

Audit Committee, 21 November 2017

BSI ISO9001 audit

Executive summary and recommendations

Introduction

BSI have been on site to carry out the ISO9001:2008 surveillance audit; wit the following findings;

- One minor non conformance around Document Control on an internal use check list within the Partners area p 12.
- One minor non conformance around lack of data analysis of Event feedback to determine improvement. p 13.

Decision

The Audit Committee are asked to discuss the report.

Resource implications

None known

Appendices

BSI Audit report ISO9001:2008 – October 2017

Date of paper

13 November 2017

Assessment Report

Health & Care Professions Council

Assessment dates	09/10/2017 to 10/10/2017
Assessment location	London (000)
Report author	Neil Weedon
Assessment standards	ISO 9001:2008



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Executive summary

The Health & Care Professionals Council has maintained and improved its quality management system.

Evidence was seen during the assessment to show that the organisation continues to comply with the requirements of the regulations which govern its operation and that planning to meet these obligations is effectively managed.

Two minor nonconformities were raised during the assessment which will be closed out during the next scheduled continuing assessment visit.

The single minor nonconformity from the previous assessment was successfully closed out.

Assessment objective, scope and criteria

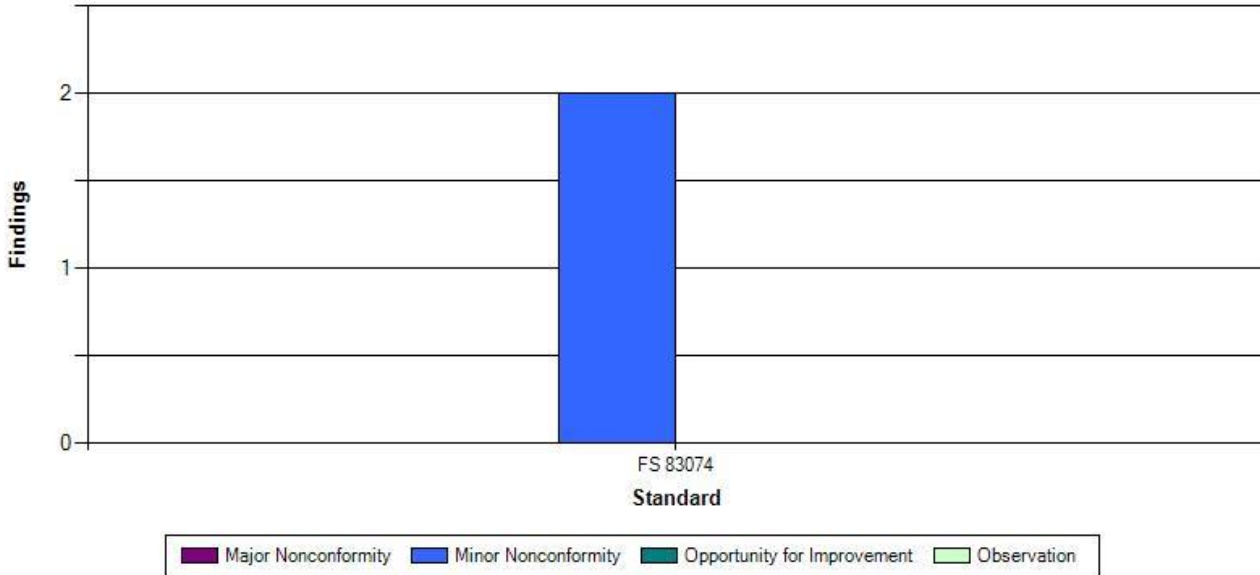
The objective of the assessment was to conduct a surveillance assessment and look for positive evidence to verify that elements of the scope of certification and the requirements of the management standard are effectively addressed by the organization's management system; that the system is demonstrating the ability to support the achievement of statutory, regulatory and contractual requirements and the organization's specified objectives as applicable with regard to the scope of the management standard; to confirm the ongoing 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 organization to be assessed.

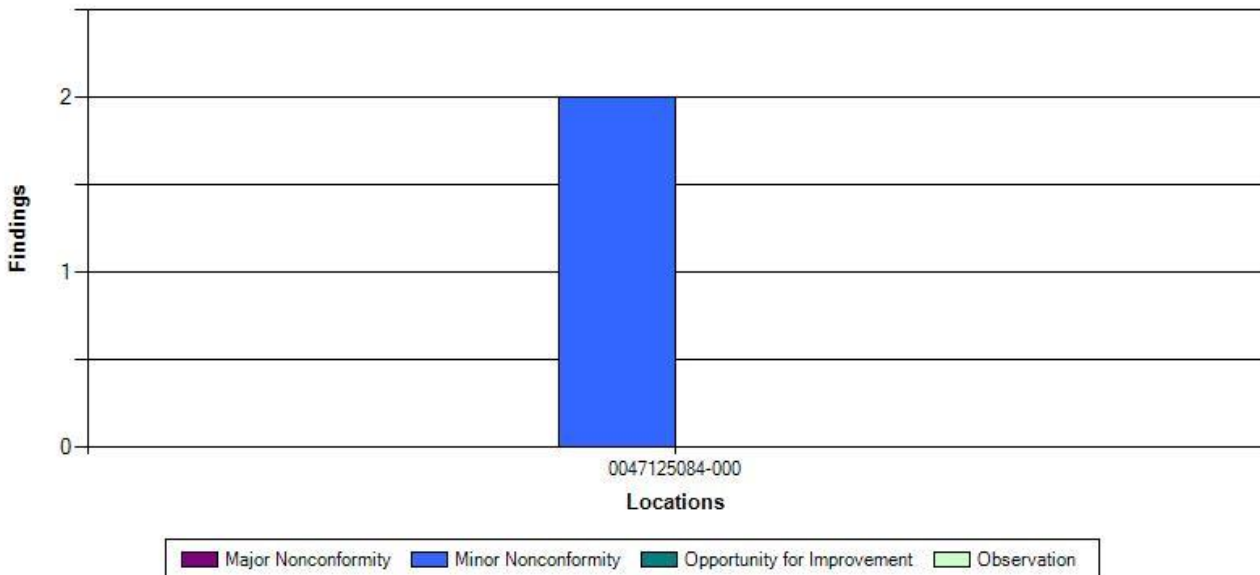
ISO 9001:2008
Health & Care Professionals Council management system documentation

NCR summary

Which standard(s) BSI recorded findings against



Where BSI recorded findings



Definitions:Nonconformity

Non-fulfilment of a requirement.

Major nonconformity

Nonconformity that affects the capability of the management system to achieve the intended results.

Nonconformities could be classified as major in the following circumstances:

- If there is a significant doubt that effective process control is in place, or that products or services will meet specified requirements;
- A number of minor nonconformities associated with the same requirement or issue could demonstrate a systemic failure and thus constitute a major nonconformity.

Minor nonconformity

Nonconformity that does not affect the capability of the management system to achieve the intended results.

Opportunity for improvement

It is a statement of fact made by an assessor during an assessment, and substantiated by objective evidence, referring to a weakness or potential deficiency in a management system which if not improved may lead to nonconformity in the future. We may provide generic information about industrial best practices but no specific solution shall be provided as a part of an opportunity for improvement.

Observation

It is ONLY applicable for those schemes which prohibit the certification body to issue an opportunity for improvement.

It is a statement of fact made by the assessor referring to a weakness or potential deficiency in a management system which, if not improved, may lead to a nonconformity in the future.

Assessment participants

Name	Position	Opening meeting	Closing meeting	Interviewed (processes)
Roy Dunn	Head of Business Process Improvement	X	X	X
Kayleigh Birtwistle	Quality Compliance Auditor	X	X	X
Claire Amor	Information Governance Manager			X
Giba Rahman	Governance and Appointments Officer			X
Martha Chillingworth	Senior Project Manager			X
James Bowell	Project Portfolio Manager			X
Marc Seale	Chief Executive			X
Gregory Ross-Sampson	Director of Operations			X
Deborah Dawkins	Partners Co-ordinator			X
Uta Pollmann	Partners and HR Manager			X
Andy Gillies	Director of Finance			X
Tian Tian	Head of Financial Accounting			X
Michael Guthrie	Director of Policy & Standards			X
Keeley Scott	Events Manager			X

Status of actions from the previous assessment

Ref	Area/process	Clause
1474023-201705-N1	Quality management system - key controls - Internal Audits, Corrective Actions	8.3
Scope	FS 83074	
Category	Minor	
Details:	International NCR raised 01.03.2016	
Objective evidence:	The internal audit conducted on international dated 01 03 16 identified one nonconformity this has a target date of April 2016 was not completed until November 2016 and the improvement log has not been updated to reflect the current status of corrective action.	
Cause	Initial review of issue led to wider review which took until November to close out	
Correction / containment	Issue closed	
Corrective action	No further action required. The improvement log process relies on the target date remaining as initially set in order to trigger further actions at set dates.	
Closed?:	Yes	

Assessment findings

The assessment was conducted on behalf of BSI by

Name	Position
Neil Weedon	Team leader

Assessment conclusion and recommendation

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

RECOMMENDED - The audited organization can be recommended for certification / recertification / continued certification to the above listed standards, and has been found in general compliance with the audit criteria as stated in the above-mentioned audit plan.

Use of certification documents, mark / logo or report

The use of the BSI certification documents and mark / logo is effectively controlled.

Findings

Secretariat - Council processes and committee:

The role of the secretariat includes:

- compliance with statutory obligations under the Health & Care Professions Order 2001
- compliance with rules. e.g. Health & Care Professions Council (Education & Training Committee) (Constitution) Rules 2013
- meetings are planned using an annual planner
- non statutory meetings are also recorded on the planner
- risk assessments are carried out against statutory requirements and mitigation and responsibility recorded
- all risks recorded which are the responsibility of the secretariat have been scored low after mitigation
- mitigation includes:
 - updating Register of Interests
 - member induction and training
 - annual appraisals

The process was seen to be effective

Documentation reviewed:

Health & Care Professions Order 2001 Part II - The Council and Its Committees

Health & Care Professions Council (Education & Training Committee) (Constitution) Rules 2013

Secretariat organisation chart
Risk Assessment & Risk Treatment Plan October 2017
Council Meeting Minutes 20 Sep 17
Review of Corporate Governance 8 Aug 17

Projects:

- Project management is carried out in accordance with the procedures documented in the Project Management Guide version 1.9
- Projects are submitted for consideration and assigned to projects team if approved
- Projects are subject to approval by EMT and Council
- Projects are initiated as a requirement for system improvements and/or statutory requirements
- Major projects are defined by identifying key criteria including risk and public/political impact
- Project lifecycle:
 - start
 - initiation (planning)
 - build
 - closure
- A set of common principles has been created for managing major projects to which project-specific considerations are appended
- Example of projects reviewed: Registrations
- Project commenced 2015. Decision from council to proceed September 2015
- 3 phases: proof of concept, replace NetRegulate IT system, online applications
- Monthly progress reporting to Executive Management Team
- Technical design authority in place includes IT Director, Operations Director, Head of Registrations, independent external expert
- Project milestones are managed effectively and testing was seen to be appropriate

The process was seen to be effective

Documentation reviewed:
Project Management Guide version 1.9
Registrations Project
Directive Document Architecture HCPC01

Partners:

The process for the recruitment and on-boarding of partners was reviewed.

- Recruitment is carried out in accordance with the Recruitment Process Guide
- Competence requirements are documented for each role
- Project plans are set up for each recruitment process
- Applicants are score on application against competence requirements
- Interviews are held and candidates scored
- Authorities are set within the process documentation
- A checklist is completed to ensure all steps of the process are completed (see NC)
- Induction training is carried out

The process was seen to be effective

Documentation reviewed:

Recruitment Process Guide version 1
Partner Recruitment Process Flowchart 130616
Fiscal Year Planner 2016/17
Template Offer Letter version 4.1 dated Jan 2015
Initial Offer Letter email version 2.1 dated Jun 2015
Recruitment Process Checklist
Recruitment Process Spreadsheet
Recruitment documentation for SL, OR, DN, ST, SS, CD, KP
New Leg Assessor process for JS, AC, SN, LM 5 Oct 17

Quality management system - core elements:

Internal audits:

- Internal and external audits are planned through the audit schedule 2017/18
- Auditors are independent of the process being audited
- Audit reports include responsibilities for actions and expected completion dates
- Scanned evidence incorporated within reports
- Findings are referred to the risk register

Management review:

- Requirements for management review are mapped within the Management Review Procedure
- Requirements of the standard are reviewed at EMT meetings attended by top management

Document and record control

- Arrangements are documented within the Record Retention and Disposal Policy dated 17 Sep 13

Documentation reviewed

Audit Schedule 2017/18 version 1.5
Internal Audit Report: FTP Compliance
Internal Audit Report: Registrations REC MS2 REG-Q&A Oct 2015
Internal Audit Report: 20170405 REGINTL
20170410 Management Review Procedure - overview (revision 009 dated 26 May 10)
EMT minutes 25 Jul 17
EMT minutes 29 Aug 17
EMT minutes 26 Sep 17

Forecasting and budget process:

The obligation is with the Chief Executive to budget the finances of the organisation.

- Responsibilities are set out in the Financial Regulations document
- Budgets are produced by each nominated budget holder
- Consolidation of budgets is carried out by the Director of Finance
- Approval of budgets is by Council in March prior to the financial year
- Arrangements set out in Code of Corporate Governance including:
 - Councils and Committees
 - Committee Terms of Reference and Rules
 - Roles and Responsibilities of Members
- Performance: Within 1% of forecast in 2016 against target of +-5%

- Variance reported to council and within executive summary
- Variance commentary explains variances in accordance with reporting requirement of £30k and 5% in accordance with requirements set out in the guideline document
- Reviews are planned and completed at 6 and 9 months
- Resource planning models are used for high risk areas

The process was seen to be effective

Documentation reviewed:

Finance Operating Procedures Guidelines for New Budget Holders October 2017
Code of Corporate Governance
Financial Report May 2017
Financial Regulations

Policy and standards:

- Headed by the Director of Policy & Standards
- Responsibilities include management of statutory obligations and identification of changes in obligations and legislative changes
- Process flowcharts are documented
- Department work plan sets out ongoing and new work for the year
- Research is carried out as authorised by the council
- Process for Standards of Education and Training was reviewed and followed from the establishment of terms of reference through to final report to council
- Consultation with interested parties carried out and responses analysed
- Required updates made and signed off prior to publication
- Final document edited by the Plain English Society
- Published by communications department in accordance with the house style
- Output: Standards of Education and Training and Guidance. Publication code 20120801 SETSGUIDE (revised June 2017)
- As a result of feedback from the consultation process a further consultation was initiated on the threshold level of qualifications for paramedics

The process was seen to be effective

Documentation reviewed:

Terms of Reference PLG110915
Policy and Standards Department Work Plan 2017-18
Review of Standards March 2017
Consultation on Revised Standards of Education and Training Support Guidance 5 Sep 16 - 9 Dec 16
Publication code 20120801 SETSGUIDE (revised June 2017)

Events:

- The department organises and holds events around the country in order to engage with stakeholders (registrants and employers)
- The statutory requirement "The Council shall inform and educate registrants, and shall inform the public, about its work." is referenced in the risk register (page 8)
- Event locations are reviewed annually
- 7 events are planned per year

- Feedback is solicited through SurveyMonkey
- Questions in feedback requests include:
 - source of information
 - quality of staff
 - event location
 - overall rating of
- other topics that stakeholders would like to see covered
- Reports are produced for EMT (see NC)

Documentation reviewed:
 EMT minutes dated 26 Sep 17
 Communications Report 7 Dec 16
 Communications Report May 2017
 Communications Report Jul 2017
 Communications Report Sep 2017

Minor (2) nonconformities arising from this assessment.

Ref. no	1539343-201710-N1
Area/process	Partners
Clause	4.2.3
Scope	FS 83074
Category	Minor
Statement of non-conformance:	The revision status of documents is not identified.
Clause requirements	<p>Control of documents Documents required by the quality management system shall be controlled. Records are a special type of document and shall be controlled according to the requirements given in 4.2.4.</p> <p>A documented procedure shall be established to define the controls needed</p> <p>c) to ensure that changes and the current revision status of documents are identified,</p>
Objective evidence	There was no evidence available to show the revision status of the Recruitment Process Checklist.
Cause	
Correction / containment	

Corrective action	
Ref. no	1539343-201710-N2
Area/process	Events
Clause	8.4
Scope	FS 83074
Category	Minor
Statement of non-conformance:	There is no evidence of analysis of data to demonstrate effectiveness
Clause requirements	<p>Analysis of data The organization shall determine, collect and analyse appropriate data to demonstrate the suitability and effectiveness of the quality management system and to evaluate where continual improvement of the effectiveness of the quality management system can be made. This shall include data generated as a result of monitoring and measurement and from other relevant sources.</p> <p>The analysis of data shall provide information relating to a) customer satisfaction (see 8.2.1), b) conformity to product requirements (see 8.2.4), c) characteristics and trends of processes and products, including opportunities for preventive action (see 8.2.3 and 8.2.4), and d) suppliers (see 7.4).</p>
Objective evidence	<p>Event feedback data is available from SurveyMonkey but is not analysed to demonstrate the effectiveness of events or whether improvement has taken place.</p> <p>Communications Report 7 Dec 16 Communications Report May 2017 Communications Report Jul 2017 Communications Report Sep 2017</p>
Cause	
Correction / containment	
Corrective action	

Our next steps

Next visit plan

Date	Auditor	Time	Area/process	Clause
23/10/2017	Abdul Ladak	09:00	Opening Meeting	
		09:15	Transition audit to cover the requirements of the ISO 9001:2015 standard.	
		12:30	Lunch	
		13:00	Transition audit to cover the requirements of the ISO 9001:2015 standard.	
		15:00	Report Preparation	
		16:00	Closing Meeting	

Next visit objectives, scope and criteria

The objective of the assessment is to conduct a surveillance assessment and look for positive evidence to verify that elements of the scope of certification and the requirements of the management standard are effectively addressed by the organization's management system; that the system is demonstrating the ability to support the achievement of statutory, regulatory and contractual requirements and the organization's specified objectives as applicable with regard to the scope of the management standard; to confirm the ongoing 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 9001:2015 and the defined assessment plan provided in terms of locations and areas of the system and organization to be assessed.

ISO 9001:2015
Health & Care Professions Council management system documentation

Please note that BSI reserves the right to apply a charge equivalent to the full daily rate for cancellation of the visit by the organization 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.

Your next steps

NCR close out process

Corrective actions with respect to nonconformities raised at the last assessment have been reviewed and found to be effectively implemented.

2 minor nonconformities requiring attention were identified. These, along with other findings, are contained within subsequent sections of the report.

A minor nonconformity relates to a single identified lapse, which in itself would not indicate a breakdown in the management system's ability to effectively control the processes for which it was intended. It is necessary to investigate the underlying cause of any issue to determine corrective action. The proposed action will be reviewed for effective implementation at the next assessment.

How to contact customer service

'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).

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

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

Tel: +44 (0)345 080 9000

Email: MK.Customerservices@bsigroup.com

Appendix: Your certification structure & on-going assessment programme

Scope of certification

FS 83074 (ISO 9001:2008)

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

Assessed location(s)

The audit has been performed at Central Office.

London / FS 83074 (ISO 9001:2008)

Location reference	0047125084-000
Address	Health & Care Professions Council Park House 184 Kennington Park Road London SE11 4BU United Kingdom
Visit type	Continuing assessment (surveillance)
Assessment reference	8597506
Assessment dates	09/10/2017
Deviation from audit plan	Yes
Reason for deviation from audit plan	The three year plan was reviewed and updated to reflect the processes that have been audited in the last two visits and to plan for the remaining visits due during this certification period.
No. of full time equivalent employees	251
Total no. of effective employees at the site	251
Scope of activities at the site	Main certificate scope applies.
Assessment duration	2 day(s)

Changes in the organization since last assessment

There is no significant change of the organization structure and key personnel involved in the audited management system.

No change in relation to the audited organization's activities, products or services covered by the scope of certification was identified.

There was no change to the reference or normative documents which is related to the scope of certification.

Certification assessment programme

Certificate number - FS 83074

Location reference - 0047125084-000

		Audit 1	Audit 2	Audit 3	Audit 4	Audit 5	Audit 6	Audit 7	Audit 8
Business area/location	Date (mm/yy):	04/16	10/16	05/17	10/17	10/17	04/18	10/18	04/19
	Duration (days):	2.0	2.0	2.0	2.0	1.0	2.0	2.0	2.0
Quality management system - key controls - see appendix for full listing*		X	X	X	X		X		X
Staff Development and Training				X			X		
Risk register		X	X						X
Work environment and infrastructure/facilities management		X		X					X
Senior management interview		X							X
Communications - Media & PR			X					X	
Communications - Stakeholders			X					X	
Communications - Publishing				X				X	
Communications - Web & Digital				X				X	
Communications - Internal Communications			X	X				X	
Communications - Events					X			X	
Finance - Procurement (purchasing and suppliers)		X					X		X
Finance - Transactions		X							X
Finance - Forecasting					X				X
Education - Quality Assurance			X				X		
Education - Operations			X				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			X	
Policy				X				X
Projects				X				X
Registrations - International			X					
Registrations - EMR			X					
Registrations - UK			X					
Registrations - CPD						X		
Registrations - Operations						X		
Registrations - Quality Assurance						X		
IT - Infrastructure						X		
IT - Service support						X		
Secretariat - Information Governance		X					X	
Secretariat - Council Processes inc. appointments				X			X	
Strategic review - using pack of information supplied by BSI	X							X
Readiness Review - Transition to ISO 9001:2015					X			

Expected outcomes for accredited certification

What accredited certification to ISO 9001 means

ISO 9001:2015 specifies requirements for a quality management system when an organization: needs to demonstrate its ability to consistently provide products and services that meet customer and applicable statutory and regulatory requirements; and aims to enhance customer satisfaction through the effective application of the system, including processes for improvement of the system and the assurance of conformity to customer and applicable statutory and regulatory requirements.

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.

Notes

This report and related documents are 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. If you wish to distribute copies of this report external to your organization, then all pages must be included.

BSI, its staff and agents shall keep confidential all information relating to your organization 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.

This audit was conducted on-site through document reviews, interviews and observation of activities. The audit method used was based on sampling the organization's activities and it was aimed to evaluate the fulfilment of the audited requirements of the relevant management system standard or other normative document and confirm the conformity and effectiveness of the management system and its continued relevance and applicability for the scope of certification.

As this audit was based on a sample of the organization's activities, the findings reported do not imply to include all issues within the system.

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.