

Audit Committee, 5 March 2019

Quality Assurance Department update

Executive summary and recommendations

Introduction

This paper provides information on the Department activities that have taken place since November and activities that are ongoing or due to commence in this quarter.

Decision

The Audit Committee is asked to discuss the paper.

Background information

The Quality Assurance Department was established in June, bringing together the following functions from different areas of the organisation: service and complaints, business process improvement, Registration, Fitness to Practise, Education quality assurance teams.

The Audit Committee received a report on the Department's priorities and activities (including an audit overview) in November 2018.

Resource and financial implications

The activities set out in this paper are in line with the Department workplan and budget.

Appendices

None

Date of paper

25 February 2019

1 Quality Assurance Department activities (November 2018 – February 2019)

- 1.1 Quarterly meetings continue to be held with the Heads of the regulatory departments (FTP, Registration and Education) and the FTP Improvement Project lead. These meetings review audit workplans, ensure that the timings of audits means that evidence is available for key deadlines such as PSA audits and ensure the focus continues to be on areas of key risks identified in the 2018/19 Quality Assurance Frameworks for the departments. This also provides an opportunity to discuss the scope of audits and audit findings.
- 1.2 Work has commenced on producing the 2019/20 Quality Assurance Frameworks for the regulatory departments and workplans for the Department and teams.
- 1.3 The Registration quality assurance team has moved from conducting quality compliance activities (meeting set departmental targets / determining if new starters meet threshold standards) to a quality assurance approach (analysis of processes to determine effectiveness and encouraging continuous improvement). The first audit with this approach has been produced.
- 1.4 The management of the FTP complaints process (previously operated separately within the FTP Department and reporting in to the centralised process) was handed over to the Service and Complaints Manager in October. Regular meetings have been held with the Head of FTP to ensure that the process is operating effectively and to ensure the consistency of the organisational wide process. A review is ongoing on the Customer Service Process, so that actions can be taken to address recurrent themes that are highlighted and to ensure that stakeholders receive as much benefit from the process as possible.
- 1.5 A paper was presented to the newly created Operational Management Team (OMT) in January with recommendations on how the group could input into the reports and outputs produced by the service and complaints and business process improvement (BPI) functions. The recommendations will be taken forward to SMT.
- 1.6 A review of the Department is ongoing to continue to review the function of the Department in light of the organisational changes, to research and consider best practice approaches (including reviewing other organisations models) and to continue to work towards a consistent quality assurance approach.

2 Audit overview

This section provides an overview of the audits that have started or have been completed in the Department since November. It also highlights the audits that are due to start in this quarter.

2.1 Audits completed in this period (November 2018 to February 2019)

Audit	Description	Outcomes	Status
FTP Investigation Committee Panel (ICP) Decisions	<p>Audit on the quality of ICP written decisions and the key inputs that feed into the decisions</p> <p>55 cases considered by an ICP between January and June 2018 were audited. This represented 30% of the cases considered in this period</p>	<ul style="list-style-type: none"> The findings of the audit show that Panel's produced written decisions that met or exceeded the quality threshold. Work needs to be carried out to increase the number of ICP written decisions meeting the quality threshold. The audit also highlighted that the written decision is dependent on the quality of the various inputs. The QA Department made four recommendations from this audit. These were focused on ensuring that clear processes, as well as sufficient and consistent guidance and tools, are in place and available to all parties involved in the ICP process. Where applicable the recommendations were linked to deliverables set out in the FTP Improvement Project plan. 	<ul style="list-style-type: none"> FTP management agreed the recommendations in full. SMT noted the report at 6 November meeting. The report was reviewed by the FTP improvement Project Board in November to ensure that future deliverables from the FTP Department addressed the recommendations. The QA Department is tracking progress on the agreed activities.
FTP Interim Order (IO) Applications	<p>Audit on IO Applications to determine whether decision making followed guidance, was clearly communicated and whether the process was meeting the required timescales</p> <p>23 cases where approval for an IO Application had been made between May and July 2018 were audited. This represented 33% of the approval requests made in this period</p>	<ul style="list-style-type: none"> The majority of decisions regarding whether to apply for an IO were correct and were clearly communicated. Work needs to be carried out to increase the number of cases meeting the set timescales (from decisions to apply for an IO to the application being made before a panel). The QA Department made two recommendations from this audit. These were focused on ensuring sufficient written guidance is in place for decision makers as well as identifying potential efficiencies in the process to reduce the amount of time taken to schedule IO application hearings. Where applicable the recommendations were linked to deliverables set out in the FTP Improvement Project plan. 	<ul style="list-style-type: none"> FTP management agreed the recommendations in full. SMT noted the report at 18 December meeting. The report was reviewed by the FTP improvement Project Board in January to ensure that future deliverables from the FTP Department addressed the recommendations. The QA Department is tracking progress on the agreed activities.

<p>FTP Investigations Cases</p>	<p>Audit on the new investigation planning process introduced in July 2018 to determine whether the process is being followed within the required timescales</p> <p>70 cases transferred to the Investigations function in July and August 2018 were audited. This represented 100% of the cases that had been allocated to a Case Manager to investigate in this period</p>	<ul style="list-style-type: none"> Investigation Plans were not always produced in cases when required. The required timescales were being met in the majority of cases. Work needs to be carried out to ensure it is clear when Investigations Plans are required in the process. The QA Department made two recommendations from this audit. These were focused on ensuring that there is clarity in the process and that the process is embedded effectively. Where applicable the recommendations were linked to deliverables set out in the FTP Improvement Project plan. 	<ul style="list-style-type: none"> FTP management agreed the recommendations in full. SMT noted the report at 29 January meeting. The report will be reviewed by the FTP improvement Project Board in February to ensure that future deliverables from the FTP Department addressed the recommendations. The QA Department is tracking progress on the agreed activities.
<p>FTP Investigations Evaluation</p>	<p>Audit on the quality of investigation plans being completed in the new process. Focused on assessing whether the plans identify all the potential FTP concerns, and that the investigative steps included in the plan are proportionate and specific</p> <p>160 cases transferred to the Investigations function in July August and September 2018 were audited. This represented 100% that had been allocated to a Case Manager to investigate of the cases in this period</p>	<ul style="list-style-type: none"> Investigation Plans that were produced correctly identified the concerns in cases that need to be investigated, the evidence required and how to obtain it. The findings from this audit supported the two recommendations made in relation to the audit above (FTP Investigations Cases). 	<ul style="list-style-type: none"> FTP management agreed the recommendations in full. SMT to note the report at 26 February meeting. The report will be reviewed by the FTP improvement Project Board to ensure that future deliverables from the FTP Department addressed the recommendations. The QA Department is tracking progress on the agreed activities.
<p>FTP Risk Assessments</p>	<p>Audit of Risk Assessments to assess the quality, whether guidance is being followed and whether the assessments are</p>	<ul style="list-style-type: none"> The audit found that whilst there were quality issues with parts of Risk Assessment forms, these did not appear to impact on the correct categorisation of risk in FTP cases. Risk Assessments were completed when required in the majority of cases. Work needs to be carried out to 	<ul style="list-style-type: none"> Audit completed, report with FTP Department to review / agree recommendations SMT will note the report and the report will be reviewed by the FTP

	<p>completed within the required timescales</p> <p>253 cases were audited from all open, pre-ICP cases from 2-24 October 2018 that had an opportunity (a change in the case) for a Risk Assessment. This represented 13% of open, pre-ICP cases in this period</p>	<p>improve the quality of Risk Assessments and completion of these in the required timescales.</p> <ul style="list-style-type: none"> The QA Department made three recommendations from this audit. These are focused on ensuring that consideration is given to ongoing training and support to improve consistency in applying the new approach to documenting Risk Assessments, that a section of the process is reviewed to enable it to be recorded, and that feedback provided is considered when reviewing the tool used for completing Risk Assessments. Where applicable the recommendations were linked to deliverables set out in the FTP Improvement Project plan. 	<p>improvement Project Board ensure that future deliverables from the FTP Department address the recommendations.</p> <ul style="list-style-type: none"> The QA Department will track progress on the agreed activities.
Registration Comparable Qualifications List (CQL)	<p>An audit of the implementation of the CQL process to determine whether the process and guidance is being followed.</p> <p>76 CQL applications were audited from June 2017 to November 2018. This represented one third of all CQL applications since the introduction of the process</p>	<ul style="list-style-type: none"> The audit found that the process was being followed in the majority of applications. There were a small number of applications where queries were made about the qualifications not exactly matching the CQL. The QA Department made four recommendations from this audit. These were focused on ensuring that the process is fully documented, all annual process checks are carried out and that any application issues raised in the audit are addressed. 	<ul style="list-style-type: none"> Registration management agreed the recommendations in full. SMT to note the report at 26 February meeting. The QA Department will track progress on the agreed activities.
BSI external audit ISO10002 (21 and 22 February 2019)	Annual external audit	<ul style="list-style-type: none"> Passed. No non-conformances, no opportunities for improvement or observations identified 	<ul style="list-style-type: none"> Audit completed and report being finalised Report to be sent to SMT and Audit Committee
BPI internal department audits	Internal audits carried out against ISO9001, ISO27001 and ISO10002 (where	<ul style="list-style-type: none"> Non-conformities, opportunities for improvement and observations identified in audits added to improvement log 	<ul style="list-style-type: none"> FTP (physical evidence, supplier), Education, Quality Assurance (Service and Complaints),

	applicable) standards in preparation for external audits against these standards		Governance (Council recruitment) departments audits completed
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2.2 Audits commenced in this period

Audit	Description	Status
Education business process (approval)	Audit on approval business process focused on areas of medium and high risk identified in previous audits	Audit completed and report being finalised
Education Programme Records (October 2017 – May 2018)	A biennial audit to check the accuracy and status of programme records through a review of specific operational activities	Audit completed and report being finalised
Education Programme Records (June 2018 – January 2019)	A biennial audit to check the accuracy and status of programme records through a review of specific operational activities	Audit ongoing
Registration International and European Mutual Recognition (EMR) Assessment Decisions	Audit on International and EMR assessment decisions process and whether guidance is being followed	Audit ongoing
FTP Non-FTP Cases	An audit of recent Protection of title, Health and character declaration, and Miscellaneous enquiry cases to assess whether decisions are being made in line with guidance and concerns about registrants / applicants are being managed appropriately	Audit ongoing
FTP Final Hearing Decision	An audit of Final Hearing written decisions to determine whether those produced meet the required quality. Includes cases disposed of	Audit ongoing

	by means of consent and those where the HCPC have sought to discontinue allegations.	
FTP Threshold	An audit of decisions made under the newly implemented Threshold Policy to determine whether decisions are being made in line with policy and if the process is being followed.	Audit ongoing

2.3 Audits to start in this quarter

Audit	Broad description (scope determined at start of audit)
Education Programme Contact Records	An audit to check the accuracy and status of programme contact records

4 BPI updates

4.1 ISO certification and audits

- ISO10002 (service complaints management) audit and recertification held on 21-22 February 2019.
- ISO9001 system recertification will take place on 9-10 April 2019.
- ISO27001 (information security) audit will take place on 29-30 April 2019.
- The Lotus Notes based Quality Management System (QMS) and Information Security Management System (ISMS) is being updated for the upcoming audits and processes adjusted where required. Work is still ongoing to transfer the information from these systems to the new Intranet platform.

4.2 Near Miss Reports (NMR) summary

- All NMRs below have been completed and there are no ongoing NMR:
 - NMR67 Core HR internal data exposure
 - NMR69 Two paramedics from the same cohort of an approved (closed) programme. Investigated to ensure there were not apparent systemic issues
 - NMR71 22-26 Stannary Street and 184 Kennington Park Road break in

4.3 Information security training

- Approximately 75 percent of Partners completed the 2018 information security packages or back-up training (100 Partners did not complete the training on time).
- All Council members have completed the 2018 modules or the back-up test.
- Content for the next set of information security training (2019) is being developed in house to make it more relevant to employees and Partners. Employee training will be rolled out in March with Partners and Council members training to follow later in the year.

4.4 Data reporting

- The FAST Registration forecast (up to the end of January) has been completed and validated with the Finance Department.
- A high volume of NHS or governmental report requests have been received over recent months. Workforce planning and Brexit are areas of interest.

4.5 Risk Registers

- SMT and risk owners continue to maintain the Enterprise Risk Register. The last update was completed in January 2019.
- The next iteration of the Social Work Risk Register is published at this meeting.