General Medical Council

Agenda item:	**11**
Report title:	**Quality Assurance update**
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Action:	**To consider**

Executive summary

This paper provides a progress report on the implementation of the Quality Assurance Strategy (QA Strategy) along with an updated version of the Strategy for 2017-18 and a summary of the proposed 2017 Quality Assurance work programme.

Recommendations

- **a** Note progress on the delivery of the QA Strategy during 2016 at Annex A.
- **b** Approve the updates made to the QA Strategy at Annex B.
- **c** Approve the Quality Assurance Programme 2017 at Annex C.

Quality Assurance Strategy

1 The Quality Assurance (QA) Strategy was approved by the Performance and Resources Board (PRB) in September 2015. The Strategy sets out a consistent and effective approach to quality management and assurance across the organisation.

2 The Strategy provides two levels of assurance; a local 1st line of defence at directorate level and a corporate 2nd line of defence through QA programme reviews of high risk and cross cutting operational processes. Both levels of assurance are delivered through the work of central Quality Assurance and Continuous Improvement (QA & CI) team. Please see the QA Strategy for further information on the three lines of defence.

Progress report

3 The report at Annex A provides an update on the delivery of the Strategy during 2016, including:

- a summary of findings from the quality control audits and thematic reviews
- High level findings from the Directorate Quality Assurance Planning (DQAP) workshops undertaken to date. At these sessions are we work with staff to review and develop local quality controls and assurances.

Updating the QA Strategy

4 The Strategy has been in place for just over a year and during this time the QA & CI team have evaluated and developed the approach. A refreshed version of the Strategy is at Annex B. The changes are minor, but help to ensure that our work retains a corporate focus and incorporates information on our current governance and reporting arrangements. The changes are summarised below.

- The responsibility of progressing audit recommendations currently rests with the process owner; who can implement the intended change or accept the risk of not taking any action. Quality control audit reports are presented to the relevant process owner(s) and where requested, a copy of the report is forwarded to a directorate contact so that a summary of findings can be included in local directorate performance reports/meetings. However, it is important that as an organisation we track if intended results have been achieved and identify emerging trends. To support this, the QA & CI team will start to track the implementation of quality control audit recommendations on a quarterly basis, contacting process owners for updates. Audit dashboards are being developed and the team will report any emerging high level corporate themes to the Director, Resources and Quality Assurance with exception reports being reported to PRB.

- In addition to sharing the results from the audits, the findings from our Directorate Quality Assurance Planning (DQAP) work along with action plans will continue to be presented to Assistant Directors; who will be responsible for implementing local monitoring and reporting arrangements. In the original QA Strategy this process wasn't explicit and is now viewed as best practice. As previously mentioned, the QA & CI team will track the audit recommendations, but will not track the progress of DQAP actions. DQAP is about a team developing their approach to quality assurance and therefore the QA & CI team will add the greatest value by providing advice and support to teams in their implementation and development of monitoring arrangements.

2017 Quality Assurance work programme

5 Annex C contains the proposed Quality Assurance work programme for 2017. The 2017 programme follows the same approach as used in 2016, identifying our quality control audits, and considers operational processes and decisions which:

- may be subject to future review by the Professional Standards Authority (PSA)
- have been recommended for review by Internal Audit
- Have been requested for review by a Director, Assistant Director or Head of Section.

6 The QA & CI team continue to work closely with the Assistant Director of Audit and Risk Assurance and the Corporate Business Planning team to ensure that operational QA activities complement the work of the Internal Audit team and the risk management framework.

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11 - Annex A

QA activity undertaken during 2016

1 Annex A summarises the work that has been undertaken by the Quality Assurance and Continuous Improvement team during 2016 to support the delivery of the QA Strategy. The first section of this annex shows the support provided by the Quality Assurance and Continuous Improvement team to different directorates during 2016 along with a high level summary of findings from our audit and directorate quality assurance planning (DQAP) work.

2 The second section of this annex summaries the themes and issues emerging from the 2016 DQAP work.

Section One. Quality Assurance work undertaken during 2016

Fitness to Practice		
Activity		**Outcome**
Quality Control Audits and reviews (2nd line)	Eleven different audits were undertaken across a range of FTP processes. These are: ■ AR Adverse Info ■ Rule 8 (Case Examiner) Decision ■ CE Rule 28 MPT Cancellation ■ Case Review CE Decision ■ CRT Adverse Information ■ IM IOT Decision ■ IOT Decision (Case Examiner) ■ Notify Employer ■ Safeguarding ■ Triage	The results show an excellent standard of decision making with 99.5% of decisions being complaint with guidance and policy. In relation to compliance with case management procedures 89% cases were complaint. The main area of non-compliance across all audits related to the recording and documenting of the decision makers rationale.

	■ VE Decision Each audit looks to ensure that the decision or case management has been completed and is compliant with published guidance or operating procedures. Each audit is conducted twice a year. The team have reviewed a total of 1183 cases/decisions during 2016.	
DQAP (1st line)	The team facilitated workshops with ■ Case Review, ■ Health, ■ Performance Assessment ■ AATT teams The purpose of which was to review local quality controls and assurances across operational processes. Staff from each team identified a number of actions. Plans to progress these have been put in place.	Actions have been shared with the Head of Section and the Business Transformation Team with a view to incorporating key issues into their change work programme. The QA team has met with the Business Transformation team and during 2017 will continue to provide support to the newly appointed Senior Investigation Officers in implementing actions.
Peer review (1st line)	The team has provided support on revisions to the peer review criteria, sampling and reporting functions across a range of FTP processes (RIT, NIT, IHLT and ELS). In addition work is ongoing to implement peer review in Triage. The team will continue to support the peer review process in Fitness to Practise during 2017.	
Registration and Revalidation Directorate		
Quality Control audits and	Four audits have been undertaken: ■ Registration AR decisions. The audit included a broad range of applications from doctors who had qualified both inside and outside of the	The audit findings show that decisions to grant or refuse registration, reject specialist applications and revalidation

reviews (2nd line)	EEA, included a mix of different referral reasons to the Registrations Investigations Team and included examples of decisions from a varied selection of decision makers. ■ Specialist Applications decisions. ■ Revalidation decisions. The audit reviewed revalidation decisions by Assistant Registrars (AR) after the doctor had entered the licence withdrawal process. ■ English language decisions. Within each audit we looked to ensure that the decision or application management had been completed and was compliant with published guidance or operating procedures. A total of 130 applications were reviewed during 2016.	are compliant with guidance in 100% of applications reviewed. The results of the English Language audit were equally positive with 100% of decisions made being in line with guidance and policy. In relation to application management procedures 89% of applications were complaint.
DQAP (1st line)	Facilitated workshops have been held with 14 R&R teams. The purpose of which was to review local quality controls and assurances across operational processes. Staff from each team identified a number of actions and plans to progress these have been put in place.	Directorate to introduce local monitoring arrangements. QA team to provide support to operational teams in the implementation of key actions including a review of the directorate's peer review methodology during 2017.
Peer review (1st line)	Ongoing support is provided to the directorate wide peer review process through the production of a monthly summary reports for managers, advice on sampling and quality assuring the monthly results. In addition the team have supported on the development and implementation of a new peer review for Investigations Team	

MPTS		
Quality Control audits and reviews (2nd line)	A review of the Notice of Hearing (NoH) process for IOT and MPT was undertaken. A sample of 60 NoH were reviewed.	The process for sending the NoH for IOT and MPT hearings is of a good standard and is compliant with guidance and policy. Processes have adequate controls in place and the audit results show there are no significant, high risk compliance issues.
DQAP (1st line)	Facilitated workshops have been held with 7 MPT teams. The purpose of which was to review local quality controls and assurances across operational processes. Staff from each team identified a number of actions and plans to progress these have been put in place. A report on the findings and emerging actions was presented to MPTS Committee in November.	Directorate to introduce local monitoring arrangements. QA team to provide support to operational teams in the implementation of key actions including a review of the directorate's peer review methodology during 2017.
Office of the Chief Executive		
Quality Control audits and thematic reviews	Thematic review of our complaints process was undertaken. The scope of the ISO-style audit of complaints was to confirm the organisation's readiness for the recertification assessment of our customer complaints process. The audit also included a review of 29 closed complaints and complaint calls handled by the contact centre. In addition a review on the risk management process within the Corporate Business Planning team is still ongoing.	The review considered that the requirements of the ISO standard had been met.
Complaints - Peer review	New peer review process has been implemented and the first round of peer reviews was completed in June 2016. Ownership of the process has now transferred to the Corporate Review team.	

Section Two. High level themes emerging from DQAP

Quality Standard	Findings	Good Practice	Opportunities for Development
Guidance	Operational procedures are in place for the majority of key processes. Procedural documents vary in format and design to support local requirements. Mechanisms for updating and communicating changes to policy, guidance and local procedural documents varied as did the use of document control processes.	Guidance champions who take responsibility for updating and communicating changes.	Opportunities exist ■ to review how guidance and procedural changes are communicated to staff – particularly where guidance impacts on other teams and where there are touch points in processes. ■ develop and share templates and principles for producing good operational guidance documents and share existing good practice.
Training	Teams have a good awareness and use of the corporate induction courses and materials available. The majority of 'on the job' training for new staff is provided via shadowing or via a buddy within the team	The contact centre have a dedicated training resource which provides a structured training programme for new staff which includes classroom based training, on the job training with reviews and targets. .	Opportunities exist ■ for directorates to develop local induction training materials to help ensure consistency at a local level.

	Detailed knowledge is often owned by experienced and long serving staff. The level of induction training can vary according to grade and temp/perm status		■ to build resilience and transfer knowledge and good practice.
Performance Management	Strong performance culture supported by KPIs and SLAs. Directorates with MI teams have developed dashboards and scorecards. Directorates without MI teams collate some information manually.		■ Opportunities exist ■ to develop quality performance indicators
Quality Assurance	Informal management checks are in place across processes Difficult to develop peer review for policy and change teams. Informal checks in place with sign off points by managers.	Peer review is well established and takes place monthly in R&R directorate. Results are monitored and shared with staff.	Opportunities exist: ■ to balance local management checks with the recognition of good practice. ■ to develop peer review for some processes ■ to review existing feedback processes.
Continuous Improvement	Strong culture of CI with staff encouraged to attend CI training. Good awareness of CI Database	In some team's staff are set CI objectives as part of the PDP process.	Opportunities exist: ■ to apply CI principles to other operational processes
Customers	Varied customer feedback approaches – internal and external.	Many examples of building relationships and networks with external third party stakeholders.	Opportunities exist: ■ to consult and communicate

	Opportunities to communicate policy and guidance changes and impact/ interdependences on the work of other teams.		policy changes and their impact on the work of other internal teams. ■ to use customer views support continuous improvement

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11 – Quality Assurance Strategy

11 – Annex B

Quality Assurance Strategy

Updated 2017

Purpose

1 This Strategy sets out our corporate approach to quality and quality assurance (QA). It outlines our quality principles and aims to ensure we have a consistent and embedded approach to quality that meets customers' and stakeholders' needs and supports organisational performance and continuous improvement.

2 The Strategy is supported by operational guidance, training materials and methodologies which help to ensure that over the next two years the aims and objectives of the Strategy are implemented.

Background

3 As a regulator, we need to have confidence in our processes, the decisions we make and the outputs we deliver. To do this we need to provide assurances to Council, our customers, stakeholders and ourselves that we have internal processes and governance arrangements in place to assure the quality of our work. To support this requirement, this Quality Assurance Strategy (QA Strategy) has been developed.

4 In 2013 external consultants reviewed the GMC's QA and continuous improvement activity. They found that QA processes were directorate specific and, although well established with good practice being identified in some areas, there was no corporate quality management system in place.

5 In June 2015 we combined resources from Fitness to Practise, Registration and Revalidation and the Resources and Quality Assurance Directorates to create the Quality Assurance & Continuous Improvement teams (QA and CI teams). This change was approved to support and enable the GMC to develop and implement a corporate approach to quality management and assurance that supports:

- A consistent QA approach which is proportionate and cost effective
- QA built on existing knowledge, skills and methodologies, closely linked with our CI capabilities
- Transparent processes with clear reporting, monitoring and governance arrangements
- Additional assurance to managers on crosscutting operational processes
- Greater understanding of where to focus our continuous improvement activity.

6 In September 2015, the Performance and Resources Board approved the QA Strategy. At the end of 2016 the Strategy was refreshed, based on lessons learnt from the year and to ensure we are prepared for planned activities in 2017.

Quality Principles

7 QA is the systematic process for ensuring that our operational services deliver specified requirements and standards. These are often set out in our policy and guidance documents and our operational procedures.

8 Following research into existing quality management systems and engagement with staff we have developed six quality principles for the GMC.

- Focus on customer expectations

Our quality standards must reflect the current and future needs and expectations of our customers and stakeholders

- Leadership

Leaders and managers create and maintain an environment where staff are supported to provide good quality service and have responsibility for local quality assurance processes and continuous improvement

- Risk based

QA is risk based and proportionate, focused on key functions and operational priorities

- People

Quality is core to all our work and it is everyone's responsibility to deliver it.

- Continuous improvement

The results of QA lead to proportionate continuous improvement.

- Quality supports decision making

Our QA processes support decision making by providing data and information.

9 These quality principles are central to our QA Strategy and are reflected in our existing standards, operational processes, policies and measures.

Where do we want to be (vision)

10 The QA Strategy provides the GMC with a sustainable QA framework that enables us to improve and adapt to the changing demands of our key interests and our financial constraints. The GMC's Quality Assurance Framework is based on the 'three lines of defence' model. Further information on the model can be found at Annex A. Our approach allows us to understand the maturity of our processes. We will continue to work with directorates to capture the main attributes of our key processes and use this information to help prioritise QA and improvement activities. QA activities will continue to be proactive, focusing on identifying issues or areas for development before they impact on services or our customers. QA should ensure we are doing the right thing, in the right way at the right time.

11 It is important to recognise that the achievement of quality is a journey with an end point that constantly changes as customer requirements change.

Aims of the Strategy

12 The QA Strategy is split into four aims. They build upon our existing QA work and closely link with our corporate approach to risk management.

i **Aim One** - Support and further develop our QA culture ensuring that quality is everyone's responsibility

ii **Aim Two** – Support directorates in setting local quality standards and in implementing, measuring and monitoring these by using appropriate assurance processes.

iii **Aim Three** – Conduct corporate reviews to provide assurance to GMC's management teams on cross cutting and high risk operational processes

iv **Aim Four** – QA supports performance development and continuous improvement

Objectives

13 The QA and CI Team will work with directorates to support and oversee the implementation of the QA Strategy and support continuous improvement. An update on our achievements during 2016 is included in the tables below along with new objectives for 2017.

Aim One	**Support and further develop our QA culture ensuring that quality is the responsibility of everyone**	
Objective	**Milestone**	**Outcome**
2016		
Review of relevant external documents including the PSA's approach to Performance Reviews	Completed September 2015	
Develop training and guidance documents which document our corporate processes, glossary, methodologies and roles and responsibilities (job descriptions).	Completed July 2016. Review of guidance ongoing	Quality guidance/QA operational manual.

Consultation and communication with key leaders, internal stakeholders and corporate change management initiatives on the strategy and supporting quality guidance documents	Completed October 2015	Communication plan. QA Strategy linked into other corporate change activities and processes
2017		
Undertake an organisational assessment using the EFQM model	To be completed by Q3 2017	Report which outlines strengths and areas for improvement
Refresh our input into the corporate induction package	By Q2 2017	Induction material
Set up a Quality Network	By Q2 2017	
Update coms strategy and develop a series of coms articles and events aimed at highlighting quality issues and sharing good practice.	Ongoing	
Develop guidance and training materials to support the development of peer review and local management audits	By Q3 2017	Training materials Guidance documents

Aim Two	**Support directorates in setting local quality standards and in implementing, measuring and monitoring these by using appropriate assurance processes**	
Objective	**Milestone**	**Outcome**
2016		
Consult with directorates on their current approaches to quality and quality assurance	Completed January 2016	Baseline position on current approach and gap analysis
Support directorates to develop and implement directorate quality action plans (in line with quality principles)	Ongoing. The aim is to support 1 to 2 directorates per year	Quality action plan for each directorate. R&R and MPTS completed during 2016.
Produce methodologies and training	March 2016	Guidance documents for

material to support directorates in developing appropriate assurance processes		the QA&CI team have been produced. Further work to develop and training materials for staff will be developed during 2017.
Work with directorates to develop and implement assurance processes into key functional and operational areas	Completed March 2016. Three year programme in place.	DQAP to be rolled out across directorates in line with the annual QA work plan.
Produce reporting templates and processes to report results	Completed. January 2016 onwards	
2017		
Rollout DQAP in line with the 2017 QA work programme.	Ongoing	During 2017 the team will work with the Education and Standards Directorate.

Aim Three	**Conduct corporate quality reviews to provide assurance to GMC's management team on cross cutting processes and high risk operational processes**	
Objective	**Milestone**	**Outcome**
2016		
Develop an approach to identify areas for review.	Completed. September 2015	Methodology
Produce a two year quality assurance work programme.	Completed November 2015	Annual work programme approved by PRB
Develop review methodologies, processes and reporting templates	Ongoing. November 2015 onwards	Process documents and templates for use by the QA&CI team
2017		
Develop governance and reporting arrangements for quality control audits and quality reviews	Q1 2017	Guidance on reporting arrangements. Reports

Develop dashboards and performance measures for the work of the team	Q4 2017	Team Dashboards
Develop Siebel scripts and dashboards for quality control audits	Q4 2017	Dashboards

Aim Four	**Quality Assurance supports performance development and continuous improvement**	
Objective	**Milestone**	**Outcome**
2016		
Develop an approach to ensure quality actions and recommendations feed into CI work plans and directorates are supported in implementing changes	January 2016. Deferred. To be progressed 2017	Methodology
Devise reporting templates for PRB and MPTS Committee	January 2016. Deferred. To be progressed 2017	Reporting templates

Governance and reporting

14 The responsibility of progressing audit recommendations rests with the process owner; who can implement the intended change or accept the risk of not taking any action. All quality control audit reports will be presented to the relevant process owner(s) and a copy of the report will also be forwarded to a directorate contact so that a summary of findings can be included in local directorate performance reports/meetings. However, it is important that as an organisation we track if intended results have been achieved and identify emerging trends. To support this, the QA & CI team will start to track the implementation of quality control audit recommendations on a quarterly basis, contacting process owners for updates. Audit dashboards are being developed and the team will report any emerging high level corporate themes to the Director, Resources and Quality Assurance with exception reports being reported to PRB.

15 Findings from our DQAP work along with action plans will continue to be presented to Assistant Directors; who will be responsible for implementing local monitoring and reporting arrangements. The QA & CI team will not track the progress of actions, but

will be available to provide advice and support to teams in their implementation and development of monitoring arrangements.

Quality Assurance Framework

16 The GMC's Quality Assurance Framework is based on the 'three lines of defence' model. The table below provides a brief overview of the model, how the team supports its delivery and how we work with other areas of the business to ensure that the GMC has a coordinated approach to managing risk, quality control and assurance.

First line of defence - local management. The first line of the model focuses on ensuring that organisations have assurances in place at a local level. Operational managers are responsible for ensuring that risks and quality is managed across the processes and activities they manage. This is achieved by ensuring local controls and assurances are built into the design and delivery of systems and processes.	The QA & CI team support this by providing information and advice to team managers. Through the facilitation and implementation of our directorate quality and assurance plans (DQAPs) the team provide support to directorates in the management and development of local quality controls and assurances.
Second line of defence - oversight. Organisations have a range of corporate functions in place to independently review risks and controls. These functions are removed from day to day operational delivery and provide independent assurance, support and advice to senior managers on compliance issues and the appropriateness of operational controls and assurances already in place.	The QA & CI team support the second line of defence through the delivery of our annual Quality Assurance Programme. By completing a range of Quality Control audits and Quality Assurance reviews the team provide assurance to managers that processes are compliant with published legislation, policy and guidance.
Third line of defence - internal audit. The third line of defence provides the highest level of independent and objective assurance to the governing body of the GMC (Audit and Risk Committee and Council). Our external auditor Moore Stephens deliver a series of audits as set out in the annual Internal Audit programme; the results of which are reported to the Audit and Risk Committee.	The Audit and Risk Assurance team, Office of the Chief Executive work with Moore Stephens (Internal Audit) to carry out the annual programme of reviews, oversee the planning and delivery of work and the finalising of audit reports. The QA & CI team and the Audit and Risk Assurance team, meet on a regular basis to ensure we have a coordinated approach across all our quality assurance activity.

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11 - Annex C

Quality Assurance work programme 2017

Quality Assurance Programme 2017

Activity	Description	Frequency
Fitness to Practise		
Quality Control Audit Rule 4	Audit of triage and provisional enquiry decisions. Audit based on a sample of triage and provisional enquiry decisions made against published guidance and operating procedures. The QA and CI team will report the results for triage and PE separately within the final report. PSA area for review.	Q2 and Q4
Peer Review Development for Triage and PE teams	Support in developing a peer review for the triage team. Once implemented the review process will be managed and reported on within the team.	Q1
Quality Control Audit Rule 8	Audit will focus on the investigation process looking specifically at 1) the final Case Examiner (CE) decision 2) specific aspects of the case management process: ■ if relevant information and evidence been gathered during the life of the case ■ Consent ■ Disclosure ■ Has the allegation of impairment been considered appropriately and prioritised accordingly	Quarterly

Activity	Description	Frequency
	■ Have parties been contacted at appropriate stages? ■ IM IOT Each quarterly audit will be undertaken based on a different decision outcome. ■ Q1 Close with advice ■ Q2 Undertakings ■ Q3 Warnings ■ Q4 Closures The sample for each quarter will also contain criminal conviction cases and a small number of multi doctor cases. Sample size to be determined. PSA area for review. The audit criteria will be based on published guidance and operating procedures.	
Quality Control Audit CE IOT	Audit of CE decisions to refer (or not) a doctor to an Interim Orders Tribunal (IOT). Audit based on a sample of decisions made. Live cases will be included within the sample. The audit criteria will be based on published guidance and operating procedures	Q1 and Q3.
Quality Control Audit Adverse Information	The Adverse Information decision was created to formalise the process for dealing with information received from an employer or third party that raises new concerns about a doctor's fitness to practise. The audit assesses if the AR's decision is compliant with published guidance	Q1 and Q3

Activity	Description	Frequency
	in relation to their decision on whether the allegations are serious enough to warrant further investigation, and if so whether it would be appropriate for a Case Examiner (CE) to consider IOT. Existing FTP quality control audit. Possible PSA area for review.	
Quality Control Audit Case Review Case Examiner decisions	The CE's assess a doctor's compliance with current restrictions on their registration and direct an appropriate course of action dependent upon the level of compliance. The audit assesses if the decision and process was compliant with published guidance. Existing FTP quality control audit. The audit criteria will be based on published guidance and operating procedures. The audit will also take into consideration the recent changes around revocation.	Q2 and Q4
Quality Control Audit Disclosure and Barring,	Audit to ensure that the decisions made, whether a doctor should/should not be referred to the Disclosure and Barring Service, in accordance with our guidance. Existing FTP quality control audit. The audit criteria will be based on published guidance and operating procedures	Q1 and Q3
Quality Control Audit Case Review – AR decisions	Audit of information received within the Case Review team and if the Assistant Registrar (AR) needs to consider and document whether the information is adverse and should be referred to the triage team for further consideration or whether a referral to an IOT is appropriate. Existing FTP quality control audit. The audit criteria will be based on published guidance and operating procedures	Q2 and Q4

Activity	Description	Frequency
Quality Control Audit Voluntary Erasure	The CE's have to decide whether they are satisfied that it is right in all the circumstances to grant voluntary erasure rather than proceed with the enquiry. The audit assesses if the correct decision was made and if any additional steps were appropriate to support that decision. The audit covers the decision to grant or refuse voluntary erasure. Existing FTP quality control audit. The audit criteria will be based on published guidance and operating procedures. The Q1 audit will also consider the restoration process in place within FTP and R&R.	Q1 and Q3
Quality Assurance review Performance and Health Assessment processes	Review of local quality controls and assurance tools in place across performance and health assessment processes. **Constraint**. Implementation of business transformation programme recommendations and revised guidance and processes will need to be in place prior to the review commencing.	Q2
DQAP Employee Liaison Service (ELS)	Facilitate workshops with members of the ELS team to review local quality assurances and controls.	Q1/Q2
Peer Review Development of peer review	To assist teams in reviewing and developing (if appropriate) their approach to peer reviews including building in additional assurance on advice and decisions. To include development of local assurance tools for policy and change programmes. Once implemented any changes will be managed within teams.	Q1/Q2
Registration and Revalidation Directorate		
Quality Control Audit International	Audit of decisions made to grant registration for a) EEA nationals or those with EC rights b) Nationals from outside the UK, EEA or Switzerland and who graduated from outside the UK, EEA	Q4

Activity	Description	Frequency
Applications	or Switzerland and c) UK nationals who graduated from outside the UK, EEA or Switzerland and do not have EC rights.	
Quality Control Audit Appeals	Audit of the administration and support provided to the appeals process (pre and hearing processes).	Q1
Quality Assurance review Document Control	Review of local quality controls and assurance tools in place across the document control processes.	Q3
DQAP Roll out of directorate quality and assurance planning process	Starting in January 2017 the team will provide support to the directorate in reviewing and developing its local assurance and control processes providing support to both teams and change programmes.	To commence Q1 - ongoing
MPTS		
Quality Assurance Review Tribunal Assistant processes	Review and audit tribunal assistant administrative processes and recording of information.	Q3
DQAP support	To assist teams in developing and monitoring actions including providing support on implementing management audits and peer reviews; supporting actions from the DQAP work undertaken in 2016. Once implemented any peer review process will be managed and reported on within teams.	Ongoing

Activity	Description	Frequency
Quality Assurance Review. Security at tribunals.	A review of the hearing steward process.	Q4
Resources and QA directorate		
Quality Control Audit Movers, leavers and joiners process	Audit will look at a) compliance with existing guidance within IS b) permissions – and if the right permissions have been set (information security) c) return of equipment and passes (facilities). The audit criteria will be based on published guidance and operating procedures	Q3
DQAP Facilities	To provide support to the Facilities section in reviewing local quality assurance and controls in place across their processes	Q1
Peer Review. IS Project Management	Development of peer review in IS Project Management team. Once implemented the review process will be managed and reported on within the team.	Q2
Strategy and Coms Directorate		
Quality Assurance Review Media request approval process	Review of local quality controls and assurance tools in place across media request approval process. The review will be based on published guidance and operating procedures	Q1
Quality Assurance Review Calls to the contact centre following media interest stories	Review of local quality controls and assurance tools in place. The review will be based on published guidance and operating procedures.	Q3

Activity	Description	Frequency
OCCE		
Peer review. Rule 12	Development of peer review for the Rule 12 process. The review will be based on published guidance and operating procedures.	Q1/2
Cross cutting		
EFQM Project	Organisational wide	Q1 to Q3.