

Agenda Item 11

Enclosure 6

**Health and Care Professions Council
06 December 2017**

Internal Quality Assurance

For information

**From Michael Guthrie, Director of Policy and
Standards**

Council, 6 December 2017

Internal quality assurance

Executive summary and recommendations

Introduction

This paper briefly describes our current approach to internal quality assurance and outlines some planned changes. These include commissioning advice on our approach in this area and a role for the Director of Policy and Standards in providing cross-organisation oversight of internal quality assurance.

Decision

This paper is to note.

Background information

None

Resource implications

None as a result of this paper

Financial implications

Cost of advice from Grant Thornton (funded within existing 17-18 budget)

Appendices

None

Date of paper

28 November 2017

Internal quality assurance

1. Introduction

- 1.1 This paper briefly describes our current approach to internal quality assurance and outlines some planned changes.

2. Current approach

- 2.1 Dedicated internal quality assurance resource exists in the fitness to practise; education; and registration directorates. (The work of the Business Process Improvement team (which sits within the operations directorate) in ensuring compliance with British Standards Institute ISO standards and in carrying out internal ISO audits does not directly fall within the scope of this paper.)
- 2.2 Internal quality assurance activity in each directorate is designed to reflect the specific work carried out but overall aims to achieve the following:
 - Seek assurance that the HCPC is complying with business processes and policies and making good decisions / achieving required outcomes.
 - Identify any areas of non-compliance.
 - Identify any potential areas for improvement.
 - Provide feedback and recommendations.
- 2.3 In each of the directorates, the frequency / intensity of audit activity is informed by an assessment of the risks involved. The outcomes of audits also assess risk – with higher risk instances of non-compliance identified for immediate correction. This activity is in addition to ‘operational level’, day-to-day managerial checks of quality and throughput.
- 2.4 Each directorate produces a quality assurance framework and plan setting out their approach to quality assurance and the audits that will take place. How quality assurance activity is organised and the amount and type of resource dedicated varies between directorates.
- 2.5 The following provides a brief, high-level illustration of the work of each of the internal quality assurance teams
 - **Education.** The systems and quality team carry out audits. Each of the operational processes are audited regularly. For example, audits check that data entry is accurate; that required correspondence has been produced; and that visit reports are technically accurate and include necessary information.

- **Fitness to practise.** The quality compliance team carry out audits. Each of the operational processes is audited regularly. For example, audits check that registrant statuses (i.e. under investigation, fitness to practise sanctions) are correct; that risk assessments have been completed and are compliant with policy; and that case bundles have been correctly redacted in line with information governance requirements. The team also undertake thematic audits to assess the impact of changes made following PSA performance reviews and previous internal audits.
- **Registration.** Audits are overseen by the Registration Quality Assurance Manager. Each of the operational processes is regularly audited. For example, this includes, quality checking a sample of UK applications to check that the process has been followed, covering aspects such as accuracy of data entry; that requirements for establishing identity have been followed; and that appropriate correspondence has been sent. The process followed ensures that all registration advisors have an appropriate amount of their work checked, with higher levels of work checked for new starters.

3. Development work

- 3.1 Our approach to internal quality assurance has developed over time as dedicated quality assurance resource has been introduced in each of the directorates. In recent months, the Executive Management Team has discussed whether changes are required to our existing approach in order to raise the profile of internal quality assurance activity across the organisation; improve reporting; and ensure a joined-up approach.
- 3.2 A Quality Assurance Group (QAG) was formed in 2015 which provides a forum for discussion of internal quality assurance activity. A quarterly report of activity is reported to the Executive Management Team. The group has also developed a draft HCPC wide quality assurance framework.
- 3.3 We are working with Grant Thornton to develop a brief for consultancy advice. It will focus on how we can best reassure ourselves on the quality of judgements that are made in the core regulatory processes, including the best way to organise and deliver this quality assurance activity.
- 3.4 In the meantime, the Director of Policy and Standards is taking on an oversight role. He will provide 'external' input / challenge to annual quality assurance work plans and receive and consider copies of audit reports. He will also look at developing improved reporting to the Chief Executive and Executive Management Team. In the unlikely event that colleagues are concerned that the recommendations of audits are not being appropriately implemented, the Director will also provide a point of contact, independent of managerial reporting, for these concerns to be raised.