Audit Committee
10 June 2020

Internal assurance report

Executive Summary

This paper provides information on internal assurance activities that have taken place since March 2019 and activities that are ongoing in this period. This report includes the following areas;

- Quality Assurance
- Complaints and Feedback
- Chief Information Security and Risk Officer report

The report includes the Executive's review of the HCPC assurance map. BDO produced this document in 2019 and it was agreed that the Executive would assume ownership and review annually.

Previous consideration	None.
Decision	The Committee is invited to discuss the report.
Next steps	The report is a standing item on the Committee's agenda.
Strategic priority	Strategic priority 1: Continuously improve our performance across all our regulatory functions
Risk	1 - Failure to deliver effective regulatory functions 3 - Failure to be a trusted regulator and meet stakeholder expectations
Financial and resource implications	None
Author	Claire Amor, Head of Governance claire.amor@hcpc-uk.org Roy Dunn, Chief Information Security and Risk Officer roy.dunn@hcpc-uk.org

Quality Assurance departmental activities report

1   Executive Summary

The report covers the departmental activities since March 2020. Feedback from the Audit Committee on the information presented in the report will continue to be collected and the report developed over this financial year.

2   Quality Assurance Team

As noted in the March 2020 report, the Head of Quality Assurance left the HCPC at the end of January 2020. Recruitment for a 'QA Lead' is has been successful and the candidate will join the HCPC at the end of June 2020.

Whilst concluding the audit schedule for 2019-20, the work of the team since March 2020 has impacted by the organisational response to COVID-19 pandemic. As regulatory area subject matter experts members of the QA team were well placed for temporary redeployment to assist the regulatory departments to manage increased workloads and providing advice on the QA implications of essential process changes.

During the period the team have developed an action plan to implement the BDO audit recommendations which had not been progressed in the period of organisational change. The QA Lead will take this forward. The team are also continuing to work on the HCPC's approach to QA in the future, applying their learning from recent 'lean' auditing and root cause analysis training.

Due to the operational demands resulting from the pandemic response it has not been possible to progress the trial of a new QA approach in FTP. This trial approach would aim to place more importance on business as usual or process quality checks carried out by the FTP department as providing a key intelligence source to shape where the QA team focuses its resource.

However, the team have focused on tailoring the 2020-21 QA workplan to providing assurance on the PSA standard performance and supporting the HCPC's evidence submission for the annual PSA performance review. A QA plan against each standard has been developed in collaboration with the Policy Department who coordinate the HCPC's PSA improvement planning.

A plan for the 2020-21 year and revised style of reporting will be presented to Audit Committee in September 2020

3   Service and Complaints

The annual service and complaints report is in production and will be presented to the Audit Committee in September 2020. This delay from June 2020 is due to the redeployment of the Service and Complaints Manager to help deal with the peak of registration queries as a result of the pandemic.

The Service and Complaints manager has provided input into the PSA performance improvement working group. Under the new standards, the complaints function is

subject to specific scrutiny. SMT have agreed new measures to ensure the timeliness of complaint responses.

Appendix 1 - Regulatory department audit schedules 2019-20

Audit	Period	Status
Education		
Education Major Change Process and Decisions To determine whether the process is being followed to the required standard, in line with published guidance and decisions are clearly recorded and communicated. **Findings** - The audit findings indicate that the process is working well overall. In particular, it identified the significant engagement that takes place between education providers and the Department in order to fully understand the changes and the context of wider initiatives, such as degree apprenticeships. There are opportunities for improvement in clarifying guidance in relation to areas of the process.	Quarter 1 – 2 Report finalised December 2020	Completed 4 recommendations
Education Programme Records (February – July 2019) Biannual audit to check that information on education programme records is correct and programmes have been created, updated or closed based on information submitted by education providers. Findings - The audit identified that the core information for programme records was correct for 100% of the events. This demonstrates significant continuous improvement from previous audits in January (79%) and March 2019 (92%).	Quarter 2 Report finalised November 2020	Completed No recommendations
Education Creation of New Programme Records To determine whether the process is being followed around changes to education programme records, is in line with published guidance and relevant programme records are accurate and complete. **Findings** - The audit found that programme records appeared accurately on the HCPC website and in the Registration system, with the exception of one date on one programme record. Combined with the findings of the last Education Programme Records audit (August 2019), where 100% of programme records had correct core information, this provides confidence that the Department is working well to meet the relevant PSA Standards of good regulation.	Quarter 2 Report finalised February 2020	Completed 3 recommendations
Education Annual Monitoring Planning To determine whether the process is being followed to the required standard, in line with published guidance and decisions are clear. **Findings -** The audit identified that the process is working well. 100% of programmes were accurately included in or excluded from annual monitoring. 80% of decisions to exclude programmes from annual monitoring were recorded on programme records. The audit identified that improvements could be made to the clarity and completeness of guidance.	Quarter 3 Report finalised March 2020.	Completed 2 recommendations
FTP		
FTP Investigation Committee Panel (ICP) Decisions	Quarter 1	Complete

To assess the quality of written decisions, and to assess the potential impact of changes to the process in the introduction of ICP-specific Chairs and the introduction of a Fast Track process. **Findings -** Overall the audit identified consistent improvements across most of the quality standards and concluded that panels are able to draft written ICP decisions that meet the required quality standards in the majority of cases. The audit found that ICPs led by an ICP-specific Chair were slightly more likely to result in a decision which met the quality standards overall than one led by standard Chair.	Report finalised in May 2020.	2 recommendations
FTP Threshold (2019 - 20) To assess the quality of decisions made under the Threshold policy, whether decisions are being made in line with the policy, are clearly communicated to relevant parties and if the process is being followed. **Findings -** Two recommendations resulted. These are aimed at ensuring that the required skills and knowledge regarding the application of the Threshold Policy are embedded within operational practice and that tools provided to FTP staff at the Threshold stage assist them in recording decisions correctly.	Quarter 2 Report finalised March 2020	Complete 3 recommendations
FTP Risk Assessments To assess the quality, whether guidance is being followed, and whether the assessments are completed within the required timescales. **Findings** – Whilst the results of this audit were an improvement on those for the 2019 audit, there remains significant room for improvement.	Quarter 2 – 3 Report finalised February 2020	Complete Recommendations
FTP Case Classification To review the effective application of the recently introduced case classification system.	Quarter 4 This report is expected to be finalised in June 2020.	Ongoing (audit stage)
Registration		
Registration Appeals To determine whether the process is being followed to the required standard, and in line with published guidance. **Findings** – The audit found the process is working well overall with 100% compliance to key quality standards. The majority of issues identified in the audit were low level and could be resolved by updating the guidance document to reflect the current process.	Quarter 1 Report finalised August 2020	Completed 2 recommendations
Registration CPD Assessment Decisions To focus on the quality of written decisions by CPD assessors, that decisions are processed in line with published guidance and communicated to registrants. **Findings -** The audit identified that the process is working well. In all the CPD profiles audited, all decisions that needed to be signed off by a Registration Manager or Team Leader were signed off and all relevant assessment documentation was linked to the registrants' Net Regulate records. Correct assessment decisions were sent to registrants in 99% of the profiles audited.	Quarter 2 Report finalised February 2020	Completed 1 recommendation

Registration Pass Lists / FTP Referrals To determine whether the process is being followed to the required standard, and in line with published guidance. **Findings** - The audit identified that the process is working well. In the applications audited all successful applicants held an approved qualification and pass lists were received for all successful applicants.	Quarter 3 Report finalised in March 2020.	Completed 3 recommendations
CQL A review of the Comparable Qualifications List (CQL) process. **Findings** -Overall the audit found that the process is working well and delivers benefits to applicants through significantly shorter processing times, and cost efficiencies for the HCPC.	Quarter 4 Report finalised in May 2020.	Completed 2 recommendations

Chief Information Security and Risk Officer report

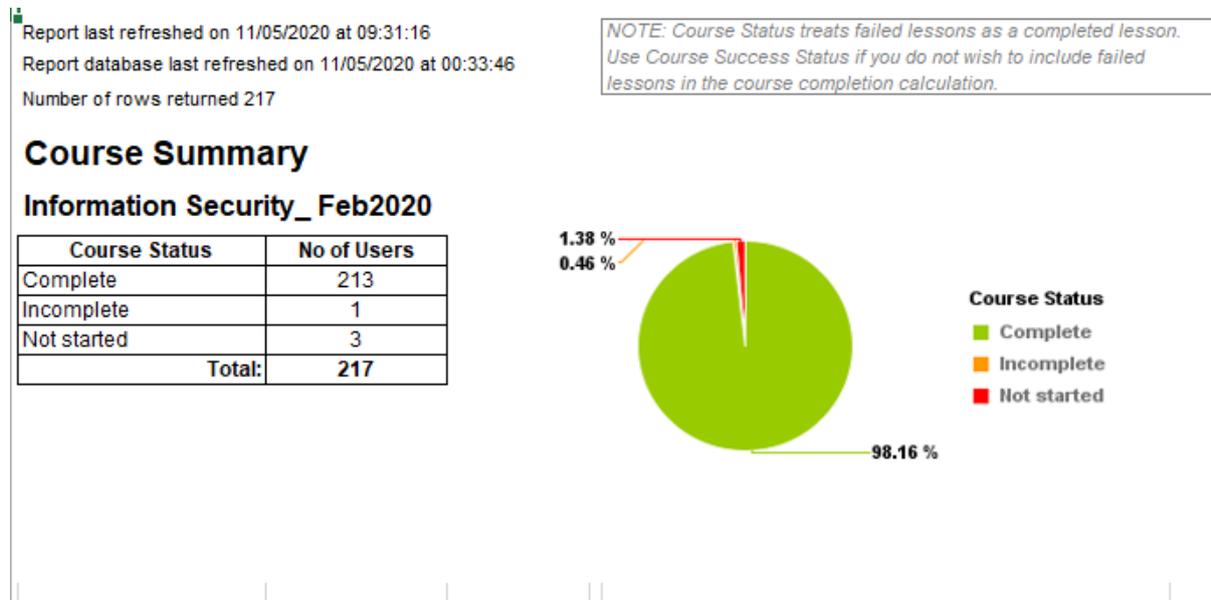**1. ISO certification and audits**

The next ISO 27001:2013 audit has been postponed until August 2020. This is due to the difficulty of conducting and supporting audits during the initial stages of the Covid-19 lock down. The audit will focus on;

- Context of the Organisation, Scope and Policy
- Objectives / Performance Monitoring & Measurement
- Risk Assessment, Risk Treatment, Statement of Applicability
- Control of Documents and Records
- Compliance: Legal and Other Requirements
- Internal Audit, Corrective Actions, Management Review
- Access Control & Cryptography
- Asset Management
- System Acquisition, Development and Maintenance
- Communications Security
- Business Continuity
- Security awareness sampling, Policy & Standards, Education Depts.

A report on the business continuity aspects of the Covid-19 response will be prepared by the CISRO.

2. Information Security and Anti Bribery & Fraud

Employee training on information security that commenced in February has reached its target completion rate (95% completion);
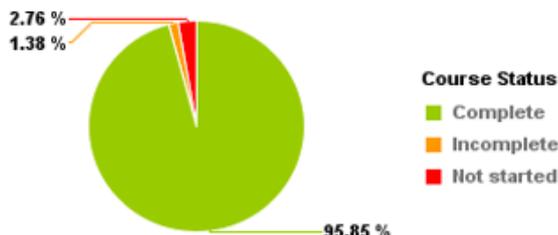

Report last refreshed on 11/05/2020 at 09:31:16

Report database last refreshed on 11/05/2020 at 00:33:46

Number of rows returned 217

NOTE: Course Status treats failed lessons as a completed lesson. Use Course Success Status if you do not wish to include failed lessons in the course completion calculation.

Course Summary

Information Security_ Feb2020

Course Status	No of Users
Complete	213
Incomplete	1
Not started	3
Total:	**217**

Course Status
- Complete — 98.16 %
- Incomplete — 0.46 %
- Not started — 1.38 %

Employee training on Anti Bribery & Fraud that commenced in February has reached its target completion rate (95% completion);

NOTE: Course Status treats failed lessons as a completed lesson. Use Course Success Status if you do not wish to include failed lessons in the course completion calculation.

Course Summary

Anti-Bribery (The Bribery Act 2010)

Course Status	No of Users
Complete	208
Incomplete	3
Not started	6
Total:	**217**

2.76 %
1.38 %
95.85 %

Course Status
- Complete
- Incomplete
- Not started

Council & committee members will be next to be offered this training. This is likely to be around mid July.

Changes for Partner training are being considered. Material to form the training for the new Financial year is being evaluated.

There were no reported incidents of fraud, bribery or whistleblowing in the reporting period.

3. Data reporting

The five year registrant forecast has been updated with end of financial year data. The number of registrations for the end of the 2019-20 financial year was 281,461.

The Financial modeller is being assisted with various data requests and model iterations, in an attempt to simplify the prediction of income over time.

Social worker records no longer appear in the active reporting system.

Emergency Temporary Registers, update and reporting
Prospects for the ex-registrant emergency registers were extracted from the reporting system based on all those that had voluntarily removed themselves or simply lapsed since the start of 2017. A second run of those removed for non payment within the registration cycle was carried out subsequently. Those with apparent fitness to practice issues were excluded from the selection. However a further test was carried out by the FTP department to remove those with non public FTP issues. Those remaining were mailed by the Communications department.

Updates to the temporary registers are being prepared by the Registration Department.

Two iterations per week are uploaded to a Lotus Notes database, which is used to track numbers over time. Each iteration is archived and reported against, broken

down by temporary registrant type (ex-registrant vs. new student/graduate); home country and profession.

A pdf version of each register iteration is available via the public website. NHS-ESR are experimenting with automatic upload and refresh for their systems with temporary registrants, however data validation issues continue to exist based on the requirements of the full register.

4. Risk Management

The Strategic Risk Register has been updated. Risks relating to the Covid-19 response are included.

Fraud & Bribery Risk training and information security training packages have reached the required completion levels for employees.

5. Near Miss Reports (NMR) summary.

NMR75 website preproduction server having public access following the SW-E project. No PII was available to be lost or stolen, but poor practice was indicated. Nearing completion.

NMR74 around sms (text) and emails complete sequences generated by the CPD portal, nearing completion.

6. Other items.

- EDI data will be used in a Policy & Standards review against those involved in FTP cases. Security requirements require intermediate stages to use this externally hosted data in a secure manner.
- Risk Management review. The progression of this project may be changed due to changes to internal HCPC projects following the Covid-19 response. We may need to locate external resource to progress this on our planned timescale.

Key changes to the Assurance mapping – May 2020

Frontline Activities

- **Fitness to Practice**
    - Added in operational checks and quality controls, and internal learning and improvement mechanisms to first line.
    - Updated IA activity to reference the most recent audit from last year.
    - Reference to FTP stabilisaiton and sustainability programme in first line.

- **Policy**
    - Added in SMT oversight at second line.
    - Added internal audit and ISO at third line.

Management Systems

- **Finance**
    - Reference to PWC review of cost control in third line.
    - Update first line activities in line with realigned finance structure.

- **Strategy and Planning**
    - Included corporate plan and priorities, horizon scanning first line.

- **Performance Management**
    - Included reference to PSA performance improvement working group and its reporting to SMT and Council.

- **Risk Management**
    - The Social Work Risk Register is now closed.
    - Added risk appetite to first line.
    - Reference to work to review risk management approach in 2020-21.

- **Media Handling and Communication**
    - A departmental review took place in March 2020. This is referenced.
    - External consultancy support is currently being procured and is included in first line.
    - Added training for hearings staff on media handling, which has been in place for a number of years.

- **Freedom Of Information**
    - Added in reference to external facing policy, internal review process for FOI complaints and supplier contract clauses for FOI assistance. All first line.
    - Added in FOI reporting to SMT and Council. Second line.

Support Operations

- **Business Continuity and Disaster Recovery**
  - o An Internal audit took place in January 2020.

- **Fraud awareness and Corruption**
  - o Fraud policy, Anti-Bribery Clause, Fraud Response plan and Anti-Bribery policy in place.
  - o Fraud awareness training in place which covers: fraud and fraud awareness, anti-money laundering and bribery.

- **GDPR / DPA 2018**
  - o Added that data protection and privacy policies in place, employee and partner contracts updated, standard contract clauses in place for external suppliers, that all staff, partners and contractors receive training on GDPR and data protection, and data protection assessments carried out on initiation of all projects. All first line.
  - o Added that reports on data incidents produced for SMT on an annual and monthly basis, that annual report also goes to Audit Committee for review and that information security management board, comprising key staff across the organisation, gives oversight across the HCPC. All second line.

- **Payroll**
  - o Clarified that 3 standard checks in place for monthly payroll.
  - o Added in that department checks take place and Heads review information about payroll on monthly basis, that unusual and/or large payments are subject to additional checks and that training for staff on payroll activities are in place. All first line.

- **Human resources**
  - o Added in that HR have specific manuals and process maps to aid staff, and that internal checks and quality controls are in place including management checks and audits. All first line.
  - o Reference to employee forum engagement on key issues.

- **IT Operations**
  - o Reference to the information security management systems board in second line.
  - o Reference to ED of Digital Transformation post and work to review digital strategy.
  - o Reference to the PWC review of IT systems strategy.

HCPC Assurance Mapping Document

May 2020

Objective or function	Areas	Owners	First Line of Defense • Operational delivery • Performance management and data • Self-assurance • Governance and processes	Second Line of Defense • Functional compliance reviews • Quality control checks • Business change reviews • Customer satisfaction reviews/complaints • Risk management	Third Line of Defense • External project reviews • Adjudication/Tribunals • External accreditation • Strategic partners
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 • All work at the start of a new task is 100% checked • 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. • Operational team schedule audits • 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 * ISO9001 & 10002 audits currently on hold.

Fitness to Practise	Fitness to Practice	• Head of FTP • Executive Director of Regulation	• Induction training and internal learning and improvement mechanisms are in place and functioning. • Legislation – 'Health and Social Work 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. • Operational checks and quality controls are in place. Managers oversee work via case review meetings and APDR process. Critical decisions are reviewed and approved by specialists/managers. • Programme of improvement work in place overseen by Director of Business Improvement.	• The Quality Assurance (QA) team undertake reviews of FTP business processes and decisions. • 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) • ISO audits* * ISO9001 & 10002 audits currently on hold.
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 • 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 • The information system is maintained by a manager and an officer. • Proposed new approach to approval and monitoring is in discussion with ETC with a view to piloting a new model in 2020-21.	• Head of education, monthly performance reports are produced on operations • 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 Education and Training Committee and the Council	• Internal Auditors • PSA • ISO audits* * ISO9001 & 10002 audits currently on hold..
Policy and Standards	Standards	• Head of Policy and Standards • Executive Director of Policy and	• Induction training and internal learning and improvement mechanisms are in place and functioning. • Standards, policies and guidance are updated in line with the review	• 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	• PSA • Internal audit • ISO audits* * ISO9001 & 10002 audits currently on hold.

			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	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.	
		External Relations			

Objective or function	Areas	Owners	First Line of Defense	Second Line of Defense	Third Line of Defense
			• Operational delivery • Performance management and data • Self-assurance • Governance and processes	• Functional compliance reviews • Quality control checks • Business change reviews • Customer satisfaction reviews/complaints • Risk management	• External project reviews • Adjudication/Tribunals • External accreditation • Strategic partners
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. • An OMT is in place which reporting to the SMT. • There are four committees: The Education and Training Committee, Audit Committee (which also is involved in the financial aspect of HCPC, The Remuneration Committee and the Tribunal Advisory 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 * ISO9001 & 10002 audits currently on hold.
Finance	Organisation wide	• Audit Committee & Council • Executive Director of IT and Resources/	• An up to date scheme of delegation is in place. • Induction training on two main systems for all staff. • Click travel • The SAGE and WAP finance	• SMT receive monthly budget performance reports • Council approves budgets and financial strategy / reserve policy • Council is provided budget information at each Council meeting	• External audit, NAO, Haysmacintyre • Internal audit (core financial control) • PWC review of financial control (2019-20)

		Interim Director of Finance	• systems are not integrated systems • Budget holders set their budget and have associated finance officers to assist in budget setting • Procurement policy is in place. • Financial procedures are in place. • NetRegulate has imposed segregation of duties for purchasing.	• CISRO team undertake internal QA reviews based on risk.	
Risk Management	Organisation wide	• Chief Information Security and Risk Officer • SMT	• Departmental risk registers form part of the Enterprise Risk Register. • Strategic risk register • Project risk registers • Risk appetite in place. • Plans to review risk management approach in 2020-21	• Ongoing review of Risk Registers by SMT • Audit Committee and Council reviews the Strategic Risk Register • Regulatory risks are considered as part of the QA coverage. • The commissioning of audits for non-regulatory QA	• Internal Auditors • External Auditors • PSA • ISO audits* * ISO9001 & 10002 audits currently on hold.
Performance Management	Organisation Wide	• SMT • Audit Committee • 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 * ISO9001 & 10002 audits currently on hold.
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 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) * ISO9001 & 10002 audits currently on hold.

			• Oversight and scrutiny of education and registrations by Education and Training Committee		
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* * ISO9001 & 10002 audits currently on hold.
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 Committee for review.	• Parliament • ICO
Projects	IT and Resources	• Head of Projects • Executive Director of IT and Resources	• 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.	• 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	• 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

Objective or function	Areas	Owners	First Line of Defense	Second Line of Defense	Third Line of Defense
			• Projects are only closed once a lessons learned exercise has been completed • Regular projects meetings are • undertaken	• 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	• project 2018/19, registration project, and the FTP improvement project.

Objective or function	Areas	Owners	First Line of Defense • Operational delivery • Performance management and data • Self-assurance • Governance and processes	Second Line of Defense • Functional compliance reviews • Quality control checks • Business change reviews • Customer satisfaction reviews/complaints • Risk management	Third Line of Defense • External project reviews • Adjudication/Tribunals • External accreditation • Strategic partners
			Support Operations		
GDPR / DPA 2018	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 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 / Finance and Procurement Officer	• Procurement manual is in place which includes the procurement policy and guidance. • Approval levels are set out in the procurement manual	• Procurement manual is approved by Council • Basic procurement information is provided to finance and sent to SMT for review	• Internal Audit • External Audit • Periodic review of major expenditure projects

		Director of Business Improvement	• 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 is in place • 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	• 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	• HR policies and procedures are in place. • Training is provided on induction to HCPC with specific training	• HR Performance reporting to SMT on a monthly basis includes key data. • KPI reporting to Council. • CISRO undertakes QA reviews based	• Internal audit • ISO Audits • Gender pay gap report externally.

			• 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.	on risk.	* ISO9001 & 10002 audits currently on hold.
Health and Safety	Health and Safety	• Director of HR • Office Services Manager	• Health and safety policy is in place • Staff receive health and safety training on induction • Specific staff have been trained to be fire wardens • 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	• 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 undertaken 2019-20, and updated periodically. • Covid-19 OHS risk assessments underway for eventual return to some office based activities.	• Third party assurances from St Johns Ambulance, Fire Services and Health and Safety Executive if reporting incidents under RIDDOR (none have been reported) • 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.
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.	• Review of BCP / DR when required	• ISO audits • Internal audit (January 2020) • IT-Governance Audit March 2020 includes BCM
Fraud Awareness	Organisation wide	• Chief	• A whistleblowing policy is in place	• Escalation for fraud and corruption	• An external fraud risk assessment

and Corruption		• Information Security and Risk Officer • SMT	which will be reviewed in 2020. • 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.	procedures can be found in the whistleblowing policy • Fraud and Anti-bribery policies to be reviewed annually	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	• 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 undertaking a review of digital approach and producing 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.	• 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)