

Audit Committee Meeting, 22 November 2016

BSI ISO 9001 audit report

Executive summary and recommendations

### **Introduction**

BSI have been on site to carry out the ISO 9001:2008 surveillance audit. Education, Communications, Secretariat and Quality Management Systems were evaluated. Two opportunities for improvement were noted.

- one opportunity for improvement around deciding when we consider logging social media comments as complaints
- one opportunity for improvement around maintaining updated versions of internal communications as plan timelines are adjusted, and auditing those plans during the projects

### **Decision**

The Audit Committee are asked to note the report.

### **Resource implications**

None known

### **Appendices**

BSI Audit report ISO 9001:2008 (October 2016)

### **Date of paper**

4 November 2016



# Assessment Report.

## The Health and Care Professions Council

**Report Author** Andrew Babbs  
Visit Start Date 18/10/2016

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## 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
8381202 Continuing Assessment (Surveillance) 18/10/2016 2 day(s) Effective no. of employees : 240 Total no. of 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 9001:2008 and the defined assessment plan provided in terms of locations and areas of the system and organisation to be assessed.

## Management Summary.

### Overall Conclusion

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.

The audit objectives have been achieved and the certificate scope remains appropriate. The audit team concludes based on the results of this audit that HCPC does fulfil the standards and audit criteria identified within the audit report and it is deemed that the management system continue to achieve its intended outcomes.

The audit team recommends that BSI consider the information found in this assessment report as evidence in part, of the conformity of HCPC with the requirements for ISO 9001 continued certification.

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 in relation to ISO 9001 that specifies requirements for a quality management system where an organization needs to demonstrate its ability to consistently provide product that meets customer and applicable statutory and regulatory requirements, and aims to enhance customer satisfaction through the effective application of the system, including processes for continual improvement of the system and the assurance of conformity to customer and applicable statutory and regulatory requirements.

The scope of the certification is confirmed latterly in this report.

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.

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.

### Education department sections :

The following areas for the Education section within the Organisation were reviewed and sampled:-

- Education - Quality Assurance
- Education - Operations

An amendment to the three year cycle was requested by the client as one particular area for Education was not relevant in relation to the previous report.

The process involved with applications to provide Approved professional courses was explained and sampled. It is supported by CRM software which controls the flow of information and logs progress for the following:-

- Enquiries
- Cancellation
- Planning
- Submission
- Visit
- Report
- Conditions
- Decision

The planning process was found to be effective and the identification of competent resources was sampled and found requirements being met and impartiality was clearly being maintained. The process is supported internally by HR Partner Validation.

The targets for responses to Provider requests was found to be within the stated 28 days for all cases sampled.

- CAS-08643-B6G6Q8 - Approved Mental Health Programme - Application
- CAS-09794-Z8M0X5 - Psychology & Speech Pathology - Major Change Process
- CAS-10445-C8F3XB - Bio Medical Science - Monitoring Audit
- CAS-16538-F1K258 - Concern raised about Provider resource and Programme

The above cases were reviewed at length and found to be effectively managed with evidence of good communications, identification

of trends, lessons learned, risk areas were clearly being considered and resulting actions implemented for Business Improvement.

#### **Secretariat - Council Member Appointments :**

The documented procedure and flow diagram were reviewed as part of the assessment. The process was followed stage by stage and was found to have been implemented and maintained in its entirety. The process is governed by legislation and a cycle for members last eight years before a term must finish.

The process demonstrated the effective use of a Time Table for milestone events which started in July and was followed through to Early October.

One hundred and twenty four applications were received and the selection panel impartially scored each application. The top fifteen suitable applicants were selected and invited for interview. One withdrew and was replaced by the sixteenth most appropriate candidate. One query was received from an applicant who was unsuccessful and communications were seen in response. No further correspondence has been received relating to the query and checks were completed with the Complaints / Customer Service team.

The process was found to be effective, equitable and transparent.

#### **QMS & Risk Management in BPI :**

There has not been any significant changes to the Quality Management System. A minor issue with document management has been identified in that the automated part has failed and a manual process has temporarily been implemented until a long term solution through IT can be established.

The Organisations Risk register is reviewed every six months. The Reference Risk Treatment Plan Version Jul 2016 Version 1.0 Issue date 17/05/2016 was sampled and had been approved by EMT and Audit Committee in August 2016. One specific change to this register was the addition of HCPC Strategic Objectives 2016 - 2020.

The following were noted:-

- Objective 1: Good governance

To maintain, review and develop good corporate governance

Specific risks; 4.1 to 4.17 inclusive

- Objective 2: Efficient business processes

To maintain, review and develop efficient business processes throughout the organisation

Specific risks; 1.1; 1.2; 1.2; 2.3; 4.1; 4.5; 4.6; 4.7; 4.12; 9.2

- Objective 3: Communication

To increase understanding and awareness of regulation amongst all stakeholders

Specific risks; 3.1; 3.2; 3.3; 3.4; 3.5

- Objective 4: Build the evidence base of regulation

To ensure that the organisation's work is evidence based

Specific risks; 14.2

- Objective 5: Influence the policy agenda

To be proactive in influencing the wider regulatory policy agenda

Specific risks; 1.2; 1.5

- Objective 6: Engagement in the four countries

To ensure that our approach to regulation takes account of differences between the four countries

There have been some updates to areas within the Risk Register and the potential of Social Workers leaving regulation under the current system is considered a risk and has been clearly identified as 'Medium'.

#### **Communications :**

An overview of the Department was discussed in a open conversation with the Director of Communication. This clearly outlined the intent of the section and highlighted its Statutory Responsibilities for Communication.

A Communication Strategy document was reviewed that relates to the Organisations high level plans and strategy. This document is supported on a number of levels by Communications Work Plans (Action Plan for achieving objectives) which has the following strategy plans supporting the Operational levels of this department:-

- Media & PR Team Strategy
- Social Media
- Stakeholder

The department further plans its activities through the use of a Forward Planner which was sampled dated for 2016. The following titles were noted:-

- Communications Projects & Activities
- Expertise to HCPC Departments
- Finance Corporate Annual Report
- Registration - CPD audit report

Progress performance reviews take place as part of the monthly management meetings and the key risks identified in section 3 of the risk review are included.

In relation to Stakeholders (interested parties) a matrix was sampled which gathers the key information, type and interests of these parties. The needs and expectations are gathered from polling data in 2014 was transferred into this matrix to help guide the Organisation focus and strategy. The actions from this poll have been planned and implemented and the effectiveness of these will be assessed following the next scheduled poll found on the Forward plan for 2017/2018.

The processes and risks relating to Media & PR and Social Media were explained and examples reviewed. A documented Social Media Strategy Plan was sampled and seen to identify the key areas for risk management and relevant mitigation in place to reduce the risks faced by this Organisation.

Schedules in relation to planned activities for media releases were reviewed and the moderation of HCPC social media was discussed. Examples of low risk messages were seen to be released at specific times to ensure risks are reduced. \* An Opportunity for Improvement has been raised in relation to this.

Internal Communication processes were reviewed and the gathering of employee needs and expectations were discussed in relation to them being interested parties. The actions resulting from the All Employee Survey have helped guide the Strategic Directions and goals of the Organisation.

New processes were reviewed that are in their infancy for encouraging the individual departments to create Communication Plans for internal comms. One was sampled that identified specific objectives and key messages that were to be achieved. Clear timelines were noted and an\*\* Opportunity for Improvement has been raised in relation to this.

## Opportunity for improvement.

Type	Area/Process	Clause
Opportunity for improvement	Communications	8.2.1
Scope	FS 83074	
Details:	* The Organisation may wish to consider logging negative messages on social media as complaints and processing them as such.	

Type	Area/Process	Clause
Opportunity for improvement	Communications	
Scope	FS 83074	
Details:	** The Organisation may wish to consider conducting an internal reviews of Communication Plans' progress part way through projects to ensure Objectives, Key messages and timelines are being kept to rather than just post project completion.	

### Secretariat - Information Governance :

The required process for 'Freedom of Information Requests' (FOI) was explained which is supported by FRINK software and the following samples traced to establish the effectiveness of the procedure:-

- FR04858
- FR04842
- FR04841

Requests from the Information Commissioners Office were reviewed and found to have been responded to within the required timescales.

The controls 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
Marc Seale	Chief Executive & Registrar
Greg Ross-Sampson	Director of Operations
Paula Lescott	Head of Education Systems & Quality
Abigail Gorringe	Director of Education
Jamie Hunt	Education Manager
Theresa Haskins	Director of HR & Partners
Jacqueline Ladds	Director of Communications
Grant Imlach	Media & PR Manager
Jonathan Jones	Stakeholder Communications Manager
Heidi Bullimore	Internal Communications Manager
Claire Amor	Information Governance 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:	01/04/2019

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

		Visit1	Visit2	Visit3	Visit4	Visit5	Visit6	Visit7	Visit8
Business area/Location	Date (mm/yy):	04/16	10/16	06/17	04/17	10/17	04/18	10/18	04/19
	Duration (days):	2.0	2.0	1.0	2.0	2.0	2.0	2.0	2.0
Quality management system - key controls - see appendix for full listing*		X	X		X		X		X
Staff Development and Training			X						
Purchasing/supplier evaluation (see Procurement)		X							X
Risk register		X	X		X		X		X
Work environment and infrastructure/facilities management		X							X
Senior management interview		X							X
Strategic review - using pack of information supplied by BSI		X							X
Communications - Social Media			X		X		X		
Communications - Stakeholders			X		X		X		
Communications - Publishing					X		X		
Communications - Web & Digital					X		X		
Communications - Internal Communications			X		X		X		

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Communications - Events				X		X		
Finance - Procurement (purchasing and suppliers)	X							X
Finance - Transactions	X							X
Finance - Forecasting								X
Education - Quality Assurance		X						
Education - Operations		X						
Fitness to Practice - Adjudication						X		
Fitness to Practice - Case Reception & Triage						X		
Fitness to Practice - Case Preparation & Conclusion						X		
Fitness to Practice - Operations						X		
Fitness to Practice - Investigations						X		
HR/partner validation		X						
Policy		X						
Projects							X	
Registrations - International				X				
Registrations - EMR				X				
Registrations - UK				X				
Registrations - CPD							X	
Registrations - Operations							X	
Registrations - Quality Assurance							X	

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IT - Infrastructure							X	
IT - Service support							X	
Secretariat - Information Governance		X					X	
Secretariat - Council Processes		X					X	
Readiness Review - Transition to ISO 9001:2015			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 9001:2008 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
12/04/2017	Assessor 1	09.00	Opening Meeting	
			Communications - Publishing	
			Communications - Web & Digital	
			Communications - Events	
			Lunch	
			Communications - Social Media	
			Communications - Internal Communications	
			Staff Development and Training	
		15.30	Report Preparation	
13/04/2017		09.00	Interim Meeting	
			Registrations - International	
			Registrations - EMR	
			Registrations - UK	
			Lunch	
			Quality management system - key controls - Internal Audits, Corrective Actions	
			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.

## Scope of Certificate FS 83074 (ISO 9001:2008).

### Main Scope

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

The scope has been confirmed as correct.

Location	Scope
Health & Care Professions Council Park House 184 Kennington Park Road London SE11 4BU United Kingdom  HEALTH-0047125084-000	Main Certificate Scope applies.

## Notes.

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

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## 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 to ISO 9001 means**

To achieve conforming products and services, the accredited certification process is expected to provide confidence that the organization has a quality management system that conforms to the applicable requirements of ISO 9001.

### **What accredited certification to ISO 9001 does not mean**

- 1) It is important to recognize that ISO 9001 defines the requirements for an organization's quality management system, not for its products and services. Accredited certification to ISO 9001 should provide confidence in the organization's ability to "consistently provide product that meets customer and applicable statutory and regulatory requirements". It does not necessarily ensure that the organization will always achieve 100% product conformity, though this should of course be a permanent goal.
- 2) ISO 9001 accredited certification does not imply that the organization is providing a superior Product or service, or that the product or service itself is certified as meeting the requirements of an ISO (or any other) standard or specification.