Audit Committee, 17 June 2015

BSI ISO 9001:2008 Audit Report

Executive summary and recommendations

Introduction

BSI audited HCPC on the 29-30 April 2015, as the fourth audit of the new three year audit cycle across the whole organisation.

The Quality Management System and processes, Communications, and Fitness to Practise Departments were audited over two days. All areas had been internally audited in advance. No non-conformances were recorded.

One Observation was recorded around the time taken to action corrective actions. The external IT resource was already involved in other HCPC related work.

HCPC have been recommended for continued registration. It was noted that we should be in good shape to migrate to the new ISO9001:2015 standard when it goes live later in the year.

Decision

Committee is asked to note the report.

Background information

None

Resource implications

None

Financial implications
None

Appendices

BSI April 2015 AUDIT REPORT, ISO9001:2008.

Date of paper

5 June 2015

Assessment Report.

Health & Care Professions Council

Introduction.

This report has been compiled by Andrew Babbs and relates to the assessment activity detailed below:

Visit ref/Type/Date/Duration	Certificate/Standard	Site address
8127584 Continuing Assessment (Surveillance) 29/04/2015 2 day(s) No. Employees: 240	FS 83074 ISO 9001:2008	Health & Care Professions Council Park House 184 Kennington Park Road London SE11 4BU United Kingdom

The objective of the assessment was to conduct a surveillance assessment and look for positive evidence to ensure that elements of the scope of certification and the requirements of the management standard are effectively addressed by the organisation's management system and that the system is demonstrating the ability to support the achievement of statutory, regulatory and contractual requirements and the organisations specified objectives, as applicable with regard to the scope of the management standard, and to confirm the on-going achievement and applicability of the forward strategic plan and where applicable to identify potential areas for improvement of the management system.

The scope of the assessment is the documented management system with relation to the requirements of ISO 9001 and the defined assessment plan provided in terms of locations and areas of the system and organisation to be assessed.

Management Summary.

Overall Conclusion

The objectives of this assessment have been achieved. I would like to thank all the audit participants for their assistance and co-operation which enabled the audit to run smoothly and to schedule. Based on the objective evidence detailed within this report, the areas assessed during the course of the visit were generally found to be effective.

There were no outstanding nonconformities to review from previous assessments.

No new nonconformities were identified during the assessment. Enhanced detail relating to the overall assessment findings is contained within subsequent sections of the report.

Areas Assessed & Findings.

Opening meeting :

An opening meeting was held and the scope for the visit discussed.

The scope of the certification was established as:-
'The management and operation of The Health and Care Professions Council (HCPC) covering: Statutory professional self-regulation Reports to the Privy Council.'

The processes for the different types of assessments was discussed to clarify the BSI procedures for ISO certification relating to continuing assessment visits and strategic reviews. The potential outcomes and differences between the aforementioned assessments were outlined. The changes to the standard were highlighted as well as the support through the transition from BSI as an organisation.

During the opening meeting the client confirmed awareness of the contract conditions and BSI's confidentiality statement. The assessment plan was discussed including note taking and the issue of the report. The assessment is based on sampling; all findings are identified at the time. Guides will be available and details of specific Health and Safety aspects were confirmed.

Core management system :

The organisation has an electronic manual which is held on the intranet. The Quality Policy is on the intranet and meets the requirements of the standard and is appropriate to the purpose of the Organisation, includes a commitment to comply with requirements and continually improve the effectiveness of the quality management system, provides a framework for establishing and reviewing quality objectives, is communicated and understood within the Organisation and is reviewed for continuing suitability. It was last updated in August 2012.

An exclusion stated as being 7.3 Design and Development. A discussion was held relating to the removal of the design and development exclusion. It was agreed that the organisation will consider the applicability of that clause during the transition to ISO 9001:2015.

The organisation has an objective to safeguard the health and wellbeing of persons using or needing the services of registrants and this is supported by specific aims which are as follows:-
- Maintaining and publishing a public register
- Approving and upholding the high standards of education and training, and continuing good practice.
- Investigating complaints and taking appropriate action
- Working with the public
- Promoting awareness

Samples of the Monthly Exec Team Meetings were reviewed and found to be an effective method of conducting the management review process. Good levels of data analysis were seen to have been monitored within the review. Near misses were found to have been reported within the meeting minutes and a sample from the Exec Team Meeting dated 28/04/2015 were traced. The corrective actions / nonconformities were effectively managed as per the requirements of the standard.
- NMR 50 - 11/03/2015
- NMR 51 - 18/03/2015
- NMR 52 - 17/04/2015

The Organisation was found to have taken action to eliminate the causes of nonconformities in order to prevent recurrence. The corrective actions were deemed appropriate to the effects of the near misses encountered. The documents used met the requirements for reviewing nonconformities (near misses), determined the causes of nonconformities, evaluated the need for action ensuring that the nonconformities did not recur, implemented the action stated, recorded the results of action taken and reviewed the effectiveness.

The organisation has in place an Internal Audit Schedule 2015 V1.2. The following internal audits were reviewed:-
- Communications - Stakeholders 23/04/2015
- Project Management 24/04/2015
- Communications - Social Media 23/04/2015

The organisation manages its preventive actions through a Risk Assessment and Risk Treatment Plan - a recent plan dated January 2015 that had been submitted to the Executive Management Team February 2015. This demonstrated an effective method in addressing preventive actions.

The organisations Customer Satisfaction was found to be being measured in a number of different departments. Complaints however are being monitored separately and the Feedback Report dated February 2015 was reviewed. The report was found to have been divided up into categories as follows:-
- UK Registration
- International Registration
- Fitness to Practise
- Secretariat
- Letters & Feedback
- Review

The figures for the year 2014 showed average monthly complaints at 42 and positive feedback 8 per month. The data analysis relating to the trends indicated that 50% of issues were in-house errors, 38% N/A and 6% were registrant error. A discussion regarding the 38% of N/A and the possibility of defining more details relating to this area. The legislative constraints appeared to be the main cause.

Communications - Stakeholders :

The organisation demonstrated the efforts made for understanding the needs and expectations of interested parties. The organisation clearly understood the impact or potential impact on the organisation's ability to consistently provide services that meet customer and applicable statutory and regulatory requirements. The organisation was able to identify the interested parties that are relevant and the requirements of these interested parties and created a 'Work Plan' to manage the actions.

Good use of data analysis was demonstrated through the use of a third party supplier Ipsos Mori. The process of evaluation for this supplier was reviewed and generally found to be effective. The criteria included ISO 27001 registration.

Communications - Social Media :

The process relating to this area was clearly explained and supported with documented information. A weekly schedule forms part of the planning which is supported by the Work Plan for Social Media. Some of the media have the functionality to be automated while others have to be managed manually. The monitoring of the service is done regularly throughout the day. Internal communications relating to the approval process before publications was evidenced and found to be an effective control. The Social Media Response Log recorded feedback and any issues and demonstrated good stakeholder management. Many of the requirements for service came from internal sources and the internal needs were clearly being met.

Communications - Publishing :

The Work Plan relating to Publishing was explained along with the SOP electronic files. Two publications were reviewed and the associated processes relating to document control and legal / author approval.
- Biomedical Scientists - 25/09/2014
- Costs of Fitness to Practise: A study of the Health & Care Professions Council - 08/04/2015
The processes were generally found to be effective. The organisation was seen to clearly and effectively manage a design and development process as per clause 7.3 within the ISO 9001:2008 standard.

Communications - Web / Digital :

The areas of responsibility and processes were explained which cover services relating to the organisations website, intranet and applications. The client is an internal customer - effectively other departments within the organisation and requests are logged either through a form on the intranet or direct email messages. All enquiries are logged or transferred to a specific mailbox currently and are processed accordingly.

The organisation is currently reviewing it resources relating to the intranet and is going to update to a new piece of software that will form the foundations of their intranet site. This has demonstrated continual improvement as it is reacting to previous issues found within the organisation relating to the internal systems.

The Work Plan for this area was reviewed as well as the Web change & Deployment Log which were seen as good planning and resourcing tools and monitoring and measuring aids respectively.

Communications - Internal :

The organisation has determined the internal communications relevant to the quality management on what it will communicate with the aid of an Internal Communications Work Plan. This document has recently been updated and is waiting for approval. The plan includes timescales for when to communicate information.

Specific objectives have been established for an ongoing project which are as follows:-
- Ensure employees are informed about move to Outlook
- Support employee awareness relating to data migration
- Promote training

During the assessment separate areas of the organisation were questioned to establish their awareness and understanding of the changes taking place within the organisation relating to this area and a good understanding of the information was demonstrated thus confirming the effectiveness of the internal communications department.

A clear process of product / service realisation takes place which is supported by robust preventive actions through risk assessment was found. Objectives and targets through an Action / Work Plan with timescales are then created and processed. These processes were found to be effective.

Communications - Events :

Events are an area where the organisation engages directly with its stakeholders. The Communications Work Plan was reviewed and the supporting Forward Planner. Clear understanding of Stakeholder needs and expectations were apparent. The use of an evaluated supplier list was demonstrated. Two events were sampled and the subsequent customer satisfaction feedback were reviewed.
- Sample Event 1 - 58 delegates attended - 58 survey responses
- Sample Event 2 - 25 delegates attended - 3 survey responses

Drive for continual improvement of events through evaluation of feedback was evident.

Fitness to Practise - Admin & Case Support :

The Admin function of the Fitness to Practise department can best be described as 'Goods In and Goods Out'. Documented information is received, recorded and allocated to the next stage in the service process. Once the Information has been processed more documented information is despatched to the relevant parties. A precise checking process was observed.

Case Support allocates the work to the relevant areas using the organisations Case Management System (CMS). The electronic system was demonstrated to have effective document and record controls which were further supported by guidance documents and checklists. Clear objectives and targets relevant at this level had recently been reviewed and new aims established:-
- 5 days to respond / acknowledge new information
- 10 days to chase up any actions
- 30 day target to close file or move to next stage of service

Planning and resource management was seen to be strong and supported by good data analysis and reporting from the electronic CMS. Regular meeting are held to discuss case loads and allocation of works. A further resource need had been identified and the organisation were in the process of recruiting to meet that need. The processes were found to generally be effective.

Fitness to Practise - Assurance & Development :

As part of the organisation's commitment to continually improve its system and services this team supports the operation through providing and/or developing the tools with which case workers use. The Complaints log relating to Service Issues was reviewed and found to effectively address and nonconformities and corrective actions. Items in the list were completely traceable and identifiable with case files or individuals. Supporting guidance for Handling Complaints was seen.

The Organisation have revised their Employer complaint guidance this and are starting the same review for complaints that come from the public. A need to manage end users expectations has been identified as 80% of complaints about the entire Fitness to Practise service relate to inaccurate comprehension of the specific functions / services offered.

A review of some of the issues raised on the complaints log were traced and specific objectives relating to response time were seen to have been met. Data protection is a key area for the organisation and specific case file have not been referenced as a result. The related procedures and processes were found to be effective.

Fitness to Practise - Adjudication :

The scheduling of hearings was found to demonstrate good communications, resource and succession planning and implementation. Document and record controls and supporting checklists (monitoring and measurement of processes) were found to be effective. Interactions between Fitness to Practise and Communications within the organisation are key to ensuring public interest is effectively managed.

Fitness to Practise - Compliance :

A robust internal audit process was demonstrated for the Fitness to Practise service. An established framework that determines the assessment criteria supported by risk identification and a Red, Amber, Green - RAG rating. The schedule focused on areas that previously had raised issue. Strict controls are in place relating to document and record controls for post audit information. The process was found to support training, competence and awareness for staff through professional development relating to areas identified as needing improvement.

The Quarterly Audit Report dated April 2015 was reviewed along with the Recommendations Log. An observation has been raised relating to this.

Observations.

Type	Area/Process	Clause
Observations	Fitness to Practise - Compliance	8.2.2
Scope	FS 83074	
Details:	The organisation need to consider what is deemed as 'undue delay' in relation to corrective actions resulting from their internal audit process.	

Fitness to Practise - Investigations & Case Teams :

The procedures and processes relating to Investigations and Case Teams was clearly explained. Cases are assigned to staff following risk based assessments relating to potential impact. Some cases can be expedited as a result of concerns / risks rated 'A'.

A review of some case files through sampling was conducted relating to files rated A, B and C on the risk criteria. The cases reviewed included applications for Interim Orders sought by the organisation.

The processes were found to be effective.

During the course of the visit logos were found to be used correctly.

Assessment Participants.

On behalf of the organisation:

Name	Position
Roy Dunn	Head of Business Process Improvement
Kayleigh Birtwistle	Quality Compliance Auditor
Jacqueline Ladds	Director of Communications
Grant Imlach	Media & PR Manager
Rebekah Tailor	Media & PR Officer
Daniel Knight	Publishing Manager
Tony Glazier	Web & Digital Communications
Keely Scott	Events Manager
Lisa Sinclair	Internal Communications
Ruth Cooper	Service & Complaints Manager
Brian James	Head of Assurance and Development
Imran Inamder	Case Support Manager
Ewan Shears	Quality Assurance Officer
Deborah Oluwole	Adjudication Manager - Scheduling
Jonathan Dillon	Adjudication Manager - Hearings
Jo Fox	Quality Compliance Manager
Alan Shillabeer	Investigations Manager
Ciara O'Dwyer	Investigations Manager

The assessment was conducted on behalf of BSI by:

Name	Position
Andrew Babbs	Team Leader

Continuing Assessment.

The programme of continuing assessment is detailed below.

Site Address	Certificate Reference/Visit Cycle	
Health & Care Professions Council Park House 184 Kennington Park Road London SE11 4BU United Kingdom	FS 83074	
	Visit interval:	6 months
	Visit duration:	2 Days
	Next re-certification:	01/04/2013

Re-certification by Strategic Review will be conducted on completion of the cycle, or sooner as required. The review will focus on the strengths and weaknesses of your Management System.

Certification Assessment Plan.

HEALTH-0047125084-000|FS 83074

Business area/Location		Visit1	Visit2	Visit3	Visit4	Visit5	Visit6
	Date (mm/yy):	10/13	04/14	10/14	04/15	10/15	04/16
	Duration (days):	1.0	1.0	1.0	2	2	2
Quality management system - key controls - see appendix for full listing*			X		X		X
Staff Development and Training		X		X			
Purchasing/supplier evaluation (see Procurement)							X
Risk register							X
Work environment and infrastructure/facilities management						X	
Quality Assurance							X
Senior management interview							X
Strategic review - using pack of information supplied by BSI							X
**							
Communications					X		
- Social Media					X		
- Stakeholders					X		

- Publishing				X		
- Web & Digital				X		
- Internal Communications				X		
- Events				X		
**						
Finance						X
- Invoicing & Purchase Ledger						X
- Management Accounts						X
- Procurement (purchasing and suppliers)						X
- Transactions						X
**						
Education			X			
- Operations NNIW						
- Operations SES						
- Communications and Development						
- quality assurance						
- Policy and Development						
**						
Fitness to Practice				X		
- Adjudication				X		
- Administration				X		
- Assurance & Development				X		
- Case Support				X		
Case Teams 1-5				X		
Case Teams 6-7				X		
Compliance				X		
Investigations				X		
**						
HR/partner validation	X					
**						
Policy	X					

**							
Projects					X		
**							
Registrations							
- International		X					
- UK	X						
- CPD					X		
- Operations					X		
- Quality Assurance					X		
**							
IT					X		
- Infrastructure					X		
- Service support					X		
**							
Secretariat			X		X		
- Customer Services					X		
- Information Governance					X		
- Council Processes					X		

Next Visit Plan**.**

Visit objectives:

The objective of the assessment is to conduct a surveillance assessment and look for positive evidence to ensure the elements of the scope of certification and the requirements of the management standard are effectively addressed by the organisation's management system and that the system is demonstrating the ability to support the achievement of statutory, regulatory and contractual requirements and the organisations specified objectives, as applicable with regard to the scope of the management standard, and to confirm the on-going achievement and applicability of the forward strategic plan.

The scope of the assessment is the documented management system with relation to the requirements of ISO 9001 and the defined assessment plan provided in terms of locations and areas of the system and organisation to be assessed.

Date	Assessor	Time	Area/Process	Clause
22/10/2015	Ali Mian	09.00	Opening Meeting	
		09.15	QMS Update - changes etc.	
		09.30	Projects	
			- CPD	
			- Operations	
			- Quality Assurance	
		12.30	Lunch	
		13.00	IT	
			- Infrastructure	
			- Service support	
		15.30	Report Preparation	
23/10/2015	Ali Mian	09.00	Interim Meeting	
		09.30	Secretariat	
			- Customer Services	
			- Information Governance	
			- Council Processes	
		12.30	Lunch	
		13.00	Work environment and infrastructure/facilities management	
		14.30	Report Preparation	
		16.00	Closing Meeting	

Please note that BSI reserves the right to apply a charge equivalent to the full daily rate for cancellation of the visit by the organisation within 30 days of an agreed visit date. It is a condition of Registration that a deputy management representative be nominated. It is expected that the deputy would stand in should the management representative find themselves unavailable to attend an agreed visit within 30 days of its conduct.

Notes.

The assessment was based on sampling and therefore nonconformities may exist which have not been identified.

If you wish to distribute copies of this report external to your organisation, then all pages must be included.

BSI, its staff and agents shall keep confidential all information relating to your organisation and shall not disclose any such information to any third party, except that in the public domain or required by law or relevant accreditation bodies. BSI staff, agents and accreditation bodies have signed individual confidentiality undertakings and will only receive confidential information on a 'need to know' basis.

'Just for Customers' is the website that we are pleased to offer our clients following successful registration, designed to support you in maximising the benefits of your BSI registration - please go to www.bsigroup.com/j4c to register. When registering for the first time you will need your client reference number and your certificate number (47125084/FS 83074).

This report and related documents is prepared for and only for BSI's client and for no other purpose. As such, BSI does not accept or assume any responsibility (legal or otherwise) or accept any liability for or in connection with any other purpose for which the Report may be used, or to any other person to whom the Report is shown or in to whose hands it may come, and no other persons shall be entitled to rely on the Report.

Should you wish to speak with BSI in relation to your registration, please contact our Customer Engagement and Planning:

Customer Services
BSI
Kitemark Court,
Davy Avenue, Knowlhill
Milton Keynes
MK5 8PP

Tel: +44 (0)845 080 9000 Fax +44 (0)1908 228123

Email: MK.Customerservices@bsigroup.com

Regulatory Compliance.

BSI conditions of contract for this visit require that BSI be informed of all relevant regulatory non-compliance or incidents that require notification to any regulatory authority. Acceptance of this report by the client signifies that all such issues have been disclosed as part of the assessment process and agreement that any such non-compliance or incidents occurring after this visit will be notified to the BSI client manager as soon as practical after the event.

Expected Outcomes for Accredited Certification.

What accredited certification means:

The accredited certification process provides confidence that the Organisation has a management system that conforms to the applicable requirements of the certified standards covered within this assessment and scope of certification.

What accredited certification does not mean:

It is important to recognize that certification defines the requirements for an Organisation's management system, not for its products or services. It does not imply that the Organisation is providing a superior product or service, or that the product, service or performance itself is certified as meeting the requirements of an ISO standard or specification or that the organisation can guarantee 100% product, service or performance conformity, though this should of course be a permanent goal.