Audit Committee

10 March 2021

Internal assurance report

Executive Summary

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

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

This iteration of the report includes the Quality Assurance Charter as appendix A (referred to within the narrative of the QA section of the report) and a review of the HCPC assurance map at appendix B

Previous consideration	This is a standing item considered at each meeting of the Committee.
Decision	The Committee is invited to discuss the report.
Next steps	Any feedback on format or future content will be included for the next iteration.
Strategic priority	This report is particularly relevant to strategy priorities 1 – Continuously improve and innovate and 5 - Build a resilient, healthy, capable and sustainable organisation
Financial and resource implications	None as a result of this update.
Author	Claire Amor, Head of Governance claire.amor@hcpc-uk.org Anna Raftery, QA Lead anna.raftery@hcpc-uk.org Roy Dunn, CISRO roy.dunn@hcpc-uk.org

A. Quality Assurance department update – March 2021

1. Executive Summary

1.1 This report covers the departmental activities from November 2020 – March 2021. Feedback from the Audit Committee on the information presented will continue to be collected and the report developed.

2. QA Framework 2020-21

2.1 The QA Schedule has been updated since the last report in November 2020:

- QA Continues to be involved in the development of the FtP CMS system, supporting the UAT rollout across the relevant departments.
- As part of the ongoing FTP improvement plan two new area of risk were identified for QA to look at as high priority:
    - The new 1st line QA checks of Threshold decisions. A review of this new process was completed in January and February, with the findings reported to FtP in February. These findings included five recommendations on improvements for these checks, four of which have already been implemented by the department.
    - The new Senior Decision Makers. An audit of the decisions made by this new team has started, focusing on the quality and consistency of the decisions being made. This audit began at the start of March and the findings are due to be shared in April.
- QA has also been included on the rest of the FtP Improvement Plan at key points to provide assurance to new processes and guidance at an early stage.
- The Registrant Health and Wellbeing Strategy has been approved by Council, and the Tone of Voice project has begun. QA has taken an integral role in the development of the project plan and will be involved throughout the project at key assurance points

3 QA Framework 2021-22

3.1 The QA 2021/22 Framework is being finalised. Scoping meetings have been held with all regulatory departments to define and agree the workplan. This will include:

- Assurance of new FtP Risk Assessment process from go live in April, followed by an audit in July.
- Advising on the implementation of 1st line QA at triage stage, followed up by a QA review to provide assurance that the checks appropriately mitigate risks.
- Assurance of Education readiness prior to full implementation of the new procedures, as part of the Education QA Pilot.
- Assurance of the Registration CPD Online system.
- Involvement and support of future iterations of the Registration Transformation and Improvement Project.

- Involvement and support of the FtP Improvement Plan.

- Follow up targeted reviews in all regulatory areas.

4 QA Framework 2021-22

4.1 The QA development workplan continues:

- The QA Charter (Appendix A) has been drafted following a number of department workshops. This highlights our aims, role and responsibilities going forward and has been approved by SMT. This piece of work received positive feedback from SMT, and they especially felt the Aim of the QA department supported that of the corporate strategy:

  > Empowering the HCPC to reduce, respond to and remediate regulatory risk, by providing forward-looking quality assurance, supporting wider improvements, and championing high quality performance.

- In order to make QA documentation more accessible and transparent, new templates have been introduced for reporting, scope and QA advisory work. These updated reports have received positive feedback from both the regulatory departments, and SMT.

- The QA Methodology document was revised to reflect the changes in approach for the team, such as:

  - A more collaborative way of working which includes initial and close out team meetings for audits.

  - A more agile approach to the types of QA activity done, including advisory work and reviews as well as traditional audits.

- The QA department will be completing the Lean Six Sigma Green Belt Practitioner training WB 15 March 2021. This training includes the requirement that each delegate completes an improvement project in support of the department and organisation.

5 QA Activity

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

QA Activity	Start	PSA	SRR	Status	Assurance	Recommendations and Notes
FTP: Risk Assessment Review Providing QA support and analysis to the FtP Risk Assessment project.	07/2020	17	1	Completed	**n/a**	As this was advising on the new process, an assurance rating is not appropriate. All recommendations accepted to be implemented in the new Risk Assessment process to be introduced in April 2021
Registration: Registration International and EMR Assessments. Review of the reg Int/EMR assessment guidance to confirm it is fit for purpose, and a review of refusal decisions to confirm consistency of decision making.	10/2020	11	4	Completed	**Satisfactory** (G/A)	Two Recommendations: 1: Medium – Accepted, Pending 2: Low – Accepted, Pending
Registration: Registration Appeals Review of the newly introduced paperless appeals process. Scope extended: Will also review wider appeals process following feedback received from panel chairs.	12/2020	11	4	Reporting	**Limited** (A)	Three Recommendations: 1-3: Medium – Pending
FTP: First Line QA of Threshold. A review of the first line quality checks for Threshold decisions.	01/2021	16	4	Completed	**Satisfactory** (G/A)	Five Recommendations: 1-5: Medium – Accepted, Completed
Registration: Digital Applications An audit of the digital registration applications, newly introduced due to the COVID-19 lockdown	02/2021	11	1	In Progress	**n/a**	
FTP: SDM Decisions An audit of the decision made by the new SDMs to assure quality and consistency	03/2021	15	4	In Progress	**n/a**	
Registration: Reflective Review of Phase 2 RTIP A reflective review of phase 2 of the Registration Transformation and Improvement Project, specifically looking at the build and project management. This is the first of a series of reviews to feed into the ongoing plans of this project.	03/2021	11	4	In Progress	**n/a**	

6 QA Activity

6.1 QA Schedule as of 08/02/2021:

					Q3				Q4													Q1			
					DECEMBER				JANUARY				FEBRUARY				MARCH					APRIL			
QA Activity	Area	Start	PSA	SRR	7	14	21	28	4	11	18	25	1	8	15	22	1	8	15	22	29	5	12	19	26
FTP CMS Workflow	FTP	Oct-20	17	One																					
Reg Int / EMR Assessments review	Registration	Oct-20	11	One																					
Advise on Education pilot	Education	Dec-20	9	One																					
Risk Assessment - Implementation Support	FTP	Dec-20	17	One																					
Registration Appeals	Registration	Dec-20	11	Four																					
Threshold QA process	FTP	Jan-21	16	Four																					
Tone of Voice	FTP	Jan-21	18	Three																					
Digital Apps	Registration	Feb-21	11	One																					
Education Approval and Monitoring pilot	Education	Feb-21	9	One																					
Case Management Guidance Review	FTP	Feb-21	15	Four																					
Registration CRM Review	Registration	Mar-21	11	Four																					
Senior Decision Makers Decisions	FTP	Mar-21	15	Four																					
CPD - new system review	Registration	Apr-21	13	One																					
Risk Assessment - monitoring quality metrics	FTP	Apr-21	17	One																					

	Scope (inc. sign off from department)
	QA Activity (e.g. audit, review, RCA, support)
	Drafting and sign off of report/Presenting results
	Reporting (AC)
	No Activity (QAM on AL/Sick, Training, Office closed)

B. Organisational compliance

- **Information Security and Anti Bribery & Fraud** – Information security training for employees and Partners is being finalised with the assistance of our Learning & Development team. Anti-bribery & fraud prevention next on the list for development.

  A supplier suffered a ransomware attack in December 2020, and their service was unavailable for sometime due to data encryption and a requirement for completely new IT infrastructure as part of their breach response. We are still evaluating their response with our IT department to determine if they are safe to continue use of their service. The supplier had ISO27001 and Cyber Essentials Plus certifications. The supplier continues to hold data pre breach but we are not providing new work at present. No HCPC data was accessed or lost, and the relevant data protection authorities in UK and Europe have been informed. The exact route of the breach has not been determined.

  We are checking our own infrastructure for possible vulnerabilities but we are confident we have built defence in depth.

- **Non regulatory audits** - The next ISO27001:2013 audit takes place over 5 days in April. At least three days are virtually onsite. This includes the three yearly review. The Information Security Management System (ISMS) documentation is being reviewed, for sign off by the ISMS Board, before the next BSI audit.

  A report on the business continuity aspects of the Covid-19 response has been prepared by the CISRO. An audit under ISO principles will be carried out shortly on the environmental adjustments that were undertaken to make us Covid-secure. This has been followed by a further external Covid-secure test in February via the Office Services department.

  The Policy & Standards department Public Enquiry process has being audited and an audit of the Service Complaints area is underway.

- **Data reporting -** Governance was been involved in the data platform project business case development. A BDO report will follow on Intelligence gathering.

  Reporting against the new Registration system is challanging at present. We are awaiting IBM’s completion of a reporting set.

  Negotiations with UK-Reach, to provide comprehensive personally identifiable information to a government backed research effort into ethnicity biases in covid-19 hospitalisations and mortality are ongoing, with comprehensive legal advice. Other regulators are participating. We are working through the data sharing agreement currently.

- **Temporary Registers, update and reporting** - The ex-registrant temporary registers are still being maintained. Numbers are reported to SMT periodically,

and government upon request. We are still awaiting any major return to practice effort data requests from external bodies.

- **Near Miss incidents -** There are two Near Miss Reports in progress at present. One relates to difficulties with the new registration system direct debit payment collection process (NMR77), the other relates to a Partner payment flag being incorrectly reset causing a number of CPD assessment Partner payments (NMR78) in error.

- **Risk Management** – The Strategic Risk Register has been reviewed to link to the new Corporate Strategy

  The Risk Management review project has almost completed the initial workshops with departments and SMT. Draft process and policy are being developed. Draft risks have been produced and are being further developed. These new operational risks will be mapped to the new strategic risks, when both sets are finalised.

- **Health and Safety –** There were no notified H&S incidents in the reporting period.

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

C. Feedback and Complaints

Data for corporate complaints in 2020 is provided below.

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total	Monthly average
2018	31	29	28	20	48	24	29	32	40	30	47	43	401	**33**
2019	49	44	45	48	62	35	38	39	42	72	79	36	589	**50**
2020	43	44	30	26	23	29	35	25	44	34	38	34	405	34

There is a service standard of 15 working days to provide a substantive response to complaints. Since a change to internal process in July 2020 all complaints have been closed within the service standard. We are pleased with this compliance and it is a combined effort across the HCPC. It also increases our confidence in meeting the relevant PSA standard on addressing concerns raised against the HCPC, as the PSA now focus on complaint response timeliness in their annual performance review.

We also record positive feedback received we have started recording this for named individuals on our new performance platform along with a thank you from SMT.

The Annual Feedback and Complaints report will be presented to the Committee in September 2021.

D. Information Governance

Data is provided below of the rolling year's information governance activity. The annual Information Governance Report will be presented to the Committee in June 2021

The HCPC has for some time reported and risk assessed personal data incidents. Incidents that meet the Information Commissioners (ICO) criteria for reporting are notified to the ICO. In the reporting period one incident was reported to the ICO. This was notified to the Committee at that time and it related to a ransomware attack on one of our suppliers. The ICO were assured that the HCPC has suitable contractual information security obligations in place with the supplier in question and closed the report without any regulatory action. More information is provided within the organisational compliance section of this report (B).

	Dec-19	**Jan-20**	**Feb-20**	**Mar-20**	**Apr-20**	**May-20**	**Jun-20**	**Jul-20**	**Aug-20**	**Sep-20**	**Oct-20**	**Nov-20**	**Dec-20**
FOI	13	24	21	14	13	15	24	13	21	14	14	18	8
SAR	6	11	7	10	10	11	7	3	2	11	9	10	10
Disclosure requests	5	7	5	6	2	3	1	7	8	4	4	5	1
Internal reviews	1	2	1	3	2	2	1	1	1	2	3	3	0
ICO	0	0	0	0	0	0	0	0	0	0	0	0	0
Total requests received	**25**	**44**	**34**	**33**	**27**	**31**	**33**	**24**	**32**	**31**	**30**	**36**	**19**
Total closed	50	38	26	49	22	31	29	34	30	23	36	30	26
Response within statutory time period	48	37	24	46	21	31	27	32	30	22	33	30	26
Response in breach statutory time period	2	1	2	3	1	0	2	2	0	1	3	0	0
% within statutory period	**96%**	**97%**	**92%**	**94%**	**95%**	**100%**	**93%**	**94%**	**100%**	**96%**	**92%**	**100%**	**100%**
Data incidents													
No. of data incidents	6	7	5	5	8	7	10	4	1	8	3	3	1
No. reported to the ICO	0	0	0	0	0	0	1	0	0	0	0	0	1

Appendix A

Quality Assurance Charter

February 2021

Our Aim:

Empowering the HCPC to reduce, respond to and remediate regulatory risk, by providing forward-looking quality assurance, supporting wider improvements, and championing high quality performance.

1. Introduction and Background

1.1. The Quality Assurance (QA) charter defines the purpose, role, and responsibilities of the QA department at The Health and Care Professions Council (HCPC).

1.2. The QA department was formed to centralise the quality teams from the separate regulatory departments. This was done to:

1.3. The QA department provides regulatory assurance to SMT and the Audit and Risk Assurance Committee (ARAC) that the organisation is appropriately mitigating regulatory risks, as well as implementing robust improvements that will have a measurable impact.

1.4. The QA department champions and promotes high quality performance and identifies opportunities for learning to be shared across departments.

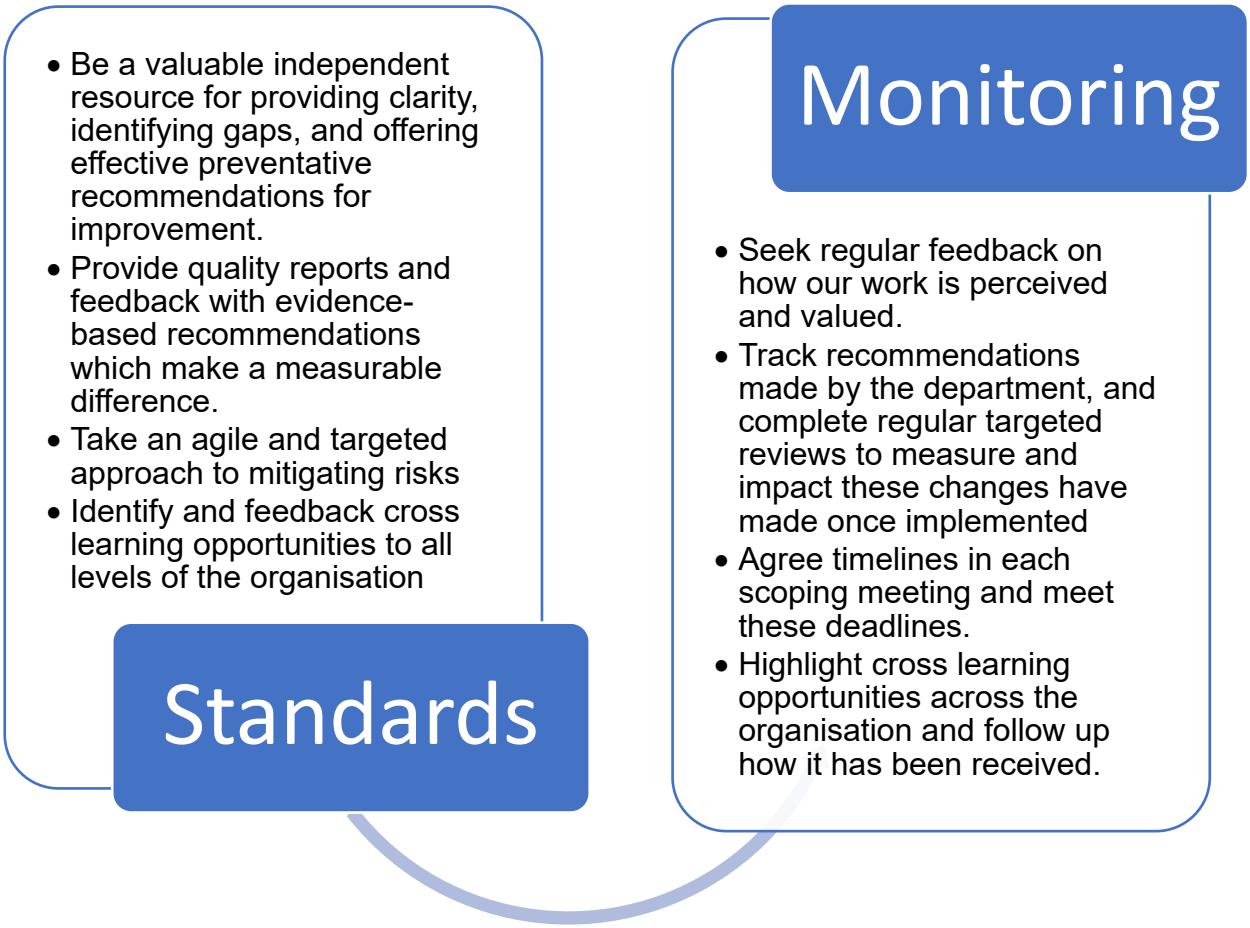
1.5. The QA Department adds value to the work of the HCPC by:

- Ensuring the quality of work across the organisation meets best practice.
- Identifying risks and improvement opportunities early to reduce the negative impact.
- Highlighting opportunities for shared learning.
- Supporting and empowering staff to identify and implement continuous improvements in their areas.
- Giving evidence of improvements and the impact they have had.
- Providing a source of expertise to support wider improvement and quality activities across the organisation.
- Using data and insight to promote and evidence improvement.

1.6. With an active and engaged QA department in place the organisation avoids the risk to quality of work and has clarity on areas of success and failure. There is also clear evidencing on the efficacy of improvements made, and the measurement of progress.

2. Standards and Monitoring

2.1. In order to succeed in our role and responsibilities, the intent of the QA department is to follow our standards, and monitor our performance against these:



3. Aim, Role and Responsibilities

3.1. The Aim of the QA department is:

Empowering the HCPC to reduce, respond to and remediate regulatory risk, by providing forward-looking quality assurance, supporting wider improvements, and championing high quality performance.

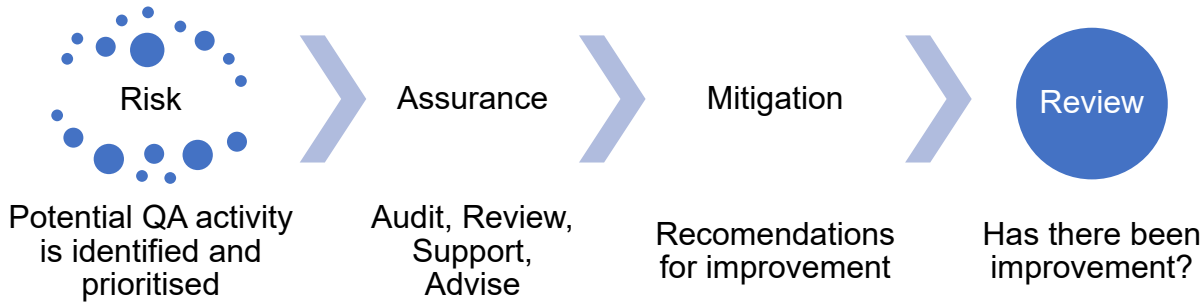
3.2. The Role and Responsibilities of the QA department are to:

- Support the HCPC's efforts to meet the PSA standards and continuously improve our regulatory performance in line with the HCPC's strategy
- Provide assurance on new processes before implementation by completing a review and giving proactive and preventative recommendations.
- Provide reflection on new systems and processes in place to identify what went well, what could be improved, any gaps in the systems, and provide learning for future improvements and iterations.

- Identify opportunities to communicate learning with the wider organisations to highlight best practice and share recommendations for improvements that could be applied in other areas with positive impact.
- Provide assurance that the organisation is meeting our regulatory requirements, through routine review and targeted QA activities
- Monitor the progress of recommendations to identify if there has been an improvement in performance.
- Collaborate with other departments across the organisation to identify where the QA department can be most valuable.
- Gather and monitor information, including from the recommendation and improvements logs, to identify potential risks, and provide a proactive approach.
- Maintain and monitor the QA recommendations log to ensure that recommendations are being effectively implemented. This will then feed into the Risk Improvement log, which will support cross department learning, and limit duplication of activity.
- Lead on the coordination of the PSA annual performance review, including gathering data and reporting quarterly on the HCPCs performance and improvements made.

4. Process

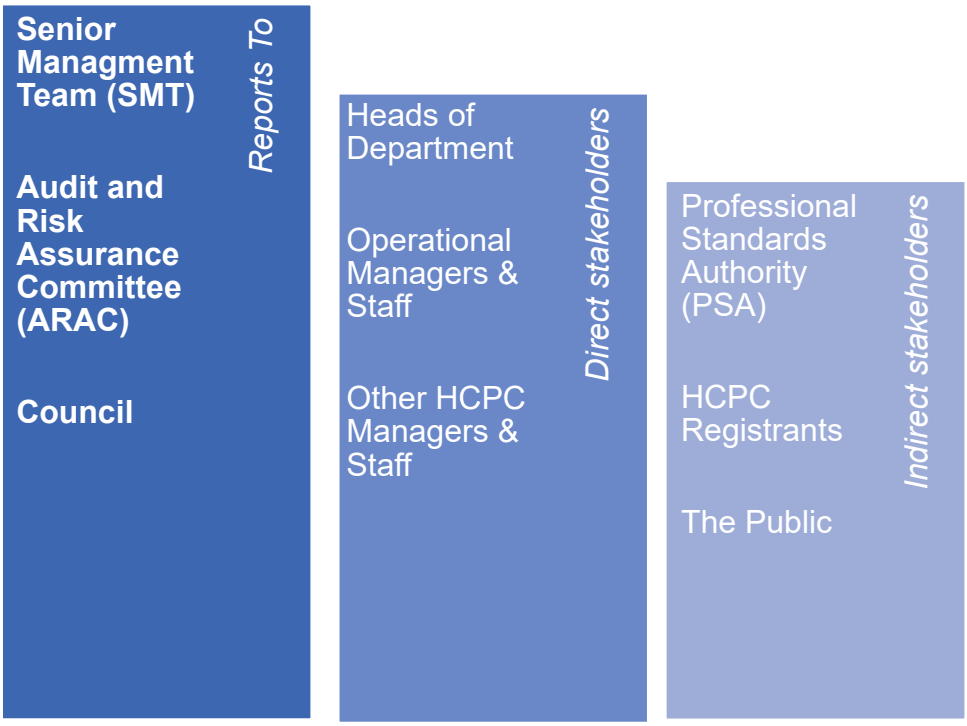
4.1. Risk is identified from many sources such as from SMT and Council, through complaints or near misses, direct from departments, or through QA activity. These risks are reviewed as potential QA activity to mitigate and to provide evidence an assurance. The QA activity is prioritised using a risk-based approach, which is confirmed with the service owner.



4.2. The QA Schedule is completed annually, and agreed with the relevant department heads, SMT and ARAC. However, in order to continue to be agile and effectively mitigate unexpected risk, this schedule can be amended on the approval of the QA Lead, notification of the Head of Department and SMT, and update to ARAC.

5. Reporting

5.1. The QA department reports to SMT and the Audit and Risk Assurance Committee. The QA department also has a range of stakeholders that should be considered:



HCPC Assurance Mapping Document

March 2021

Objective or function	Areas	Owners	First Line of Defence • Operational delivery • Performance management and data • Self-assurance • Governance and processes	Second Line of Defence • Functional compliance reviews • Quality control checks • Business change reviews • Customer satisfaction reviews/complaints • Risk management	Third Line of Defence • External project reviews • Adjudication/Tribunals • External accreditation • Strategic partners • Last external audit report
Frontline Activities					
Registration and Continuing Professional Development (CPD)	Registration	Head of Registration Executive Director of Regulation	• Induction training and internal learning and improvement mechanisms are in place and functioning. • Structured training specific to registrations • Top up training • Partners trained every two years and ensure they are also trained as required. • e-learning • Quality checks are carried out across different processes in the Department. New starters on a process are subject to a higher number of quality checks for at least 2 weeks. • Team Leaders work across five areas • and these are rotated • Any registration query that could be appealed will be reviewed by management • Peer reviews are undertaken • Targets/KPIs are in place for staff to meet set by management	• Quality Assurance Team reviews registration business processes. • The Operations Team ensure time is allocated to each Team Leader to carry out the required number of quality checks each week. • Regular tidy desk audits are scheduled by the Operations Team to ensure compliance with the Clear Desk Policy. • Targets are set by management • Information goes to the Education and Training Committee (ETC), for example: • Service standards set by management, reviewed by ETC and approved by Council • Report of performance vs standards • Change in policies sent to committee • Complaints information is collated and reported to SMT • Any changes to the comparable qualifications list are approved by ETC and then reviewed by Council • Lessons learned exercises completed • KPIs reported to the SMT and Council.	• PSA • Internal Audit • ISO audits • Business Analyst IBM for Registration Project • BDO end-to-end audit took place in Jan 2021.

Fitness to Practise	Fitness to Practice	Head of FTP Executive Director of Regulation	• Structured induction training implemented for apprentices and new starters. • FTP improvement project currently underway. This is overseen by The Executive Director of Regulation. • Internal learning and improvement mechanisms are in place and functioning or are being developed as part of the FTP Improvement plan. • Legislation – 'Health Professions Order 2001' (The ORDER). Available on the HCPC website. Accompanying this are rules. From this, policies/procedures and guidance are in place for staff to follow. There are numerous procedures/guidance documentation available for FTP staff to use due to the complexity of the area. • Ongoing review of case manager manual to streamline training and support consistency of approach and application of processes. • Operational checks and quality controls are in place. Managers oversee work via case review meetings and 121/ APDR process. • Critical decisions are reviewed and approved by specialists/managers/ Senior Decision Makers (SDM) • Introduction of an ICP (Investigating Committee Panel) specific chair • PWC undertaking training programme with team managers. • Introduction of new case management system. Training plan in place for rollout.	• The Quality Assurance (QA) team undertakes reviews of FTP business processes and decisions. • More targeted QA activities have been identified and integrated into FTP improvement project • Decision Review Group (DRG) held quarterly to review and discuss case decisions and PSA feedback • Work being undertaken in coordination with PWC to document more formal governance framework for the FTP Improvement project. • Any identified issues with FTP are discussed at Senior management team (SMT) • Key Performance Indicators (KPIs) are reported to both SMT and Council.	• PSA • Internal Audit– FTP end to end audit 2019/20). Follow up audit conducted in 2020. • ISO audits
Education	Education	Head of Education Executive Director of Regulation	• Induction training and internal learning and improvement mechanisms are in place and functioning. • Observation of a case for visiting and then be observed for the next case. Virtual model used unless rationale for onsite visit has been identified. • Peer reviews. • All reports signed off by a manager • Processes, procedures and guidance notes are in place. • KPIs are in place for staff to achieve	• Head of education, monthly performance reports are produced on operations and reported to SMT • On a quarterly basis report to Council, these cover specific KPIs which are linked to strategic objectives. • The Quality Assurance team undertake reviews of Education business processes and decisions • Any relevant amendments go through the Education and Training Committee and the Council	• Internal Audit • PSA • ISO audits

			• The information system is maintained by a manager and an officer. • Proposed new approach to approval and monitoring is currently in the pilot stage with a view to implement by September, if signed off. • As part of pilot, risk is identified earlier in the process through upfront engagement with providers. • As part of pilot, external data sources are used to inform risk assessment.		
Policy and Standards	Standards	Head of Policy and Standards Executive Director of Policy and External Relations	• Induction training and internal learning and improvement mechanisms are in place and functioning. • Standards, policies and guidance are updated in line with the review schedule in place • A tracker is in place to monitor the dates reviews are required for standards, policies and guidance • Procedure notes and guidance are derived from the Order and legislation	• The Education and Training Committee makes any relevant changes to policies and procedures. • Council have final approval of standards, policies and guidance. • SMT review and approve any changes to Standards, policies or guidance in advance of any consideration required by ETC or Council • SMT receive regular department reports • Consultation requirements when changes made to standards or guidance.	• PSA • Internal audit • ISO audits

Objective or function	Areas	Owners	First Line of Defence • Operational delivery • Performance management and data • Self-assurance • Governance and processes	Second Line of Defence • Functional compliance reviews • Quality control checks • Business change reviews • Customer satisfaction reviews/complaints • Risk management	Third Line of Defence • External project reviews • Adjudication/Tribunals • External accreditation • Strategic partners • Last external audit report
Management Systems					
Governance	Boards/ committees	Council overall Head of Governance Chief Executive	• An up to date Scheme of Delegation is in place denoting the delegated authority to committees and officers • A register of Interest and skill matrix is maintained of all Council members • A code of corporate governance is in place. This also details the ToR for the committees and the Council • Departmental and strategic risk registers are in place • Appointment, training and induction for Council members • Annual appraisal of Council and independent committee members	• The senior management team is in place (SMT) and meet on a bi-weekly basis. • Heads of Dept report to the SMT. • There are four committees: The Education and Training Committee, Audit & Risk Assurance Committee (which also is involved in the financial aspect of HCPC, The Remuneration Committee and the People & Resources Committee. All committees meet on a regular basis with meetings minutes and uploaded onto the HCPC website. • Above the committees is the Council. All committees report to the Council which meets 6-7 times per year with workshops taking place during the year.	• PSA • ISO audits • External audits • National Audit Office (NAO) • Internal Audit
Finance	Organisation wide	Director of Finance Executive Director of Corporate Services	• An up to date scheme of delegation is in place. • Induction training on two main systems for all staff. • Click travel (little used at present) • The SAGE and WAP finance systems are not integrated systems • Budget holders set their budget and FP&A to assist in budget setting and variance analysis • Procurement policy is in place. • Financial procedures are in place. • CRM_R has imposed segregation of duties for financial and regulatory matters.	• SMT receive monthly budget performance reports • Council approves budgets and financial strategy / reserve policy • Council is provided budget information at each Council meeting • CISRO team undertake internal QA reviews based on risk. • Near Miss Reporting on serious incidents if required	• External audit, NAO, Haysmacintyre • Internal audit (core financial control)
Risk Management	Organisation wide	Chief Information Security and Risk Officer	• Departmental risk registers form part of the Enterprise Risk Register. • Strategic risk register • Project risk registers • Risk appetite updated in 2020.	• Ongoing review of Risk Registers by SMT • Audit & Risk Assurance Committee and Council reviews the Strategic Risk Register • Regulatory risks are considered as part of the QA coverage.	• Internal Auditors • External Auditors • PSA • ISO audits • External review of operational risk

		Head of Governance	• Departmental Workshops held in 2021 to review operational risks and implement a more streamlined approach to documenting risks.	• The commissioning of audits for non-regulatory QA	management by external consultant, 2020/2021 as part of project
Performance Management	Organisation Wide	SMT Council	• Corporate KPIs are in place • Annual performance appraisals are in place. • Intensive training on induction to HCPC • Regular department performance reports produced • PSA improvement working group established and running, producing improvement plans against all PSA standards.	• Regular department performance reports produced and provided to SMT • SMT receive reporting form PSA improvement group progress. Council also receive self-assessment of performance against PSA standards and information on improvement activities. • Further reports produced and provided to the committees and Council • Management Oversight through performance reporting. • QA work undertaken	• Internal Audit • External Audit • ISO audits • PSA
Strategy and Planning	Organisation wide	Council Chief Executive SMT	• Development and approval of strategy by Council. • Business plans (including change plans) developed by SMT and approved by Council • Financial and activity forecasting • Budget setting linked to strategy and approved by Council • Key performance indicators approved by Council • Strategic risk register developed by SMT and subject to scrutiny by Audit & Risk Assurance Committee • Oversight and scrutiny of education and registrations by Education and Training Committee	• Review and reporting of progress against corporate priorities by SMT and Council • Ongoing internal assessment against PSA standards with status reported to Council on a regular basis • Quarterly budget review process • Embedding of business process improvement	• Internal Audit (strategic and operation planning 2018/19) • External Audit • PSA • ISO audits • Government (legislation setters)
Media Handling and Communication	Organisation Wide	Head of Communication (Currently vacant) Executive Director of Policy and External Relations	• Process Maps for each sub-process • Review and approval of media content prior to release • Briefs are given to staff regarding work/media releases they are working on • Media training provided to tribunal employees • Face to face training is given on joining HCPC media team • Social media policy to signed when joining HCPC • Communications strategy is in place. • MS teams for dissemination of media intelligence to key employees. • External consultancy support.	• Oversight of sensitive subjects by ED of Policy and External Communications • Prior to responding to certain negative/controversial subjects on social media any correspondence will be cleared with Chief Executive and Registrar • Reports are provided to SMT and Council quarterly of performance on communication/media KPIs such as hits on the website etc.	• Departmental review (March 2020) • ISO audits

Freedom of Information	Governance / All	Head of Governance	• Two officers are trained who deal with FOI requests. • Central inbox for FOI • FOI process complies with the Freedom of Information Act 2000 • External facing policy sets out framework for handling FOI requests • Internal review process exists for reviewing complaints about FOI responses • Standard contract clauses in place for external suppliers setting out requirements for assisting with FOI requests. • Proactive publishing of required publication schedule information.	• Sensitive FOI requests escalated internally before issuing. • Reports on FOI activity produced for SMT on an annual and monthly basis. Annual report also goes to Audit & Risk Assurance Committee for review.	• Parliament • ICO
Projects	IT and Resources	Head of Projects Executive Director of Corporate Services	• A framework is in place for teams to follow which is based on Prince2 methodology • A lessons learned exercise is undertaken and used with projects. Lessons learnt log is maintained. • Projects are only closed once a lessons learned exercise has been completed • Regular projects meetings are undertaken	• Council is made aware of major projects through the budget planning and monitoring processes. • Regular bi-monthly meetings of SMT where projects will be discussed • Regular project meetings undertaken with any • large variances/exceptions being escalated to Council • Project boards are in place that will meet monthly for project updates • Exception Board meetings will be undertaken on an ad hoc basis • New Committee PRC has a remit in this area, not yet considered this area.	• A review of the project methodology from start to finish has been undertaken by Internal audit for four of the major projects • Internal audit review of KPR building • project 2018/19, registration project, and the FTP improvement project.

Objective or function	Areas	Owners	First Line of Defence • Operational delivery • Performance management and data • Self-assurance • Governance and processes	Second Line of Defence • Functional compliance reviews • Quality control checks • Business change reviews • Customer satisfaction reviews/complaints • Risk management	Third Line of Defence • External project reviews • Adjudication/Tribunals • External accreditation • Strategic partners • Last external audit report
Support Operations					
UK GDPR / DPA 2018 (post Brexit)	Organisation wide	Head of Governance	• A DPO and a CISRO are in place • Plan is in place to help ensure GDPR / DPA compliance • Data protection and privacy policies in place • Employee and partner contracts updated • Standard contract clauses in place for external suppliers • All staff, partners and contractors receive annual training on GDPR and data protection • Data protection assessments carried out on initiation of all projects. • Risk based process in place for dealing with information loss. • Org wide retention periods in place. • Access controls in place with monthly validation of accuracy.	• Reports on data incidents produced for SMT on an annual and monthly basis. Annual report also goes to Audit & Risk Assurance Committee for review. • Information security management board, comprising key staff across the organisation, gives oversight across the HCPC. • CISRO undertake QA reviews of DPA issues such as retention compliance.	• Internal Audit • ICO • PSA • ISO 27001 certification and audits* • Reporting in Annual Report laid in parliament. * ISO9001 & 10002 audits currently on hold.
Procurement	Procurement of goods and services	Director of Finance Executive Director of Corporate Services	• Procurement manual is in place which includes the procurement policy and guidance. • Approval levels are set out in the procurement manual • All budgeted contracts and renewal of contracts are put through the planned budgets for the year at the budget setting time. Council approves all budget spends at this point • Procurement officer trained in CIPS • For procurement due diligence at the tender stage ask for companies to submit both a commercial and technical review • Centralised procurement support is in place. • There is not an up to date approved supplier list in place	• Procurement Policy is approved by Council • Basic procurement information is provided to finance and sent to SMT for review • New Committee PRC has a remit in this area, not yet considered this area.	• Internal Audit • External Audit • Periodic review of major expenditure projects

			• Staff involved with procurement have not received regular sufficient training in procurement • There is no evidence of regular Monitoring and capturing of procurement data / activity		
Payroll	Payroll	Director of Finance Director of HR Executive Director of Corporate Services	• Payroll function is outsourced with some checks undertaken at the operational level. • New staff, and changes to staff pay is inputted by HR staff and approved by Director of HR. • HR send the Payroll information to the outsourced provider who return payroll information to HR. This is approved by HR and Finance before payroll run initiated. • In total three standard checks are conducted on monthly payroll • Departmental checks are conducted. Heads of Department review information provided to them on a monthly basis • Unusual and/or large payments subject to additional checks • Training is provided to relevant HR staff on conducting payroll activities	• High level management oversight on Payroll with Head or/Director approving payroll numbers prior to payroll being paid. • Monthly reports are sent to SMT.	• External Auditors • An audit of the HR function has not been undertaken by internal audit in relation to starters and leavers and the adding and removing of them to payroll and other systems
Human Resources	HR Operations, Recruitment, Learning and development	Director of HR Executive Director of Corporate Services	• HR policies and procedures are in place. • Training is provided on induction to HCPC with specific training • L&D programme in place based on APDR returns. Team collate and analyse feedback after staff training and workshops to ensure quality is maintained and to drive process of continuous improvement • HR specific manuals and process maps exist to help HR staff carry out specific procedures • Internal checks and quality controls exist, including management checks and audits. • New policies and processes have been implemented to cover working arrangements during Covid crisis • Employee Forum engagement on key issues.	• HR Performance reporting to SMT on a monthly basis includes key data. • KPI reporting to Council. • CISRO undertakes QA reviews based on risk. • New Committee PRC has a remit in this area, not yet considered this area.	• Internal audit • ISO Audits • Gender pay gap report externally.
Health and Safety	Health and Safety	Head of Estates and Office Services	• Health and safety policy is in place • Staff receive health and safety training on induction • Specific staff have been trained to be fire wardens	• Reporting to SMT as part of facilities performance report. • Accident log book is reviewed by the Office Services manager or the facilities manager. • Office and departmental Risk Assessments	• Third party assurances from St Johns Ambulance, Fire Services and Health and Safety Executive if reporting incidents under RIDDOR (none have been reported)

		Executive Director of Corporate Services	• Specific staff have been trained by St Johns Ambulance to train staff in first AID • Fire Wardens and staff trained. Fire wardens have training every 3 years • A health and safety log is in place • Health and Safety incidents are reported via the accident log book which is held at reception • Mental Health first aiders	undertaken 2019-20, and updated periodically. • Covid-19 OHS risk assessments underway for eventual return to some office based activities.	• Fire risk assessments are undertaken annually at each of the three sites by CHUBB • An overall review on the Health and Safety function has not been undertaken by Internal, Audit recently. but contractors have evaluated specific areas. • External auditor evaluates Covid secure status for office environment (Feb 2021)
Business Continuity and Disaster Recovery	Organisation wide	Chief Information Security and Risk Officer	• Business Continuity Plan (BCP) / Disaster Recovery (DR) plan in place and also available on app on staff work phone for key members of staff. • Key members of staff have access to BCP / DR plans. • BCP / DR testing has been undertaken, most recently in June 2019. Lessons learnt undertaken after each test / invocation. • BCP/DR will next be tested once new ways of working have been established and implemented (2021)	• Review of BCP / DR when required • Report on BCP/DR response to COVID-19 currently in production	• ISO audits- ISO 27001 Undertaken in August 2020. • Internal audit (January 2020) • IT-Governance Audit March 2020 includes BCM
Fraud Awareness and Corruption	Organisation wide	Chief Information Security and Risk Officer SMT	• New internal whistleblowing policy implemented in December 2020. • A Whistleblowing policy is in place for Registrants. • Segregation of duties is in place • Fraud Policy, Anti-Bribery Clause, Fraud response plan and Anti-Bribery Policy in place. • Fraud awareness training in place which covers: fraud and fraud awareness, anti-money laundering and bribery. Training currently being updated and will be rolled out in April 2021	• Escalation for fraud and corruption procedures can be found in the whistleblowing policy • Fraud and Anti-bribery policies to be reviewed annually. • Any reports are alerted to ARAC.	• An external fraud risk assessment has been undertaken by Internal Audit (2019-20). • Reporting in annual report and accounts laid in parliament.
IT Operations	IT and Cyber Security; Knowledge and Information Management, Network Services	Executive Director of Digital Transformation / Exec Director of Corporate Resources / Head of IT & Projects.	• Passwords are in place for access, which are suitably complex • IT Policy in place for staff on joining HCPC • IT Training in place on joining HCPC • Annual information security training for all employees, partners and Council members. • Further training will be given when needed to staff in line with their job descriptions • Weekly IT meetings held • Microsoft Patch updates undertaken. • ED of DT produced new strategy for future of IT.	• Reports to SMT of any serious IT security breaches. • Performance reporting to SMT and Council. • Significant security issues discussed at ISMS board including key employees across the organisation relating to information security and compliance. • New Committee PRC has a remit in this area, not yet considered this area.	• External run courses given • ISO 27001 • Internal Audit (Cyber security, specialist IT audit coverage 2017/18) planned review of IT controls in 2020-21. • IT-Governance Audit March 2020 • PWC review of IT systems strategy (2019-20)