managed Print government framework contract, and procurement arising out of major projects. It will also include a review of internal audit, supporting an Audit Committee decision to extend or retender the internal audit contract.</p> <p>8. Support the Registration Transformation project. Finance will be closely involved in the design of new processes and the assessment of the impacts of any potential rule changes, as well as supporting the procurement.</p> <p>9. Support the project to transfer the regulation of social workers to Social Work England, analysing the possible financial impacts of the change.</p>

### 3. Resources

- 3.1. The proposed 2017-18 Finance staff budget is £497k (2016-17: £527k) for a team of 10 FTEs (2016-17: 11). The reduction in headcount and cost compared to the 2016-17 budget is due to the removal of the Finance Business Partner post and the redistribution of business partner responsibilities within the team. The department organogram is at Annex 2.
- 3.2. The proposed non-payroll budget is £305k (2016-17: £329k), making a total 2017-18 Finance department budget of £802k (2016-17 total: £856k). The main costs within the non-payroll budget are:
- £39k external audit fees (2016-17: £39k). The budget for internal audit (£54k in 2016-17) has been moved to the Council and Committees department since internal audit reports to the Audit Committee;
  - £17k printing and postage (2016-17: £18k). This includes letters sent by Finance to registrants (eg notifications of missed or failed payments);
  - £17k other legal and professional fees (2016-17: £53k). This includes valuation fees and procurement legal advice. The 2016-17 budget included £24k for the contracted out payroll service, which has been transferred to the HR Department in 2017-18;
  - £148k bank charges and credit card commission (2016-17: £83k). We have been notified by our bank that they intend to increase the charges we currently pay for BACS payments, direct debit collections etc;
  - £66k insurance (employers and public liability, property etc. 2016-17: £56k). Premiums are likely to increase again because we had another claim arising from the flood in June 2016, and insurance premium tax has increased from 9.5% to 10%.

### 4. Risk management

- 4.1. The Finance department manages a range of ongoing HCPC risks using various risk mitigations. The main risks can be grouped under five broad themes as follows:
- **Liquidity and business continuity** – events with an impact on our ability to operate due to a cash shortage, or the failure of a key supplier
  - **Compliance** – risks of fines and/or reputational damage if we were to be non-compliant with tax, pensions or procurement legislation
  - **Cost control** - eg large capital project cost over runs or an unexpected rise in operating expenses
  - **Theft or fraud** – although theft or fraud is normally relatively low value financially, it can have a disproportionate impact on reputation and/or culture, so effective controls to minimise the risk are essential
  - **Allocation of resources** – risks of misalignment of budget and strategy, or modelling/budgeting error leading to overcommitment of funds.
- 4.2. The Finance risks in the HCPC Risk Register are attached to this workplan at Annex 3.

## 5. Business continuity planning

5.1. The disaster recovery site at Uxbridge has been set up to provide alternative premises if offices are unusable. Our online banking system means that we are able to make payments to staff and suppliers even if all HCPC IT systems are down. Other mitigations in place include; daily data backups, offsite record archiving and the storage of financial stationery and equipment at the Uxbridge site.

## 6. Projects

6.1. We aim to complete the PCI DSS project by July 2017.

6.2. Finance will be supporting other major projects during 2017-18, in particular the Registrations Transformation project, and the project to transfer the regulation of social workers in England to Social Work England.

6.3. The Registration project is due to complete phase 1 in June 2017. There will then be a further update of the business case for a gateway review, and if the gateway is passed, the procurement for phase 2 will follow in quarter 2. Finance will be involved in the design of the charging and payment processes

6.4. The project to transfer the regulation of social workers to SWE will be ongoing through the year. Finance will model the budgetary impact as more details about the timetable and operational effect of the transfer become clear.

6.5. Finance has two departmental projects, the upgrade of Sage and WAP, and the review of options for replacing them, as described in section 2.

## 7. Achievements in 2016-17

7.1. Finance's objectives for 2016-17, and a summary of our performance, are set out below.

<b>Objective</b>	<b>Achievements</b>
Effective day-to-day performance of our business as usual operational processes	BAU was delivered with a low level of errors or complaints. There were no major issues with payment or registrant receipt processing, and no major concerns raised by internal or external auditors.
Support the implementation of the new procurement policy and procedures	We appointed a Finance and Procurement Officer at the start of the year who has promoted the policy and supported departments' procurement. HCPC's gas and electricity supplies were transferred to the government framework contract and migration of other key services to framework contracts is underway.

<b>Objective</b>	<b>Achievements</b>
Develop the Five Year Plan model	We worked with the BPI department and Grant Thornton to simplify and improve the registrant numbers module, and we are working with FTP to develop the FTP module, integrating it with FTP's resource planning and management information systems.
Continue work to ensure full realisation of the benefits of the upgraded accounting and purchase ordering systems	<p>Bugs in the current version of the purchase ordering system are limiting the benefits of the 2015 accounting system upgrade. We plan to address those through a further upgrade in 2017-18.</p> <p>Meanwhile, we have continued with other initiatives to improve processes, including direct payment to partners, and recording FTP and Education case numbers within the accounting system, to remove or reduce the need for off line parallel systems to track costs.</p>
Complete the PCI DSS project	The project timescale has slipped due to other projects taking priority, but progress has been made and our controls over the card data environment have been improved. The project will be completed in the first half of 2017-18.
Support the Registration Transformation project	Support was not required for phase 1, and the timescale for the project slipped, so phase 2, which will require Finance support, has not started.
Review our payroll processes and provider, working with HR	We worked closely with HR on the implementation of the new payroll provider, which went live successfully in December.
Retender our banking and credit card services	Work has started and should be completed in the first quarter of 2017-18.

## Annex 1: Finance department's main responsibilities and main operational processes

### Main responsibilities

- To monitor the financial position and performance of the HCPC and advise the EMT, Council and Committees of the need for adjustments to the business plan and strategy in a timely manner,
- To process financial transactions including collection of registrant income, payment of staff salaries, payment of suppliers,
- To manage the budgetary control process and produce the monthly management accounts,
- To provide financial forecasting and analysis to support the Council and Committees in developing strategy and policy, including the 5 year plan,
- To produce the Annual Report and Accounts,
- To maintain good internal financial control and risk management including compliance with the HCPC Financial Regulations,
- To manage the relationship with key external suppliers; the HCPC's travel management company, bankers, auditors and insurance advisors,
- To provide procurement guidance and support individual procurements including tenders and supplier analysis,
- To deliver Finance projects to enable process improvement and enhance risk management.

### Main operational processes

There are nine main processes which generate the bulk of the Finance department's work throughout the year. These are as follows:

#### 1. **Registrant transaction management process**

A key aspect of the NetRegulate Register is maintaining the accuracy of the financial information within NetRegulate. Each month, Finance extracts and summarises the detail from NetRegulate for financial reporting purposes.

The Transactions team administers the direct debit process, deals with the banking of all applicant / registrant income and monitors debtor balances which include the amendment of charges. Their ongoing tasks include arranging refunds for fee overpayments and the collection of debtor balances due to rejected direct debit collections and unpaid cheque payments.

#### 2. **Payroll and pensions administration process**

Employee payroll and pension contribution payments are processed on a monthly basis by a contracted out payroll bureau. Since December 2016, the service is provided by the supplier of the HR and Partners system, whose payroll software integrates with that system. The processing of the payroll is now therefore much more automated and the contract is managed by HR. Finance's role is now overall review of the payroll together with HR, the recording of payroll in the accounting system, and support on tax issues such as IR35.

### 3. **Supplier payments**

Pay runs for suppliers, partners, employee expenses, Council and Committee members and one off supplier payments are performed every week by the Finance department. Partners are now paid directly, from HCPC's own records of the work undertaken, without partners having to raise their own invoices.

### 4. **Budgeting and forecasting**

Finance manages the process to prepare the HCPC annual budget, including supporting each department's budget bids and an iterative process, if necessary, to ensure that total expenditure is in line with available income. The final budget is put before Council in March for approval.

In year forecasts are prepared based on actual results at months 6 and 9, to identify significant variations from budget and provide an opportunity for corrections to be made in time to affect the final outturn for the year. The month 9 reforecast is used as a baseline in the budget setting process for the following financial year.

Finance also prepares and presents the 5 year plan, which enables the Executive and Council to take a longer term view and to identify when fee changes may be necessary.

### 5. **Monthly reporting**

The year to date management accounts and variance commentary are produced by Finance, reviewed by budget holders and EMT and, as meetings occur, the Council to consider progress against budget.

### 6. **Reconciliations**

All asset and liability accounts on the balance sheet are reconciled on a monthly basis. This is a key financial control that provides assurance that all transactions have been accurately recorded within the accounting system.

### 7. **Cash management**

Funds are held with four<sup>2</sup> high street banks on either instant access to meet short term working capital needs or on fixed terms to maximise interest returns.

### 8. **Procurement**

Finance supports HCPC budget holders and project leads in the procurement of goods and services from suppliers.

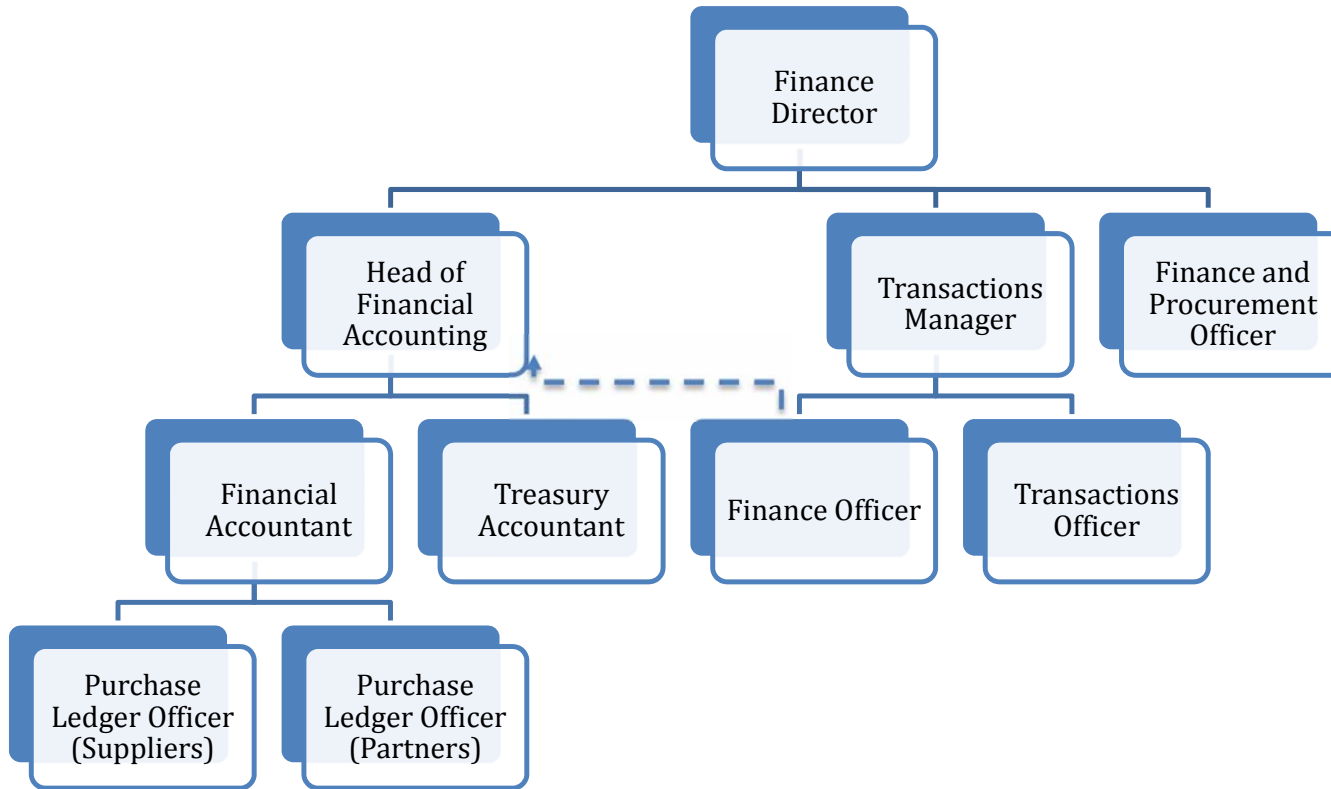
### 9. **Year end statutory reporting and audit**

The Annual Report and Accounts is produced by Finance with support from Communications and Secretariat. Planning for the year end starts in the autumn, and the National Audit Office's audit takes place in several stages from November through to May. The Audit Committee and Council will approve the 2016-17 Annual Report and Accounts at their mid June and early July meetings (respectively) before the NAO sign the audit report and the report is laid in Parliament before the Summer recess in mid July. After laying in Parliament, the Annual Report and Accounts is published on the HCPC website.

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<sup>2</sup> Santander, Barclays, NatWest and Lloyds. NatWest is owned by Royal Bank of Scotland

Annex 2: Finance Department organogram





### Annex 3: Finance and pensions risks on the HCPC risk register

Ref #	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Impact before mitig'n Mar 2017	Likelihood before mitig'n Mar 2017	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation Mar 2017	RISK score after Mitigation Jun 2016
15.1	Insufficient cash to meet commitments	Finance Director	5	1	5	Reserves policy specifies minimum cash level to be maintained throughout the year. Cash flow forecast prepared as part of annual budget and 5 year plan assesses whether policy minimum level will be met.	Regular cash forecasts and reviews during the year	Fee rises and DoH grant applications as required.	Low	Low
15.2	Unexpected rise in operating expenses	EMT	4	1	4	Budget holder accountability for setting budgets and managing them. Timely monthly reporting and regular budget holder reviews held. EMT review of the monthly variances year to date.	Six and nine month reforecasts with spending plan revisions as feasible and appropriate. FTP costs mainly incurred towards the end of the lifecycle of a case, so increase in case pipeline would give early warning of rise in FTP costs.	Capped FTP legal case costs.	Low	Low
15.3	Major Project Cost Over-runs	Project Lead / EMT	4	2	8	Effective project specification including creating decision points. Effective project management and timely project progress reporting (financial and non financial).	Project budgets have 15% contingency. Project exception reports including revised funding proposal is presented to EMT for approval.	EMT review of the project spending variances to date	Low	Low

Ref #	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Impact before mitig'n Mar 2017	Likelihood before mitig'n Mar 2017	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation Mar 2017	RISK score after Mitigation Jun 2016
15.7	Registrant Credit Card record fraud/theft	Finance Director	2	2	4	Compliance with PCI standards.	Limited access to card information	Professional Indemnity & fidelity (fraud) insurance for first £250k of loss	Low	Low
15.9	Mismatch between Council goals & approved financial budgets	Chief Executive	4	2	8	Close and regular communication between the Executive, Council and its Committees.	Adequate quantification of the budgetary implications of proposed new initiatives	Use of spending prioritisation criteria during the budget process	Low	Low
15.12	Unauthorised removal of assets (custody issue)	Facilities Manager & IT Director	2	2	4	Building security including electronic access control and recording and CCTV. IT asset logging (issuance to employees)	Fixed Asset register itemising assets. Job exit procedures (to recover HCPC laptops, blackberries, mobile phones etc). Regular audits. Whistleblowing policy.	Computer asset insurance.	Low	Low
15.13 a	Theft or fraud	Finance Director	3	2	6	Well established effective processes, incl segregation of duties and review of actual costs vs budgets.	Regular audits; whistleblowing policy	Professional Indemnity & fidelity (fraud) insurance for first £250k of loss	Low	Low
15.18	PAYE/NI/corporation tax compliance	Finance Director	2	3	6	Effective payroll process management at 3rd party. Finance staff attend payroll & tax updates	Professional tax advice sought where necessary, including status of CCM's and partners	PAYE Settlement Agreement in place with HMRC relating to Category One Council and Committee members.	Low	Low

Ref #	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Impact before mitig'n Mar 2017	Likelihood before mitig'n Mar 2017	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation Mar 2017	RISK score after Mitigation Jun 2016
15.20	Bank insolvency: permanent loss of deposits or temporary inability to access deposits	Finance Director	5	1	5	Investment policy sets "investment grade" minimum credit rating for HCPC's banks and requires diversification - cash spread across at least two banking licences	-	-	Low	Low
15.21	Financial distress of key trade suppliers causes loss of business critical service	Finance Director	4	2	8	Financial health of new suppliers above OJEU threshold considered as part of OJEU PQQ process. Ongoing financial monitoring of key suppliers	Escrow agreements	Alternative suppliers where possible, eg transcription services framework	Medium	Medium
15.22	Payroll process delay or failure	Finance Director & Director of HR	2	2	4	Outsourced to third party. Agreed monthly payroll process timetable (with slack built in). If process delayed, payment may be made by CHAPS (same day payment) or cheque.	Hard copy records held securely. Restricted system access.		Low	Low
15.24	Failure to apply good procurement practice (contracts below OJEU threshold) leads to poor value for money and/or criticism	Finance Director	2	2	4	Approved procurement policy. Legal advice on ISO9001 compliant process design.	Internal monitoring of Tendering and contract process use.	New suppliers process as "backstop" to failure.	Low	Low

Ref #	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Impact before mitig'n Mar 2017	Likelihood before mitig'n Mar 2017	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation Mar 2017	RISK score after Mitigation Jun 2016
15.25	Failure to adhere to OJEU Procurement and Tendering requirements leads to legal challenge and costs	Finance Director	4	2	8	Use Framework Agreements as standard practise at HCPC	Robust OJEU specific processes agreed by legal advisors	Legal oversight of OJEU scoring and supplier communication	Low	Low
15.26	Budgeting error leads to overcommitment of funds	Finance Director	4	2	8	Income and FTP costs are budgeted for on FAST standard models. Payroll costs are budgeted for post by post. Cautious assumptions used in relation to income and payroll.	Budgets are prepared by departments and then reviewed by Finance. Budgets for coming year baselined vs current year budget and forecast	Budgets are discussed/challenged by EMT at annual pre-budget setting review	Low	Low
15.27	Payment error leads to irrecoverable funds	Finance Director	3	2	6	Extensive use of preferred suppliers with bank account details loaded into Sage.	System controls over changing payee bank details	Payment signatory reviews of payment runs	Low	Low
15.28	PSA fee increases substantially, placing significant financial pressure on HCPC	Finance Director	3	3	9	PSA consultation process gives early indication of following year's fee	Consider increase in registrant fees	Legislative and operational adjustments	Medium	Medium

Ref #	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Impact before mitig'n Mar 2017	Likelihood before mitig'n Mar 2017	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation Mar 2017	RISK score after Mitigation Jun 2016
16.2	Non compliance with pensions legislation	Finance Director and HR Director	3	2	6	HCPC pension scheme reviewed for compliance with pensions legislation including auto enrolment	HR and Finance staff briefed on regulations	Advice from payroll provider. Seek specialist pensions legal advice as required.	Low	Low
16.3	Increase in the Capita Flexiplan funding liability resulting from scheme valuation deficiency	Finance Director	3	2	6	Plan is closed to new members so there is only a limited set of circumstances that could give rise to an increase in the liability	Initial employer contributions to the Plan deficit were set on prudent basis	Monitor the performance of the Plan through periodic employers' meetings	Low	Low

## **Fitness to Practise Work Plan 2017-18**

### **Introduction**

1. This document sets out the resources, responsibilities and priorities of the Fitness to Practise Directorate for the financial year April-March 2017-2018.
2. The budget and forecast for the Adjudications function is reported separately as a subset of the overall FTP budget. In line with this approach, the resources and activities relating to the adjudication function are highlighted separately at appendix one.
3. The key priorities for the directorate in 2017-18 (aside from business as usual activity and ongoing reviews of policy, process and procedures) will be to:
  - continue the focus on ensuring cases are managed and concluded expeditiously;
  - review and evaluate the impact of the realignment of the fitness to practise functions;
  - establish the Health and Care Professions Tribunal Service (HCPTS)
  - examine the use of Screeners/Examiners
  - explore the viability of certain hearing types being held 'on the papers' and bringing forward the service of final hearing bundles on registrants
  - review the Indicative Sanctions guidance in collaboration with the Policy and Standards directorate;
  - review of health cases; and
  - contribute to activity required in relation to the future regulation of social workers in England.
4. The following documents are included as part of the FTP Work plan:
  - Appendix One - Adjudications work plan 2017-18
  - Appendix Two – FTP directorate structure
  - Appendix Three – FTP Risk Register
  - Appendix Four – FTP directorate work plan update 2016-17
  - Appendix Five – Internal collaboration

## **Main Operational Processes**

5. There are four main operational processes which generate the majority of the directorate's work. These are as follows:

**Fitness to practise allegations** – this activity comprises investigating allegations to the effect that a registrant's fitness to practise is impaired and the management of the case through to its conclusion. This includes risk assessment, witness/complainant liaison, instructing lawyers and preparing and presenting cases at investigating, interim order, final and review stage.

**Tribunal scheduling and management** – this activity comprises the organisation, scheduling and clerking of all fitness to practise hearings and all follow up work related to hearing outcomes. It also includes witness liaison and management.

**Health and character declarations management** – this activity comprises the management of health and character declarations from registrants and applicants on admission, readmission and renewal to the Register.

**Prosecutions of offences** – this activity comprises of the investigation and management of offences under Article 39 of the Health and Social Work Professions Order 2001 (the Order). This includes prosecuting offences in the magistrate's court.

## **Other Activities**

6. There are a number of other areas and activities which support and affect the processes operated by the Fitness to Practise department, which can be summarised as:

**Assurance** – the FTP Operations team oversee, undertake and monitor the FTP Quality Assurance Framework. This framework provides for on-going audit, quality compliance and decision review; and for on-going reviews and audit of processes and procedure

**Development** – the FTP Operations team are also responsible for co-ordinating and managing on-going developments and refinements to the systems that support the work of the directorate and for co-ordinating and leading in training

**Challenges to decisions** – we will continue to manage challenges to decisions – this includes both cases when registrants appeal the decision to find their fitness to practise impaired and/or impose a sanction and when the Professional Standards Authority (PSA) refer a case in accordance with Section 29(4) of the National Health Service Reform and Health Care Professions Act 2002. We will ensure that we disseminate outcomes as appropriate and make any necessary changes or improvement to fitness to practise processes

**Liaison with stakeholders** – the directorate works with a range of stakeholder (employers, professional bodies, unions) to ensure understanding of the process. The directorate will continue to support the Communications department with representation at conferences and employer events and will continue to present to relevant stakeholders on the fitness to practise process. We will also work with the Communications department in relation to media activity associated with Fitness to Practise cases. We will continue to be involved in advisory groups (such as those run by PSA and the Department of Health) and twice yearly meetings with Unions and Professional Body groups. We will also ensure the delivery of requirements under our Memorandum of Understandings (MOU) and information sharing agreements with organisations such as the Care Quality Commission (CQC), the Disclosure and Barring Service (DBS) and the other Care Councils and consider other organisations where it may be mutually beneficial to have a MoU and/or information service agreement.

**Major projects** – members of the fitness to practise directorate will continue to be involved in the project to establish the Health and Care Professions Tribunal Service (HCPTS). They will also be involved in a project to review the requirements of the FTP Case Management System (CMS). The project will comprise three elements: a process review and validation exercise to identify current and future requirements; development of an options analysis of the possible solutions to meet the requirements identified and development of a fully costed business case for the preferred solution.

Members of the directorate will also contribute to relevant major projects being run across the organisation, which include the establishment of a new regulator for Social Work in England and the development of the HCPC's website and intranet.

**Training** – the directorate will continue to identify learning and development needs for specific groups of employees within the department, and develop a plan to deliver suitable activities using a combination of internal and external training providers. The impact of training will also be evaluated on an ongoing basis.

**Professional Standards Authority** – we will ensure that we review the performance reviews and audits undertaken on the other regulatory bodies to assess whether there is any learning for us. We will also continue to respond to the PSA during our performance review and to learning points received from it about FTP cases. We will use any learning to improve and develop our processes. The Operations team will co-ordinate the provision of data sets as required by the PSA as part of its revised annual performance review process.

**Publications** – a number of publications are produced by the fitness to practise team ranging from the fitness to practise annual report and brochures explaining the processes, through to practice notes on various aspects of the fitness to practise process, and other documents such as those explaining the registration appeals process. These documents are updated and reviewed regularly.



**Panel training** – the department will continue to design and deliver the training of all new panel members, including two day training sessions for all new panel members, and the on-going programme of refresher training for existing partners. We will continue to send quarterly updates to all partners in the form of a newsletter on the work of the department and other relevant updates.

**Supplier management** – we will closely manage our relationship with all our key suppliers, including keeping under review our contracts and service level agreements with these suppliers, and where necessary working with the finance department to undertake a tender process.

**Website** – the directorate is responsible for information provided on the HCPC and HCPTS website regarding fitness to practise hearings as well as the information online about the fitness to practise and protection of title processes.

### **Fitness to Practise Projects**

7. The main focus of activity in 2017-18 will be the maintenance of business as usual activity given the level of maternity leave within the directorate. We will also focus on:

- reviewing the realignment to ensure it is operating as expected
- development and improvement activity required as a result of the realignment
- ensuring the continued effective and timely progression of cases
- establishing the Health and Care Professions Tribunal Service
- the activity required to transfer Social Workers (in England) to a new regulator
- addressing PSA concerns about our performance.

8. Project activity within the Directorate will be focused around the following areas of work.

- policy and process development
- service Improvement, Communication and Information Provision
- resource Management
- business as usual activity.

### **Resources**

#### **Human Resources**

9. It is anticipated that there will be 111 members of the fitness to practise directorate (including employees who are on maternity leave or sabbatical) by the end of 2017-18. This includes 29 in the adjudication function. The number of post holders includes a number of fixed term contracts across the Directorate to cover the maternity leave of the Director of Fitness to Practise, Head of Adjudication, Head of Case Reception and Triage and Head of Investigations.

## Responsibilities

10. The Directorate currently comprises five core operational groups or areas and is led by the Director of Fitness to Practise who is responsible for the overall management and leadership of the Directorate, including the Adjudications function. This structure follows the realignment that took place in 2016. The directorate structure can be found at appendix two.

- **Case Reception and Triage (CRT)** – led by the Head of Case Reception and Triage, the CRT team is primarily responsible for receiving, logging and assessing risk for all new fitness to practise allegations. The CRT team will carry out preliminary enquiries and decide whether the allegations meet the Standard of Acceptance. The CRT team also manages health and character declarations and protection of title cases, provides administrative support and responds to general fitness to practise enquiries. The team was fully established in mid-December 2016.
- **Investigations** – led by the Head of Investigations, the Investigations Team ensures the effective and timely investigation and progression of fitness to practise cases from the point of transfer from CRT to the Investigating Committee Panels or to closure pre- ICP if the Standard of Acceptance is not met. The team comprises four Case Teams, a Complex Case Team and a Case Support Team. It was fully established in mid-December 2016. The Head of Investigations and is supported by two new Operational Managers who took up post on 16 January 2017.
- **Case Preparation and Conclusion (CPC)** – led by the Head of Case Preparation and Conclusion, the CPC team manages all cases where a case to answer decision has been made and ensures the timely progression of the case to a final hearing. The team also monitors registrants' compliance with Conditions of Practice Orders and identifies cases that are suitable for discontinuance or disposal by consent. This team also manages the contract and relationship with our external legal services provider.
- **Adjudication** – led by the Head of Adjudication and separated into two teams – Scheduling and Hearings – the Adjudication Team is responsible for witness support, liaison and management, clerking and undertaking the follow up related to hearings and ensuring the smooth running and operational management of hearings. This includes liaison with Panel Chairs and Legal Assessors and responding to and dealing with postponement and adjournment requests.
- **Operations** – led by the Head of FTP Operations, the Operations Team is responsible for planning and monitoring the FTP department's budget and work plan and the production, analysis and reporting of management information relating to FTP operations. It is responsible for the FTP quality assurance and compliance work, including external audits and ISO activity. The Operations team also plans, co-ordinates and evaluates the FTP

departmental training programme. It develops and supports the processes and systems that support our FTP work. The Operations team also leads on department transformation activities and other organisation wide projects that are relevant to the FTP function.

11. No new additional headcount is planned for 2017-18.

12. Temporary staff will also be used on a periodic basis for example to cover the peak in Health and Character cases over the summer months or forecast increases in hearings activity. Temporary staff will also be used to cover vacant posts.

### **Financial resources**

13. This work plan is based on the assumption of a Directorate of 97 permanent employees and 14 employees on fixed term contracts. This includes post holders who are currently on maternity leave or who have flexible working arrangements. It is anticipated that there will be a fitness to practise budget (including the adjudication function) of approximately £14.8 m. This includes employee payroll costs as well as the costs associated with running Fitness to Practise Hearings such as panel fees, witness costs, transcription services and room hire for hearings held externally.

14. The budget is based on the fitness to practise forecast model and the forecasted activity for the remainder of the 2016-17 financial year. Our forecast information and management information pack are used to refine the budget throughout the year, assisting in greater accuracy at the three, six and nine month reforecast points.

15. The following key assumptions have been made when preparing the budget:

- Number of incoming new potential FTP cases based on 0.64% of the Register having a concern raised against them
- 15% of all open enquiry cases closed every month
- 70 Miscellaneous cases received every month
- 6% of pre Investigating Committee Panel (ICP) cases have allegations drafted every month and considered at an ICP 7 weeks later
- 96% of cases considered by the ICP in a given month will be concluded in that month. This allows for requests for further information
- An average Case to answer percentage over the year of 65%
- 7% of substantive cases listed for hearing every month will be part heard or adjourned
- 6% of final hearings will be disposed of via consent
- The number of interim order and interim order panels is based 16% of cases requiring an order
- An average final hearing case will be listed for 3 days (this takes into account discontinuance cases and those that will take longer to conclude)
- 2 review hearing cases being considered in one day
- 8 FTP cases being considered per Investigating Committee Panel

- 0.2% of the total number of registrants will make a declaration of admission, readmission or renewal to the register
- 59 % of declarations are received in the July-November period.

**16.** The budget is therefore based on the forecast that there will be in 2017-18:

- 2,353 new cases
- 1793 cases closed without referral to an investigating panel
- an on-going pre ICP case load (including Rule 12 cases) of 982 cases per month
- 693 cases considered by the Investigating Committee
- 433 cases referred for final hearing
- 2000 days of hearings (comprising of full hearings, consent applications, interim orders, review hearings, preliminary hearings and investigating committee panels)
- An average of 44 cases being listed for hearing each month, with 37 of cases expected to conclude each month.
- 106 Investigating Committee Panel meetings
- 283 review hearings for the year.

**17.** The budget estimate also includes PSA and registrant appeals to the High Court, appeals against registration appeal decisions, applications for judicial review and other tribunal related activity. The costs of appeals that were made in previous financial years and but not concluded are also included in the 2017-18 budget.

**18.** The budget is also predicated on fitness to practise case managers presenting interim orders, Article 30 review hearings, some consent and discontinuance applications and some conviction FTP cases.

### **Fitness to Practise Department Objectives 2017-18**

**19.** The activities set out below fall into three broad categories and covers the activity and action that is undertaken to improve, refine and develop our processes and procedures. Each activity has an area assigned in the directorate which is responsible for the co-ordination and delivery of the activity.

**20.** We will also continue to take steps to ensure that the risks associated with the work of Fitness to Practise Department are effectively managed. The risk register for the risks associated with or the responsibility of the department is attached to this document as appendix three.

**21.** The table below sets out in more detail the improvement activities the department will be undertaking in the coming year. This includes activities started in 2016-17 that will carry over into 2017-18.

## **Equality and Diversity**

- 22.** We will continue to scrutinise and monitor all activities in this work plan with a view to identifying and where possible, mitigating any adverse impact to some groups compared to others. We will continue to send equality and diversity monitoring forms to complainants and registrants involved in fitness to practise cases. The responses are regularly collated and reported to Council periodically.

## Fitness to Practice Activities Table 2017-18

### Process and Policy Development

Activity	Description	Area Responsible	Lead	Timescale
Hearings 'on the papers'	Pilot to explore the viability of certain hearing types being held 'on the papers'	Adjudications, Case Preparation and Conclusion	Operations Manager – Case Preparation and Conclusion and Adjudications Managers (Scheduling and Hearings)	Quarter 2 – 3
Service of Documents	Pilot to review bringing forward the provision of final hearing bundles to registrants	Adjudication and Case Preparation and Conclusion	Operations Manager – Case Preparation and Conclusion	Quarter 1 – 2
Case Categorisation	Review the categories applied to cases on receipt	Case Reception and Triage	Head of Case Reception and Triage	Quarter 1 – 2
Future of Regulation	Contribute where required to the DH consultation on the future of regulation	Director	Director of Fitness to Practise	As required
Review of the realignment of the Fitness to Practise Directorate	Review of the realignment that took place in 2016-17 and the resources in place to support the new functional structure of	Director	Director of Fitness to Practise	Quarter 1

<b>Activity</b>	<b>Description</b>	<b>Area Responsible</b>	<b>Lead</b>	<b>Timescale</b>
	the Fitness to Practise Directorate			
Establishment of new regulator for Social Work in England	Contribute to the project to establish the new regulator for Social Work in England	Director	Director of Fitness to Practise	Quarter 1- 4
Prevalence of FTP cases amongst Social Workers and Paramedics	Work with the Policy and Standards department in relation to the research being undertaken and any recommendations arising out of the research	Director	Director of Fitness to Practise	Quarter 1 -4
Explore the use and value of case examiners (screeners)	Pilot the use of screeners under the provisions of A23 of the HWSPO	Investigations	Head of Investigations	Quarter 2-4
IMI Review	Review the IMI Process	Operations	Assurance and Development Manager and Assurance and Development Officer	Quarter 1
Case Management System	Requirements gathering for implementation of v2 of the Case Management System including working with	Operations	Head of FTP Operations and Assurance and Development Officer	Quarter 1 - 4

Activity	Description	Area Responsible	Lead	Timescale
	the Policy and Standards team on the development of characteristic based coding			
Indicative Sanctions Policy	Work with the Policy and Standards team to review and develop the indicative sanctions policy	Operations, Adjudications	Head of FTP Operations	Quarter 3
Review of Health Cases	Work with the Policy and Standards team to understand how health cases occur, how they are dealt with both locally and by the HCPC	Operations	Head of FTP Operations	Quarter 4
Post Policy Measures of Effectiveness	Establish mechanisms to assess policy change and effectiveness	Operations	Head of FTP Operations and Assurance and Development Officer	Quarter 2-3
Data Security	Implementation of actions identified out of data protection project in 2016-17	Operations and Case Preparation and Conclusion	Head of FTP Operations and Assurance and Development Manager	Quarter 1-2
Electronic bundles	Gather requirements to assess the viability of a	Operations, Case Preparation and Conclusion, Adjudication	Head of FTP Operations, Head of Adjudication and Head of	Quarter 2-3



<b>Activity</b>	<b>Description</b>	<b>Area Responsible</b>	<b>Lead</b>	<b>Timescale</b>
	future project to implement 'electronic bundles'		Case Preparation and Conclusion	
Review of substantive order review cases	Review of the process for and management of cases where a substantive order has been imposed, e.g conditions of practice orders	Adjudication	Head of Adjudication	Quarter 2-3

#### **Service Improvement, Communication and Information Provision**

<b>Activity</b>	<b>Description</b>	<b>Area Responsible</b>	<b>Lead</b>	<b>Timescale</b>
Health and Character Report	Biannual Production of Health and Character Report – including working with the Policy and Standards team to review the nature of declarations	Case Reception and Triage and Operations	Case Reception Manager and Assurance and Development Officer	Quarter 2
Mechanisms to overcome obstacles in obtaining documents	Review and implement mechanisms to overcome obstacles in obtaining documents	Case Reception and Triage, Investigation, Case Preparation and Conclusion	Operations Managers	Quarter 1-2

	Stakeholder engagement with employers			
Length of time	Focus to reduce the number of older cases	Director	Director of Fitness to Practise	Ongoing
Internet	Contribute to the major project to review the HCPC Website	Operations	Head of FTP Operations	Quarter 1-4
Support Mechanisms	Development of further mechanisms or changes in the process to support registrants, witnesses and complainants through the fitness to practise process – including review of applicable expense policies, policies and practice notes	Operations and Adjudication	Adjudications Managers and Assurance and Development Manager	Quarter 1-4

### Resource Management

Activity	Description	Area Responsible	Lead	Timescale
Recruitment of Panel Members	Review the process for recruiting panel members, particularly with regards to	Adjudications	Adjudications Manager - Scheduling	Ongoing

	the possibility of regional recruitment			
Fee Payment of Partners	Review the policy of paying half day fee for hearings	Adjudication	Adjudications Manager - Scheduling	
Intra department communication	Delivery of activity to ensure effective communication across the FTP directorate	Director	Head of Investigations	Ongoing
Prepare for legal services tender	Current contract for FTP Preparation and Presentation is due to expire in March 2018.	Director	Director of Fitness to Practise	Quarter 2-4

### Business as Usual Activity

Activity	Description	Area Responsible	Lead	Timescale
Health and Care Professions Tribunal Service	Preparation of papers for Tribunal Advisory Committee	Adjudication	Head of Adjudication	Biannual
Decision Review Group	Preparation of papers for DRG	Adjudications	Adjudications Manager - Hearings	Ongoing

Partner Training and Recruitment	Ongoing recruitment and training of partners	Adjudication	Adjudications Managers	Ongoing
Partner Newsletter	Quarterly distribution of FTP newsletter for partners	Adjudication	Adjudication Manager - Hearings	Quarter 1-4
Standard Letter Review	Ongoing review of standard letters to ensure they remain fit for purpose	All	Co-ordinated by Assurance and Development Manager	Ongoing
Case Progression	Ensuring the effective progression of cases	All	Heads	Ongoing
Recruitment and Resilience planning	Recruitment to vacancies within the Directorate	All Areas	All Heads	Ongoing
Allegation drafting	Ongoing review of the process for drafting allegations – including the format of the Case Investigations report, the approval process for allegations, interaction with external legal services provider following instruction	Investigations	Operations Manager –INV and CPC	Ongoing
Case Law	Review of Case Law and implementation of action required as a result	Case Preparation and Conclusion	Operations Manager – Case Preparation and Conclusion	As required
Budget and Forecasting	Preparation of budget and ongoing review	Operations	Head of FTP Operations	Ongoing

	Preparation of reforecast on 3/6/9 monthly basis			
Information sharing and Memorandums of understanding	Maintain existing information sharing agreements and MOU's	Operations	Head of FTP Operations	Ongoing
Publications Policy	Implementation and review of FTP Publications Policy	Operations	Head of FTP Operations	Quarter 2-3
FTP Operating Guidance Review	Ongoing review and development of operating guidance	Operations	Head of FTP Operations	Ongoing
Customer Service	Ongoing review of complaints about Fitness to Practise. Information used to effect immediate change, inform training/capability needs and identify and inform improvement projects	Operations	Assurance and Development Manager and Assurance and Development Officer	Ongoing
Fitness to Practise Annual Report	Production of the 2017 Fitness to Practise Annual Report - including reviewing with the Policy and Standards team the levels of self-referrals amongst registrants	Operations	Assurance and Development Manager and Assurance and Development Officer	Quarter 1-2
Management Information	Development Reporting requirements	Operations	Assurance and Development Manager	Ongoing

	Production of Management Information Pack		and Assurance and Development Officer	
Case Management System maintenance	Ongoing maintenance of Case Management System	Operations	Assurance and Development Officers	Ongoing
Feedback Mechanisms	Evaluating and reporting of feedback obtained from the questionnaires that are sent to complainants, witnesses and registrants following the conclusion of FTP proceedings	Operations	Assurance and Development Officer	Quarter 1 and 3
Partnership Forum	6 Monthly partnership forum with professional bodies and unions	Operations	Assurance and Development Manager	Quarter 2 and 4
Website content maintenance	Cycle of review of the FTP content of website	Operations	Assurance and Development Officer	Ongoing
Learning and Development	Delivery of 2017-18 Fitness to Practise learning and development plan (including departmental away day) Delivery of programme of induction across the directorate	Operations	FTP Training Advisor	Ongoing
Practice note development and review	Ongoing review and development of practice notes	Operations	Head of FTP Operations	Ongoing

Policy Review	Ongoing review and development of policy documents	Operations	Head of FTP Operations	Quarter 1 -4
Quality Assurance Framework	Implementation of activity and improvement identified from the assurance activity undertaken within the directorate – including the qualitative and quantitative analysis of interim order cases and the level of recidivism amongst registrants	Operations	Quality Compliance Manager	Quarter 1 – 4
Retention Policy	Implementation and review of FTP Retention Policy	Operations	Quality Compliance Manager	Quarter 2-3
Professional Standards Authority	Preparation of Quarterly Data set Response to Performance Review Respond to Learning Points	Operations/Director	Head of FTP Operations	Ongoing
Contract Management and Service Level Agreements	Maintenance of and ongoing review of relationship with suppliers to FTP	Relevant Head/Director	Director of Fitness to Practise and Head of Case Preparation and Conclusion	Ongoing

## Appendix 1

### Adjudications work plan 2017-18

#### Responsibilities

1. The Adjudication function is headed by the Head of Adjudication and is separated into two teams – Scheduling and Hearings. The Head of Adjudication is on maternity leave until November 2017. The role is being covered by the Head of Case Preparation and Conclusion and the two Adjudications Managers.
2. The Scheduling team, managed by the Adjudications Manager – Scheduling, comprises two Scheduling Team Managers and ten Scheduling Officers (three of which are on fixed term contracts). The Scheduling Team is responsible for scheduling and listing all tribunal related activity operated by the department.
3. The Hearings Team is managed by the Adjudication Manager – Hearings and comprises of two Hearings Team Managers and 12 Hearings Officers (three of which are on fixed term contracts). The Team is responsible for witness support, liaison and management, clerking and undertaking the follow up related to hearings and ensuring the smooth running and operational management of hearings. This includes liaison with Panel Chairs and Legal Assessors and responding to and dealing with postponement and adjournment requests.

#### Forecast and budget

4. The proposed budget for the adjudications function is approximately £6m. This represents approximately 40% of the total proposed FTP budget and includes employee payroll costs as well as the costs associated with running Fitness to Practise Hearings such as panel fees, witness costs, transcription services and room hire for hearings held externally.
5. The budget for adjudications is based on the following forecast of the key drivers of adjudication activity:
  - 2000 days of hearing (1578 days of final hearing) for the year.
  - 46 cases being listed for hearing each month, with 80% of cases expected to conclude each month.
  - 106 Investigating Committee Panel meetings
  - 283 review hearings for the year

#### Activities 2017-18

6. In addition to delivering the key objective of ensuring the efficient and timely listing and conclusion of fitness to practise hearings, the main focus of the Adjudication function for the first quarter of 2017-18 will be the launch of the Health and Care Professions Tribunal Service (HCPTS). Establishing the Tribunal Service and preparing for this launch has been a major project for the



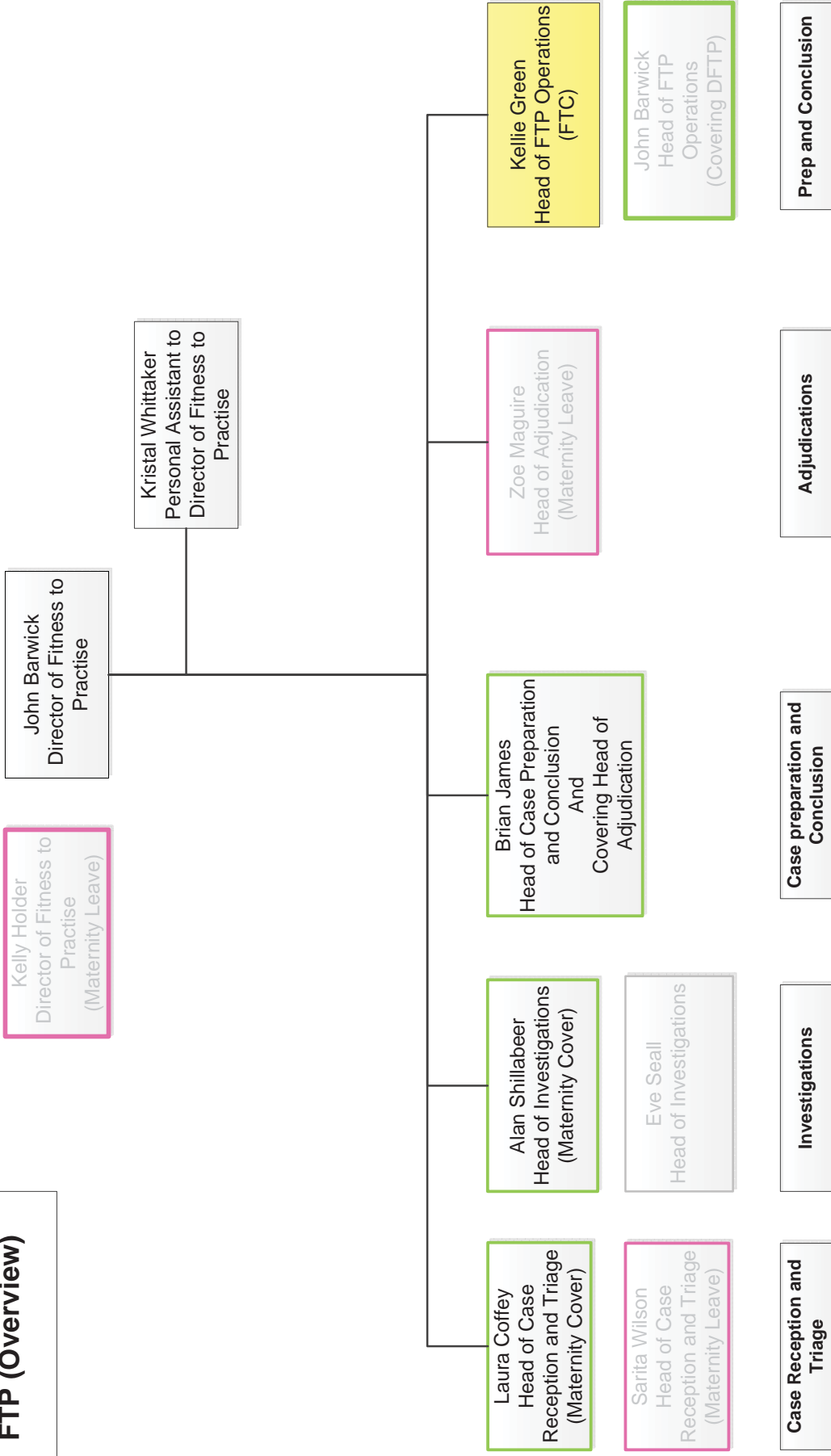
function in 2016-17. Other important work planned for 2017-18 includes running pilots to explore the viability of certain hearing types being held 'on the papers' and bringing forward the service of final hearing bundles on registrants. This function will also participate in the requirements gathering work that will be undertaken to explore the viability of using electronic, rather than paper, bundles at hearings and our work to improve data security.

7. There will also be a continued focus on operational efficiencies and further improvement to the processes for scheduling and managing hearings. These activities are outlined further in the table below.
8. The Adjudication team will also continue to work with the Partners Team to appoint, train and appraise a number of panel members from a range of professions.
9. Review days will continue to take place for Legal Assessors and panel Chairs. These review days are used to provide updates on regulatory law, provide feedback on PSA learning points and look at ways to improve decision making.

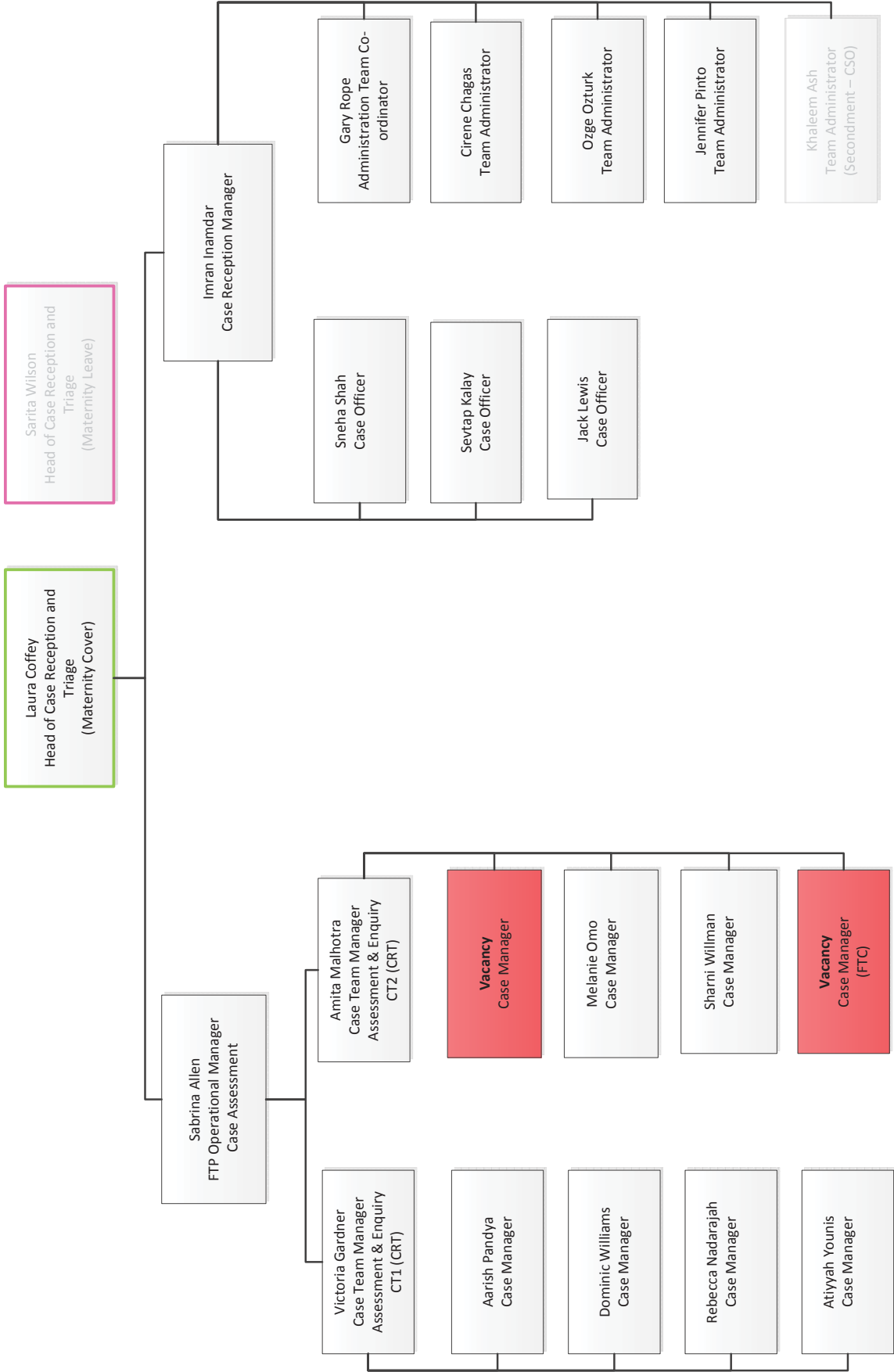
## Adjudication Activity 2017-18

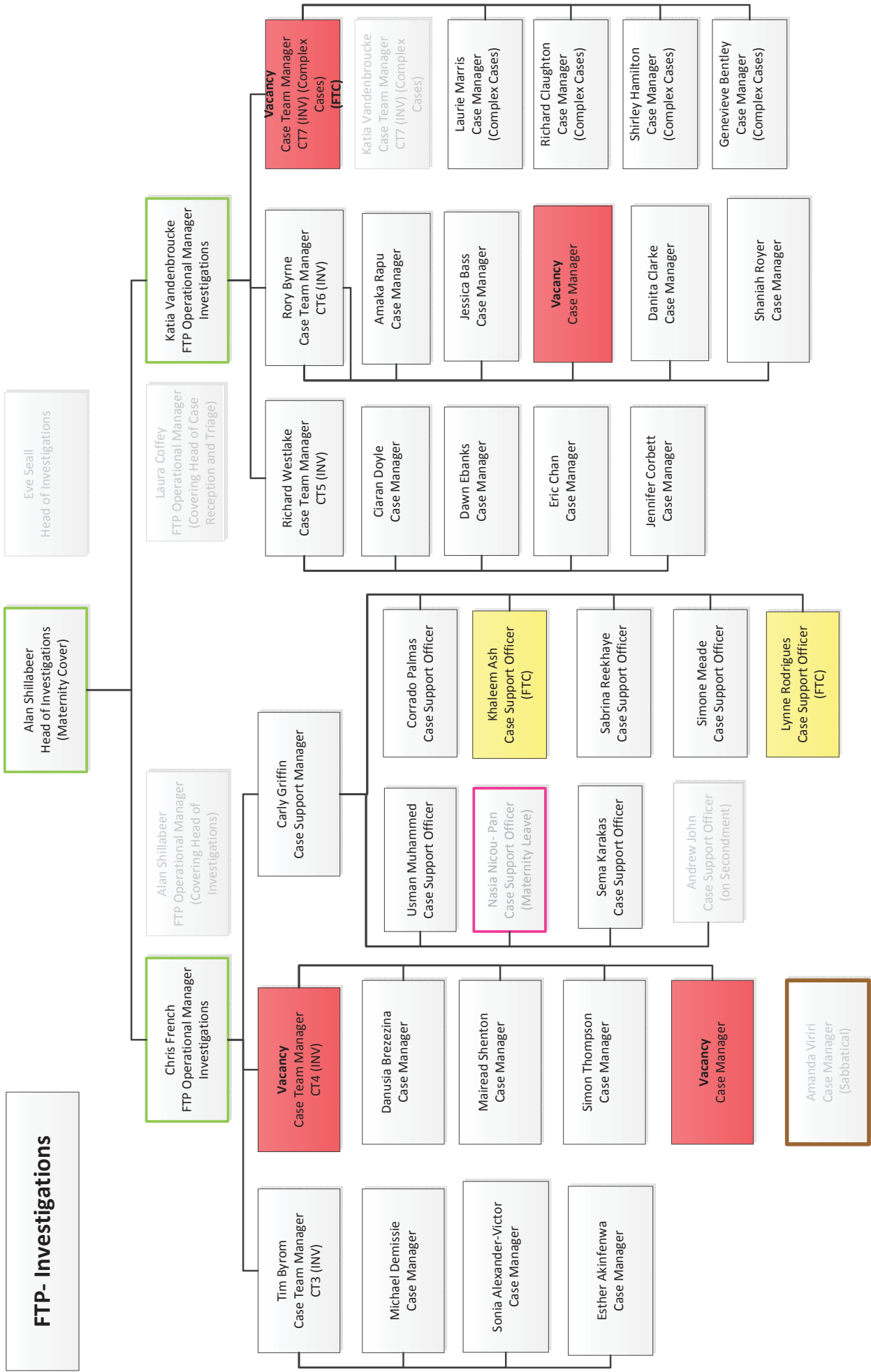
Activity	Description	Timescale
Launch the Health and Care Professions Tribunal Service (HCPTS)	<ul style="list-style-type: none"> <li>• Final development work will be completed to support the launch of an independent HCPTS, including the review of all existing Practice Notes</li> <li>• Induction programme for the Tribunal Advisory Committee members will be held</li> <li>• Go live for the HCPTS website</li> </ul>	Quarter 1
Operational efficiencies and improvements to existing scheduling processes	<ul style="list-style-type: none"> <li>• Continuous improvement of systems for empanelment and panel diary management</li> <li>• Piloting hearings 'on the paper' and telephone attendance by panel members</li> <li>• Piloting the early service of hearing bundles to registrants</li> <li>• Monitor and develop the use of preliminary hearings</li> <li>• Review of witness contact and correspondence</li> </ul>	Quarter 1-4
Panel training	<ul style="list-style-type: none"> <li>• New panel member training/ induction</li> <li>• Refresher training for existing panel members, panel Chairs and Legal Assessors</li> </ul>	Ongoing
Review of ICP and hearing feedback	<ul style="list-style-type: none"> <li>• Review existing feedback mechanisms</li> <li>• Consider use of bespoke forms for panel members as well as panel Chairs</li> <li>• Creation of new ICP feedback form</li> </ul>	Quarter 1-3

# FTP (Overview)

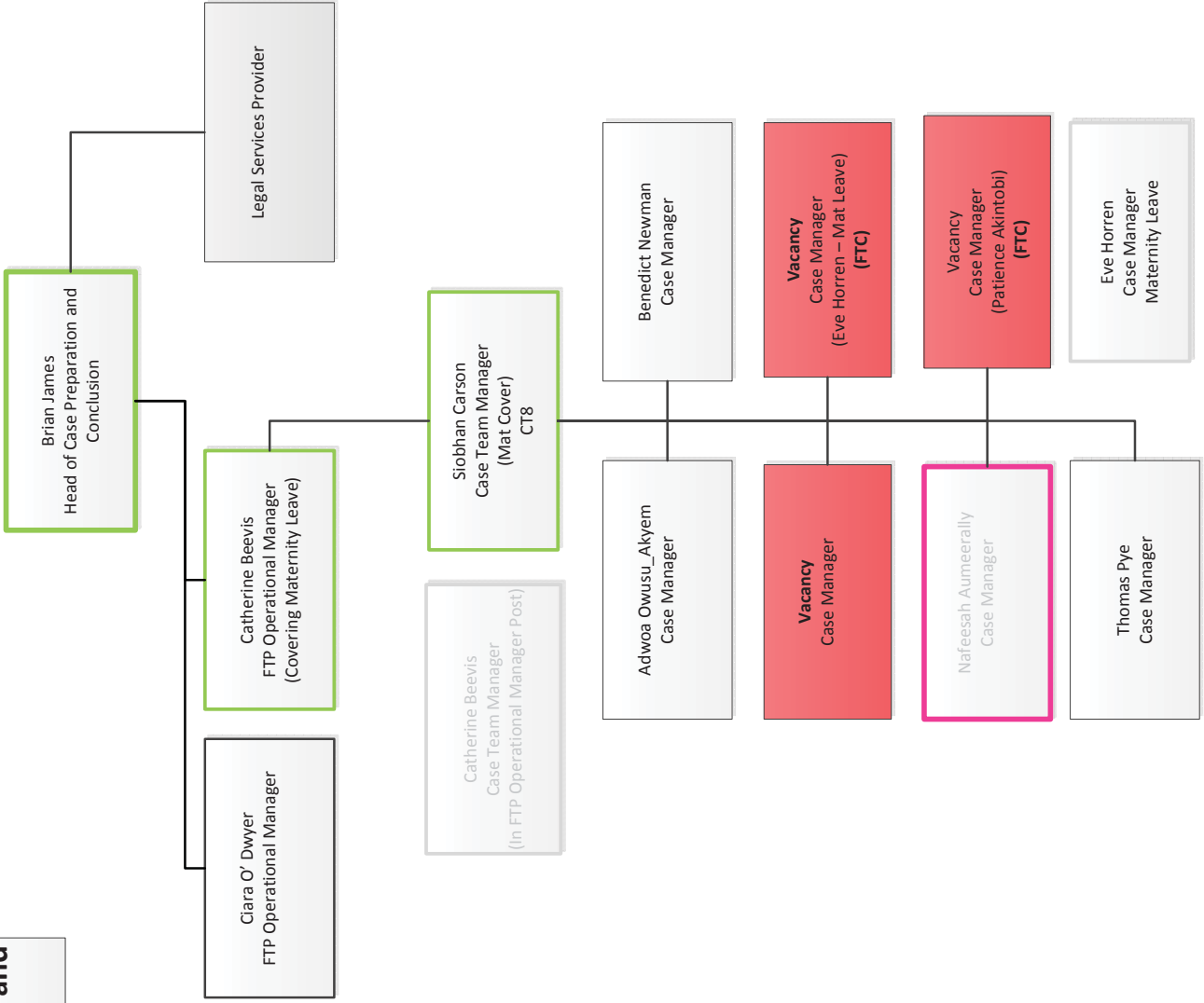


# Case Reception and Triage



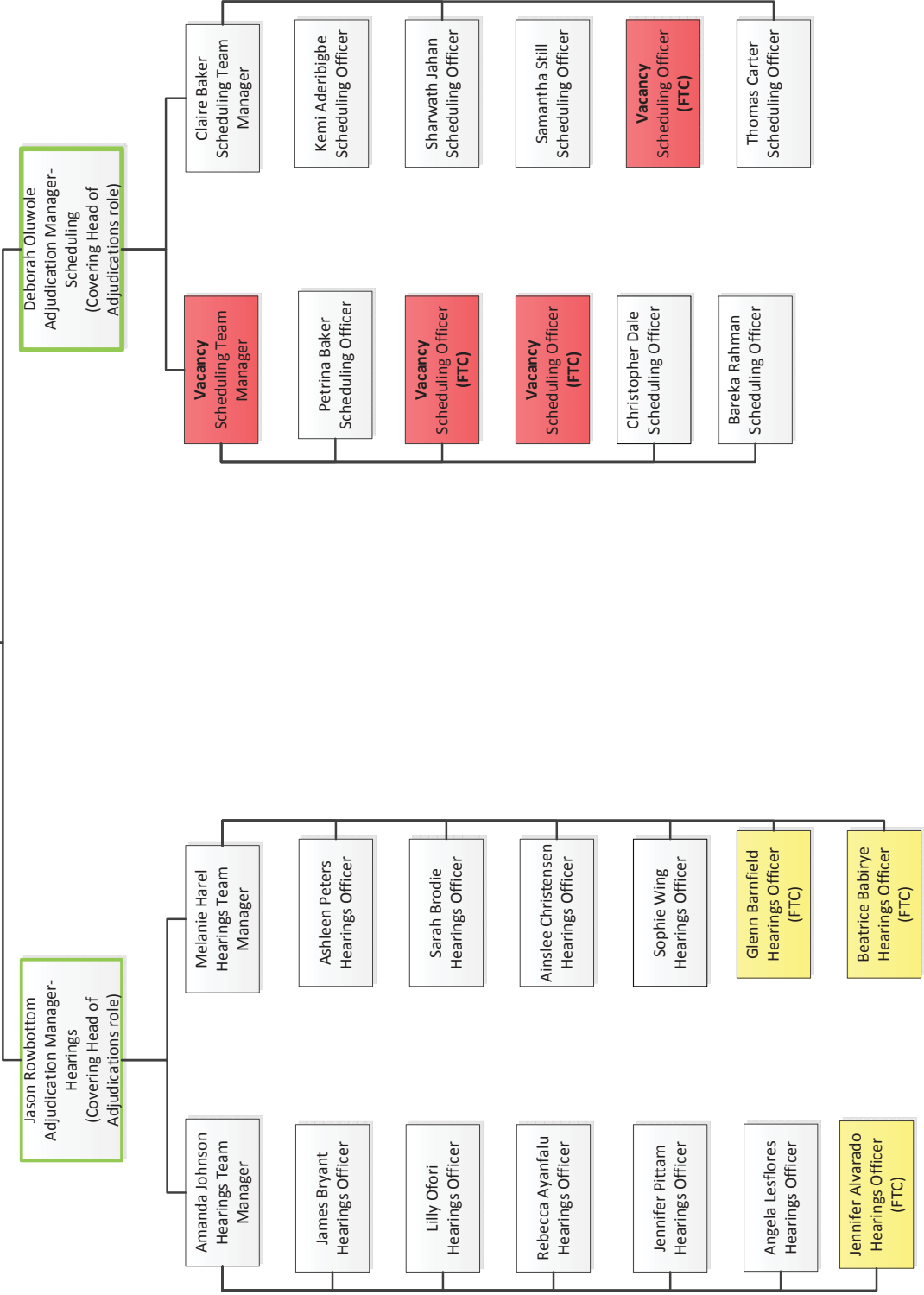


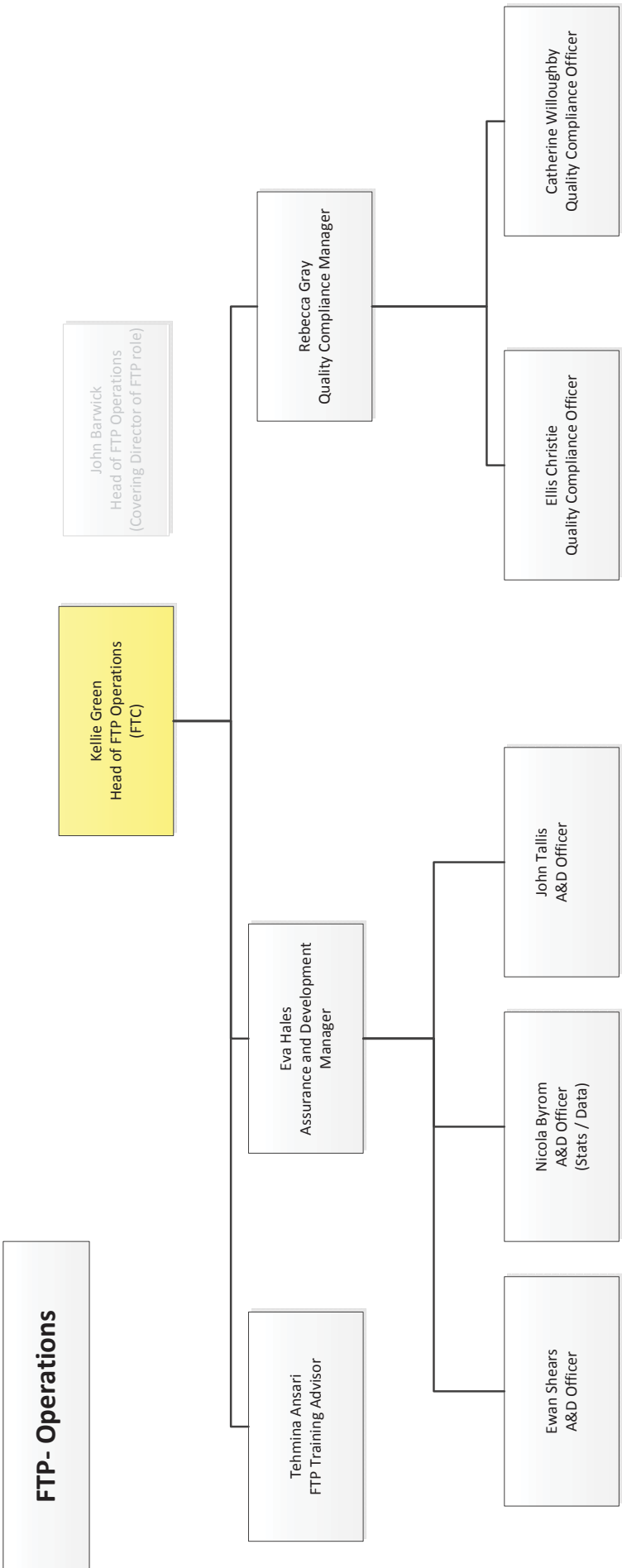
**FTP- Case Preparation and Conclusion**



# FTP - Adjudication

Zoe Maguire  
Head of Adjudication  
(Mat Leave)







THE HEALTH AND CARE PROFESSIONS COUNCIL  
 RISK ASSESSMENT & RISK TREATMENT PLAN Jan 2017

**Fitness to Practise**

Ref	Category	ISMS Risks	Ref #	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Impact before mitigations Jan 2017	Likelihood before mitigations Jan 2017	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation Jan 2017	RISK score after Mitigation Jul 2016
13	Fitness to Practise		13.1	Legal cost over-runs Links to 13.4, 15.2	FTP Director	4	4	16	Contractual and SLA arrangements with legal services providers(s)	Quality of operational procedures	Quality assurance mechanisms	Low	Low
	Fitness to Practise		13.3	Tribunal exceptional costs	FTP Director	5	5	25	Quality of operational processes	Accurate and realistic forecasting	Quality of legal advice	Medium	Medium
	Fitness to Practise		13.4	Rapid increase in the number of allegations and resultant legal costs Links to 13.1	FTP Director	4	4	16	Accurate and realistic budgeting	Resource planning	-	Medium	Medium
	Fitness to Practise		13.5	Witness non-attendance	FTP Director	4	2	8	Vulnerable witness provisions in the legislation	Witness support programme	Witness summons	Low	Low
	Fitness to Practise	I	13.6	Employee/Partner physical assault by Hearing attendees 13.7 moved to 10.7	FTP Director	5	5	25	Risk Assessment Processes	Adequate facilities security	Periodic use of security contractors and other steps	Low	Low
	Fitness to Practise		13.8	Backlog of FTP cases	FTP Director	3	4	12	Reforecasting budget processes	Monthly management reporting	Quality of operational processes	Low	Low
	Fitness to Practise		13.9	Excessive cases per Case Manager workload 13.2 moved to 12.2	FTP Director	3	4	12	Reforecasting budget processes	Monthly management reporting	Resource planning & Quality of operational processes	Low	Low
	Fitness to Practise	I A12,13, 14, 16, 17	13.10	Protracted service outage following a Case Management System failure	Director of IT	5	2	10	Effective backup and recovery procedures	Maintenance and support contracts for core system elements	Annual IT continuity tests	Low	Low

## Appendix 4

### Fitness to Practice Activities Table 2016-17 – update

#### Process and Policy Development

Activity	Description	Timescale	Area responsible	Progress
Review and potential realignment of FTP functions	<ul style="list-style-type: none"> <li>Review of the structure and functions of the directorate</li> </ul>	Quarter 1-3	Director of Fitness to Practise	<p>Completed</p> <p>The review and realignment of the FTP functions was completed in Q3. It was a significant project, affecting all areas and staff of the directorate.</p> <p>There are now five specialised functions delivering the work of the Fitness to Practise directorate. These are: Case Reception and Triage; Investigations; Case Progression and Conclusion; Adjudication and Operations</p>
Explore the use and value of case examiners (screeners)	<ul style="list-style-type: none"> <li>Pilot the use of screeners under the provisions of A23 of the HSWPO for specific case types.</li> <li>Rerun the regression analyses that were completed as part of the cost efficiencies work completed in 2014 to help identify the features of cases</li> </ul>	Quarter 2-4	Investigations	<p>Deferred to 2017-18 plan</p> <p>Piloting the use of screeners at the same time as realigning the fitness to practise functions would not have generated a true picture of how this approach would work.</p>

Activity	Description	Timescale	Area responsible	Progress
	<p>which may make them suitable for consideration by Screeners.</p>			<p>The realignment of the function is now complete and the work to explore of use of screeners will be undertaken in 2017-18.</p>
<p>Allegation drafting</p>	<ul style="list-style-type: none"> <li>Review the process for drafting allegations including the format of the Case Investigation Report, the approval process for allegations, interaction with our external legal services provider following instruction.</li> </ul>	<p>Quarter 2-3</p>	<p>Investigations</p>	<p>Ongoing</p> <p>Greater interaction and monitoring of the case that sit with our external legal services has begun. The new Case Progression and Conclusion team provides for this.</p> <p>Two training session on drafting allegations have been provided to our Case Managers, which also included the use of a evidence grid. This feedback from this training was very positive and we intend to run further sessions in 2017-18.</p> <p>Having completed the realignment to the FTP functions, we will now be able to explore more carefully the process for drafting and approval of allegations.</p>
<p>Post Policy Decision Evaluation/Measures of Effectiveness</p>	<ul style="list-style-type: none"> <li>Implement measures to assess the effectiveness of a policy or process change</li> </ul>	<p>Quarter 1-2</p>	<p>Assurance and Development</p>	<p>Deferred to 2017-18.</p> <p>This work has not commenced and will now be undertaken in 2017-18.</p>

Activity	Description	Timescale	Area responsible	Progress
Mediation	<ul style="list-style-type: none"> <li>Continue to operate the mediation pilot as approved by Council at its February 2016 meeting.</li> </ul>	Quarter 1-4	Investigations	<p>Completed</p> <p>The pilot continued to February 2017 and steps were taken during the year to improve the take up of the mediation service, which included:</p> <ul style="list-style-type: none"> <li>Updating and improving the content of the website, information leaflet and process and guidance documents</li> <li>Raising awareness of the mediation service through blogs and at meeting with representative bodies</li> <li>Refresher training provided to staff and panel members</li> <li>Reviews of cases considered by the ICP</li> </ul> <p>A full paper of the outcome of the pilot was provided to Council in February 2017.</p>
Regulatory Reviews	<ul style="list-style-type: none"> <li>Respond to PSA and other relevant performance reviews and audits and develop action plans as required.</li> </ul>	Ongoing	All	<p>Ongoing</p> <p>The PSA Performance Review for 2015-16 completed in Q2. The PSA's report was published in September 2016 and our response</p>

Activity	Description	Timescale	Area responsible	Progress
				<p>was provided to Council in December 2016.</p> <p>The PSA's review of our performance for 2016-17 commenced in January 2017. This will be a targeted review of five of the 10 fitness to practise standards. Our initial response will be provided in February 2017.</p>
Other reviews/external publications which affect the regulatory process	<ul style="list-style-type: none"> <li>Respond (if appropriate).</li> <li>Assess impact and develop action plans as required.</li> </ul>	Ongoing	All	
Health and Character Policy	<ul style="list-style-type: none"> <li>Implementation of revised policy (subject to Council approval)</li> </ul>	Quarter 1	Case Reception	<p>Completed</p> <p>A revised policy was approved by the Education and Training Committee in June 2016 and took effect on 1 July 2016.</p>
Data Security	<ul style="list-style-type: none"> <li>Completion of Lean Six Sigma data protection project and implementation of actions.</li> </ul>	Ongoing	Assurance and Development	<p>Ongoing</p> <p>Lean Six Sigma and the ICO's Privacy Impact Assessment guidance have been used to conduct an in-depth process review. This enabled a detailed examination of the information flows, mapping of risks and the</p>

Activity	Description	Timescale	Area responsible	Progress
				<p>generation of proportionate solutions. This was completed in Q2.</p> <p>Nine key solutions have been identified and work to implement these has begun.</p>
Quality Assurance Framework (QAF)	<ul style="list-style-type: none"> <li>Review the QAF to ensure it remains fit for purpose</li> </ul>	Ongoing	Quality compliance	<p>Completed</p> <p>The Quality Assurance Framework was reviewed and a revised version published in Q3.</p>
Professional Qualifications Directive	<ul style="list-style-type: none"> <li>Analysis of PQD alerts mechanism (including application of process – including time and resources) and also projections for the further role out of the European Practitioner Card</li> </ul>	Quarter 2	Assurance and Development and Adjudications	<p>Completed</p> <p>We reviewed and implemented a process to meet our requirements.</p>
Practice Note Review and Development	<ul style="list-style-type: none"> <li>Ongoing review and development of practice notes</li> </ul>	Ongoing	Assurance and Development	<p>Ongoing</p> <p>During 2016-17, the following practice notes were reviewed and updated:</p> <ul style="list-style-type: none"> <li>Proceeding in the absence of the registrant</li> <li>Discontinuance of proceedings</li> <li>Disposal of cases via consent</li> </ul>

Activity	Description	Timescale	Area responsible	Progress
				As part of the project to deliver the Health and Care Professions Tribunal (HCPTS) the Practice Notes relating to our adjudication and tribunal work have or are being reviewed.
FTP Operating Guidance Review	<ul style="list-style-type: none"> <li>Ongoing review and development of operating guidance</li> </ul>	Ongoing	Assurance and Development	<p>Ongoing</p> <p>During 2016-17, the following operational guidance was reviewed and updated:</p> <ul style="list-style-type: none"> <li>Protection of title</li> <li>Discontinuance of proceedings</li> <li>Risk profiling and interim orders</li> <li>Disposal of cases by consent</li> <li>Applying the Three Year Rule</li> <li>Investigative Report Writing</li> <li>Requiring Disclosure of Information</li> <li>Witness Interviews</li> <li>Witness Statements</li> </ul> <p>To support the new structure following the realignment, the following operational guidance has been developed:</p>

Activity	Description	Timescale	Area responsible	Progress
				<ul style="list-style-type: none"> <li>• Case logging and transfer</li> <li>• Case progression</li> </ul>
Policy Review	<ul style="list-style-type: none"> <li>• Ongoing review and development of policy documents</li> </ul>	Ongoing	Assurance and Development	<p>Ongoing</p> <p>During 2016-17 the following policies have been reviewed and revised:</p> <ul style="list-style-type: none"> <li>• Prosecution policy</li> <li>• Health and character policy</li> <li>• Standard of acceptance of allegation</li> <li>• HCPC's approach to fitness to practise</li> </ul>



## Service Improvement, Communication and Information Provision

Activity	Description	Timescale	Area responsible	Progress
Management Information and Service Level Standards	<ul style="list-style-type: none"> <li>Review of the contents and structure of the management information pack it supports performance management and improvement in line with priorities</li> </ul>	Quarter 1	All	<p>Completed</p> <p>We completed the development of new management information packs in Q3. The new version includes more comprehensive data to allow for improved monitoring of case volume, progression and timeliness at different stages of the FTP process.</p>
Support Mechanisms	<ul style="list-style-type: none"> <li>Development of further mechanisms or changes in the processes to support registrants and complainants through the fitness to practise process</li> </ul>	Quarter 1-4	Assurance and Development	<p>Completed</p> <p>A new <i>What happens if a concern is raised about me</i> brochure aimed at registrants who are subject to a fitness to practise investigation was developed and published.</p> <p>A guide to managing suicidal contacts over the telephone was published and provided to staff in March/April 2016.</p> <p>Training has also been provided by Mind to staff on mental health issues and awareness and</p>

Activity	Description	Timescale	Area responsible	Progress
				providing practical support to registrants and complainants.
Customer service and complaints handling	<ul style="list-style-type: none"> <li>Review approach to managing and responding to FTP complaints, informed by the ISO10002 audit.</li> <li>Use the Patients Association peer review process as part of the training programme for members of the directorate</li> <li>On-going (monthly) thematic review of complaints received about FTP. Information used to effect immediate changes; inform training/capability needs; and identify and inform future improvement projects.</li> </ul>	Quarter 1-4	Assurance and Development	<p>Ongoing</p> <p>A review of the process for managing FTP complaints is underway and expected to be completed in April 2017. The ISO1002 was undertaken in January 2017.</p> <p>The outcome of the review and audit recommendations and findings will inform any changes necessary to improve the current approach to managing and learning from complaints.</p>
Brochure updates	<ul style="list-style-type: none"> <li>Review and update of 'What happens if a concern is raised about me' for registrants brochures</li> <li>Continue to develop 'easy read' factsheets on key topics where there is a demonstrable need.</li> </ul>	Quarter 1	Assurance and Development and Case Reception	<p>Completed</p> <p>New brochure for registrants was published in September 2016.</p> <p>A new complainant brochure and Standard of Acceptance factsheet was published in May 2016.</p>

Activity	Description	Timescale	Area responsible	Progress
Feedback Mechanisms	<ul style="list-style-type: none"> <li>Evaluation and reporting of feedback obtained from the questionnaires that are sent out to complainants and registrants following the conclusion of FTP proceedings.</li> </ul>	Ongoing	Assurance and Development	<p>Completed</p> <p>Council, in December 2016, considered a report on the feedback received from registrants, complainant, witnesses and panel members.</p> <p>Feedback continues to be collected and further reports will be provided.</p>
Standard letter review (incorporating a tone of voice review)	<ul style="list-style-type: none"> <li>Undertake a review of all FTP correspondence and communication in terms of their use, content and tone</li> </ul>	Ongoing	Assurance and Development	<p>Ongoing</p> <p>Standard letters for the health and character declaration process have been reviewed and updated.</p> <p>A number of standard letters required review and updating to reflect the realignment of the FTP functions and the creation of the HCPTS.</p>
Fitness to Practise Annual Report	<ul style="list-style-type: none"> <li>Production of the Fitness to Practise Annual report 2015</li> </ul>	Quarter 2-3	Assurance and Development	<p>Completed</p> <p>The Fitness to Practise Annual Report for the period 2015-16 was published in November 2016.</p>
Learning and Development	<ul style="list-style-type: none"> <li>Development and implementation of the departmental training plan</li> </ul>	Ongoing	FTP Training	<p>Completed</p> <p>A department training plan was develop and has been</p>

Activity	Description	Timescale	Area responsible	Progress
	<ul style="list-style-type: none"> <li>Continuation of development work to support self- directed learning and bite size training material including videos and other media.</li> </ul>			implemented. A new induction programme for staff joining the FTP directorate has also been developed and implemented.
Website Content refresh, update and maintenance	<ul style="list-style-type: none"> <li>Review and implement cycle of review the content provided in the FTP sections of the HCPC website</li> </ul>	Ongoing	Assurance and Development	<p>Completed</p> <p>During the course of the year, the following updates have been made to the website:</p> <ul style="list-style-type: none"> <li>FTP homepage</li> <li>Contacts page</li> <li>Guidance documents page</li> <li>Complainant page</li> <li>MoU page</li> <li>Health and character page</li> <li>Standard of acceptance information</li> <li>New cases studies added</li> <li>Registrants brochure information</li> </ul>
Information Sharing and Memorandums of Understanding	<ul style="list-style-type: none"> <li>Maintain existing information sharing agreements and MoUs.</li> <li>Identify and develop new information sharing agreements and</li> </ul>	Ongoing	Assurance and Development	<p>Completed</p> <p>During this year the following MoUs have been reviewed and updated:</p>

Activity	Description	Timescale	Area responsible	Progress
	MoUs as appropriate. Review existing agreement for datasets, and include any agreed developments in CMS and/or reporting project work			Ofsted NHS Scotland CQC
Mechanisms to overcome obstacles in obtaining documents	<ul style="list-style-type: none"> <li>• Review and implement mechanisms to overcome obstacles</li> <li>• Establish an MoU and information sharing agreement with the Police</li> <li>• Review guidance and documentation</li> <li>• Stakeholder engagement, in particular with Local Authorities</li> </ul>	Ongoing	Investigations	<p>Completed</p> <p>A review of how we use the powers to require disclosure of information that is provided by article 25 of the HSWPO was undertaken, leading to a change in our approach.</p> <p>We have revised the escalation process when experiencing difficulties in obtaining requested information and update our procedure guidance.</p> <p>A series of profession specific workshops have been run to enable staff to obtain greater understanding of how the professions operate, leading to a clearer requests for information.</p> <p>Our engagement with representative bodies, employers and unions has increased with the use of the Representatives Forum, employer events and webcasts.</p>

## Resource Management

Activity	Description	Timescale	Area responsible	Progress
Cost Efficiencies Study	<ul style="list-style-type: none"> <li>Follow up activities to explore how the cost efficiencies model and regression analysis can be used to identify where further efficiencies can be made in our approach to case management. Links to case management models activity</li> </ul>	Quarter 1-2	Investigations	Deferred to 2017-18 This work has not been undertaken in 2016-17 as our focus has been on the realignment of the FTP functions.
Forecasting	<ul style="list-style-type: none"> <li>Review the FTP forecast model to ensure it remains fit for purpose and supports the new alignment of FTP functions.</li> <li>Implement FAST methodology</li> </ul>	Quarter 1- 4	Assurance and Development	Complete A new forecasting model was developed and adopted in Q1.
Case Progression and Timeliness	<ul style="list-style-type: none"> <li>Ongoing activity to ensure the expeditious management of cases</li> </ul>	Ongoing	All	Ongoing A number of steps have been taken to improve our progression of fitness to practise cases. These have included: <ul style="list-style-type: none"> <li>The realignment of the FTP functions to create specialised teams focussing on different stages of the process. The realignment completed in December 2016.</li> <li>Improved management information to provide for closer</li> </ul>

Activity	Description	Timescale	Area responsible	Progress
				<p>monitoring of the progression of cases at all stages of the FTP process.</p> <ul style="list-style-type: none"> <li>• Monthly contractual Service Level Agreement meeting with Kingsley Napley to ensure a regular review of performance and assurance of logistics to deal with case volume.</li> <li>• Establishment of a dedicated CPC inbox to ensure rapid responses are provided to requests for instructions from Kingsley Napley.</li> <li>• Training for Panel members on hearings management and adjournments.</li> </ul> <p>Fuller details were provided to Council in December 2016 in the PSA response paper.</p>
Case Management Models	<ul style="list-style-type: none"> <li>• Evaluate the outcome of the post-ICP pilot</li> <li>• Review of case weighting and categorisation process</li> <li>• Implementation of Rule 12 review the approach to disposing cases by</li> </ul>	Quarters 1-2	Investigations and Case Reception	<p>Ongoing</p> <p>The review of the post ICP model pilot led to the early creation of the Case Progression and Conclusion team, which has a greater focus on</p>

Activity	Description	Timescale	Area responsible	Progress
	<p>consent informed by internal FTP audits and PSA's report on the NMC's initial stages audit</p>			<p>the management and progression of post ICP cases.</p> <p>The wider realignment of the FTP functions has also been completed.</p> <p>A review of case weighting and categorisation process has been undertaken.</p>
Employee recruitment and resilience planning	<ul style="list-style-type: none"> <li>Improve and develop planning for unplanned absences</li> </ul>	Ongoing	All	<p>Ongoing</p> <p>The realignment of the FTP functions into smaller more focussed teams leads to improved monitoring of workloads, challenges and personnel needs.</p> <p>Planning for and provision of interim arrangements – temporary staff – to cover specific work and busy periods has been successful.</p> <p>Successful planning has ensured sufficient cover for a high volume of maternity leave, particularly within the senior management team of the FTP department.</p>
Case Management System	<ul style="list-style-type: none"> <li>Development and maintenance of the case management system and reporting system and programme of</li> </ul>	Ongoing	Assurance and Development	<p>Ongoing</p> <p>Development of relationship with Charter (support service for the</p>



Activity	Description	Timescale	Area responsible	Progress
	<p>induction and refresher training for users</p> <ul style="list-style-type: none"> <li>Analysis and requirements to inform the development of the next version of the Case Management System</li> </ul>			<p>CMS) and regular meetings held to ensuring ongoing support and development.</p> <p>A business case was approved for the gathering of requirements for a new case management system. The requirements gathering will be carried out in 2017-18.</p> <p>Training on Sharepoint was provided to the Operations Team and reports created using this application were created in Q3.</p>

## Appendix 5: Internal collaboration

This document sets out the areas of activity that the Fitness to Practise directorate will collaborate/work with other HCPC departments and directorates. The list is not intended to be exhaustive.

Area of Work	Department	Activity	Fitness to Practise Lead
Organisational Learning and Development	Human Resources		Director of Fitness to Practise/FTP Training Advisor
Welsh Language Scheme	Policy and Standards		Head of FTP Operations
Establishment of new regulator for Social Work	All		Director of Fitness to Practise
Employee Engagement	All		Director of Fitness to Practise
Disaster Recovery	Business Process Improvement	Updates to the Plan	FTP Heads
ISO – Information Security and[ ]	Business Process Improvement		Head of Fitness to Practise Operations
Liaison and work with Professional Bodies	Communications		Assurance and Development Manager
Intranet Project	Communications		Assurance and Development Officer/PA to Director of Fitness to Practise
Internet	Communications	Major Project	Assurance and Development Manager
Employer events and liaison	Communications		Head of Investigations
Media Activity re Fitness to Practise Cases	Communications		Relevant Head of function
All – Employee Away Day	Communications		Head of Case Preparation and Conclusion

Production of Fitness to Practise Annual Report	Communications		Assurance and Development Manager
Development, maintenance and review of Memorandum of Understanding	Communications, Policy and Standards and Secretariat		Head of Fitness to Practise Operations
Tribunal Set up	Facilities and IT	Skype	Adjudications Manager - Scheduling
Office Moves	Facilities and IT		Need a name person responsible for this in FTP
Budget Review	Finance	Monthly review	Director of Fitness to Practise and Head of Adjudication
3, 6 and 9 Month Reforecast	Finance		Director of Fitness to Practise/Head of FTP Operations
Budget Setting	Finance		Director of Fitness to Practise
Employee Conduct and Performance Issues	Human Resources		FTP Heads
Recruitment	Human Resources		FTP Heads & Operational Managers
Job Description Review	Human Resources		All Heads/Director
Case Management System Review	Information Technology, Projects		Head of FTP Operations
Ongoing maintenance of CMS	IT		Assurance and Development Manager
Partner Recruitment and Training	Partners		Adjudications Manager – Hearings and Scheduling
Indicative Sanctions Review	Policy and Standards		Head of Adjudications
Responding to consultations	Policy and Standards		Assurance and Development Manager
Research	Policy and Standards		Director of Fitness to Practise
Professional Standards Authority	Policy and Standards		Head of FTP Operations

Establishment of the Health and Care Professions Tribunal Service	Projects, Human Resources, Secretariat, Communications and IT		Adjudications Manager – Scheduling
Health and Character Declarations	Registrations		Case Reception Manager
Council Papers	Secretariat		Director of Fitness to Practise/ PA to Director of Fitness to Practise
Tribunal Advisory Committee	Secretariat		Head of Adjudications
ISO – Complaints Management	Secretariat		Head of Fitness to Practise Operations
Tribunal Advisory Committee	Secretariat		Head of Adjudications
Data Protection Act and Freedom of Information Act requests	Secretariat		Quality Compliance Manager
Information Governance	Secretariat		Quality Compliance Manager
Data Protection and Redaction Review	Secretariat, Information Technology		Assurance and Development Manager

# Human Resources Department 2017 - 2018 Workplan

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## Introduction

This document sets out the work priorities of the HR Department for the financial year April 2017 – March 2018. It addresses how the department's work will progress over the next year to support the HCPC's strategic intent, encourage high employee and partner performance, and support the HCPC's positive working culture and commitment to continuous improvement.

## Summary

In 2016-17, achievements against the workplan included the following.

- We delivered a new HR information technology system which is fully integrated with payroll and have made significant progress on the new system for partners
- We progressed the strategic delivery plan to embed coaching management styles across the organisation
- We rolled out a new organisational-wide e-learning system to support a culture of continuous learning
- We implemented a more in-depth and strategic approach to Learning and Development needs analysis and planning
- We provided high quality support to over 80 recruitment campaigns for employee, partner and Council vacancies

In 2017-18, the following are key priorities for the department

- Completion of the major project to build a new partners IT system by August 2017
- Introduction of development planning and processes based on the succession plan for Directors, key managers and roles as part of work towards a broader talent management and career development framework
- Develop the range and quality of HR and Partners management information, particularly equality and diversity information
- Work with the Communications team and other stakeholders to deliver key aspects of the employee survey action plan and communication with employees
- Development of learning events, guidance and resources for managers on managing change and uncertainty to be ready by 2018

## Resourcing

The Department currently consists of three teams.

### HR Team

Director of Human Resources  
Head of Human Resources Operations (on maternity leave)  
Human Resources Business Partner (maternity cover)  
Human Resources Manager  
Recruitment Manager  
Human Resources Adviser  
Human Resources Officer

### Learning and development Team

Learning and Development Manager  
Learning and Development Adviser

### Partners Team

Partner & HR Manager (part-time)  
Partner Co-ordinator  
2 x Partner Administrators (1 part time)

## Business as usual activities in 2017 – 2018

### Employees

There are various **business as usual activities** that are part of the employee section of the human resources plan every year. These include:

Advice and support to managers
Annual pay review process
APDR process: end of year and mid year
CoreHR data system: Maintenance and development
Criminal records checks
E & D training: ongoing programme
E-learning system: development
Employee Assistance programme: admin and monitoring
Employee consultation group (ECG)
Exit interviews and analysing findings
HR Essentials training courses on key HR topics
Induction: HR and organisational
Informing and consulting with employees
Intranet content: HR and L&D
Job description updates
Learning and development programme
Learning needs analysis
Leavers: processing
Management development programme, leadership development

Managing time-consuming employee relations issues
New starters: contracts, references, new starter checks, etc.
Pay & benefits management
Payroll
Pensions and life assurance administration
Policies: Continuous review of employment policies and practices
Recruitment: cost effective and high quality support to managers
Reports to Council and Committees
Sickness absence
Well-being: flu jabs, smoking cessation

## Partners

The core functions of **recruitment, selection, training, partner appraisal and agreement renewal** will continue to occupy a significant amount of the partner team's resources in 2017-18 along with the key priority of delivering the new partner information system and training partners in its use.

## Human Resources Objectives in 2017 - 2018

We have identified the following objectives for the financial year 2017 – 2018. Unless stated otherwise the timescale is on-going throughout the year.

### Employees Objective 1: Recruit high quality people

This workplan objective relates directly to the first objective in HCPC Human Resources Strategy 2015 – 2020 (attached at appendix 2)

- Explore ways of attracting prospective employees to the HCPC, for example through on-line materials/videos promoting HCPC's culture, ethos and values
- Increase use of psychometric testing alongside more traditional competency based recruitment methods (employees)
- Review recruitment guidance and produce a recruitment toolkit

### Employee Objective 2: Encourage employee retention and career development

This workplan objective is linked to the Human Resources strategic objectives to 'Train and Develop people' and to 'Encourage high performance'

- Development of an organisation-wide talent management framework, including a career development process and "road map" of continuing career and professional development.
- Introduce development planning based on the succession plan for Directors and key managers and roles



### **Employees Objective 3: Expand learning and management development.**

This workplan objective is linked to the Human Resources strategic objectives to 'Train and Develop people' and to 'Encourage high performance'

- New development programme for aspiring managers
- Continue to drive forward the programme to encourage the use of a range of coaching management styles across the organisation (Sue)
- Expand the content and develop the use of the e-learning system to deliver training in a range of formats to appeal to different learning styles and preferences
- Develop systems of short term and longer term learning evaluation to assess the impact of learning interventions and report results

### **Employee Objective 4: Encourage and maintain a high performance culture**

This workplan objective relates directly to the third objective in HCPC Human Resources Strategy 2015 – 2020, 'Encourage high performance' (attached at appendix 2)

- Development of guidance and resources for managers on managing change and uncertainty to be ready by 2018

### **Employees Objective 5: Facilitate employee engagement**

This work-plan objective is linked to the following Human Resources strategic objectives: to 'Encourage a positive organisational culture' and to 'Encourage innovation and collaboration'

- Work with the Communications team and other stakeholders to deliver key aspects of the employee survey action plan and communication with employees
- Develop, market and deliver a comprehensive well-being plan

### **Employees Objective 6: Ensure best practice, legal compliance and excellent HR service delivery**

This work-plan objective is linked to the fourth Human Resources strategic objective, 'to ensure legal compliance and best practice',

- Expand our business partnering model by running an assessment of our service and the value that it adds and taking action based on findings

## **Employees & Partners Objective 7: Demonstrate Commitment to Equality and Diversity**

This workplan objective will support the achievement of all of the objectives in the HCPC Human Resources Strategy.

- Ensure that anyone involved in recruitment and internal promotions decision making is fully trained in equality and diversity, particularly unconscious bias in recruitment decision making
- Develop the range and quality of HR and Partners management information, particularly equality and diversity information
- Continue to promote an inclusive working environment by providing diversity training to all new employees and partners

## **Partners Objective 8: Manage partner recruitment and retention to ensure that organisational requirements are met**

This workplan objective is linked to the Human Resources strategic objective to 'Recruit and retain high quality people'

- Work with departments to accurately forecast required numbers of partners against workload and monitor attrition rates as necessary
- Recruit the required numbers of suitable and high calibre partners, ensuring that the skills and experience mix is appropriate for the future needs of user departments
- Complete an annual report detailing partner exit rates in 2016/17 and an analysis of the reasons for exit by June 2017

## **Partners Objective 9: Manage partner training**

This workplan objective is linked to the Human Resources strategic objective to 'Train and Develop people'

- Schedule and co-ordinate induction training for all new partners
- Plan and schedule all partner refresher training required for 2017/18 and ensure that partners attend this as required
- Ensure that all partners complete online information security training on an annual basis

## **Partner Objective 10: To administer partner appraisals and performance management as follows:**

This workplan objective is linked to the Human Resources strategic objective to 'Encourage high performance'

- Conduct the self-assessment re-appointment process for 20 panel members
- Conduct appraisals in line with the following targets;
  - a minimum of 4 Panel Member appraisals per month
  - a minimum of 4 Registration Assessor (pairs) appraisals per month
  - conduct Visitor appraisals in line with visit and annual monitoring day schedules (target of 7 per month)
- Ensure that adequate support is available to new partners to aid good performance and manage individual partner performance issues as and when required

**Partner Objective 11: To promote partner learning and development.**

This workplan objective is linked to the Human Resources strategic objectives to ‘Train and Develop people’ and ‘Encourage high performance’

- Collate feedback from 2016/17 training events, identify themes across Partner roles and make recommendations for improvements where necessary by September 2017.

**Partner Objective 12: To promote Partner communications**

This work-plan objective is linked to the Human Resources strategic objective to ‘Encourage a positive organisational culture’

- To continue to develop the Partner newsletter and send out at regular intervals (quarterly) to encourage Partner engagement
- Continue to plan and deliver a strategy to raise awareness of partner roles amongst registrants, particularly in hard to recruit professions.

**Collaboration**

**Key areas of joint working with other departments across the organisation will include collaboration with:**

- Communications to deliver the employee survey action plan and manage internal communications
- Finance to finesse payroll processes following the introduction of the Core HR system
- Adjudications in supporting the new Tribunal Advisory Committee
- Training advisers in FTP and Registration to ensure that the e-learning system is developed in line with the learning and development strategy
- Partner user departments to implement the new partner information system

## **2018 - 2019**

### **Employees**

By April 2018 there is likely to be more clarity on any preparations that may be necessary in advance of the transfer of the regulation of social workers to Social Work England. Team members are likely to focus on change management, and support activities. Further work is likely to take place in developing talent management processes, succession planning, expanding our offering of career development initiatives and on a further employee engagement survey.

The HR team will need to continue to review and develop processes, policies and understanding of the organisation in order to support changes in the regulatory landscape.

### **Partners**

In 2018/2019, an area of focus is likely to be partner engagement as a result of the benefits of rolling out online recruitment and a self-service portal for partners, and work on diversifying the profile of partners enabled by better quality equality and diversity information from the new system.

The Partners team will continue to evaluate its key processes through interaction with user departments and partners to ensure that services continue to meet both best practice and the evolving needs of the organisation.

## **Human Resources Activities in the Past Year: 2016 - 17**

For both the HR and partners teams, much of 2016/17 was dominated by the HR and Systems build project. Other work areas included the introduction of a range of a new e-learning system, a new approach to learning needs analysis, involvement in a number of particularly complex employee relations issues and the on-going delivery of a strategic plan to embed coaching management styles in the organisation. In addition the HR team delivered a full range of operational services and delivered policy improvements in key areas.

A review of the major objectives for 2016/17 is set out below.

### **Employees Objective 1: Recruit and retain talented people**

This objective was met as follows:

- By the end of financial year 2015/16 around **90** recruitment campaigns will have been run to fill entirely new posts and to backfill vacancies created as a result of employee turnover, internal transfers, promotions and maternity cover.

### **Employees Objective 2: Expand training and development.**

This objective was met as follows:

- An expanded range of training and development opportunities were provided to employees through delivery of the HCPC organisational learning and development plan.
- We rolled out a new organisational-wide e-learning system to support a culture of continuous learning
- We implemented a more in-depth and strategic approach to Learning and Development needs analysis and planning
- Career development provision was enhanced through the introduction of new policies on sabbaticals, secondments and work-shadowing

### **Employee Objective 3: Encourage and maintain a high performance culture**

This objective was met as follows:

- We continued the programme to encourage the use of a range of coaching management styles across the organisation to maximise performance and develop future capability
- We redesigned, updated and diversified the management development programme to equip managers with the skills and behaviours to enable employees to reach their full potential

### **Employees Objective 4: Facilitate employee engagement**

This objective was met as follows:

- We worked in collaboration with the Communications department to run the biannual employee engagement survey and develop a plan of follow up action
- We continued to support and engage with employees through the Employee Consultation Group and through a range of other communication channels
- We continue to conduct exit interviews with leaving employees, monitor trends and take appropriate action in response to key trends where possible
- We revised and updated HR and L&D intranet content in order to engage employees in the organisation and in the services provided by the HR team

### **Employees Objective 5: Ensure best practice and legal compliance**

This objective was met as follows:

- We delivered the HR system in order to support and enhance HR service delivery

### **Employees & Partners Objective 6: Building and implementation of the new HR and Partners information technology systems**

This objective was partly met as follows:

- We delivered the HR system and made significant progress on the partners system build phase of the project,

### **Employees & Partners Objective 7: Demonstrate Commitment to Equality and Diversity**

This objective was met as follows:

- We continued to promote an inclusive working environment by providing diversity training to all new employees and partners plus refresher training for employees
- We continued to monitor and report on employee and partner diversity statistics

### **Partners Objective 8: Manage partner recruitment and retention to ensure that organisational requirements are met**

This objective was met as follows:

- We worked with departments to accurately forecast required numbers of partners against workload for 2016/17.
- We recruited the required numbers of suitable and high calibre partners, ensuring that the skills and experience mix was appropriate for the future needs of user departments
- We responded pro-actively to organisational requirements by carrying out recruitment campaigns for extra panel chairs and for the role of recruitment partner

### **Partners Objective 9: Manage partner training**

This objective was met as follows:

- We scheduled and co-ordinated induction training for all new partners
- We planned and scheduled all partner refresher training required for 2016/17 and ensure that partners attended as required.

### **Partner Objective 10: Administer partner appraisals and performance management**

This objective was met as follows:

- We conducted the self-assessment re-appointment process for 52 panel members 30 of whom were successful and 11 panel chairs, 10 of whom were successful.
- We conducted over 50 appraisals for partner roles

- We ensured that adequate support was available to new partners to aid good performance and managed individual partner performance issues when they arose.

**Partner Objective 11: Promote partner learning and development.**

This objective was met as follows:

- We collated feedback after every training event in 2015/2016 and communicated the results to user departments.

**Risk Management**

The Human Resources Department manages risks within the department and throughout the HCPC in relation to overall employee and partner management.

Key areas are recruitment, training and performance management. Employee risk management includes mitigations against loss of key individuals and skills, effective skills development, effective management of employee performance matters and ensuring compliance with employment legislation.

Please see the Appendix 1 for the HCPC Employees and Partners risk assessments

## Appendix 1

### HR (Employees) Risk Assessment

Ref #	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Impact before mitigations Jan 2017	Likelihood before mitigations Jan 2017	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation Jan 2017	RISK score after Mitigation Jul 2016
11.1	Loss of key HCPC employees, excluding Chief Exec	Chair, Chief Executive and EMT	3	2	6	Organisation succession plan held by Chief Executive and HR Director.	Departmental training (partial or full) and process documentation	Informal department level succession plans	Low	Low
11.2	High turnover of employees	HR Director	3	3	9	Remuneration and HR strategy	Regular performance reviews	Exit interview analysis and employee survey analysis	Low	Low
	Links to 11.3									
11.3	Inability to recruit suitable employees	HR Director	3	3	9	Recruitment strategy and adequate resourcing of the HR dept	Careful specification of recruitment adverts and interview panel selection	Hire skilled temporary employees in the interim	Low	Low
	Links to 4.10, 6.1, 11.2, 11.8									
11.4	Lack of technical and managerial skills to delivery the HCPC strategy	Chief Executive	4	2	8	HR strategy and Performance and Development management; -Buy in skills -Upskilling employees on the job -Training	Training needs analysis & training delivery including Management Development Programme	Some projects or work initiatives delayed or outsourced	Low	Low
	Links to 1.1									
11.6	High sick leave levels	EMT	2	2	4	Adequate employees (volume and type) including hiring temporary employees	Return to work interviews and sick leave monitoring	Regular progress reviews	Low	Low
11.7	Employee and ex-employee litigation	HR Director	4	3	12	Line manager training	Keeping HR policies and processes in line with employment legislation	Employee surveys, Exit Interviews, Employee Assistance Programme, Management Development Programme.	Low	Low
11.8	Employer/employee inappropriate behaviour	HR Director	2	2	4	Whistle blowing policy, Code of Conduct & Behaviour	Other HR policies and procedures	Employee Assistance programme	Low	Low
	Links to 11.3									
11.9	Non-compliance with Employment legislation	HR Director	4	2	8	Up to date HR policies and processes in line with employment legislation.	Obtain legislation updates and legal advice	HR training for managers	Low	Low
11.10	Loss of Chief Executive & Registrar	Chair	5	2	10	Succession Plan	Development of internal Executive team	Good communication with Chair	Low	Low
11.11	Protracted service outage following outsourced HR system, connectivity or hosting failure.	HR Director	4	1	4	Service Level Agreement with Supplier	Paper records for current employees		Low	Low



### HR (Partners) Risk Assessment

Ref	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Impact before mitigations Jan 2017	Likelihood before mitigations Jan 2017	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation Jan 2017	RISK score after Mitigation Jul 2016
6.1	Inability to recruit and retain suitable Partners  Links to 4.10, 11.3, 7.3,	Partner Manager	3	3	9	Targeted recruitment strategy.	Appropriate fees for partner services and reimbursement of expenses.	Efficient and effective support and communication from the Partner team.	Low	Low
6.2	Incorrect interpretation of law by Partners resulting in PSA review	Director of FTP, Director of Education, Head of Registration, Partner Manager	2	4	8	Partner training and newsletters	Legal Advice	Regular appraisal system	Low	Low
6.3	Health & Safety of Partners  Links to 4.9	Partner Manager	3	2	6	H&S briefing at start of any HCPC sponsored event.	Liability Insurance	-	Low	Low
6.4	Partners poor performance and / or conduct	Director of FTP, Director of Education, Head of Registration, Partner Manager	4	3	12	Regular training	Regular appraisal system	Partner Complaints Process & Partner Code of Conduct	Low	Low
6.5	Incorrect interpretation of HSWPO by HCPC in use of Partners	Director of FTP, Director of Education, Head of Registration, Partner Manager	3	2	6	Legal Advice	Clearly defined Quality Management processes and policies	Correct selection process and use of qualified partners	Low	Low
6.6	Adequate number and type of partner roles	Partner Manager, Director of FTP, Director of Education, Head of Registration	3	2	6	Regular review of availability of existing pool of partners to ensure requirements are met.	Annual forecasting of future partner requirements to ensure that they are budgetted for.	Rolling partner agreements across professions for Panel Member and Panel Chair to ensure adequate supply in line with the eight year rule.	Low	Low
6.7	User departments using non-active partners	Partner Manager, Director of FTP, Director of Education, Head of Registration	3	3	9	Notification of partner resignations to user departments.	Current partner lists available to user departments on shared drive.	Daily Email notification of partner registrant lapse	Low	Low
6.8	Expense claim abuse by Partners	Partner Manager, Director of FTP, Director of Education, Head of Registration	2	2	4	Budget holder review and authorisation process	Comprehensive Partner agreement	Challenge of non standard items by Finance department and Partner Department	Low	Low

## **HCPC Human Resources Strategy 2015 - 2020**

### **Purpose of the Human Resources Strategy**

The purpose of the HR strategy is to ensure that the Health and Care Professions Council's (HCPC) strategic intent can be achieved through employees and partners by means of best practice policies and processes which fit organisational needs.

### **Responsibilities**

The Chief Executive, and HR Director and the Executive Management Team (EMT) are responsible for ensuring that the HR strategy is operationalised into annual business plans and that the organisational culture continues to reflect HCPC values.

### **HR Strategic Objectives**

There are seven strategic objectives which support overall organisational goals and values. Objectives 1 – 4 relate to both employees and partners, objectives 5 – 7 focus on employees.

#### **1. Recruit and retain high quality people**

- Balance growing our own talent and providing internal career opportunities with attracting diverse experience and specialist skills from outside the HCPC
- Recruit the right numbers of high quality employees and partners to support the HCPC without over expanding

#### **2. Train and develop people**

- Expand employee training and development activities and support partner training to provide the skills, knowledge and expertise needed by the HCPC to drive organisational performance
- Support employees in their longer term career development through further study, secondments, projects, etc.

#### **3. Encourage high performance**

- Continue to develop management and leadership capabilities amongst the EMT and managers
- Work with departments to ensure that employee management practises and partner assessment processes facilitate high performance

#### **4. Ensure legal compliance and best practice**

- Ensure that all employee and partners policies and processes are legally compliant
- Ensure that all employee and partner policies and processes reflect best practise, promote diversity and fit with organisational requirements and values

## **5. Encourage a positive organisational culture**

- Work with the EMT and the Communications department to ensure that the organisation listens to employees through channels such as away-days, surveys, focus groups etc., and takes action as a result
- Continue with commitment to support flexible working, a healthy work/ life balance and health related initiatives

## **6. Encourage innovation and collaboration**

- Work with the EMT and with the Communications department to encourage collaboration across departments and opportunities to share new ideas
- Provide forums (Employee Consultation Group, Cross Departmental Group, etc.) for employees to express opinions and suggest business improvements

## **7. Reward people according to their contribution**

- Maintain a fair, transparent and cost effective pay and reward system which is clearly communicated to employees
- Provide rewards to employees in the form of personal development and career opportunities

### **Strategic staffing plan**

Following a period of expansion, we aim to keep employee numbers relatively stable at around 250 – 270 in the period 2015 – 2020 to ensure that business efficiencies are achieved and a lean organisation is maintained. Partner numbers are also likely to remain stable at around 850 roles.

### **HR annual business plans**

Strategic objectives are converted into more detailed practical action plans, policies and departmental projects in the HR annual business plan. Costs are set in HR annual budgets. HR management information such as sickness absence and employee turnover rates are reported on a monthly and annual basis to the Council.

Teresa Haskins, Director of Human Resources

## **Information Technology Work Plan 2017 – 2018**

First published in March 2017

Guy Gaskins, Director of Information Technology

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## **1 Executive Summary**

There follows a summary of the achievement during the 2016-17 fiscal year and the planned activity during 2017-18. The detail behind the summary is available in the relevant section of the work plan along with resource information.

### **How the objectives were achieved in 2016-17**

The IT department has supported the delivery of eleven major projects including:

- 1.1 Education system build project.
- 1.2 Establishing the Health & Care Professions Tribunal Service (HCPTS).
- 1.3 HR and Partners system build project.
- 1.4 Registration transformation and improvement project.

The IT department has delivered over twenty departmental projects which are either complete or on plan for completion, including:

- 1.5 Alternative disaster recovery hosting provision.
- 1.6 Independent security testing.
- 1.7 Migrate key IT services to a virtual environment.
- 1.8 Upgrade the Desktop environment.
- 1.9 Video conferencing in 184 Kennington park road.

### **Achieving the objectives in 2017-18**

The IT department will support the delivery of eight major projects including:

- 1.10 Education system changes 2017-2018.
- 1.11 HCPC website review and build.
- 1.12 Registrations transformation and improvement project.
- 1.13 Review of FTP Case Management System requirements.

The IT department will deliver twenty departmental projects including:

- 1.14 Finance system upgrades.
- 1.15 Intranet migration.
- 1.16 Office suite upgrade.
- 1.17 Web and Digital deployments.

### **Service catalogue**

The IT department will support eighteen IT services including the service desk incident management function.

## 2 Introduction

2.1 The primary purpose of the HCPC as set out in Article 3 (4) of the Health and Social Work Professions Order 2001 is:

*'To safeguard the health and well-being of the persons using or needing the services of registrants'.*

2.2 The HCPC does this through six strategic objectives.

The IT work plan supports and enables the business to realise the primary purpose through the achievement of the business objectives.

2.3 As the Health and Care Professions Council (HCPC) continues to develop it maintains a cycle of continuous quality improvement to its business processes, procedures and policies.

2.4 The IT function continues to implement appropriate and proportionate changes that provide solid foundations to support the cycle of change as the HCPC evolves.

2.5 As an internal service provider, the IT department operates proactively managed services to enable business processes to function.

However, a significant element of the service is reactive. This reflects the occurrence of service incidents, as well as changes to the business priorities as HCPC adapts to the changing external environment.

2.6 The challenge facing the IT department is to manage the conflicting demands of both reactively and proactively provided services without hindering business momentum.

This continues to be achieved as we deliver substantial changes to the IT infrastructure introducing business led services.

2.7 The overall aim of the IT function is to improve business efficiency and effectiveness whilst delivering value for money. These aims will be achieved through a risk based approach adopting a process of evolution rather than revolution.

2.8 This work plan supports the HCPC strategic intent document<sup>1</sup> and the IT strategy and defines the current information technology services provided as well as the work priorities and objectives for the next financial year.

2.9 This document provides a basis against which the work of the IT department can be planned and measured.

### **3 Equality and Diversity Scheme**

- 3.1 The IT department does not have any specific action points under the HCPC equality and diversity scheme but plays an important role in the delivery of action points in other business areas.
- 3.2 The IT department continues to address specific individual needs as identified by department managers and ensures that technical standards are embedded into projects to address areas of accessibility such as W3C guidelines for web development.

### **4 Human resources**

- 4.1 The IT Department consists of eleven and a half full time equivalent employees but will be expanded to twelve and a half full time equivalents in 2017-18:

Director of Information Technology (1)

IT Infrastructure Manager (1)

IT Infrastructure Engineer (5)

IT Service Support Manager (1)

IT Support Analyst (4)

Administration support (0.5)

- 4.2 Director of Information Technology

The role has overall accountability for the IT provision at HCPC and sets the IT strategic direction to support the business strategy. The position is responsible for the security and integrity of the IT infrastructure and systems, as well as providing support to and the development of the core applications of the organisation.

The role is increasingly important in the definition and delivery of strategic business change projects.

- 4.3 Service Support Team

- 4.3.1 IT Service Support Manager

The role is responsible for the service desk function and manages the IT Service Support Analysts. Additionally, the role is responsible for maintaining our bespoke database application environment providing specialist application

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<sup>1</sup> Strategic Intent Document 2016 – 2020 first published Jan 2016



services.

#### 4.3.2 IT Service Support Analyst

The role reports to the IT Service Support Manager and has responsibility for the identification and resolution of incidents within the IT infrastructure. The role is the first point of contact between the users and the IT department; they operate the service desk function and provide first and second level support for PC and business application services.

#### 4.3.3 IT Administration Support

This role reports to the Service Support Manager and provides administrative support for the department.

### 4.4 Infrastructure Support Team

#### 4.4.1 IT Infrastructure Manager

The role is responsible for the network and server hardware infrastructure support and development including backup and recovery, availability, IT continuity and capacity management.

#### 4.4.2 IT Infrastructure Engineer

The role reports to the IT Infrastructure Manager and supports the network and server hardware infrastructure for both locally and remotely hosted services.

## 5 Financial resources

5.1 This work plan assumes an operating budget of £2,273,000 and a capital budget of £112,000.

	2016-17 Budget (,000) (9 mth reforecast)	2017-18 Budget (,000) (to be confirmed)	% difference
Operating Expenditure	£2,010	£2,273	13
Capital Expenditure	£53	£112	211

5.2 The increase in operating expenditure predominantly reflects:

- The additional costs for the Registrations Transformation project;
- The additional expected costs for the intranet;
- An increase in payroll costs; and
- An increase in costs Microsoft license costs.

5.3 The increase in capital expenditure is mainly due to:

- The replacement of key infrastructure components.

## 6 How the IT objectives were achieved in 2016 – 2017

Progress against the objectives set can be summarised as:

### 6.1 Information Technology Objective 1:

*To drive efficiencies within the organisation by the use of Information Technology and Information Systems, we will:*

#### 6.1.1 Alternative disaster recovery hosting provision.

This project will investigate the technical feasibility of moving from a traditional 'warm standby' environment to a more cost efficient on-demand service. If technically achievable the project will determine the implementation schedule and initiate the transformation.

- This is complete.

#### 6.1.2 Displacement of technologies.

This project continue to remove technologies from the HCPC infrastructure

and replace them with Microsoft technology that the HCPC already own the rights to implement.

- This is complete.

#### 6.1.3 Education systems build.

To implement the second release of changes to systems and process identified in the phase 1 process and systems review project.

- This is complete.

#### 6.1.4 Establishing the Health & Care Professions Tribunal Service (HCPTS).

To support the technological changes necessary to establish the HCPTS.

- This is delivering to the project plan.

#### 6.1.5 Extended use of iPads.

This project builds upon the successful implementation of iPads for Council members. The aim is to extend the use of iPads to the Executive following feedback from Council.

- This is complete.

#### 6.1.6 Fitness to Practice case management system changes.

To implement a series of small functional improvements to the case management system as a package of changes.

- This project was withdrawn.

#### 6.1.7 HR & Partner systems build.

To implement the changes in systems and process identified in the phase 1 process and system review project.

- The HR delivery is complete and the Partner system is delivering to the project plan.

#### 6.1.8 Migrate key IT services to a virtual environment.

This project will follow the project to migrate the HCPC mail service to Office365. It will virtualise the legacy Domino environment as well as the network file storage.

- This is complete.

#### 6.1.9 Registrations transformation and improvement project.

To implement the changes in systems and process identified in the registration process and system review project.

- This is delivering to the project plan.

#### 6.1.10 Replace legacy servers.

This project will replace a number of legacy servers to maintain support for hardware and compatibility with software.

- This is complete.

#### 6.1.11 Support the implementation of a new bulk print provider.

This activity will support the implementation of a new bulk print provider, as well as supporting the on-demand pilot programme.

- This is delivering to the project plan.

### 6.2 Information Technology Objective 2:

*To apply Information Technology within the organisation where it can create business advantage we will:*

#### 6.2.1 184 Kennington park road renovation and restack.

This project will refit the office space including structured cabling and power, to make more efficient use of the building space.

- This is complete.

#### 6.2.2 HCPC website review and build.

This project will review the high level requirements, process, systems and purpose of the HCPC's current website.

- This is delivering to project plan.

#### 6.2.3 Intranet migration.

Support the Communication department in the migration of the HCPC intranet to the Office365 platform.

- This project was postponed to 2017-18 due to resource availability.

#### 6.2.4 NetRegulate changes.

To implement changes to NetRegulate to enable the HCPC to meet legislative requirements regarding the manner in which annotations are displayed on the online register.

- This is delivering to plan.

#### 6.2.5 Skype for Business telephony development.

To enable interfaces between the corporate telephony system and Skype for business, enabling an improved feature set including 'click to call'.

- This has been postponed due to resource availability.

6.2.6 Telephony system development cycle.

This project will manage up to two controlled releases of changes to the HCPC telephone system to reflect developments requested by the business teams.

- This is complete.

6.2.7 Upgrade the Desktop environment.

This project will replace approximately one third of the desktop PC environment.

- This is complete.

6.2.8 Video conferencing in 184 Kennington park road.

This project will create a dedicated, professional video conferencing suite in the 184 Kennington park road offices.

- This is complete.

### **Information Technology Objective 3:**

*To protect the data and services of HCPC from malicious and unexpected events we will:*

6.2.9 Annual NetRegulate platform refresh.

To upgrade the base platforms to apply a number of key feature enhancements to improve availability.

- This is complete.

6.2.10 Independent security testing.

Conduct regular independent penetration tests of our environment to assure effective security controls including an on premise test.

- This is complete (the on premise test is scheduled but not executed).

6.2.11 PCI security standards compliance.

Review of our obligations under the PCI/DSS (payment processing) legislation plus implementation of any changes that we need to make to technology or process.

- The assessment is complete but the implementation is to be scheduled.

#### 6.2.12 Replacement of corporate firewalls.

This project will select, purchase and implement replacement firewall technology in order to retain support and implement advanced firewall features.

- This is delivering to schedule.

#### 6.2.13 Support a vendor software audit of environment.

This activity will support the external audit of the environment for software licence compliance and any subsequent actions.

- This was withdrawn by the software vendor.

#### 6.2.14 Upgrade enterprise document and records system (Sharepoint).

This project will upgrade the current FTP implementation of Sharepoint to the most recent version to retain compatibility with other software.

- This is waiting for user testing resource.

#### 6.2.15 Upgrade operating systems.

Implement upgrades of server operating systems to maintain vendor support and address known issues.

- This is complete.

#### 6.2.16 Upgrade supporting systems.

Implement upgrades to a number of supporting systems that provide functions such as backup and encryption to maintain support and address known issues.

- This is complete.

#### 6.2.17 Upgrade switch infrastructure.

This project will resolve an existing authentication issue by either configuration of the switches or if this is not possible by their replacement.

- This is still being investigated by the vendor.

### 6.3 Information Technology Objective 4:

*To meet internal organisation expectations for the capability of the IT function we will:*

#### 6.3.1 Expand the IT team.

Extend the infrastructure support team. Train the new employee and apply

their experience to improve the service.

- The team has been expanded and three permanent employees have been inducted. There remains two vacant posts to be filled permanently.

#### 6.3.2 Implement a telephone call queue.

This project will improve the management of the service desk support telephone by implementing an intelligent call queue, enabling position-in-queue information and improved metrics.

- This is complete.

#### 6.3.3 Review and document processes and work instructions.

Continue to build the configuration management database to support effective execution of the problem and change management processes.

- This is complete.

## 7 The IT activities in 2016 – 2017

The activities of the IT department can be categorised as either:

- Services that support the current operations; or
- Development that will alter an existing service or introduce a new one.

### 7.1 Services

The IT function provides a number of end-to-end services comprising several technologies and sub-services that are transparent to the Customer or User. The delivery of each service encompasses all of the enabling functions for example the delivery of the Registration service also encompasses the availability of the network to connect to the Registration system.

### 7.2 Service Catalogue

#### 7.2.1 Application development.

*Project management, development and implementation of small scale applications on the Lotus Notes platform only.*

#### 7.2.2 Application support.

*Availability, capacity, service continuity and performance management of the separate internally developed applications:*

- Complaints database;

- Contracts database;
- Customer Relationship Management (CRM) – iExtensions (legacy);
- Freedom of information system;
- Intranet information service;
- IT training book library;
- Pass list database;
- Private papers document store;
- Partners database;
- Secretariat – document management system;
- Secure transmission of print files;
- Suppliers database; and
- Temporary and occasional register database.

#### 7.2.3 Case Management.

*Availability, capacity, service continuity and performance management of the fitness to practice case management system.*

#### 7.2.4 Desktop telephony.

*Availability, capacity, service continuity and performance management of the desktop telephony function including call recording, wall boards and queue management.*

#### 7.2.5 Education.

*Availability, capacity, service continuity and performance management of the education DynamicsCRM system.*

#### 7.2.6 Email and web browsing.

*Availability and performance management of the email function and ability for HCPC employees to browse the internet.*

#### 7.2.7 Financial ledger.

*Availability, capacity, service continuity and performance management of the SAGE 200 financial general ledger system.*

#### 7.2.8 Financial Purchase Order service.

*Availability, capacity, service continuity and performance management of the financial purchase order system.*

#### 7.2.9 Human Resources Information.

*Access to the CoreHR system for managing the HR requirements of the HCPC.*

#### 7.2.10 Online Renewal Portal.

*Availability, capacity, service continuity and performance management of the online renewals system.*

#### 7.2.11 Personal computing (including printing and network storage)

*Supply, installation and management of personal computers and all associated software and peripheral devices e.g. scanners.*



#### 7.2.12 Registration.

*Availability, capacity, service continuity and performance management of the registration system.*

#### 7.2.13 Remote access to corporate services.

*Availability, capacity and performance management for remote access technologies enabling the access to corporate services such as email, calendar and personal performance tools.*

#### 7.2.14 Secure telephone credit card payment

*Availability, capacity, service continuity and performance management of the secure credit card payment telephone gateway service.*

#### 7.2.15 Service Desk

*Respond to and resolve incidents, problems and requests for change within the IT infrastructure.*

#### 7.2.16 Video Conferencing

*Availability, capacity, service continuity and performance management of the video conference function.*

#### 7.2.17 Web site hosting (Internet and intranet)

*Availability, capacity, service continuity and performance management of the HCPC websites both internal and external.*

#### 7.2.18 Web site

*Availability, capacity, service continuity and performance management of the web site applications. Content and editorial management resides with the communications department.*

### 7.3 Development

In 2017-2018 there will be a significant number of major and departmental projects delivered and/or supported by the IT department. The projects are incorporated into the following section listing activities according to IT strategic objective. The list is liable to change following decisions of Council in response to changes in the external environment.

## **8 Achieving the IT objectives in 2017 – 2018**

The activities of the IT department are performed to achieve the IT strategic objectives in the coming year. The objectives address specific strategic issues that are categorised under the following strategic objectives:

### **8.1 Information Technology Objective 1:**

*To drive efficiencies within the organisation by the use of Information Technology and Information Systems, we will:*

- 8.1.1 Assess and implement cloud based backup.  
This activity will assess the benefits of cloud based backup to Azure and implement if appropriate.
- 8.1.2 Displacement of technologies.  
This project will continue to remove technologies from the HCPC infrastructure and replace them with Microsoft technology that the HCPC already own the rights to implement.
- 8.1.3 Education systems changes 2017/18.  
To implement a controlled release of changes to the Education system to reflect developments requested by the business teams.
- 8.1.4 Fitness to Practice case management system requirements.  
To support the FTP department in the review and definition of business requirements to inform a business case for new case management and adjudication systems.
- 8.1.5 Implement advanced telephone statistics collection.  
This project will implement a telephone call statistics package that will allow greater visibility of call flows and usage.
- 8.1.6 Paperless registration appeals process.  
This registrations department project will aim to remove the dependence upon paper for the registration appeals process. The IT department will support the project with appropriate technology.
- 8.1.7 Partner systems build.  
To implement the changes in systems and process identified in the phase 1 process and system review project for the Partners system.
- 8.1.8 Registrations transformation and improvement project.  
To implement the changes in systems and process identified in the registration process and system review project.
- 8.1.9 Replace the Mobile Device Management (MDM) service for mobile phones.  
This project replace the existing MDM service with Microsoft Intune. This will leverage existing use rights and increase the support and maintainability of

managed devices.

8.1.10 Support the implementation of a new bulk print provider.

This activity will support the implementation of a new bulk print provider, as well as supporting the on-demand pilot programme.

## 8.2 Information Technology Objective 2:

*To apply Information Technology within the organisation where it can improve effectiveness we will:*

8.2.1 Education system configuration cycle.

This project will support the Education department in delivering small low risk changes to the Education system outside of the major project process.

8.2.2 Finance system requirements phase 1.

This project is to support the Finance department in building a business case for the replacement of the current finance systems. It will include the assessment of potential technology solutions and proposed delivery platforms.

8.2.3 Finance system upgrade.

This project is to support the upgrade of the SAGE 200 financial ledger system and the WAP purchase order system. This will address a number of bugs and release additional functionality.

8.2.4 HCPC annual website deployments project.

This project will be to support the Communications department in a series of small functional deployments to the existing websites to maintain content and user experience.

8.2.5 HCPC website review and build.

This project will implement the high level requirements, process, identified in the first stage of the project.

8.2.6 Implement Microsoft Teams.

This project will implement a new Microsoft productivity tool to support collaboration.

8.2.7 Intranet migration.

Support the Communication department in the migration of the HCPC intranet to the Office365 platform.

8.2.8 Replace legacy personal computers.

This project will replace outdated personal computers in preparation for an

upgrade to Windows 10 in a future year.

8.2.9 Skype for Business telephony development.

To enable interfaces between the corporate telephony system and Skype for business, enabling an improved feature set including 'click to call'.

8.2.10 Social Workers transfer project.

This project will support the transfer of the Social Workers register to the new regulator to be set up by the Department for Education.

8.2.11 Telephony system development cycle.

This project will manage up to two controlled releases of changes to the HCPC telephone system to reflect developments requested by the business teams.

8.2.12 Upgrade the desktop application suite to Office 2016.

This project will upgrade the current version of Office to Office 2016.

8.2.13 Upgrade Storage Area Network (SAN).

To replace legacy SAN storage by increasing capacity in the primary SAN.

**Information Technology Objective 3:**

*To protect the data and services of HCPC from malicious and unexpected events we will:*

8.2.14 Independent security testing.

Conduct regular independent penetration tests of our environment to assure effective security controls.

8.2.15 NetRegulate platform refresh.

This project will assess the base versions of the NetRegulate platform and apply upgrades and security patches as necessary and as supported by EnergySys.

8.2.16 PCI security standards compliance.

Implement the changes identified in the first stage of the project to meet our obligations under the PCI/DSS (payment processing) legislation.

8.2.17 Upgrade enterprise document and records system (Sharepoint).

This project will upgrade the current FTP implementation of Sharepoint to the most recent version to retain compatibility with other software.

8.2.18 Upgrade operating systems.

Implement upgrades of server operating systems to maintain vendor support

and address known issues.

8.2.19 Upgrade the Parallels (2X) remote desktop service.

This project will upgrade the Parallels remote desktop service for remote working including any underlying infrastructure.

8.2.20 Upgrade the redundant data bearer.

This project will upgrade the redundant data bearer to allow an effective failover if the primary bearer fails.

8.2.21 Upgrade SQL Server to latest version.

This project will upgrade our existing databases to the latest version of SQL Server where the application is supported.

8.2.22 Upgrade supporting systems.

Implement upgrades to a number of supporting systems that provide functions such as backup and encryption to maintain support and address known issues.

8.2.23 Upgrade switch infrastructure.

This project will resolve an existing authentication issue by either configuration of the switches or if this is not possible by their replacement.

8.2.24 White list of corporate applications.

This project will implement Applocker which will apply a 'whitelist' of authorised applications on all personal computers which will strengthen the security position of the desktop infrastructure.

### 8.3 Information Technology Objective 4:

*To meet internal organisation expectations for the capability of the IT function we will:*

8.3.1 Expand the IT team.

Extend the infrastructure support team. Train the new employee and apply their experience to improve the service;

8.3.2 IT survey.

Conduct an IT customer satisfaction survey to identify areas of strength and areas for development for the IT function.

8.3.3 Review and document processes and work instructions.

Continue to build the configuration management database to support effective execution of the problem and change management processes;

## **9 The anticipated IT activities for 2018 - 2019**

We plan to apply best practice as we continue to develop our infrastructure to gain effectiveness whilst improving value for money by:

9.1.1 Upgrade the desktop environment to the Windows10 operating system;

9.1.2 We will support the major project delivery which is expected to include:

- Implementation of the registration transformation and improvement project phase 2;
- Support the transfer of the Social Workers register to the new regulator;
- Support the Implementation project for a replacement case management system and adjudication system.

9.1.3 We will also deliver the agreed departmental project list to support the achievement of the directorate work plans.

## **10 Risk management**

The Information Technology department manages those organisation risks that are primarily concerned with:

- 10.1 Information security - the authentication and authorisation of individuals to gain access to defined services and data;
- 10.2 Information Technology Continuity – the ability to recover from a disaster scenario;
- 10.3 Perimeter protection – the ability to manage the threat of external intrusion through hacking and virus propagation;
- 10.4 Obsolescence – management of the supportability and maintainability of the IT infrastructure.

Please see the appendix A for details.

## 11 Glossary

BAU.....	Business As Usual
Blackberry.....	Remote mobile diary and calendar management technology
BPI.....	Business Process Improvement
CAPEX.....	Capital expenditure
CRM.....	Customer Relationship Management
Customer.....	Individuals who purchase or commissions an IT service
DSL.....	Definitive Software Library
FTE.....	Full Time Equivalent
FTP.....	Fitness to Practice
HCPC.....	The Health and Care Professions Council
HR Info.....	Software package that provides Human Resources management functionality
ISP.....	Internet Service Provider
IS.....	Information Systems. The combination of business software applications, procedures and activities that utilise IT components to deliver an information service.
IT.....	Information Technology
ITIL.....	Information Technology Infrastructure Library.
LAN.....	Local Area Network
Lotus Notes.....	Software package that provides application and mail functionality
MS-Word.....	Microsoft Word
OPEX.....	Operating expenditure
PC.....	Personal Computer
PCI DSS.....	Payment Card Industry Data Security Standard
Service Catalogue.....	A list of all end-to-end IT services available to the User
Service Delivery.....	ITIL category for service management encompassing: service level management, IT continuity management, financial management, capacity management and availability management.
Service Support.....	ITIL category for service management encompassing: service desk, incident management, problem management, configuration management, change management and release management.
SMS.....	Short Message Service
User.....	Individuals who use an IT service
W3C.....	World Wide Web Consortium



## 12 Appendix A: Risks managed by the Information Technology department

Category	Ref #	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Impact before mitigations Jan 2016	Likelihood before mitigations Jan 2016	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation Jan 2016	RISK score after Mitigation Sept 2015
Operations	2.10	Telephone system failure causing protracted service outage	Director of IT	4	3	12	Support and maintenance contract for hardware and software of the ACD and PABX	Backup of the configuration for both the ACD and PABX	Diverse routing for the physical data lines. Redundant exchange configuration. Dynamic capacity increases.	Low	Low
IT	5.1	Software malware damage	Director of IT	4	5	20	Anti-malware software deployed at several key points. Application of security patches in a timely manner.	Adherence to IT policy, procedures and training. Restricted administrator privileges.	Regular externally run security tests	Low	Low
		Links to 2.3, 10.2									
	5.2	Technology obsolescence, (Hardware or Software)	Director of IT	2	2	4	Delivery of the IT strategy including the refresh of technology	Employ small core of mainstream technology with recognised support and maintenance agreements	Accurately record technology assets. Adoption of cloud services.	Low	Low
		Links to 2.6, 10.2									
	5.3	Fraud committed through IT services	Director of IT	3	2	6	Appropriate and proportionate access restrictions to business data. System audit trails.	Regular, enforced strong password changes.	Regular externally run security tests	Low	Low
		Links to 10.2 and 17.1									
	5.4	Failure of IT Continuity Provision	Director of IT	4	3	12	Annual IT continuity plan tests.	IT continuity plan is reviewed when a service changes or a new service is added.	Appropriate and proportionate technical solutions are employed. IT	Low	Low

Reference [IT work plan 2017-18 v1.0]

Author [Guy Gaskins]

									technical staff appropriately trained.		
	5.5	Malicious damage from unauthorised access	Director of IT	4	5	20	Security is designed into the IT architecture, using external expert consultancy where necessary.	Regular externally run security penetration tests	Periodic and systematic proactive security reviews of the infrastructure. Application of security patches in a timely manner. Physical access to the IT infrastructure restricted and controlled.	Low	Low
	5.6	Data service disruption (via utility action)	Director of IT	5	1	5	Redundant data services	Diverse routing of services where possible	Appropriate service levels with utility providers. IT continuity plan	Low	Low
<b>Education</b>	7.5	Protracted service outage following Education system failure	Director of IT	4	2	8	Effective backup and recovery processes	Maintenance and support contracts for core system elements	Annual IT Continuity tests	Low	Low
<b>Registration</b>	10.2	Protracted service outage following a NetRegulate Registration system failure	Director of IT	5	2	10	Effective backup and recovery procedures	Maintenance and support contracts for core system elements	Annual IT Continuity tests	Low	Low
<b>FTP</b>	13.10	Protracted service outage following a Case Management	Director of IT	5	2	10	Effective backup and recovery procedures	Maintenance and support contracts for core system elements	Annual IT continuity tests	Low	Low

		System failure									
<b>Information Security</b>	17.1	Loss of information from HCPC's electronic databases due to inappropriate removal by an employee	EMT, Director of IT and Director of Operations	5	3	15	Access is restricted to only the data that is necessary for the performance of the services. Employment contract includes Data Protection and Confidentiality Agreement	Adequate access control procedures maintained. System audit trails. Training where appropriate.	Laptop encryption. Remote access to our infrastructure using a VPN. Documented file encryption procedure. Maintain ISO27001	Low	Low
	17.3	Unintended release of electronic or paper based information by external service providers.	EMT, Director of IT and Director of Operations	5	2	10	Access is restricted to only the data that is necessary for the performance of the services.	Effective system processes including secure data transfer and remote access granted only on application and through secure methods.	Data Processor agreements signed by the relevant suppliers. Maintain ISO27001	Low	Low

	17.6	Loss of Registrant personal data by the registration system (NetRegulate) application support provider in the performance of their support services (specific risk).	Director of IT and Director of Operations	5	1	5	Access to and export of Registrant data is restricted to only that which is necessary for the performance of the services.	Effective system processes including secure data transfer and remote access granted only on application and through secure methods.	Data processor side letter specifying obligations and granting a limited indemnity.	Low	Low

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# Operations Directorate

## 2017 – 2018 work plan

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## 1. Executive summary

- 1.1. The Operations Directorate is responsible for maintaining HCPC's Register of health and care professionals, managing the major projects undertaken within the organisation on behalf of the Executive Management Team (EMT), managing the HCPC estate, maintaining HCPC's Quality Management System, information security, risk and information analysis, business continuity and process improvement.

### 2016 – 17 activities

- 1.2. The **Registration department** continued to deliver registration processes efficiently and effectively within the department's service standards whilst taking over responsibility for the management of the Registration appeals processes. The department provided resource and expertise to assist with the delivery of 5 major projects.
- 1.3. The **Project Management department** managed 11 simultaneous projects last year. The key deliverables of the year were the go-live of the Education and HR systems. Significant progress was also made on the design plans for the 186 Kennington Park Road renovation, including the appointment of the main contractor, the development of phase one of the Registrations system and the set-up of the Tribunal service.
- 1.4. The **Office Services department** relocated large portions of the business to match departmental realignments and accommodate the decant of the 186 Kennington Park Road premises in preparation for refurbishment, started the migration of service contracts to framework agreements and began the review of health and safety policies and procedures.
- 1.5. The **Business Process Improvement department** successfully maintained the organisation's ISO 10002 Customer Satisfaction, ISO 27001 Information Security and ISO 9001 Quality Management System certifications.

### 2017 – 18 activities

- 1.6. The **Registration department** will be managing the renewal of 9 professions, whilst continuing to develop employees and processes to ensure the department builds upon the improvements of previous years. The department will be involved in similar number of projects this year and will continue to make a significant contribution to the Registration transformation and improvement project.
- 1.7. The **Project Management department** is anticipating a similar year this year to last. We are anticipating 5 key deliverables of:
  - The CPD element of the Registrations project
  - The completion of the 186 Kennington Park Road renovation
  - The delivery of the new Partners system
  - The launch of the Tribunal service, and

- The completion of the PCI / DSS recommendations
- 1.8. Two new projects will be initiated – the FTP case management requirements review and the Educations system changes project. We are also preparing for the impact that the regulation of social workers project will have on the Project Management workload.
- 1.9. The **Office Services department** will complete the review of health and safety policies and procedures, begin review of environmental policies and procedures, migrate more services contracts to framework agreements and refresh the 184 Kennington Road premises façade in line with the 186 Kennington Road premises refurbishment.
- 1.10. The **Business Process Improvement department** will be focused on carrying out ISO 9001, ISO 27001 and ISO 10002 compliance and the transition to the ISO 9001:2015 standard.



## 2. Operations

- 2.1. This document sets out the priorities, resources and responsibilities of the Operations Directorate for the financial year 2017 – 2018 and provides a basis against which the work of departments within Operations can be planned and measured.
- 2.2. The Operations Directorate is both proactive and reactive in its work so the priorities laid out in this document may change. The directorate continues to remain flexible in the delivery of its workplan. This document will be kept under review.
- 2.3. The four departments within Operations are Registration, Business Process Improvement, Project Management and Office Services.
- 2.4. The **Registration** department is responsible for maintaining HCPC's Register of health and care professionals and Registration Appeals.
- 2.5. The **Project Management** department is responsible for managing the major projects undertaken within the organisation on behalf of the Executive Management Team (EMT).
- 2.6. The **Office Services** department is responsible for managing the facilities, building refurbishments and Health & Safety for properties owned or leased by HCPC.
- 2.7. The **Business Process Improvement** department maintains develops, and promotes the Quality Management System, information security, risk and information analysis, business continuity and process improvement. BPI is also response for ad-hoc business reporting and data extraction from business datasets.

## 3. Resources within Operations

- 3.1. The Operations management team consists of five employees

Greg Ross-Sampson	Director of Operations
Claire Reed	Project Portfolio Manager
Richard Houghton	Head of Registration
Roy Dunn	Head of Business Process Improvement
James McMahon	Office Services Manager

3.2. There are no new or additional roles planned for 2017 – 2018.

## 4. Risks managed by Operations

Category	ISMS Risk	Ref	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Impact before mitigations Jan 2017	Likelihood before mitigations Jan 2017	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation Jan 2017	RISK score after Mitigation Jul 2016
Operations		2.3	Unacceptable service standards	Director of Operations	5	4	20	ISO 9001 Registration, process maps, well documented procedures & BSI audits	Hire temporary employees to clear service backlogs	Detailed workforce plan to match workload.	Low	Low
Operations		2.12	Significant disruption to UK transport network by environmental extremes e.g. snow, rain, ash; civil unrest or industrial action; disrupts planned external activities	Director of Operations & Head Bus Proc	3	2	6	Use of alternate networks	Use of video or teleconferencing facility to achieve quorum	Invoke Disaster Recovery/Business Continuity plan	Low	Low
Operations	NEW	2.16	Loss of access to HCPC premises due to tunnel engineering failure (Northern Line Extension)	Director of Operations & Head Bus Proc; Office Services Mgr	5	2	10	Invoke Disaster Recovery/Business Continuity plan			Low	NEW
Operations	NEW	2.17	Damage or requirement for evacuation of operational premises due to rebuild/refurbishment activity of 186 KPR	Director of Operations & Head Bus Proc; Office Services Mgr	4	2	8	Building programme surveying and planning	Temporary changes to use of 184 KPR	Business Continuity plan	Low	NEW

## 5. Registration Department

- 5.1. Providing a high level of customer service is crucial to the long term success of the Health and Care Professions Council (HCPC) and demonstrates our commitment to all of our stakeholders - registrants, members of the public, our employees, our suppliers and the members of our Council and Committees. As the standard of customer service increases in other service sectors such as financial services, telecommunications, local government, retail and leisure so does the service quality expectations of their customers. Similarly, HCPC's 'customers' will continue to have higher expectations of their own customer service experience which includes having a wider range of service delivery options and more choice of how they interact with us. Coupled with this increased expectation of service delivery is an increase in registrant number growth. Registrant numbers have increased steadily over recent years, which has increased the demand for these services.
- 5.2. It is clear that we need to continue to develop our customer service delivery strategy that is based on the present and future needs and expectations of stakeholders. It is also important to maintain the positive, pride of workmanship, feeling of community, enjoyable and fun working environment that exists at HCPC as customer satisfaction generally moves in the same direction as employee satisfaction.
- 5.3. As in previous years the Registration work plan has been completed with the following principles in mind:
  - 5.3.1. Employing the best people in a good working environment and supporting them with ongoing training, reliable equipment and up-to-date systems;
  - 5.3.2. Recognising individuals and teams by promoting from within wherever possible;
  - 5.3.3. Encouraging everyone to enjoy rewarding careers; and
  - 5.3.4. Providing job satisfaction.
- 5.4. The continued investment in technology to reflect business rules and processes will speed up processing, improve job satisfaction and offer our customers more service delivery channels.
- 5.5. It is important to remember that it is the continuation of a journey in Registration.
- 5.6. The Registration Department's main responsibilities are:

- 5.6.1. Processing application forms from individuals who have undertaken an approved course in the UK;
  - 5.6.2. Processing applications for readmission to the Register;
  - 5.6.3. Processing registrants registration renewal forms;
  - 5.6.4. Processing international / EEA / temporary application forms;
  - 5.6.5. Processing grandparenting application forms (currently no grandparenting window);
  - 5.6.6. Managing registration appeals;
  - 5.6.7. Processing incoming general correspondence including letters, requests for de-registration, change of addresses;
  - 5.6.8. Coordinating continuing professional development (CPD) profile audits;
  - 5.6.9. Replying to emails; and
  - 5.6.10. Answering incoming telephone calls.
- 5.7. This work plan attempts to show how the standard operational work and the planned projects have been scheduled to ensure successful completion, given the resources and time table. The Registration Department is both proactive and reactive in its work so the requirements may change. The department will therefore need to be flexible in the delivery of its work plan in order to respond accordingly. This document will be kept under review.

## **6. Resources within the Registration Department**

- 6.1. This work plan is based on a budget of £3,619,452 which allows for a team of 60 registration employees. Registration Department resource requirements outlined in this document are based on the registrant statistics included in the 'Registration Numbers Forecast 2017 - 2022', which was presented to Council in the March 2017.
- 6.2. The Registration Department organisational structure for 2017 - 2018 consists of
  - A Head of Registration;
  - Five Registration Managers;
  - A Registration Operations Manager;

- A Registration Operational Planner;
- A Registration Quality Assurance Manager;
- A Registration Quality Assurance Advisor;
- A Registration Appeals Manager;
- Three Registration Appeals Co-ordinators;
- Five Team Leaders;
- A Registration Trainer;
- Two Registration Co-ordinators; and
- Thirty-eight Registration Advisors including two Apprentices.

6.3. There are no new or additional roles planned for 2017 – 2018.

6.4. The service teams will continue to provide front line customer service for the UK, international, CPD, grandparenting and renewal processes. There continues to be significant investment in cross training of Registration Advisors and this continues to allow the department to respond rapidly and effectively to the significant increases in demand that is received.

6.5. The appeals team will manage appeals from the moment they are received, up until they are considered by an appeal panel - tasks previously undertaken by FTP colleagues in Case Management, Scheduling and Hearings. This includes considering the notice of appeal in line with the 'Appeal Rules', managing progression of the case, scheduling the appeal and attending the hearing.

6.6. Recruiting and retaining employees, in order to work effectively and proactively, continues to be a big challenge for the department and is likely to remain a risk for this financial year.

## **7. Registration priorities 2017 – 2018**

7.1. The main priority for the department is the day-to-day operation of the registration processes. The department will also be involved in a number of projects at both an operational and strategic level.

## 8. Registration main operational activities

- 8.1. There are 9 main service processes which generate the majority of the department's workload and the volumes for each process vary throughout the year with significant peaks and troughs in demand for any individual process. The department continues to ensure it delivers the best possible service to registrants, applicants and the public by cross training all Registration Advisors to deliver all registration processes efficiently and effectively within our service standards.

	Process	Service standards 2017 – 2018
1.	UK applications	<i>The Registration Department aims to respond to all UK application requests within ten working days of receipt. We aim to process all <b>complete</b> UK applications within ten working days of receipt, or inform the applicant within ten working days if their application is <b>incomplete</b>.</i>
2.	Readmissions	<i>The Registration Department aims to process all <b>complete</b> readmission applications within ten working days.</i>
3.	International / EEA applications	<i>The Registration Department aims to verify completeness of all international and EEA applications and acknowledge receiving the application within 5 working days of receipt. The Registration Department aims to process <b>complete</b> applications within 60 working days of receipt.</i>
4.	Grandparenting applications	<i>The Registration Department aims to verify completeness of all Grandparenting applications and acknowledge receipt of the application within 5 working days. The Registration Department aims to process <b>complete</b> applications within 60 working days of receipt.</i>
5.	Continuing Professional Development (CPD) audits for the following professions in 2017 - 2018: <ul style="list-style-type: none"> <li>• Practitioner psychologists;</li> <li>• Orthoptists;</li> <li>• Paramedics;</li> <li>• Clinical scientists;</li> <li>• Prosthetists / orthotists;</li> <li>• Speech and language therapists;</li> <li>• Occupational therapists;</li> <li>• Biomedical scientists;</li> <li>• Radiographers.</li> </ul>	<i>The Registration Department aims to acknowledge receiving the CPD profile application within 5 working days of receipt. The Registration Department aims to process a <b>complete</b> CPD profile within 60 working days of receipt.</i>

6.	Renewal of registration	<i>The Registration Department aims to renew the registration of a Registrant with active direct debit set up, within ten minutes of the Registrant completing their renewal online account. The Registration Department aims to process a <b>complete</b> paper renewal form within 10 working days of receipt.</i>
7.	Postal correspondence	<i>The Registration Department aims to process postal correspondence within ten working days.</i>
8.	Emails	<i>The Registration Department aims to respond to 80% of all emails within one working day and all emails responded to within two working days.</i>
9.	Telephone call answering	<i>The Registration Department aims to answer 95% of all telephone calls.</i>

8.2. In addition, a dedicated Registration Appeals Team manages all Registration appeals processes.

## 9. Registration supporting activities

9.1. There are five activities which support the main Registration Department processes. Whilst these activities provide a solid and desirable foundation onto which to operate our main processes, at certain times of the year some of them do not take priority and some activities, if resources are stretched, may need to be revisited. The following paragraphs summarise these activities.

9.2. **Partner assessor recruitment, selection and training:** In 2017 – 2018 the department will work with the Partners Department to ensure Registration Assessor numbers are maintained and appropriate for the planned operational processes. This will include the selection, recruitment and training of new Registration Assessors to fill identified gaps.

9.3. There will be refresher training for all 173 Registration Assessors this financial year. These sessions will include training on the Health and Social Work Professions Order (HSWPO) and operational processes.

9.4. Registration will also continue to assist the Partners Department with the delivery of the Registration Assessor performance appraisal system.

9.5. **Information systems (database and electronic records):** In 2017 – 2018, the department will work with the IT Department to both enhance and revise the registration IT systems. It is the current intention to implement the following changes to the registration IT systems this financial year:

- Implement Worldpay for payments accompanying international applications to remove the need for cheques.
  - Explore the possibility of implementing an electronic process for appeals bundles.
- 9.6. **Liaison with stakeholders:** In 2017 – 2018, the department will continue to work with stakeholders (general public, professional bodies, and registrants) in the broad area of registration. The department will endeavour to support the Communications Department with representation at conferences, employer events, webcasts and various presentations which also provides valuable experience for registration employees and the department as a whole.
- 9.7. **Committee and Council work:** In 2017 – 2018, the department will continue to work with the Education and Training Committee and Council. Registration will ensure that they are kept up-to-date with operational performance and changes to existing processes and the introduction of new processes.
- 9.8. **Improve Registration Department publications:** The department is responsible for producing a number of publications, including the Continuing Professional Development (CPD) biennial audit report, registration certificate, renewal form and the UK, international, grandparenting, readmission application forms and guidance notes. These documents are updated and reviewed regularly.

## 10. Registration objectives in 2017 – 2018

A number of objectives have been identified that will require action and completion in 2017 – 2018.

- 10.1. **Registration Objective – Improve quality of service:** Customer service is an important aspect of any organisation. The Registration Department will continue to build upon the foundations already in place and improve the service Registration deliver by ensuring that we:
- 10.1.1. Conduct, deliver and review the quality checks programme providing Registration Advisors with individual feedback in regular 1 to 1 meetings and enabling the department to identify any recurring process failures;
  - 10.1.2. Conduct, deliver and review the call monitoring process to deliver individual feedback to Registration Advisors; and
  - 10.1.3. Continue to facilitate a customer research programme to:



- 10.1.3.1. Gain an in-depth insight into the overall customer service experience from a registrant viewpoint;
  - 10.1.3.2. Gain qualitative feedback on call handling quality;
  - 10.1.3.3. Have a clear basis for making decisions about future service developments; and
  - 10.1.3.4. Deliver improvements identified.
- 10.2. **Registration Objective – Effective capacity planning:** To ensure that Registration effectively plan the use of our resources, capacity planning will continue to be developed to accurately forecast workload.
- 10.3. **Registration Objective – Continue to improve application verification checks:** It is incumbent upon Registration to ensure the integrity of the Register, including improving how fraudulent or erroneous entry to the Register are prevented. Some processes are already in place for checking qualifications, identity and professional standing. Registration will aim to continue to improve our verification process by enhancing our verification database by continuing to store examples of valid worldwide competent authority contact details, education institution details and verification documentation. Registration will also trial the services of a specialist provider of background screening and primary source verification services to identify if there are any further improvements we can make to our verification processes.
- 10.4. **Registration Objective – Employee development :** Our employee development policy aims to ensure that right people are in the right role and investment is made in their recruitment, training and development by:
- 10.4.1. Arranging for all registration employees to gain an accredited customer service qualification;
  - 10.4.2. Developing customer service training to improve skills to deal with more challenging situations;
  - 10.4.3. Arranging for all Registration Managers to gain an accredited service leadership qualification;
  - 10.4.4. Developing and delivering the long term training plan;
  - 10.4.5. Continuing to review and develop the online learning management system which enables the Registration Department to deliver its training online; and
  - 10.4.6. Continuing to cross train all Registration employees.

10.5. **Registration Objective – Develop external relationships with suppliers:**  
 The Registration Department is reliant on a number of key suppliers in order to deliver and improve the service that it delivers. The department needs to continue to develop good working partnerships with these suppliers to ensure a seamless and improved service is delivered in a cost effective manner. The department needs to ensure:

10.5.1. Our new printing supplier, Xerox, prints all registration renewal forms, registration application forms, some publication material, letters and registrant certificates effectively and efficiently; and

10.5.2. The Registration Department has the appropriate technical maintenance support for the telephony system and provide recommendations on how existing technology can be utilised more effectively.

10.5.3. Our office services supplier scans and copies all registration renewal and application forms effectively and efficiently; and

10.6. **Registration Objective - Manage projects within agreed timescales:** The following part of the document provides a summary of the projects that are planned or anticipated to be undertaken in the financial year 2017 - 2018. The project delivery timescales are driven by resource constraints (both internal and external), legislative deadlines, business need and government decisions. The Registration Department is heavily impacted by these factors and its work priority may change. This may impact the planned project work outlined in this document.

10.7. The department will support the following ongoing departmental projects which will continue into financial year 2017 - 2018.

	<b>Project name</b>	<b>Project Description</b>
1	International professional equivalence	Assess the comparability of international qualifications so that HCPC can maintain a list of comparable qualifications.

10.8. The department will support the following ongoing major projects which will continue into financial year 2017 - 2018.

	<b>Project name</b>	<b>Project Description</b>	<b>Projected completion date</b>
1	Partners systems build	Building and deploying a new system/s for the HR and Partners department.	July 2017
2	Registration Transformation and Improvement Build Project – Phase 1 completion and Phase 2 initiation	A project to deliver a new operating model for the Registration Department, including processes, systems and interactions with other areas around the organisation. The first phase of this three phase project has now commenced. Design is underway for the CPD proof of concept and sprint cycles will commence shortly.	June 2020 Phase 1 – August 2017
3	PCI Security Standards Compliance	Review of our obligations under the PCI/DSS (payment processing) legislation plus implementation of any changes that we need to make to our technology.	May 2016
4	HCPC website review and build	Develop new HCPC website	TBC
5	Transfer of social workers	Move social workers to another regulator	Not known

## **11. Equality & Diversity within Registration**

11.1. As part of the HCPC equality and diversity scheme the Registration Department will continue to scrutinise and screen all processes and work to identify and, where possible, mitigate any adverse impact to some groups, compared to others.

## **12. Registration activities in 2018 – 2019**

12.1. 2018 – 2019 will be a year in which the Registration Department continues to undertake our established activities and improve our processes and service delivery. Contributing to the project to transfer the responsibility of regulating social workers will have a significant impact on the workload of the Registration Department.

12.2. The Registration Department will continue with the Registration transformation and improvement project to implement long term strategic changes and develop a system replacement.

- 12.3. Although currently unknown the government may require HCPC to regulate additional groups.

### 13. Registration activities in 2016 - 2017

- 13.1. It would be useful to review the activities contained in the work plan which was submitted one year ago as part of the background which has formed the basis of this new work plan. Six objectives were set and the progress of each is detailed below:

- 13.2. **Registration Objective – Improve quality of service:** This objective was met. A quality checks programme was in operation with call monitoring, application entry and renewal processing checks undertaken and feedback given to Registration Advisors. A Registration Department satisfaction survey was conducted which provided an in depth insight into the overall service experience from a registrant viewpoint.

- 13.3. **Registration Objective – Effective capacity planning:** This objective was met. Specialist contact centre planning training has enabled the development of the capacity planning process with the Registration forecasting model built to the FAST standard. . This has enabled the Registration Department to deliver improved performance over the past twelve months and effectively plan the workload.

- 13.4. **Registration Objective – Continue to improve application verification checks:** This objective was met. Over the last year Registration have continued to focus on verifying the identity, qualifications and registration of international applicants. Some activities are outlined below:

- 13.4.1. The Registration Department has continued to populate the verification database by continuing to store examples of valid worldwide competent authority contact details, educational institutions and verification documentation;

- 13.5. **Registration Objective – Employee development:** This objective was met. All new employees have continued to have the opportunity to attend a customised customer service training programme. There continues to be a long term training plan in place to ensure that cross training of all registration employees continues. An online learning management system is available. There were also a number of internal promotions within the department during the year.

- 13.6. **Registration Objective – Develop external relationships with suppliers:** This objective was met. The department has developed close partnerships with its key suppliers and is currently in the process of transferring all printing

and mailing requirements to Xerox. NHS Protect have informed us that they will be unable to provide any further fraud measurement exercises as they no longer have the resources to complete this work.

13.7. **Registration Objective – Manage projects within agreed timescales** : The progress the department made against each of the planned projects in 2016 – 2017 is detailed below:

13.7.1. **NetRegulate Changes 2016 - 2017** - Changes to NetRegulate to enable HCPC to meet legislative requirements regarding the manner in which annotations are displayed on the online register. This project was delivered and will close in March 2017;

13.7.2. **HR & Partners systems build** – The new HR system was delivered in December 2016 and the project will close in June 2017, when the Partner system is delivered ;

13.7.3. **Stakeholder Relationship Management System** – The development and build of a stakeholder contact management system to enable effective communication with external HCPC stakeholders. It was decided that this project would not be progressed;

13.7.4. **Registrations Transformation and Improvement Build** - A project to deliver a new operating model for the Registration Department, including processes, systems and interactions with other areas around the organisation. The first phase of this three phase project has now commenced. User acceptance testing is currently underway for the CPD proof of concept;

13.7.5. **Professional Qualifications Directive Implementation Project** - A project to determine how the HCPC remains compliant with the changing European Directive. This project was delivered and closed in the January 2017;

13.7.10. **PCI Security Standards Compliance** – Review of our obligations under the PCI/DSS (payment processing) legislation plus implementation of any changes that we need to make to our technology. This project is due to close in July 2017.

## 14. Risks managed by the Registration Department

14.1. The Registration Department manages those organisation risks that are primarily concerned with:

- Customer service failures;
- Inability to detect fraudulent applications;
- Backlog of registration applications;

- Mistakes in the registration process leading to liability for compensation to the registrant or applicant; and
- CPD processes not effective.

## 14.2. Risk register

Ref	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Impact before mitigations Jan 2017	Likelihood before mitigations Jan 2017	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation Jan 2017	RISK score after Mitigation Jul 2016
10.1	Customer service failures	Director of Operations, Head of Registration	5	4	20	Accurate staffing level forecasts	Adequate staff resourcing & training	Supporting automation infrastructure eg call centre systems, NetRegulate system enhancements, registration re-structure, externally sourced registrant surveys	Low	Low
	Links to 11.1, 11.2									
10.2	Protracted service outage following a NetRegulate Registration system failure	Director of IT	5	2	10	Effective backup and recovery procedures	Maintenance and support contracts for core system elements.	Annual IT Continuity tests	Low	Low
	Links to 5.1-5.3 and 17.1									
10.3	Inability to detect fraudulent applications	Director of Operations, Head of Registration	5	2	10	Financial audits, system audit trails	Policy and procedures supported by internal quality audits	Validation of submitted information, Education & ID checks, NRS Protect fraud measurement exercises ongoing	Low	Low
	Links to 9.1, 17.1 and 17.2									
10.4	Backlogs of registration and applications	Director of Operations, Head of Registration	4	3	12	Continually refine model of accurate demand-forecasting, to predict employees required to prevent backlogs, and service failures	Process streamlining	Match resource levels to meet demand & delivery published Service Standards	Low	Low
	Links to 1.1									
10.5	Mistake in the Registration process leading to liability for compensation to Registrant or Applicant	Director of Operations, Head of Registration	5	2	10	Audits by Registration Management, system audit trails, external auditors	Professional indemnity insurance. Excess £2.5K. Limit £1M. (Doesn't cover misappropriation of funds)	Policy and procedures supported by ISO quality audits and process controls/checks	Low	Low
10.6 (18.1-7.5)	CPD processes not effective	Director of Operations, Head of Registration	4	2	8	Well documented processes	Appropriately trained members of the registrations team	Monitor and regular feedback to the Education & Training Committee	Low	Low
	Links to 1.1									
10.7 (13.7)	Failure to manage Registration Appeals effectively and efficiently	Director of Operations, Head of Registration	4	2	8	Well documented processes	Appropriately trained members of the registrations team	Monitor and regular feedback from the Reg Appeals panel	Low	Low

## 14.3. Risk matrix

HCPC Risk Register no.	Activity	Lead
2.3, 1.5, 10.1, 10.4, 10.6, 10.7	Manage the Registration Department's main operational processes within service standards	RH, CH, AL, JW, DA, PR, NB, SY
6.1	Partner assessor recruitment, selection and training	DA, AL, NB
10.1	Information systems enhancements and revisions	RH, CH, AL, JW, DA, PR, NB, SY
3.2	Liaison with stakeholders	RH, CH, AL, JW, DA, PR, NB, SY

4.1	Committee and Council work	RH,CH,AL,,JW,DA ,PR,NB, SY
10.5, 1.5	Improve Registration Department publications	RH,CH,AL,,JW,DA ,PR,NB, SY

RH - Richard Houghton, Head of Registration

CH - Claire Harkin, Registration Operations Manager

AL – Anna Lubasinska, Registration Manager

SY – Samuel Yemane, Registration Manager

JW – James Wilson, Registration Quality Assurance Manager

DA – Dushyan Ashton, Registration Manager

PR – Paul Robson, Registration Manager

NB – Natalie Berrie, Registration Manager

14.4. Activities outlined in this work plan also help mitigate organisation risks managed by other departments.

## **15. Project Management Department**

- 15.1. The department manages the major projects undertaken within the organisation on behalf of the EMT.
- 15.2. The decision as to which projects should be initiated in this financial year was made by the EMT in November 2016.
- 15.3. Should additional projects arise during the financial year, they will be processed through the prioritisation process by the EMT and if approved will be included in the delivery programme for the year. This may be at the expense of projects currently approved for initiation.

## **16. Equality & Diversity Scheme and projects**

- 16.1. An equality and diversity assessment of each major project is undertaken as part of the initiation process

## **17. Human resources within the Project Management Department**

- 17.1. The Project Management Department consists of four and a half employees:

Claire Reed	Project Portfolio Manager
Martha Chillingworth	Senior Project Manager
Tim Kitchener	Senior Project Manager
Robyn Schnuir	Project Manager
Alex Loder	Half (part) time Administrative support

## **18. Project Management role descriptions**

### **18.1. Project Portfolio Manager**

Overall accountability for the Project Management function at HCPC. The position is responsible for:

- The delivery of the major projects undertaken with the organisation
- The management of the project portfolio to ensure there are adequate resources within the organisation and that all dependencies between projects are understood and managed



- Reporting to EMT and Council on the status of the portfolio

### 18.2. Senior Project Manager

Responsible for the delivery of the most complex projects / small programmes within the portfolio

### 18.3. Project Manager

Responsible for the delivery of the major projects within the portfolio

### 18.4. Administrative support

A role shared with IT providing administrative support to the projects e.g. invoice processing, meeting administration.

18.5. The salaries for these positions are held within the Operations budget.

## 19. Financial resources for major projects

19.1. This work plan assumes an operating budget of £1,375,973 and a capital budget of £3,266,561, totalling £4,642,535.

19.2. The figures are based on a combination of firm budgets set for projects that are currently initiated and start up budgets that have been estimated by conducting basic research with third party suppliers and by drawing on data from previous projects.

## 20. Project management activities in 2016-17

	Project Name	Status	Comments
	Existing projects		
1	Education System Build	Closed	
2	HR & Partners systems build	In progress	The HR system was delivered in December 2016. The HR side of the project will shortly close.  The Partners side will continue into 2017-18
3	Registrations transformation & improvement project Phases 1 & 2	In progress	The phase one development is now in UAT.

	<b>Project Name</b>	<b>Status</b>	<b>Comments</b>
4	PCI / DSS	In progress	The audit has been completed and the recommendations are being actioned
5	Establishing the Health and Care Professions Tribunal Service	In progress	The service is expected to go-live in April and the project is anticipated to close in May.
6	Professional Qualifications Directive	Closed	
7	Stakeholder relationship management system	Closed	
	<b>New projects</b>		
8	HCPC website review and build	In progress	Initial surveys have been completed and focus groups regarding requirements are underway
9	Net Regulate changes 16-17	In progress	The final changes are being implemented and tested
10	FTP process and systems review project	Did not initiate	Due to resourcing this did not initiate this year, but has been approved for initiation next year.
11	186 Kennington Park Road renovation	In progress	Main contractor has been selected and build work is anticipated to start in April 2017 for approximately six months
	<b>Projects approved mid-year</b>		
12	Regulation of social workers	Awaiting start up	Project will be initiated when clearer timelines are understood

## **21. Project management activities in 2017-18**

### **21.1. Ongoing major projects**

The following major projects will continue into financial year 2017-18.

	<b>Project name</b>	<b>Project Description</b>	<b>Projected completion date</b>	<b>Project budget</b>	<b>2017 -18 budget</b>
1	HR & Partners systems build	Building and deploying a new system for the Partners department	June 2017	698,900	263,186
2	Registrations transformation & improvement project Phases 1 & 2	Building and deploying a new system for the Registrations department	June 2020 Phase 1 – September 2017 Phase 2 – June 2019	3,983,580	1,044,359
3	PCI / DSS	To identify, assess and remedy any PCI DSS compliance weaknesses	July 2017	75,000	33,000
4	Establishing the Health and Care Professions Tribunal Service	To create a greater degree of independence in the adjudication of fitness to practise cases	May 2017	178,255	28,215
5	HCPC website review and build	A review of high-level requirements, processes, systems and purpose of the HCPC's current website. Followed by the build, test and implementation a new website	August 2018	843,860	479,276
6	186 Kennington Park Road renovation	Implementation of plans to renovate the interior of 186 Kennington Park Road	October 2017	2,947,220	2,696,954

## **22. Major projects to initiate in 2017-18**

22.1. The following projects have been approved for initiation in 2017-18 dependent on resources being available within the organisation.

	<b>Project name</b>	<b>Project Description</b>	<b>Project budget</b>	<b>2017 -18 budget</b>
1	Regulation of social workers	Preparations for transferal of the register for Social workers to a new regulator.	TBD	TBD
2	Education system changes 2017-18	Project to make a number of small to medium sized changes to the Education system.	68,793	68,793
3	FTP case management system review	Review of the current process and FTP CMS system to determine future systems requirements.	50,000	28,750

## **23. Project Management supporting activities**

23.1. In addition to the management of the major projects the department will also undertake the following activities.

### **23.1.1. Continued development of Project Management Office (PMO)**

**processes:** As the size and complexity of the portfolio increases, increased due diligence relating to project approval is required to ensure consistency in project approval across the organisation.

A number of new processes will be written and implemented to ensure that this is achieved.

**23.1.2. Continued development of quality assurance processes:** To ensure that the projects within the portfolio are managed to similar standards, quality assurance processes will be written and implemented.

## 24. Provisional portfolio timeline

Indicative Portfolio Timeline

Existing major projects			Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
1	MP 85	Registrations transformation and improvement project						Phase 2						To June 20
2	MP 78	Partners system build												
3	MP 86	Establishing the Health & Care Professions Tribunal Service												
4	MP 87	PCI Security Standards compliance												
5	MP 89	106 Kennington Park Road renovation												
6	MP 90	HPC website review and build		End of stage 1	Start of stage 2									To May 18
7	MP 92	Regulation of social workers	TBD											
8		Review of FTP Case Management System requirements												
9		Education system changes 2017-2018												

## 25. Risks managed by the Project Management Department

Category	ISMS Risk	Ref	Description	Risk owner (primary person responsible for assessing and managing the on-going risk)	Impact before mitigations - Jan 2017	Likelihood before mitigations - Jan 2017	Risk Score - Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation - Jan 2017	RISK score after Mitigation - Jul 2016
Project Management		8.1	Fee change processes not operational by required date <small>Links to 1.1, 15.3</small>	Director of Finance Project Portfolio Manager	3	3	9	Project is managed as part of major projects portfolio & managed in accordance with HCPC Project Management process	Project progress monitored by EMT & stakeholders		Low	Low
Project Management		8.2	Failure to regulate a new profession or a post-registration qualification as stipulated by legislation <small>Links to 1.1, 15.3</small>	Project Lead Project Portfolio Manager	5	2	10	Project is managed as part of major projects portfolio & managed in accordance with HCPC Project Management process	Project progress monitored by EMT & stakeholders	Assess lessons to be learned from previous projects	Low	Low
Project Management	I A14, 15	8.14	Failure to deliver a system to the HR & Partners departments requirements	Director of HR Project Portfolio Manager	3	4	12	Project is managed as part of major projects portfolio & managed in accordance with HCPC Project Management process	Project progress monitored by EMT & stakeholders	Project initiation stage to pay particular attention to project scope and breadth/reach of project	Low	Low
Project Management	I A7.2.1	8.17	Organisation wide recurring risk impacting project delivery	EMT & Project Portfolio Manager	3	4	12	Manage resources accordingly	Accept changes to planned delivery		Med	Med
Project Management	I A14, 15	8.19	Failure to build a system to the Registrations departments requirements	Director of Operations & Project Portfolio Manager	5	4	20	Project is managed as part of major projects portfolio & managed in accordance with HCPC Project Management process	Project progress monitored by EMT & stakeholders	Ensure robust testing including load	Low	Low

## **26. Office Services Department**

- 26.1. The department manages the facilities and related services, building refurbishments, Health & Safety and Reception services on behalf of the EMT for properties owned or leased by HCPC.

## **27. Resources within Office Services Department**

- 27.1. The Office Services department consists of two teams with eight full time employees.

James McMahon	Office Services Manager
Robert Pope	Facilities Manager
Abubacarr Jagana	Facilities Officer
Tony Woodham	Facilities Officer
Position Vacant	Reception Manager
Olivia Tilmuth	Receptionist
Claire Travers	Receptionist
Amanda Isaac	Receptionist

The salaries for these positions are held within the Office Services budget.

- 27.2. The department is responsible for managing the HCPC premises at 184 Kennington Park Road (including 22-26 Stannary St), 186 Kennington Park Road (including 18-20 Stannary Street, 405 Kennington Road and 33 Stannary Street (Units 1, 3, 7 and 8)).

## **28. Financial resources for Office Services activities**

- 28.1. This work plan assumes an operating budget of £ 2,917,728. The figures are based on a combination research, details from third party suppliers and by drawing data from current financial year.

## **29. Office Services activities in 2017 – 18**

- 29.1. The following work streams will take place in financial year 2017-18.

	<b>Work stream</b>	<b>Description</b>
1	Review Health & Safety and Fire policy and procedures	Carry out gap analysis of current policy and procedures against best practice and current legislation and make any remediation's required
2	Review Environmental policies and procedures	Carry out gap analysis of current policy and procedures against best practice and current legislation and make any remediation's required
3	Office Restack	Relocate employees following the refurbishment of 186 Kennington Park Road
4	184 Façade works	Refresh of the 184 façade in line with the refurbishment of the 186 building and to align maintenance for both façade going forward
5	Framework Agreement And Contract	Procurement, cost saving analysis and service groupings. Signing government framework agreements where applicable and signing various service contracts to improve cost and service to the business
6	Server room provision	Following the 186 refurbishment there will be dedicated space allocated to extend the IT Server Room. This work includes design and implementation scheduled towards the end of financial year.

29.2. The department will support the following major project in financial year 2017 - 2018.

	<b>Major Project</b>	<b>Description</b>
1	186 Kennington Park Road renovation	Implementation of designed plans to renovate the interior of 186 Kennington Park Road

### 30. Office Services activities in 2016 – 17

	<b>Work stream</b>	<b>Description</b>	<b>Status</b>
1	Review Health & Safety policy and procedures	Carry out gap analysis of current policy and procedures against best practice and current legislation	On-going
2	Office Restack	relocated large portions of the business due to departmental realignments and to accommodate 186 decant for refurbishment	Complete

	Work stream	Description	Status
3	Flood Damage Remediation's	184 Basement refurbishment works following flooding on 29th June 2016	Complete
5	Painting	Painted various areas of the business in line with requirement and following moves	Complete
6	Framework Agreements	Utilities Gas/Electric and Storage/Relocation and Disposal	Complete

## 31. Equality and Diversity within Office Services

31.1. As part of the HCPC equality and diversity scheme the Office Services department will continue to scrutinise all processes to identify and, where practicable, mitigate against any adverse impact to any groups compared to others.

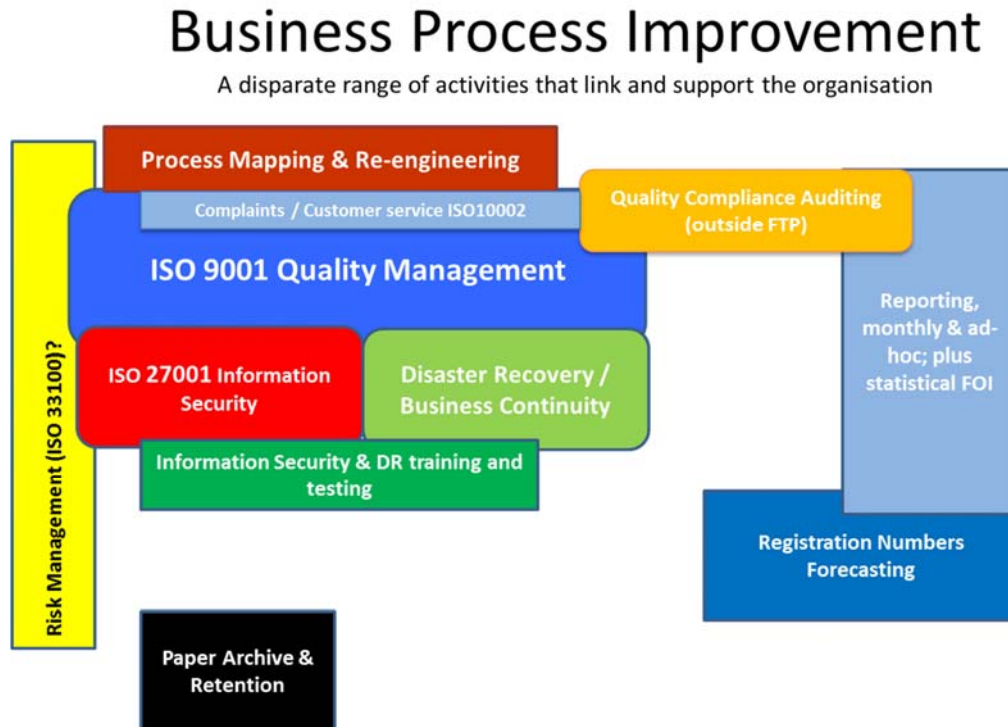
## 32. Risks managed by the Office Services Department

Category	ISMS Ref	Ref	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Impact before mitigations Jan 2017	Likelihood before mitigations Jan 2017	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation Jan 2017	RISK score after Mitigation Jul 2016
Operations	A11, 17.2.1	2.1	Inability to occupy premises or use interior equipment	Office Services Mgr	4	4	16	Invoke Disaster Recovery/Business Continuity plan	Commercial combined insurance cover (fire, contents, terrorism etc)	-	Low	Low
Operations		2.4	Inability to communicate via postal services (e.g. Postal strikes)	Office Services Mgr	3	3	9	Use of other media including Website, newsletter & email and courier services	Invoke Business Continuity Plan	Collection of 80% incomes less by DD	Medium	Medium
Operations		2.5	Public transport disruption leading to inability to use Park House	Office Services Mgr & Head Bus Proc	4	5	20	Contact employees via Business Continuity Plan process	Make arrangements for employees to work at home if possible	-	Low	Low
Operations	A11	2.6	Inability to accommodate HCPC employees	Office Services Mgr	4	3	12	Ongoing Space planning	Additional premises purchase or leased	-	Low	Low
Operations	A11.2.2	2.7	Interruption to electricity supply	Office Services Mgr	4	4	16	Relocate to other buildings on site	If site wide longer than 24 hours invoke BCM/DR Plan	-	High	High
Operations		2.8	Interruption to gas supply	Office Services Mgr	1	2	2	Temporary heaters to impacted areas	-	-	Low	Low
Operations		2.9	Interruption to water supply	Office Services Mgr	2	2	4	Reduce consumption	Temporarily reduce headcount to align with legislation	Invoke DR plan if over 24 hrs	Low	Low
Operations	A11.17	2.11	Basement flooding	Office Services Mgr	4	4	16	Flood barrier protection to prevent ingress	Periodic descaling of drainage	-	Medium	Medium
Operations		2.14 (former Jv1.5)	Health & Safety of employees	Chief Executive & Office Services Mgr	5	4	20	Health & Safety Training, policies and procedures	H&S Assessments	Personal Injury & Travel insurance	Low	Low
Operations	NEW	2.16	Loss of access to HCPC premises due to tunnel engineering failure (Northern Line Extension)	Director of Operations & Head Bus Proc, Office Services Mgr	5	2	10	Invoke Disaster Recovery/Business Continuity plan	-	-	Low	NEW
Operations	NEW	2.17	Damage or requirement for evacuation of operational premises due to rebuild/refurbishment activity of 184 KPR	Director of Operations & Head Bus Proc, Office Services Mgr	4	2	8	Building programme surveying and planning	Temporary changes to use of 184 KPR	Business Continuity plan	Low	NEW



### 33. Business Process Improvement Department

33.1. Business Process Improvement (BPI) maintains develops and promotes the Quality Management System, Information Security, Risk and information analysis, Business Continuity and process improvement. BPI is also response for ad-hoc business reporting and data extraction from business datasets. The diagram below provides an overview of how the different aspects of BPI work overlap.



### 34. Human resources within Business Process Improvement

34.1. The Business Process Improvement Department consists of 2 full time employees.

Roy Dunn                                      Head of Business Process Improvement

Kayleigh Birtwistle                              Quality Compliance Auditor

34.2. Both employees are trained to carry out internal ISO 9001 and ISO 27001 audits. ISO 10002:2014, being part of the 9000 related Quality Management related Standards should also be audited internally. Currently additional training for internal auditors is not available.

34.3. Both employees are also trained in Lean Six Sigma Green Belt.

## **35. Business Process Improvement activities in 2017-18**

### **35.1. Maintain HCPC's Corporate and other Risk Registers as required by the organisation.**

35.1.1. Carry out two iterative updates to the corporate risk register, by polling the Chair, EMT & CDT risk owners for periodic updates to their risk areas. One published to Audit Committee in the first quarter of the year, the second in the third quarter of the year. A link is maintained to Strategic Objectives and Assurance mapping as required.

35.1.2. Carry out at least two iterative updates to the Social Worker project "Speedwell" risk register, by polling EMT & CDT risk owners for periodic updates to their risk areas related to the probable migration of SW records to a new Regulator. This may be an iteration for each Audit Committee meeting going forward until completion of the project.

### **35.2. Maintain ISO 9001:2008 (quality management system) certification and increase quality control activities. Working toward migration to ISO 9001:2015**

[HCPC Risk Register reference: 2.3 & 9.1]

35.2.1. Business Process Improvement aim to conduct one audit every month. This will be a combination of departmental process audits, risk based audits, multi-department audits and supplier audits. Typically these audits and subsequent reports will be pushed into the first nine months of the year to allow for workload issues that arise around January to March as Registrant forecast, ISO 27001 pre –audits and chase up to completion of Information Security training takes place.

35.2.2. Near Miss Reports may substitute for departmental audits, if applicable.

35.2.3. The ISO 9001:2008 standard has been replaced with a new, revised standard (ISO 9001:2015). The new standard moves away from "Plan, Do, Check, Act" cycle to a risk management approach. Preventive Action has been removed as a requirement, with increased reliance on Risk Management. Several sections of HCPC' quality management system (QMS) will be refreshed to align to the new standard. This is a substantive piece of work that will impact the arrangement of all department's process information across the organisation, but will mainly fall on the BPI department.

35.2.4. Scope of audits will be increased to include assessment of information security controls against the ISO 27001 information security standard. These will include the assessment of departmental assets lists, the

nature of threats and vulnerabilities determined, and ensuring the risk scores are appropriate.

35.2.5. Two scheduled external audits by British Standards Institute (BSI) will take place in the financial year, to fulfil our UKAS external audit requirement.

35.2.6. BSI's 2 day external audit to ISO 9001:2008 in April 2017 will include:

- Communications: Publishing; Web & Digital; Events; Social Media; Internal Communications
- Human Resources: Staff development & training
- Registrations: International
- Registrations: EMR
- Registrations: UK
- Quality Management System: Key controls – internal audits, Corrective actions

35.2.7. BSI's 2 day external audit in October 2017, date is yet to be determined. Some dependence on the progress to ISO 9001:2015 migration will control the range of this audit.

35.2.8. A one day BSI ISO 9001:2008 to ISO 9001:2015 transition audit is also required prior to September 2018 when transition must be completed.

**35.3. Maintain ISO 10002:2014 (Complaints management system) annual recertification and increase quality control activities.**

35.3.1. A two day audit by BSI is scheduled for February 1<sup>st</sup> & 2<sup>nd</sup> 2018 to examine our adherence to the Complaints management standard concentrating in the key departments of Registration, Fitness to Practise, Finance and the Service Complaints area.

35.3.2. These areas are specifically audited internally over the year, to document compliance to the standard.

35.3.3. The Quality Compliance Auditor will be responsible for conducting quality compliance audits of regulatory documents and records across all areas of the organisation except FTP. The role will also examine any data issues arising from reporting activities, or Near Miss Reports.

35.3.4. The BPI team will co-ordinate with other areas of assurance work around HCPC (Registrations, Education, and FTP) to ensure consistency of approach and statistical support for our activities.

**35.4. Migrate QMS/ISMS/CMS for ISO; to new intranet with appropriate functionality.**

[HCPC Risk Register reference: 2.3 & 9.1]

35.4.1. This is dependent on appropriate technology being put in place for the corporate intranet project.

35.4.2. Migrate all ISO based standards documentation to the new intranet platform compatible with ISO 9001:2015 standard, which fulfils the latest generic ISO requirements. Update from the ISO 9001:2008 standard to the ISO 9001:2015 is required before September 2018 with BSI certification process. The last planned ISO 9001 external audit before the close off date is April/May 2018.

**35.5. Develop and maintain the HCPC wide QA framework compatible with ISO 9001 standard.** The Quality Assurance group will work on this over the coming year.

**35.6. Develop external audit compatible ISO standards report tracking**

**35.7. Improve HCPC's information security and maintain ISO 27001:2013 (information security) certification**

[HCPC Risk Register reference: 2.1, 5.3, 15.7, 17.2, 17.5, 17.7]

35.7.1. The HCPC certified against the ISO 27001 standard in 2015. We are now maintaining initial ISO 27001 certification with annual 2 day external BSI audits and ongoing internal audits of planned, pre-warned audits, and planned, unpublished audits. The next audit is planned for April 12 & 13<sup>th</sup> 2017. Specific areas for audit and appropriate clauses of the standard or ISO 27001 are indicated below:

- Performance Monitoring & Measurement / ISMS Objectives / Compliance [9.1, 6.2, A.18]
- ISMS Monitoring and Improvement; Internal Audit; Management Review; Corrective Action / Incident Management [9.2, 9.3, 10, A.16]
- Risk Assessment / Risk Treatment & SOA /Asset Management [6, 8, A.8]
- Supplier Relationships [A.15]
- Business Continuity [A.17]
- Physical & Environmental Security [A.11]
- Access Control & Cryptography [A.9]

- Communications Security [A.13]
- System Acquisition, Development and Maintenance [A.14]
- Education Team (Awareness Sampling) [A.7.2.2]
- Policy & Standards (security awareness sampling) [A.7.2.2]
- Project (Awareness Sampling) [A.7.2.2]

### 35.8. **Review Risk Assessment of all Information Assets and review methodology**

35.8.1. Consider greater grouping within assets types, review current risk scores. This impacts all departments with information assets. The initial work will be carried out by the BPI function, and passed to information asset owners for evaluation and sign off.

35.8.2. It should be noted that work on increasing security (outside the ISO 27001 process) will continue. This is ad-hoc and reactive for the most part outside any budgeted projects. This includes discrete work with other departments, contractors and suppliers.

35.8.3. Supplier site visits will continue, to evaluate the level of protection offered to our information or resources. This is likely to become an annual auditing process to protect our information assets.

### 35.9. **Purchase information security awareness training software for employees, contractors, partners and Council/Committee members.**

[HCPC Risk Register reference: 2.1, 5.3, 15.7, 17.2, 17.4, 17.5, 17.7]

35.9.1. A new online training solution will be sourced and customised to educate and test employees, contractors, partners and Council/committee members on their responsibilities in regards to information security.

35.9.2. On-going training of employees, contractors, partners and Council members is a prerequisite to ISO 27001 (information security) certification. This will also require input from other departments to help tailor the training to their specific needs. This covers our commitment to the ICO to train those accessing our data

35.9.3. An “all employee” presentation concerning security and or risk will take place in the summer as the new “Computer Based Training” training system is rolled out.

35.9.4. Additionally, small scale internal training resources for use around the organisation will be produced in house.

- 35.9.5. New employees and contractors will be asked to complete a small internally designed Information Security for new starters test.
- 35.9.6. Specific training around ongoing risk assessments of information security assets will be required for risk owners.
- 35.9.7. An ongoing programme of risk assessment around the organisation must be established, with a minimum frequency of an annual cycle. (6 monthly is better.)
- 35.9.8. Significant operational time must be assigned to the Partner and Council member information security training due to the variation in hardware used to access the training. During the last roll out to Partners BPI used approximately 50% of the total resource over 2 ½ - 3 weeks, then ½ to 1 ½ days per subsequent roll out.

#### **35.10. Maintain business continuity (disaster recovery) readiness**

[HCPC Risk Register reference 2.1, 2.5, 2.16, 2.17, 17.7] Also A.17 in ISO 27001

- 35.10.1. HCPC will carry out an annual disaster recovery / business continuity with a predefined scenario undertaken by EMT, CDT or other parts of the business, with the assumption that some members of other groups are unavailable. This will be reported on to EMT, and Audit Committee.
- 35.10.2. HCPC's business continuity plan is available via the on line service Shadow Planner "Plan in Your Pocket" from our existing Disaster Recovery / Business Continuity vendor. The current plans are based around a single physical site, which is no longer appropriate. We occupy four buildings currently, due to be reduced to allow extensive building works to one building (186) resulting in 184 & 186 being interconnected by fire doors. Business Continuity Plans need to be revisited to incorporate the additional opportunities and permutations of single site issues that may be resolved by moving around employees, events and technical resources between, 184 / 186, 33 Stannary Street, and 405 Kennington Road.
- 35.10.3. Some hardcopies of the plan will be retained at the Disaster Recovery site, and other locations, as back up. A pdf of the plan can be generated from Shadow Planner.

#### **35.11. Registration numbers forecast in FAST format**

- 35.11.1. The registrant forecast will be updated twice in the financial year, once in June / July when the 2016-17 FY end position is known, and once in January/February when budgets are being set for the 2018-19 FY.

35.11.2. Multiple iterations around the timing of Social Worker in England transfer are also possible. Some maintenance of the FAST model may be required by external contractors.

35.11.3. The reporting system functionality is key to delivering accurate registrant numbers forecasts.

**35.12. Start to build critical reporting requirements for new Registration system.**

35.12.1. The reporting requirements may implicitly require particular transactions to be created to enable ongoing reporting. Increased demographic collection, with system level linkages to registrants, to prevent repeat collection of detail for some individuals, whilst an unknown number have not supplied detail. This prevents us determining the level of penetration we have with demographics.

**35.13. Start to build critical reporting requirements for new public domain data**

35.13.1. Includes enhanced demographic collection, based on experience of US regulatory authorities.

35.13.2. Some additional research may be required for this to progress.

**36. Equality, diversity, health and safety within Business Process Improvement**

36.1. Equality & Diversity processes are monitored within Quality audits and we will continue to scrutinise all processes and sampled work to identify and where possible assist in mitigation of any adverse impact to some groups compared to others.

36.2. Health and Safety (H & S) Management System monitoring. This is a potential new requirement, to more closely monitor adherence to H & S management principles, as part of ISO 9001.

**37. Financial resources for Business Process Improvement**

	Work stream	Description	Estimated cost
1.	Management system software (SharePoint compatible) If no intranet functionality is	Workflow for integrated QMS / ISMS / CMS solution to work within HCPC intranet and email platforms. If this is not deliverable in time to attain the ISO 9001:2015 standard certification,	Up to £10,000

	delivered a standalone system would be implemented.	it may be required to implement a system outside the intranet project.	
2.	Information Security Awareness training and validation	Online training packages for; employees and contractors members and partners. Ad-hoc internal efforts  External audit of Information security outside BSI route	Up to £16,000
3.	Selective archive destruction	Carton and content secure destruction at Mine site.	£3.61 per carton at Deepstore

### 38. Certification and skills within Business Process Improvement

38.1. The basic minimum skill set to be maintained in the BPI function is as follows;

Course or certification required	No. of people required with this qualification within BPI	Current people with qualification within BPI	Minimum additional training required with existing resource
ISO 9001 internal auditor (required)	2	2	0
ISO 9001 lead auditor (required)	1	1	0
BSI Quality Assurance diploma (underway)	1	0	1*
ISO 27001 internal auditor (or ISO 9001 internal auditor plus CISMP) (required)	2	2	0
ISO 27001 lead auditor (required)	1	1	0
Certificate in Information Security Management Principles (CISMP)	1	2	0
Practitioner Certificate in Information Risk Management (desirable for ISO 27001)	1	1	0
Lean Six Sigma Green Belt certification (desirable for Assurance auditing)	1	2	0

38.2. This combination of taught skills and certifications along with a level of business analysis enables the BPI department to work across the whole of HCPC in various capacities.



### 39. Additional activities undertaken in 2016-17

- 39.1. Extracts for Policy & Standards research activities with University of Surrey
- 39.2. Registrant extract for the invitation to take part in the survey supporting the website upgrade project
- 39.3. Registrant extracts for Communications department emailing of the Newsletter, “In-Focus”
- 39.4. Registration department business continuity test with Shadow Planner / Plan In Your Pocket.
- 39.5. Initial flood response following the very heavy rain on June 23<sup>rd</sup> 2016, relocation of HR department, further flood prevention work, development of requirements to prevent repeated flood activity.
- 39.6. Prospect list, EEA flag setting for recent and historic applicants.
- 39.7. Registrations equivalence project; support with reports and data extracts to facilitate determination of most appropriate courses to evaluate.
- 39.8. Evaluate Capability Maturity Model Integration (CMMI) for determining how well various system management methodologies are established in HCPC. This commenced with the requirements for the ISO 27001 standard.

### 40. Risks managed by the Business Process Improvement Department

ISMS Risk	Ref	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Impact before mitigations Jan 2017	Likelihood before mitigations Jan 2017	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation Jan 2017
Operations	2.5	Public transport disruption leading to inability to use Park House	Office Services Mgr & Head Bus Proc	4	5	20	Contact employees via Business Continuity Plan process	Make arrangements for employees to work at home if possible	-	Low
Operations	2.12	Significant disruption to UK transport network by environmental extremes e.g. snow, rain, ash; civil unrest or industrial action; disrupt planned external activities	Director of Operations & Head Bus Proc	3	2	6	Use of alternate networks	Use of video or teleconferencing facility to achieve quorum	Invoke Disaster Recovery/Business Continuity plan	Low
Operations	NEW	Loss of access to HCPC premises due to tunnel engineering failure (Northern line Extension)	Director of Operations & Head Bus Proc, Office Services Mgr	5	2	10	Invoke Disaster Recovery/Business Continuity plan			Low
Operations	NEW	Damage or requirement for evacuation of operational premises due to rebuild/refurbishment activity of 186 KPR	Director of Operations & Head Bus Proc, Office Services Mgr	4	2	8	Building programme surveying and planning	Temporary changes to use of 184 KPR	Business Continuity plan	Low

Category	ISMS Risk	Ref #	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Impact before mitigations Jan 2017	Likelihood before mitigations Jan 2017	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation Jan 2017
Quality Management.		9.1	Loss of ISO 9001:2008 Certification	Director of Operations, Head of Business Process Improvement (BPI)	4	3	12	Regular & internal audits	QMS standards applied across HCPC	Management buy-in	Low
			Links to 2.3, 10.3								
Quality Management.	I A7.1.2	9.2	Employees non-compliance with established Standard Operating Procedures	EMT	5	2	10	Culture, follow procedures and report errors	Standard Operating Procedures and prevention of overwriting systems	Extend ISO systems as required	Low
Quality Management.	NEW	9.3	Loss of ISO10002 Complaints Management certification	EMT & Service & Complaints Manager (Hd of BPI)	4	1	4	Dedicated full time resource tracking and response managing HCPC wide process	Monthly issue by issue customer service reporting to EMT	Regular & Internal audits	Low
Quality Management.	NEW	9.4	Failure to maintain an adequate customer complaints system	Director of Council & Committee Services, Service & Complaints Manager	4	1	4	Service Complaints process	Maintain to ISO10002:2014	Regular reporting to EMT & Council	Low

Category	ISMS Risk	Ref #	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Impact before mitigations Jan 2017	Likelihood before mitigations Jan 2017	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation Jan 2017
Information Security	I A6.8.9, 12, 14	17.1	Loss of information from HCPC's electronic databases due to inappropriate removal by an employee	EMT, Director of IT and Director of Operations	5	3	15	Access is restricted to only the data that is necessary for the performance of the services. Employment contract includes Data Protection and Confidentiality Agreement	Adequate access control procedures maintained. System audit trails. Training where appropriate.	Letter encryption. Remote access to our infrastructure using a VPN. Documented file encryption procedure. Maintain ISO27001	Low
			Links to 5.3, Incl old 17.6								
Information Security	I A11.8, 7.15.16, 17	17.2	HCPC Document & Paper record Data Security	EMT, Head of Business Improvement	5	3	15	Use of locked document destruction bins in each dept. Use of shredder machines for confidential record destruction in some depts e.g. Finance.	Data Protection agreements signed by the relevant suppliers. Dept files stored onsite in locked cabinets. Training where appropriate (Employees & Partners).	Regarding Reg Appln forms processing, employment contract includes Data Protection Agreement	Low
			Links to 15.7								
Information Security	I A15.8, 13	17.3	Unintended release of electronic or paper based information by external service providers.	EMT, Director of IT and Director of Operations	5	2	10	Access is restricted to only the data that is necessary for the performance of the services.	Effective system processes including secure data transfer and remote access granted only on application and through secure methods.	Data Processor agreements signed by the relevant suppliers. Maintain ISO27001	Low
Information Security	I A18, 15, 13	17.4	Inappropriate data received by HCPC from third parties	Director of Ops, and Director of FTP	5	2	10	Read only, password protected access by a restricted no of FTP employees to electronic KN data.	Registrant payments taken in compliance with Payment Card Industry (PCI) Security standards ie with quarterly PCI testing.	Ensure third party data providers e.g. professional bodies provide the data password protected/encrypted/door to door counter registered mail/sign in sign out as appropriate.	Low
Information Security	I A15, 8	17.5	Loss of physical data dispatched to and held by third parties for the delivery of their services	Director of Ops and Hd of Business Process Improv	5	3	15	Data Protection/Controller agreements signed by the relevant suppliers. Use of electronic firewalls by suppliers.	Use of transit cases for archive boxes sent for scanning or copying and sign out procedures.	-	Low
Information Security	I A9, 12, 13, 15	17.6	Loss of Registrant personal data by the registration system (NetRegulate) application support provider in the performance of their support services (specific risk).	Director of IT and Director of Operations.	5	3	15	Access to and export of personal data is restricted to only that which is necessary for the performance of the services.	Effective system processes including secure data transfer and remote access granted only on application and through secure methods.	Data processor side letter specifying obligations and granting a limited indemnity.	Low
Information Security	I A8	17.7	Incorrect risk assessment of Information Assets	Hd of Business Process Improv & Asset Owners	4	2	8	Identification and collection of information risk assets	Regular audit and review of information risk assets by Hd of BPI	Regular identification and review of information risk assets by Hd of BPI	Low
Information Security	I A6, 7, 6, 9	17.8	Loss of personal data by an HCPC Contractor, Partner, Council or Committee member.	EMT	5	3	15	Access to and export of personal data is restricted to only that which is necessary for the performance of the services.	Effective system processes including secure data transfer and remote access granted only on application and through secure methods. Training where appropriate.	Maintain ISO27001	Low
Information Security	I A5	17.9	Loss of ISO 27001:2013 Certification	Hd of Business Process Improv & Asset Owners	5	4	20	Culture, follow procedures, report errors, training and awareness as required	Standard Operating Procedures and prevention of overwriting systems	Extend ISO systems as required	Med
Information Security	NEW	17.10	Integrity of reporting systems data not maintained	Director of IT and Director of Operations.	4	2	8	Ongoing monitoring against other consolidated data	Proactive updates as production systems are updated	Preventive maintenance and reporting system version tracking	Low

## Policy and Standards Department

### 2017-2018 Work plan

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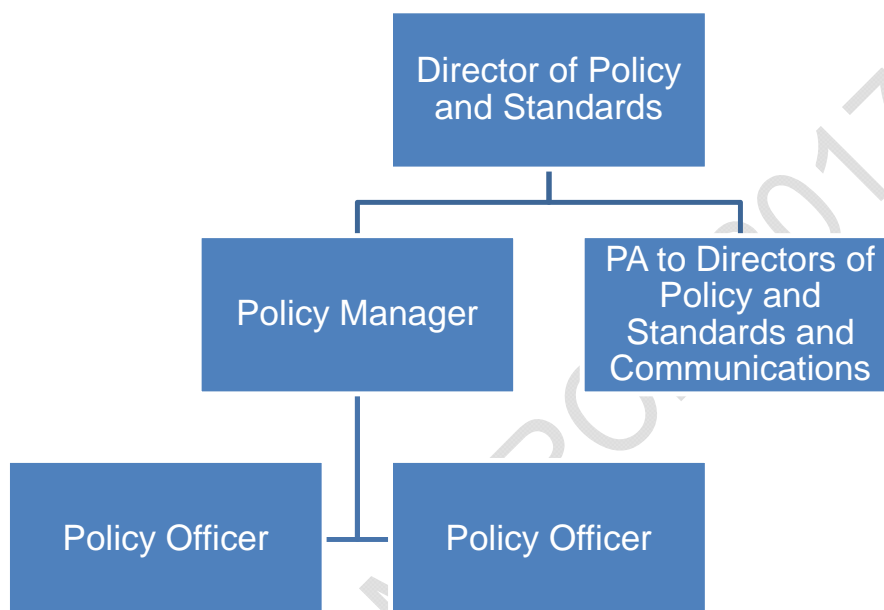
COUNCIL MARCH 2017

## 1. Introduction

1.1 This document sets out a plan for the work of the Policy and Standards Department in the 2017-18 financial year.

### Resourcing

1.2 The Department currently consists of five employees.



### About this document

1.3 This document is divided into seven sections.

- Section two is a summary.
- Sections three to five describe the projects for 2017-18 in more detail, grouped into three areas: developing and maintaining the existing business; external policy developments; and on-going activities.
- Section six outlines potential projects for the period 2018-19 to 2020-21.
- Section seven looks at the risks owned by the Department.

1.4 Appendix 1 provides a summary table of projects for the 2017-18 financial year, referenced against the HCPC's strategic objectives. Appendix 2 sets out the policy and timetable for periodic reviews of standards.

## 2. Summary

2.1 In 2016-17, achievements against the work plan included the following.

- Review of the standards of proficiency for social workers. A public consultation took place on proposed revised standards. New standards were published in January 2017.
- Guidance. We reviewed / or developed and consulted on a number of pieces of guidance including on conduct and ethics for students; social media; confidentiality; returning to practice; and continuing professional development.
- Standards of education and training. The review of the standards of education and training continued, with a public consultation taking place on proposed revised standards and guidance.
- We appointed the University of Surrey to carry out a research study looking at the prevalence of fitness to practise concerns in the paramedic and social worker professions. An interim report for the work was published in March 2017.
- Seven consultations commenced or concluded.
- We responded to eight consultations run by other organisations.

2.2 In 2017-18, the following are priority projects.

- Standards of education and training and guidance.
- Threshold level of qualification for entry to the Register for paramedics.
- Understanding the prevalence of fitness to practise concerns about paramedics and social workers in England.
- Reform of professional regulation.

### **3. Developing and maintaining the existing business**

3.1 This section outlines the Department's activities which are focused on developing and maintaining the existing business. For example, this includes the following.

- Developing and reviewing standards, guidance and other documents.
- Developing and reviewing processes, approaches and policy positions.

#### **Standards of education and training and guidance**

3.2 A consultation was held in 2016-17 on revised standards of education and training and supporting guidance.

3.3 In 2017-18, the Department will work with the Communications Department and the Education Department to publish and promote the new standards and guidance.

3.4 Once the new standards have been agreed, the Department will review the following publications which use the existing standards as their basis. A consultation may then be held on any necessary amendments identified.

- Standards for prescribing.
- Standards for podiatric surgery.
- Standards for the use by orthoptists of exemptions to sell and supply medicines.

3.5 This is a priority project.

#### **Guidance on social media**

3.6 A consultation was held in 2016-17 on proposed guidance on social media.

3.7 In 2017-18, the Department will work with the Communications Department to publish and promote the new guidance.

### **Guidance on returning to practice**

- 3.8 A consultation was held in 2016-17 on revised guidance on returning to practice.
- 3.9 In 2017-18, the Department will work with the Communications Department to publish the revised guidance.

### **Guidance on confidentiality**

- 3.10 A consultation was held in 2016-17 on revised guidance on confidentiality.
- 3.11 In 2017-18, the Department will work with the Communications Department to publish the new guidance.

### **Continuing fitness to practise including CPD guidance**

- 3.12 In 2016-17, a consultation took place on revised guidance on continuing professional development, taking forward some of the findings of a market research study.
- 3.13 In March 2017 the Council considered a paper on the findings of a research study commissioned by the Department of Health and carried out by Newcastle University looking at the costs and benefits of our approach.
- 3.14 In 2017-18, the following activities are anticipated.
- Work with the Communications Department to publish and launch revised guidance on continuing professional development.
  - Any actions identified as a result of the Council's consideration of the findings of the Newcastle University study.

### **Threshold level of qualification for entry to the Register for paramedics (SET 1)**

- 3.15 The threshold level for entry to the Register for paramedics is currently 'Equivalent to Certificate of Higher Education' (set out in the first of the standards of education and training – 'SET 1').
- 3.16 The Education and Training Committee has considered a number of papers on this topic over the last two to three years. The threshold level for paramedics was also an issue raised in responses to the recent consultation on revised standards of education and training and guidance.

3.17 In 2017-18, the following activities are anticipated.

- Paper(s) to the Education and Training Committee (and Council) as required.
- A consultation on proposed amendment to the standards of education and training.
- Meetings with stakeholders as required.

3.18 This is a priority project.

### **Annotation of qualifications in podiatric surgery**

3.19 The Council has previously agreed to annotate the entries in the Register of podiatrists who have undertaken post-registration qualifications to allow them to perform podiatric surgery.

3.20 Introducing the annotation is subject to the outcome of approval visits to existing programmes and a final decision by the Education and Training Committee.

3.21 The following activities are anticipated.

- Papers to the Education and Training Committee and the Council as may be required.
- Working with colleagues and seeking legal advice to finalise operational arrangements for annotating the Register (and implementing the new annotation).
- Working with the Communications Department to develop a communications plan to support implementation of the new annotation.
- Continued engagement with stakeholders.

### **Indicative sanctions policy**

3.22 The indicative sanctions policy sets out guidance to fitness to practise panels about how they should apply sanctions. This guidance is kept under regular review and is updated from time-to-time, for example, to take account of changes in case law.

3.23 In 2017-18, the Department will work with the Fitness to Practise Department to review and consult on the indicative sanctions policy. It is anticipated that thereafter the policy will be formally reviewed with a public consultation to seek the views of stakeholders once every five years (with case law related updates possible in the intervening period).



- 3.24 The review has yet to be scoped but activities are likely to include market research with registrants and members of public and a public consultation.

### **Understanding the prevalence of fitness to practise concerns about paramedics and social workers in England**

- 3.25 In 2016-17, the University of Surrey were commissioned to undertake research looking at the prevalence of fitness to practise concerns in these two professions. A literature review, interviews, focus groups and a case review took place.

- 3.26 In 2017-18, this research study will conclude. The following activities are anticipated.

- Supporting the work of the research team including membership of the research advisory board; participation in stakeholder workshops; and approving the final report.
- Paper(s) to Council on the outcome of the research, including the development of an action plan and delivery of resulting actions.
- Disseminating the outcomes of the research including delivering presentations.

- 3.27 This is a priority project.

### **FTP research**

- 3.28 The Department will work with the Fitness to Practise Department to commence the following work in 2017-18. These activities will build upon the forthcoming outcomes of the research described above and are about delivering the aspirations outlined in the Research strategy 2016-2020 to deliver more research internally.

- 3.29 The activities anticipated are as follows.

- Supporting the Fitness to Practise Department's work reviewing the existing Case Management System, specifically around revising the data routinely collected about the types / characteristics of cases which might then be used to drive future research activity.
- Study of health cases. This would involve undertaking qualitative analysis of cases where an impairment of physical or mental health was alleged over a two to three year period to identify themes, trends and issues.<sup>1</sup>

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<sup>1</sup> This work is likely to draw upon the methodology of an Australian study:

- Study of self-referrals. Data shows that there are variations in the rate of self-referral between different professions; this is something identified as part of the commissioned research described above. A qualitative review of a range of professions might help in identifying the themes and characteristics of these cases.

3.30 The suggested work above would be explorative in nature, with the aim to develop ways of undertaking qualitative research internally which might contribute both to operational and policy development. The outcomes might also influence future communications activities and might be suitable for presentation at conferences and/or publication in peer reviewed journals.

### **Education research**

3.31 In 2016-17, the Department began work with the Education Department to scope and develop a brief for research with education providers, visitors and others to elicit their views and experiences of the HCPC's approach to education quality assurance.

3.32 The following activities are anticipated.

- Finalising the research brief.
- Commissioning and managing the conduct of the research.
- Presenting the outcomes and an action plan to the Education and Training Committee.

### **Communications market research study 2018**

3.33 Approximately every three years we commission market research with the general public and with registrants to find out about their awareness of and views about our role. This is used to guide future development, including development of effective communication activities.

3.34 In 2017-18, the Department will work with the Communications Department to scope and draft a research brief for market research to be commissioned in early 2018-19. The Department will then work with Communications to manage the delivery of the research.

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Bismarck, M. et al (2016). Reporting of health practitioners by their treating practitioner under Australia's national mandatory reporting law. *Medical Journal of Australia*, 204 (1).

## **4. External policy changes**

- 4.1 This section outlines project areas which are a result of, or closely related to, external policy developments including legislation or Government policy.
- 4.2 The key external policy changes are outlined below. Some of these areas are dictated by government policy decisions and the legislative timetable, so timescales are often unclear and/or are likely to change.

### **Reform of professional regulation**

- 4.3 In 2017-18, this area of the Department's work is likely to concern the following areas.
- A four country government consultation on reform of professional regulation (forthcoming at the time of writing).
  - A Department of Health led consultation on the regulation of physician associates (forthcoming at the time of writing).
  - In 2016-17, the Children and Social Work Bill was due to complete its passage through the UK Parliament. The regulation of social workers in England is due to be transferred to a new regulator in 2018.
- 4.4 The following activities are anticipated.
- Drafting responses to the consultations.
  - Participation in the cross-department project to transfer responsibility for the regulation of social workers to a new regulator.
  - Meetings with stakeholders including the Department of Health, Department for Education and the other professional regulators.
  - Writing papers for the Council as necessary.
- 4.5 This is a priority project.

### **Extension of prescribing and medicines exemptions**

- 4.6 NHS England and the four country administrations have a rolling project looking at the potential to extend sale, supply, administration or prescribing mechanisms to further HCPC registered professions.
- 4.7 It is possible that there will be further changes to entitlements for our professions (subject to decisions by the Commission on Human Medicines and Ministers).

4.8 The following activities are anticipated.

- Continued participation in the Department of Health AHP Medicines Project Board and at other stakeholder meetings in this area.
- Working with the Education Department to ensure that operational preparations are made in good time to approve programmes (if required).
- Participation (as required) in any necessary project to make the IT changes necessary to annotate the Register.

### **European policy**

4.9 The revised Professional Qualifications Directive which affects movement of professionals within the European Economic Area (and therefore the HCPC's international registration process) came into force in January 2016.

4.10 The following activities are anticipated.

- Continuing to respond to requests for information from the Department of Health and other Government departments.
- Continued membership of the Alliance of UK Health Regulators in Europe (AURE), a group which brings together all the regulators to discuss European policy issues.
- Attending meetings and conferences.
- Drafting papers, reports and consultation responses as may be required. (No significant consultations are anticipated in 2017-18.)

## **5. On-going activities**

5.1 This section records regular or routine activities which are on-going from year-to-year.

### **Core activities**

5.2 The Department will continue to perform the following core activities.

- Responding to emails into the policy and consultation inboxes and to hard copy correspondence.
- Producing briefings, reports and papers as required.
- Responding to consultations from other organisations (where relevant and where resources allow).
- Producing articles or material for newsletters, the intranet and website.
- Working closely with the Communications Department, including undertaking planned speaking commitments, participating at HCPC events and assisting with press enquiries.
- Stakeholder liaison on regulatory / policy matters including undertaking both reactive and proactive meetings with stakeholders (including working group participation).

### **Professional Standards Authority performance review**

5.3 Each year, the Professional Standards Authority (PSA) reviews the performance of the HCPC and the other regulators within its remit against its standards of good regulation.

5.4 The Department is responsible for co-ordinating the HCPC's participation in the performance review. Activities during the process include (but are not limited to) co-ordinating the submission of quarterly data to the PSA; submitting feedback on draft reports; and working with internal colleagues to produce a paper to the Council on the final report.

## **Review of final hearing fitness to practise decisions**

- 5.5 The review of final hearing decisions is aimed at providing a systematic way through which the Executive can review the decision making quality of final hearing panels, including checking adherence to the applicable law and to HCPC policy.
- 5.6 The Department will continue to be involved in auditing a sample of final hearing and substantive review decisions. This involves data entry of relevant decisions and then writing a report for the Council based on the findings.

## **Welsh language scheme and standards**

- 5.7 The Welsh Language Commissioner is responsible for promoting and facilitating the use of the Welsh language. The existing requirements for Welsh Language Schemes are being replaced with Welsh language standards.
- 5.8 In 2016-17, the Welsh Government consulted on the standards which can be applied to the professional regulators. The Executive responded to the consultation and produced an impact assessment. At the time of writing we were awaiting confirmation of which standards could apply to us. Once regulations are in place, the Commission will then decide the timeframe in which we will need to meet certain standards by issuing compliance notices.
- 5.9 The activities necessary in the coming year are likely to include.
- Meeting with the other professional regulators and, potentially, with the Welsh Government and the Commissioner's office.
  - Co-ordinating the submission to demonstrate ongoing compliance with our Welsh language scheme and/or preparing for compliance with the Welsh language standards.
  - Writing papers for the Council and/or the Executive Management Team (EMT) as required.

## **Reviewing and improving the work the Department**

- 5.10 In 2017-18 we will carry out a full review and revision of all the internal processes and associated guidance documents that we have in place in the department (i.e. checklists for running consultations) to pull together a department manual.

## Research

- 5.11 The Department commissions research where helpful to inform policy development. It may sometimes when requested also support other departments with research they wish to commission to support their activities.
- 5.12 This includes developing a research brief; tendering; considering proposals; providing the point of contact for the research team and providing input into the conduct of the research; facilitating access to HCPC data where required; and implementing the outcomes of research where applicable.
- 5.13 This year we will be working with the Australian Health Practitioner Regulation Agency (AHPRA) to plan a joint research event in Melbourne in late 2017. This will take place the day before the Council for Licensure Enforcement and Regulation (CLEAR) International Congress. The HCPC has previously held well-attended research events before the CLEAR conferences in Edinburgh (2013) and Amsterdam (2015). Abstracts have also been accepted for presentation in 2017 at the conference of the International Network of Physical Therapy Regulatory Authorities (INPTRA) and the annual educational conference of CLEAR.

COUNCIL MARKETING

## 6. Risks

7.1 The Risks owned by the Department as set out in the HCPC's risk register are outlined below.

Category	Ref	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Impact before mitigations Jan 2015	Likelihood before mitigations Jan 2015	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation Jan 2015	RISK score after Mitigation Jul 2014
Policy & Standards	14.1	Incorrect process followed to establish stds/guidance/policy eg no relevant Council decision	Policy & Stds Director	4	2	8	Legal advice and sign off sought on processes	Appropriately experienced and trained members of Policy team.	Quality mgt system & processes	Low	Low
		Links to 12.1									
Policy & Standards	14.2	Inappropriate stds/guidance published eg stds are set at inappropriate level, are too confusing or are conflicting	Council/committees	4	1	4	Use of professional liaison groups, and Council and committees including members with appropriate expertise	Appropriately experienced and trained members of Policy team.	Consultation with stakeholders & legal advice sought	Low	Low
Policy & Standards	14.3	Changing/evolving legal advice rendering previous work inappropriate	Policy & Stds Director	4	2	8	Use of well-qualified legal professionals. Regular reviews.	Legal advice obtained in writing.	Appropriately experienced and trained members of Policy team and others eg HR.	Low	Low
Policy & Standards	14.4	Inadequate preparation for a change in legislation (Health Professions Order, or other legislation affecting HCPC)	EMT	3	1	3	EMT responsible for remaining up to date relationships with government depts and agencies.	HCPC's 5 year planning process	Legal advice sought	Low	Low
Policy & Standards	14.5	PLG member recruitment without requisite skills and knowledge	Policy & Stds Director HCPC Chair, Director of Council & Committee Services(?)	4	1	4	Skills and knowledge identified in work plan	Recruitment policy	Council Scrutiny of PLG result	Low	Low
		Lnks to 4.10									
Policy & Standards	14.6	Loss of Corporate Memory	Policy & Stds Director	3	3	9	Maintain appropriate records of project decisions	Appropriate hand over and succession planning	Department training	Low	Low



## Appendix 1 - Projects summary 2017-18

Ref	Project area	Objectives / description	Key deliverables / milestones	Timescale(s)	Strategic intent
	<b>Developing and maintaining the existing business</b>				
3.2-3.5	Standards of education and training and guidance*	To review the standards of education and training and guidance	Work with Communications and Education to publish and promote the new standards and guidance  Review other standards based on the SETs to see whether changes and consultation are required	Q1  Q2	To maintain, review and develop efficient business processes throughout the organisation.
3.6-3.7	Guidance on social media	To produce guidance on social media	Work with Communications to publish and promote the guidance	Q2-4	To maintain, review and develop efficient business processes throughout the organisation.
3.8-3.9	Guidance on returning to practice	To review the returning to practice guidance	Work with Communications to publish revised guidance	Q1	To maintain, review and develop efficient business processes throughout the organisation.
3.10-3.11	Guidance on confidentiality	To review the guidance on confidentiality	Work with Communications to publish revised guidance	Q3	To maintain, review and develop efficient business processes throughout the organisation.

## Appendix 1 - Projects summary 2017-18

3.12-3.14	Continuing FTP including CPD guidance	To consider whether any changes are necessary to the HCPC's continuing fitness to practise model	Work with Communications to publish and launch revised guidance on continuing professional development  Any actions as a result of Newcastle University study	Q1  TBD	To maintain, review and develop efficient business processes throughout the organisation.
3.15-3.18	Threshold level of qualification for entry to the Register for paramedics (SET 1)*	To consult on changing the threshold level for paramedics described in SET 1	Paper to the Education and Training Committee and Council  Consultation on amending the standard	Q1  Q2	To maintain, review and develop efficient business processes throughout the organisation.
3.19-3.21	Annotation of qualifications in podiatric surgery	To annotate the Register with qualifications in podiatric surgery.	Papers for the Education and Training Committee as required	Ongoing	To maintain, review and develop efficient business processes throughout the organisation.
3.22-3.24	Indicative sanctions policy	To review the indicative sanctions policy	Scoping of project (Other actions TBD)	Q1	To maintain, review and develop efficient business processes throughout the organisation.
3.25-3.27	Understanding the prevalence of fitness to practise concerns about paramedics and social workers in England*	To manage the commissioning and delivery of the research.	Support and facilitate research  Final research report  Action plan to Council	Q1-2  Q2  Q3	To ensure that the organisation's work is evidence informed.

## Appendix 1 - Projects summary 2017-18

3.28-3.30	FTP research	To deliver qualitative research to gain further insights into fitness to practise cases	Support FTP with review of case management system  Research studies: Health cases; self-referrals	Q1-4 (TBD)  Q2-4 (TBD)	To ensure that the organisation's work is evidence informed.
3.31-3.32	Education research	To commission research into stakeholder views of our approach to education quality assurance	Commission research  Final report	Q1  By end of Q4	To ensure that the organisation's work is evidence informed.
3.33-3.34	Communications market research	To develop brief for commissioning of 2018 communications market research	Brief developed	By Q4	To ensure that the organisation's work is evidence informed.

COUNCIL MARCH 2017

## Appendix 1 - Projects summary 2017-18

Ref	Project area	Objectives / description	Key deliverables / milestones	Timescale(s)	Strategic intent
	<b>External policy changes</b>				
4.3-4.5	Reform of professional regulation*	Potential for legislation to reform professional regulation and/or regulation of further professional groups	Response to regulation reform consultation  Other actions to be determined	Q1  Q1-4	To be proactive in influencing the wider regulatory policy agenda.
4.6-4.8	Extension of prescribing and medicines exemptions	To prepare for extension of supply, administration and prescribing medicines to further professions	Continued participation in AHP Medicines Board and working groups	Ongoing	To maintain, review and develop efficient business processes throughout the organisation.
4.9-4.10	European policy	To continue to participate in cross-regulatory and other policy fora on the role of the regulators in delivering the European directive on mutual recognition	Attendance at meetings, drafting papers and consultation responses as required	Ongoing	To maintain, review and develop efficient business processes throughout the organisation.

### Notes

\*denotes a priority project

Some projects may arguably map to a number of strategic objectives. Those most directly relevant are referenced here.

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## Appendix 2: Review of standards

1.1 The following outlines our approach to review of the standards.

- The standards are subject to ongoing and periodic review.
  - **Ongoing review** involves the Council and the Executive monitoring the effectiveness of the existing standards on a day-to-day basis. Where issues are identified, steps can be taken to consider whether, subject to public consultation, those standards should be amended.
  - **Periodic review** will normally take place every five years and provides an opportunity for a more thorough and comprehensive review of a set of standards to ensure, for example, that they remain up to date and relevant to practice.<sup>1</sup>
- Any periodic review should have a clear work plan, setting out the timescales for the work. Where a more thorough review is required, a three stage approach might be adopted consisting of the following.
  - Research and gathering of stakeholder feedback.
  - Professional Liaison Group (PLG) to help inform policy proposals and/or a draft of standards for public consultation.
  - Public consultation.
- The sequencing of periodic reviews should ensure that resources can be managed effectively. If a Professional Liaison Group (PLG) is required, there should normally be only one PLG running at any one time.
- Feedback on the relevant standards received outside the periodic review process should be recorded for consideration during the next review.
- Where a profession not previously subject to statutory regulation joins the Register, the first review of the standards of proficiency for that profession will normally commence after the conclusion of the transitional 'grandparenting' period.
- The above is not intended to fetter the ability of the Council or the Executive to make decisions based on specific circumstances. A periodic review may be brought forward where it is considered necessary to do so. Similarly, an initial assessment may conclude that a periodic review is unnecessary.

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<sup>1</sup> This five year period will normally be from the date of the republication of the standards following the last review.

## Timetable for periodic review

1.2 The following table sets out an indicative timetable for periodic review of the standards.

<b>Standards</b>	<b>Date of last publication</b>	<b>Start of next periodic review / commentary</b>
Standards for continuing professional development	2006  Revised supporting guidance in 2017	The standards were reviewed through commissioned research and a consultation on revised guidance took place in 2016-2017  Further review may be required pending consideration of research outcomes
Standards of proficiency	2013 (orthoptists) to 2017 (social workers)	2018-2019 onwards
Approval criteria for approved mental health professional (AMHP) programmes	2013	N/A This function is due to transfer to the new regulator of social workers in England
Standards for prescribing	2013	2018-2019 (Consequential amendments review in 2017-18 in light of changes to the SETs.)
Standards for podiatric surgery	2015	2020-21 (Consequential amendments review in 2017-18 in light of changes to the SETs.)
Standards of conduct, performance and ethics	2016	2021-2022
Standards for the use of exemptions by orthoptists to sell and supply medicines	2016	2021-2022 (Consequential amendments review in 2017-18 in light of changes to the SETs.)
Standards of education and training (and supporting guidance) ('SETs')	2017 (forthcoming)	2022-2023

## Guidance

- 1.3 The following lists the formal guidance we currently publish. This guidance often relates to or references the standards so will be updated at the same time as the relevant standards or shortly afterwards. These documents will be kept under regular ongoing review.

Guidance	Date of last publication
Professional indemnity and your registration	2014
Health, disability and becoming a health and care professional	2015
Guidance on conduct and ethics for students	2016
Guidance on social media	2017 (forthcoming)
Continuing professional development and your registration	2017 (forthcoming)
Guidance on returning to practice	2017 (forthcoming)
Guidance on health and character	2017 (forthcoming)
Guidance on confidentiality	2017 (forthcoming)

## **Secretariat Department**

### **2017-2018 Work plan**

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# 1. Introduction

## About this document

- 1.1 The Secretariat work plan details the main areas of work for the financial year 2017-2018 and updates on progress made against objectives for the year 2016-2017.

## Strategic intent 2016-2020

- 1.2 The strategic intent identifies the organisation's vision and key strategic objectives for 2016 to 2020. The strategic objectives particularly relevant to the work of the Secretariat are set out below:

### **To maintain, review and develop good corporate governance**

- Continue to invest in training of employees and Council members to develop skills.
- Continue to operate the annual performance review of Council members and Chair.

### **To maintain and develop efficient business processes throughout the organisation**

- Maintain, review and develop standards and processes as required across the functions.
- Ensure continued compliance with external quality assurance frameworks.
- Maintain, review and develop organisation-wide policies including equality and diversity and corporate social responsibility policies.

### **To increase understanding and awareness of regulation amongst all stakeholders**

- Extend engagement with the public through improved access to information about the HCPC.

## 2. Resources

- 2.1 During 2016-2017, Louise Lake was on maternity leave and so arrangements were put in place to cover her work. Louise is due back on Tuesday 21 March 2017 and the work of the Secretariat Department will be undertaken by the following employees:

Louise Lake	Director of Council and Committee Services
Giba Begum	Governance and Appointments Officer
Ruth Cooper	Service and Complaints Manager
Claire Amor	Information Governance Manager
Maxine Pryce	Information Governance Officer

- 2.2 Given the continued high level and complexity of FOI/DPA requests, the fixed term, part-time post of 'Information Governance Officer' has been extended so that Claire Amor can continue with some of the duties she has been undertaking over the last year and, in addition, progress with the Information Governance review.

### Risk management

- 2.3 The risks managed by the Department are outlined in appendix 1.

### **3. Main operational processes**

- 3.1 There are eight main processes which generate the majority of the department's work and these are detailed below.

#### **Council/Committee meetings and Professional Liaison Groups (PLGs)**

- 3.2 The organisation of the calendar of meetings and the provision of support of Council and Committee meetings and PLGs. This includes, the timely preparation of papers for the meetings, the production of the minutes and the procedural advice during the course of the meeting to the Chairs.

#### **Freedom of Information/Data Protection**

- 3.3 Co-ordination of the Freedom of Information (FOI) and data protection system (DPA), ensuring that legislation is adhered to across the organisation and responses to FOI and subject access requests are logged, responded to within the prescribed timeframe and are in accordance with the FOIA/DPA.

#### **Appointment and re-appointment of members**

- 3.4 The process of appointing and reappointing the Chair of Council, Council members, members of the Tribunal Advisory Committee and the independent member of the Audit Committee is managed by the Secretariat Department.

#### **Customer service feedback**

- 3.5 Manage customer service function, working with the other departments to manage, log, analyse and report on complaints and feedback about the work of the HCPC.

#### **Member Training**

- 3.6 The organisation of induction programmes for newly-appointed members and the provision of on-going training of members as agreed with the Chair and members, through internal training and attendance at conferences, together with council-wide training.

#### **Members' self-assessment**

- 3.7 Each year, members undertake a self-assessment which is combined with the appraisal of the Chair, with a report outlining feedback received submitted to a meeting of Council for information. The self-assessment process is organised and run by the Secretariat, with the report drafted in conjunction with the Chair.

### **Council Away Day (now known as 'The Strategic Away day')**

- 3.8 Organise the annual council away day in one of the four countries. In 2017, this will take place at a location in Northern Ireland.

### **Annual report**

- 3.9 Co-ordinate and oversee the production of the annual report in accordance with the Health and Social work Professions Order 2001.

## **4. Progress made against projects 2016-2017**

- 4.1 On account of Louise Lake being on maternity leave, only two additional projects were planned for 2016-2017 as outlined in the work plan.

### **Data Protection (DPA) and Freedom of Information (FOI)**

- 4.2 The Department has seen an increase in the number of DPA and FOI requests it handles. During 2016-2017, the Secretariat will commence a review of its relevant documents, such as policies, procedures, standards and guidelines related to FOI and DPA and implement any necessary improvements.
- 4.3 Progress made during 2016-2017: A new external facing FOI policy has been introduced, a similar Data Protection policy is to be presented to the EMT in March 2017.

### **Council reappointments**

- 4.4 This is the first time that the HCPC will have undertaken a reappointments process under the new process. The HCPC will make a recommendation to the Privy Council and the process which has been followed will be overseen by the Professional Standards Authority who will provide assurance to the Privy Council in advance of a decision being made by them.
- 4.5 Progress made during 2016-2017: two Council members were successfully reappointed in 2016, with no process issues raised by the PSA. Up to four Council members are eligible for reappointment in 2017.

## **5. Projects 2017-2018**

### **Governance Review**

5.1 A Governance review will be undertaken during 2017-2018 and this will include consideration of the following:-

- The composition of the Education and Training Committee;
- The Code of Corporate Governance;
- Presentation of papers to Council and Committees; and
- Review of Board performance.

Papers will be submitted to Council for discussion and approval during the course of 2017-2018.

### **Customer feedback**

5.2 Each financial year we set objectives for the complaints management system, the function has three objectives for the upcoming financial year:

- maintaining certification to ISO 10002 including managing processes, reporting and communications in line with this standard;
- identifying a suitable new complaints management system; and
- working with the Learning and Development team to implement a training course for managers who regularly respond to complaints through an external provider. We will also review in-house opportunities to see if there is scope for more internal provision of training.

5.3 The completion of these objectives will be measured and reported on through reports to EMT, Council and the ISO 10002 audit.

### **Data Protection (DPA) and Freedom of Information (FOI)**

5.4 The review of the HCPC's Information Governance Arrangements will continue into 2017/18, this will include the production of comprehensive internal guidance and external facing policy reviews.

5.5 Additionally we will review the potential impact of the new EU General Data Protection Directive GDPR on the HCPC's processes, given the government's likely ongoing commitment to its implementation. A plan

will be presented to the EMT if any process change is required in response.

Category	ISMS Risk	Ref #	Description	Risk owner (primary person responsible for assessing and managing the ongoing risk)	Impact before mitigations Jan 2016	Likelihood before mitigations Jan 2016	Risk Score = Impact x Likelihood	Mitigation I	Mitigation II	Mitigation III	RISK score after Mitigation Jan 2016	RISK score after Mitigation Jul 2015
Corporate Governance		4.1	Council inability to make decisions Links to 4.4	Director of Council & Committee Services, & Chair	3	1	3	Regular meetings, agendas and clear lines of accountability between Council and committees	Well researched and drafted decision papers at meetings	Attendance by external professionals as required	Low	Low
Corporate Governance		4.2	Council members conflict of interest	Chair	4	3	12	Disclosure of members' interests to the Secretariat and ongoing Council & committee agenda item	Annual reminder to update Register of Interests	Member induction and training	Low	Low
Corporate Governance		4.3	Poor Council decision-making due to conflicting advice or decision process	Chair	4	1	4	Well-researched & drafted decision papers, Clear lines of accountability and scheme of delegation	Chair facilitates well reasoned decisions	Attendance by external professionals, as required.	Low	Low
Corporate Governance		4.4	Failure to meet Council/Committee quorums / failure to make quorate decisions Links to 4.1	Director of Council & Committee Services	4	3	12	Clear communication of expectations of Council members' duties upfront	Adequate processes notifying Council & committee members of forthcoming meetings prior to meeting including confirmation of attendance		Low	Low
Corporate Governance		4.5	Members' poor performance	Chair	4	1	4	Appointment against competencies	Annual appraisal of Council members	Removal under Sch 1, Para 9(1)(f) of the HSWPO 2001	Low	Low
Corporate Governance		4.6	Poor performance by the Chair	Council	5	1	5	Appointment against competencies	Power to remove the Chair under Sch 1, Article 12(1) C of the HSWPO 2001	-	Low	Low
Corporate Governance		4.7	Poor performance by Chief Executive	Chair	5	1	5	Performance reviews and regular "one to ones" with the Chair	Contract of Employment	-	Low	Low
Corporate Governance		4.8	Improper financial incentives offered to Council members/employees	Chair and Chief Executive	4	2	8	Gifts & Inducements policy	Council member code of conduct	Induction training re:adherence to Nolan principles & Bribery Act 2010	Low	Low
Corporate Governance		4.9	Failure to ensure the Health & Safety of Council Members ? Should this be HCPC wide? Links to 6.3	Director of Council & Committee Services, Facilities Manager & Finance Director	4	2	8	Safety briefing at start of each Council or Committee meeting.	H&S information on Council Extranet	Personal Injury and Travel Insurance	Low	Low
Corporate Governance		4.10	Establishing appropriately constituted Council Links to 6.1, 11.13	Chair	4	2	8	Robust and effective recruitment process	Use of skills matrix in recruitment exercise	Induction of Council members	Low	Low
Corporate Governance		4.11	Expense claim abuse by members	Director of Council & Committee Services	4	2	8	Members Code of Conduct (public office)	Clear and comprehensive Council agreed policies posted on the Council member Extranet and made clear during induction	Budget holder review and authorisation procedures	Low	Low
Corporate Governance		4.12	To ensure Section 60 legislation is operationalised effectively	Council	5	2	10	Scheme of delegation	Council Reporting	Quality Management Processes (ISO9001)	Low	Low
Corporate Governance		4.13	Failure to comply with DPA 1998 or FOIA 2000, leading to ICO action	Director of Council & Committee Services	3	3	9	Legal advice	Clear ISO processes	Department training	Low	Low
Corporate Governance	I	4.15	Failure to adhere to the requirements of the Bribery Act 2010	Chair, & Director of Council & Committee Services	4	2	8	Suite of policies and processes related to the Bribery Act	Quality Management Systems	Oversight of EMT, Internal Audit & External Audit	Low	Low
Corporate Governance		4.16	PSA fails to recommend appointment of Council members to the Privy Council	Director of Council & Committee Services	1	5	5	Sign off of high level process by Council	PSA comments on advance notice of intent acted on appropriately	PSA informed of any deviations from agreed process at earliest opportunity	Low	Low
Corporate Governance		4.17	Failure to meet requirements of the constitution order	Director of Council & Committee Services	3	1	3	Scrutiny of advance notice of intent	Targeted advertising strategy	-	Low	Low
Policy & Standards		14.3	Changing/evolving legal advice rendering previous work inappropriate	Policy & Stds Director	4	2	8	Use of well-qualified legal professionals. Regular reviews.	Legal advice obtained in writing.	Appropriately experienced and trained members of Policy team and others eg HR.	Low	Low
Policy & Standards		14.5	PLG member recruitment without requisite skills and knowledge	Policy & Stds Director HCPC Chair, Director of Council & Committee Services(?)	4	1	4	Skills and knowledge identified in work plan	Recruitment policy	Council Scrutiny of PLG result	Low	Low