
**Internal Audit report – Fitness to Practise (FTP) – End To End
Process Follow Up**

Executive Summary

As part of the 2020-21 Internal Audit Plan as approved by the Committee, BDO LLP have undertaken a follow-up audit of findings raised in the Fitness to Practise (FTP) audit which was finalised in February 2020. The Committee should note that the fieldwork was conducted in October 2019 and was part of the 2019/20 Internal Audit Plan.

The main objectives were to:

- The purpose of the audit was to provide assurance to Council and management that the issues previously identified in our October 2019 audit have been addressed, and where steps are still ongoing to address identified issues, to independently report on the implementation status of the recommendations.

Previous consideration	None.
Decision	The Committee is invited to discuss the report.
Next steps	Recommended actions agreed with the Executive will be tracked for progress in the Committee’s standing recommendation tracker report.
Strategic priority	The strategic priorities set in 2018 are no longer current. We are developing a new strategy that we aim to confirm at the end of 2020.
Risk	All
Financial and resource implications	The cost of the audit is included in the Internal Audit annual fee.
Author	BDO LLP



HEALTH AND CARE PROFESSIONS COUNCIL INTERNAL AUDIT REPORT - FINAL REPORT

FITNESS TO PRACTISE (FTP) - END TO END PROCESS FOLLOW UP
NOVEMBER 2020



Contents

	Page
1 Executive Summary	3
2 Prior audit recommendations - Implementation Status	5
A Audit definitions	10
B Staff consulted during the review	10

Document history			Distribution	
FINAL Report	00296398	04/11/2020	Health and Care Professions Council	Current version

Auditor: Bobbi Birk
 Reviewed by: William Jennings, Bill Mitchell

1 Executive Summary

Introduction

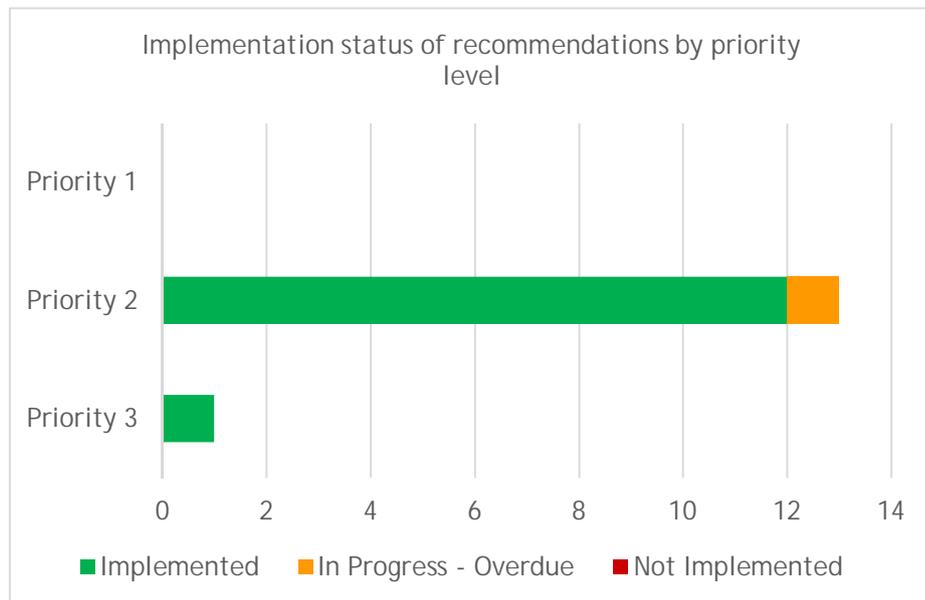
- 1.1 As part of the Health and Care Professions Council (HCPC) internal audit plan for 2020/21, as approved by the Audit Committee, we are undertaking a follow-up audit of findings raised in our Fitness to Practise (FtP) audit which was finalised in February 2020, however, the fieldwork was conducted in October 2019. This was part of the 2019/20 Internal Audit Plan.
- 1.2 The original audit received an “Amber” assurance grading for both the design and operational effectiveness with 13 “medium” priority and one “low” priority recommendations raised. The key themes identified in the audit were:
 - Timescales were not being consistently adhered to across the various process stages - from triage through to case completion.
 - Although management checks were in place in the form of the quality assurance reviews, there was no specific reporting on the organisation’s ability to meet the required timescales within FtP processes.
 - In one Interim Order case sent to the Panel the case had to be put on hold due to insufficient information being presented in the ‘bundle’ pack. This caused a delay in the decision that was made. Though we understand that this was an isolated issue it highlighted a concern around the checking of completeness of information bundles.
 - Information sent to the Audit Committee and Council with regards to recommendations from QA audits did not include how many cases’ recommendations had been completed, were in progress and still outstanding and have passed the implementation date.
 - FtP management did not respond to the QA team in a timely manner and therefore the FtP tracker was not up to date.
- 1.3 The review was conducted through an evaluation of the process design and substantive testing of a sample of Interim Orders, FtP cases, protection of title cases, miscellaneous cases and health and character declarations. In addition, we held interviews with other relevant staff involved within the FtP process from quality assurance techniques to management reporting. A review of key documentation including policies and standard operating procedures was also undertaken.

Review objectives and approach

- 1.4 The purpose of the audit was to provide assurance to Council and management that the issues previously identified in our October 2019 audit have been addressed, and where steps are still ongoing to address identified issues, to independently report on the implementation status of the recommendations.

Key conclusions

1.5 Overall, we found 13 recommendations for the FtP End to End Process audit to be fully implemented. Good progress has been made against one recommendation which remains in progress as the issue still exists. The deadline for implementation for these were in Q4 2019/20 and management explained that staff are reminded of the importance of completing actions within given timescales.



1.6 Moving onto the FtP performance more generally, we found that performance around the timely handling of FtP cases has slightly improved overall but there has been a slight decrease in performance from June 2020. This impact is due to Covid-19 and ongoing staffing issues, however, HCPC is taking steps to improve matters by deploying temporary staff in the interim and developing an FtP recruitment plan.

1.7 Section 2 details the prior audit recommendations and their implementation statuses.

2 Prior audit recommendations - Implementation Status

Recommendation	Priority	Management response, responsible officer and implementation date	BDO's assessment of implementation during this audit
FtP - End to End Process (19/20)			
<p>1. We recommend that HCPC ensures that the triage process is sufficiently resourced so that all cases can be processed in line with the standard timescales. We recommend due to the complexity of the concerns raised, that HCPC should consider its approach in resourcing to manage high influx of concerns. This could include use of external lawyers.</p>	<p>Medium (BDO Priority 2)</p>	<p>Management Response: Accept Action to be taken: Whilst SW cases were included, some team members had over 80 active cases. Now, after the transfer, that has reduced to 45-50. A range of management interventions to ensure cases progress to closure or threshold decision are being introduced, including expanding the profession specific approach, and matching the capacity required for cases that need to go to ICP panels. We will evaluate the impact of case flow assumptions in Q1+2 2020/21 Responsible officer: DL CRT Completion date: Q2 2020-21</p>	<p>Overall assessment: Fully Implemented A Capacity Resource Model has been used to show the level of staff resourcing required in each area within FtP. The model indicated that the Triage team is sufficiently resourced to manage post-SW referrals with HCPC now reducing older cases due to the delays caused by Covid-19.</p>
<p>2. We recommend where cases are externally outsourced, service standards should be identified and incorporated into the case management manual for transparency.</p>	<p>Medium (BDO Priority 2)</p>	<p>Management Response: Accept Action to be taken: 2. Capsticks input was as a result of Council direction to add capacity to system, and never intended as permanent solution. A monthly SLA with Head of investigations and HFtP was carried out, with management information and progression provided. For the new legal services contract a robust SLA, along with management process, is being developed with the assistance of specialist consultancy. Responsible officer: FtP DL team Completion date: Implementation of new contract (expected 1 April 2020)</p>	<p>Overall assessment: Fully Implemented A new legal services contract with Kingsley Napley (KN) is in place which came into effect 1st April 2020. KN are responsible for the preparation and presentation of fitness to practise cases. Contractor performance meetings take place each month between KN and HCPC. A monthly Service Level Agreement/Service Level Standard report is provided to HCPC where this is discussed and reviewed. We reviewed the performance summary and minutes for August and where targets were narrowly missed this was either Covid related or missing information from external providers e.g. Police, witnesses etc.</p>

Internal Audit REPORT - Fitness To Practise (FtP) - End to End Process Follow Up

	Recommendation	Priority	Management response, responsible officer and implementation date	BDO's assessment of implementation during this audit
3.	We recommend where cases are externally outsourced and service standards are not met these are to be escalated during contract management meetings to prevent repeat occurrences.	Medium (BDO Priority 2)	<p>Management Response: Accept</p> <p>Action to be taken: There is an existing Service Level Agreement for cases managed under the contract. Performance against this SLA has improved in the last 18 months, leading to consistent (7 consecutive months) meeting or exceeding the post ICP KPI reported to Council.</p> <p>As outlined above for the new legal services contract a robust SLA, along with management process, is being developed with the assistance of specialist consultancy.</p> <p>Responsible officer: FTP DL team Completion date: 1st April 2020</p>	<p>Overall assessment: Fully Implemented</p> <p>See response above.</p>
4.	We recommend that relevant staff are reminded of the importance of completing actions within given timescales to help protect the public interest and the reputation of HCPC and its professions.	Medium (BDO Priority 2)	<p>Management Response: Accept</p> <p>Action to be taken: as set out in recommendation</p> <p>Responsible officer: DL CRT Completion date: Q4 2019-2020</p>	<p>Overall assessment: In progress - overdue</p> <p>Our sample testing of five Protection of Title (POT) cases identified two POT cases had been acknowledged outside the five working days timeframe. However, they had all been processed within 50 days. We did note from the latest (13th October 2020) weekly performance figures for non-FtP reporting that 29 cases were open over the two months target.</p> <p>While there is an understandable focus on FtP performance, staff should be reminded of the importance of completing actions within given timescales for non-FtP matters and performance should continue to be monitored closely.</p>
5.	We recommend that staff are reminded of the time frames for miscellaneous cases to ensure that they are directed to the correct team in a timely manner and assessed.	Medium (BDO Priority 2)	<p>Management Response: Accept</p> <p>Action to be taken: as per recommendation</p> <p>Responsible officer: DL CRT Completion date: Q4 2019-2020</p>	<p>Overall assessment: Fully Implemented</p> <p>Our sample testing of five Miscellaneous (MIS) cases identified two MIS cases had been acknowledged outside the five working days timeframe, and all of the sample cases were completed outside the 30 day timeframe.</p> <p>We did however note that performance has since improved with the latest (13th October) weekly performance reports showing no MIS</p>

Internal Audit REPORT - Fitness To Practise (FtP) - End to End Process Follow Up

Recommendation	Priority	Management response, responsible officer and implementation date	BDO's assessment of implementation during this audit
			cases pending formal acknowledgement for more than the five working day target. We also found that our sample cases had sufficient evidence on file showing that HCPC had made multiple attempts to contact the people who had initially submitted an enquiry.
6. We recommend that staff are reminded of target timescales to help ensure that IOs are dealt with in a timely manner and the risk to the public is therefore minimised.	Medium (BDO Priority 2)	Management Response: Accept Action to be taken: as per recommendation Responsible officer: DL CPC Completion date: Q4 2019-2020	Overall assessment: Fully Implemented Our sample testing of five Interim Order (IO) cases identified one IO cases was approved outside the one working day target, with only a minor delay.
7. We recommend that all bundles that are sent to the Panel for consideration should be as complete as possible in order to not waste resources and ensure that the most effective decision is made.	Medium (BDO Priority 2)	Management Response: Accept Action to be taken: as per recommendation Responsible officer: DL CPC Completion date: Q4 2019-2020	Overall assessment: Fully Implemented As part of the FtP process, IO bundles are required to be reviewed and approved by the Presenting Officer before these are presented to the IO Panel. For our sample of IO cases, the IO bundles were signed off by a Presenting Officer. We were informed by the Operational Manager - Investigations there were no other cases adjourned by the Panel due to requiring more evidence.
8. We recommend that conversations between officers and case managers are documented with regards to potential IOs.	Medium (BDO Priority 2)	Management Response: Accept Action to be taken: as per recommendation Responsible officer: DL CPC Completion date: Q4 2019-2020	Overall assessment: Fully Implemented While conversations between officers and case managers are not always recorded, in our view this risk is now mitigated by a stage in the process which requires the basis of any IO decision to be documented. From our sample of IO cases (see recommendation 6) we confirmed this decision was documented in risk assessments, with FtP Interim Order Application forms approved by Operation Managers.

Internal Audit REPORT - Fitness To Practise (FtP) - End to End Process Follow Up

	Recommendation	Priority	Management response, responsible officer and implementation date	BDO's assessment of implementation during this audit
9.	We recommend that staff are reminded of the importance of meeting service standards as these are set to help protect the public interest and the reputation of HCPC and its professions.	Medium (BDO Priority 2)	<p>Management Response: Accept</p> <p>Action to be taken: as per recommendation, but is already happening/has been happening for over a year.</p> <p>Responsible officer: DLs</p> <p>Completion date: Complete</p>	<p>Overall assessment: Fully Implemented</p> <p>Our sample testing of five Health and Character cases identified three cases received between June and August 2020 had been acknowledged either four or five working days outside the target five working days timeframe. Three of the sample cases were completed outside the 30 day timeframe.</p> <p>We did however note that performance has since improved with the latest (13th October) weekly performance reports showing no cases pending formal acknowledgement for more than the five working day target. We also found that our sample cases had sufficient evidence on file showing that HCPC was actively progressing cases and so delays were not caused within HCPC.</p>
10. & 11.	We recommend monitoring processes should be in place to identify any cases which have suffered a delay, so that remedial action can be taken in a timely manner.	Medium (BDO Priority 2)	<p>Management Response: Accept</p> <p>Action to be taken: DL CPC and DL HCPTS review outlier cases on a monthly basis and take action where necessary. Not all cases can be expedited due to factors such as adjournment applications, or criminal/employer matters, or health of participants.</p> <p>Responsible officer: DL CPC</p> <p>Completion date: Complete</p>	<p>Overall assessment: Fully Implemented</p> <p>A monitoring process has been introduced whereby weekly exception reports are provided to the Head of FtP who is also responsible for non FtP cases, so remedial action can be taken in a timely manner. We reviewed examples of these reports, which clearly indicate cases which are outside their required timescales and we can see from a selection of these reports detailed commentary to address any issues.</p>

Internal Audit REPORT - Fitness To Practise (FtP) – End to End Process Follow Up

	Recommendation	Priority	Management response, responsible officer and implementation date	BDO's assessment of implementation during this audit
12.	We recommend that the QA team include the number of recommendations that have been made, implemented and still pending implementation when reporting to Audit Committee and Council. This could be written as pure statistics to be quick to produce, read and understand.	Medium (BDO Priority 2)	<p>Management Response: Accept</p> <p>Action to be taken: This fits in with previous recommendations from internal audit that the Quality Assurance Department are already undertaking - to produce a central recommendations tracker and to develop the departmental report to Audit Committee.</p> <p>Responsible officer: Head of Quality Assurance</p> <p>Completion date: Q1 2020-21</p>	<p>Overall assessment: Fully Implemented</p> <p>An internal assurance report is reported to Audit Committee where the QA reports status of recommendations. The new QA lead/team have been reviewing the current information which is provided to the audit committee and have produced a new report which includes infographics and a new rating system. The committee provided feedback at its September meeting which the QA team will implement for November's audit committee.</p>
13.	We recommend that the FtP team respond to draft reports issued by the QA team in a timely manner and the tracker is subsequently updated once the required information is obtained from the FtP team.	Medium (BDO Priority 2)	<p>Management Response: Accept</p> <p>Action to be taken: Discuss at DL meeting and feedback to QA</p> <p>Responsible officer: FTP DLs</p> <p>Completion date: each time.</p>	<p>Overall assessment: Fully Implemented</p> <p>A QA recommendations tracker is in place and outstanding recommendations from QA audits are linked to the ongoing FtP Business Improvement work. The tracker is updated on a regular basis. The QA process has been updated since our last review. During audit exit meetings with Heads of Department managers' recommendations are agreed and documented. We reviewed the FtP audits for Threshold Policy and Hearings Checks and identified management responses were recorded and documented within the recommendations table.</p>
14.	We recommend that information is double checked to ensure its accuracy prior to it being distributed.	Medium (BDO Priority 2)	<p>Management Response: Accept</p> <p>Action to be taken: Linked to systems development - This is a function of manual reporting systems. Replacement CMS system has identified improved reporting as part of benefits. In the interim a reminder will be given on the importance of the accuracy of manual reporting.</p> <p>Responsible officer: Assurance & Development Manager</p> <p>Completion date: Q4 2019-20</p>	<p>Overall assessment: Fully Implemented</p> <p>Monthly data checks are taken place by Assurance and Development Analysts before performance figures are taken and used for performance reporting. Examples of double checking data were provided by the Assurance and Development (A&D) Manager.</p>

A Audit definitions

Opinion/conclusion	
 (Green)	Overall, there is a sound control framework in place to achieve system objectives and the controls to manage the risks audited are being consistently applied. There may be some weaknesses but these are relatively small or relate to attaining higher or best practice standards.
 (Green-Amber)	Generally, a good control framework is in place. However, some minor weaknesses have been identified in the control framework or areas of non-compliance which may put achievement of system or business objectives at risk.
 (Amber)	Weaknesses have been identified in the control framework or non-compliance which put achievement of system objectives at risk. Some remedial action will be required.
 (Amber-Red)	Significant weaknesses have been identified in the control framework or non-compliance with controls which put achievement of system objectives at risk. Remedial action should be taken promptly.
 (Red)	Fundamental weaknesses have been identified in the control framework or non-compliance with controls leaving the systems open to error or abuse. Remedial action is required as a priority.
Recommendation rating	
Priority ranking 1:	There is potential for financial loss, damage to the organisation’s reputation or loss of information. This may have implications for the achievement of business objectives and the recommendation should be actioned immediately.
Priority ranking 2:	There is a need to strengthen internal control or enhance business efficiency.
Priority ranking 3:	Internal control should be strengthened, but there is little risk of material loss or recommendation is of a housekeeping nature.

B Staff consulted during the review

Name	Job title
Laura Coffey	Head of Fitness to Practise (FtP)
Catherine Beevis	Operational Manager - CPC
Imran Inamdar	FtP Operations Manager (CRT)
Rebecca Bryan	Investigations Operational Manager
Sabrina Adams	FtP Operations Manager
Anna Raftery	Quality Assurance Lead
Eva Hales	Assurance and Developmental Manager

We would like to thank these staff for the assistance provided during the completion of this review.

FOR MORE INFORMATION:

SARAH HILLARY

Sarah.Hillary@bdo.co.uk

BDO LLP, a UK limited liability partnership registered in England and Wales under number OC305127, is a member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms. A list of members' names is open to inspection at our registered office, 55 Baker Street, London W1U 7EU. BDO LLP is authorised and regulated by the Financial Conduct Authority to conduct investment business.

BDO is the brand name of the BDO network and for each of the BDO Member Firms.

BDO Northern Ireland, a partnership formed in and under the laws of Northern Ireland, is licensed to operate within the international BDO network of independent member firms.

Copyright ©2020 BDO LLP. All rights reserved.

www.bdo.co.uk

Freedom of Information
Disclaimer

In the event you are required to disclose any information contained in this report by virtue of the Freedom of Information Act 2000 ("the Act"), you must notify BDO LLP promptly prior to any disclosure. You agree to pay due regard to any representations which BDO LLP makes in connection with such disclosure and you shall apply any relevant exemptions which may exist under the Act. If, following consultation with BDO LLP, you disclose this report in whole or in part, you shall ensure that any disclaimer which BDO LLP has included, or may subsequently wish to include, is reproduced in full in any copies.