

Audit Committee Meeting, 20 November 2018

BSI ISO9001:2015 audit

Executive summary and recommendations

### **Introduction**

BSI have been on site to carry out the ISO9001:2015 audit. These two day audits are carried out typically in April / May and October.

- HCPC have completed a two day surveillance audit with BSI with no new non conformances identified.
- Two Opportunities for improvement have been identified
- Comments around inconsistent document control were noted.
- The next recertification audit will take place on April 9 & 10 2019, completing the current three year cycle. The plan for this forthcoming audit are included in the current report.

### **Decision**

The Audit Committee are asked to note the report.

### **Resource implications**

**None known**

### **Appendices**

HCPC 9001 Assessment Report 9 Oct 18.pdf

### **Date of paper**

9 November 2018

# Assessment Report

## Health & Care Professions Council

Assessment dates	08/10/2018 to 09/10/2018 (Please refer to Appendix for details)
Assessment Location(s)	London (000)
Report author	Neil Weedon
Assessment Standard(s)	ISO 9001:2015



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## Executive summary

Health and Care Professions Council has maintained the effectiveness of its management system and has made improvements to both documentation and the awareness of staff to process control documentation. All staff engaged in the assessment were able to locate relevant process documentation through the organisation's intranet which includes links from a master process diagram to each department's documents.

Whilst overall control of documentation is excellent, access to some documentation was more straightforward in some departments than others and it appears that there is no overall strategy for the management of electronic folders. Some departments number folders in a standard structure whilst other departments have multiple similarly named folders.

The organisation is currently planning for the loss of 30% of its membership through the divergence of social workers to a separate regulator but awareness and planning is strong and was evident throughout the assessment.

The organisation has made improvements with regard to process documentation which is effective controlled, updated and utilised by staff in each department. Measurement and benchmarking against similar organisation shows that HCPC performs well and has improved. Actions identified from the last all employee survey have been effective.

## Changes in the organization since last assessment

The following changes in relation to organization structure and key personnel involved in the certified management system were noted:

- An interim Chair has been appointed to replace the outgoing Chair.
- The Executive Management Team (10 persons) has been disbanded and replaced by the Senior Management Team (4 persons) and the Operational management Team (8 persons).
- The Communications Department has been restructured.
- A QA department has been created by combining resources from around the organisation.

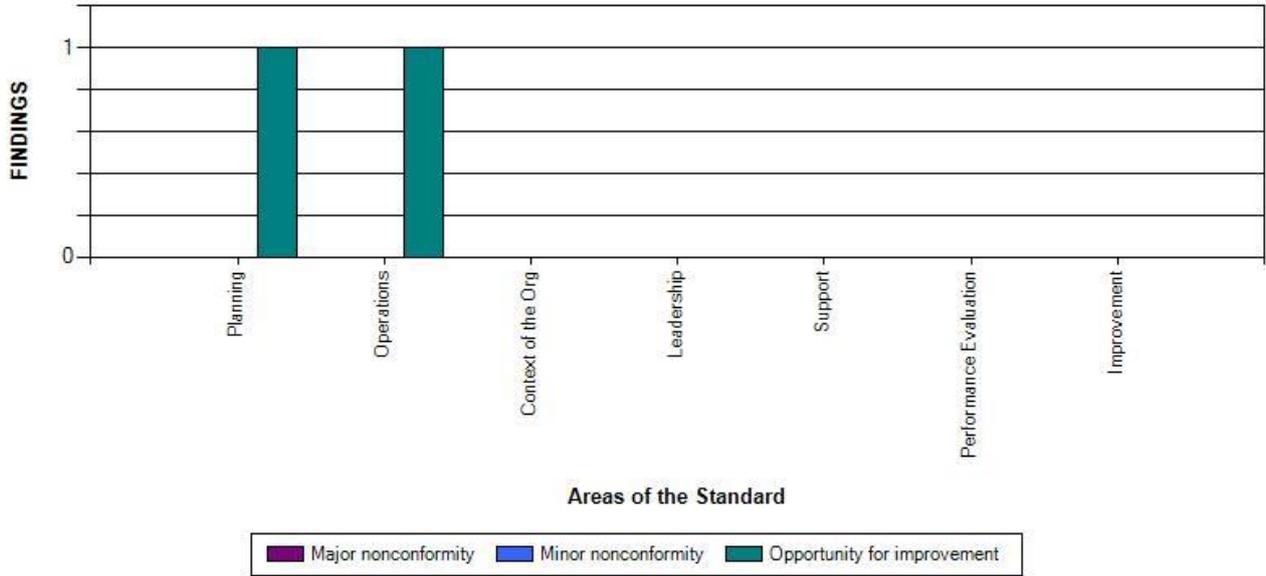
The changes do not affect the scope of this assessment.

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

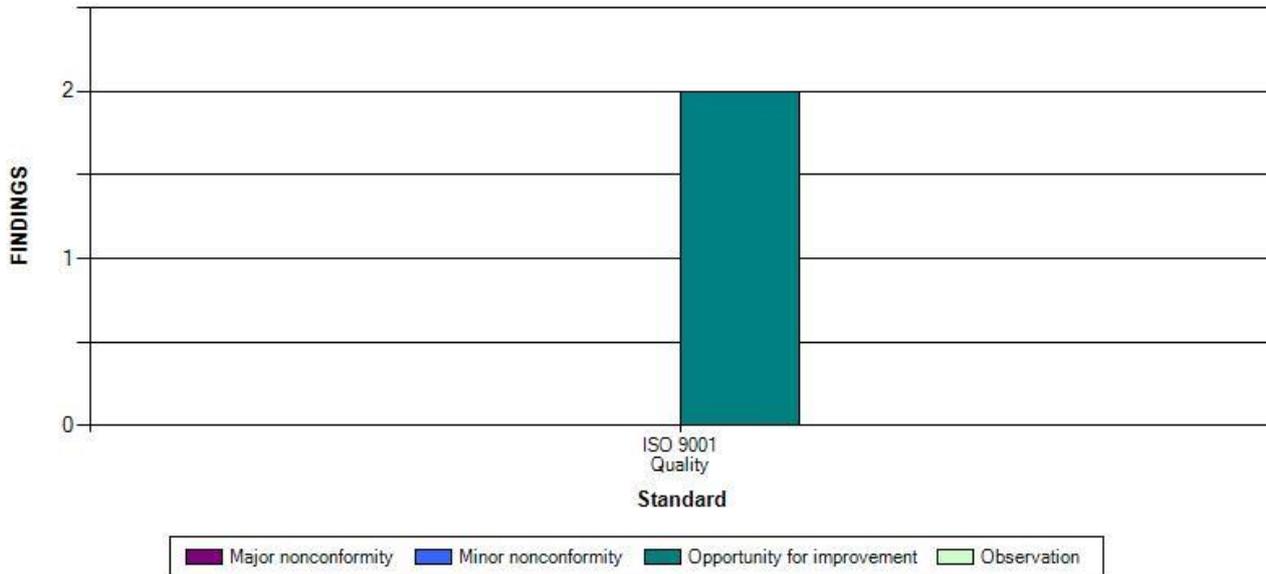
There was no change to the reference or normative documents which is related to the scope of certification.

## NCR summary graphs

### Areas of the standard(s) where BSI recorded findings



### Which standard(s) BSI recorded findings against



## 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.

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

Please refer to Assessment Conclusion and Recommendation section for the required submission and the defined timeline.

## 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 9001:2015 and the defined assessment plan provided in terms of locations and areas of the system and organization to be assessed.

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

## Assessment participants

Name	Position	Opening meeting	Closing meeting	Interviewed (processes)
Roy Dunn	Head of Business Process Improvement	X	X	X
Jason Roth	Infrastructure Manager			X
Rick Welsby	IT Service & Support Manager			X
Deborah Oluwole	Tribunal Services Manager			X
Melanie Harel	Hearings Team Manager			X
Eva Hales	Assurance & Development Manager			X
Catherine Beevis	FTP Operational Manager – Case Preparation & Conclusion			X
Rebecca Bryan	FTP Operational Manager Investigations			X
Anna Hill	Media & PR Officer			X
Sophie Tremenheere	Publishing Officer			X
Anna Cleary	Publishing Officer			X
Tony Glazier	Web & Digital Manager			X
Carron Dicks	Web & Digital Office			X
Becky Glass	Web & Digital Office			X
Lisa Sinclair	Head of Communications			X
Natalie Osei-Owusu	Events Officer			X
Alex Urquhart	Stakeholder Communications Officer			X
Marc Seale	Chief Executive			X

## Assessment conclusion

BSI assessment team

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 organization 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 from previous assessments

<b>Finding Reference</b>	1546281-201710-N2	<b>Certificate Reference</b>	FS 83074
<b>Certificate Standard</b>	ISO 9001:2015	<b>Clause</b>	2015:9.3
<b>Category</b>	Minor		
<b>Area/process:</b>	ISO9001:2015 Transition Assessment		
<b>Details:</b>	The organisation has established a Management Review Procedure (Process Flow) but has not conducted a Management Review in accordance with the Input and Output requirements of Clause 9.3 of the ISO9001:2015 standard.		
<b>Objective evidence:</b>	As per statement of non-conformance above.		
<b>Cause</b>	Considered by Health and Care Professions Council to be an inability by BSI assessors to reconcile HCPC practice to ISO 9001 Clause requirements		
<b>Correction / containment</b>	Management review held 25 Sep 18 and documented.		
<b>Corrective action</b>	Clause by clause examination of the requirements of the standard has been carried out and evidence for compliance recorded.		
<b>Closed?:</b>	Yes		

## Findings from this assessment

### Opening meeting:

- The opening meeting was held with the Head of Business Process Improvement.
- The plan for the assessment was agreed.
- Changes to the organisation were reviewed and the audit plan remains appropriate.
- The outstanding nonconformity was closed out.

### Core quality management system components:

- Context of the organisation, risks and opportunities:  
The organisation will lose 30% of its membership when social workers move to a different regulator.  
Risks have been considered through the Corporate Plan  
Four options identified for required changes which were put to the workforce  
Expected consequences and anticipated impacts documented for each option  
Strategic Risk Register created to help manage key risks  
Risk mitigation is recorded against target risk levels  
Lessons learned review includes consideration of findings from issues found within other regulators
- Scope, policy and objectives  
The scope of the management system remains as previous  
The Quality Policy is dated 16 Feb 16 and was signed off by EMT  
The policy is available to all staff on the intranet  
Objectives are documented in REC 3A Objective Measures spreadsheet  
Objectives are reported on monthly  
Additional KPIs are in place for performance analysis (see OFI 1693019-201810I1)
- Internal audit  
Internal audits are schedule for the year and planned by process  
Audits are carried out based on risk and extracts from the risk register are included in the audit report  
The audit for the Communications department was reviewed and reporting was seen to be comprehensive and independent of the process  
Findings recorded on an action plan
- Nonconformity and corrective action  
Lessons Learned Review carried out  
Findings from internal audit are recorded in an action plan, signed off and incorporated into the improvement log  
An improvement log is maintained to manage issues  
Nonconformity 20180928 re: email not bcc'd reviewed. Corrective actions appropriate and recorded  
Near Miss reports are documented and reviewed  
8 Complaints were upheld in the report from July 2018  
Complaint rates have reduced year on year
- Customer satisfaction  
Customer service report reviewed monthly at SMT meeting  
Comprehensive reporting includes complaints, positive feedback letters

Fees Consultation paper 19 Sep 18

2018 Corporate Plan  
 Council Meeting minutes 19 Sep 18  
 Strategic Risk Register  
 Lessons Learned Review 19 Sep 18  
 Chief Executive's report 19 Sep 18  
 Performance Report 19 Sep 18  
 QUAAOD Audit Schedule 2018 v2.2  
 Internal Audit Report REC MS2 Comms Aug-Sept2018b  
 2018 Comms Email Process flowchart  
 REC MS2 Internal Incident Report REG SEPT\_OCT2018  
 Minutes of Bi-Monthly meeting 21 Aug 18  
 Customer Service Report July 2018

<b>Finding Reference</b>	1693019-201810-I1	<b>Certificate Reference</b>	FS 83074
<b>Certificate Standard</b>	ISO 9001:2015	<b>Clause</b>	6.2
<b>Category</b>	Opportunity for Improvement		
<b>Area/process:</b>	Core quality management system components		
<b>Details</b>	A number of the KPIs reviewed during the assessment (e.g. timeliness) show consistent and substantial underachievement.		

### IT Infrastructure & Service Support:

- IT Infrastructure management was reviewed against a number of policies
- Objectives and responsibilities detailed in the Information Security Policy
- Capacity management and resources are deemed sufficient
- System-generated alerts are in place
- Ticketing system is used for issues raised
- Change Advisory Board and Security Advisory Board sit to discuss potential issues under a mandatory quorum
- Change requests (RFC) logged sequentially and monitored until close-out through Change Master List
- Weekly team meetings held to review changes

The process was seen to be effective

Documentation reviewed:

Incident 122199  
 Information Security Policy  
 Perimeter Firewall Policy  
 Infrastructure Build Standards  
 Security Component Review Master List  
 Request for Change 20180072, 20180086  
 Change Master List  
 Review of Changes meeting 28 Sep 18

**Fitness to Practice:**

- Methodology for each sub-process is documented including discontinuance and disposal
- Documentation was readily accessed by staff engaged in the assessment

## Scheduling:

- The process was reviewed against the Schedule Hearing Flowchart using live cases to demonstrate
- Statistical analysis/KPIs are reviewed monthly
- Predictions are made for panel member requirements to anticipate resource levels
- Monthly team audits are carried out
- Guidance documents are available to the team

## Hearings Team:

- The process is documented within the Hearings Officer Manual
- A template is used to record hearing decisions
- Feedback from witnesses is retained
- Outcomes are recorded on the Outcome Spreadsheet

## Assurance:

- FTP Process overview documented
- Feedback analysed and reported with learning points, positive feedback received and opportunities for improvement through stakeholder requests for additional methods of electronic feedback
- A lot of cases remain unclosed on the system
- An improvement project is underway for progressing cases more effectively
- Resources have been reallocated to close cases quicker

## Case Preparation and Conclusions

- The process commences with solicitor instruction
- Cases are prepared in accordance with guidance documentation which includes flowchart, instructions, screenshots, processes for new information and updates
- Case documentation was reviewed and the process was seen to be effective

## Investigations:

- Cases are reviewed nominally every two weeks unless within a short time of planned closure
- Cases are assessed on a risk bases (a, b or c)
- Objective is to ensure management oversight and is being achieved

## Documentation reviewed:

Schedule Hearing Flowchart  
Case dated 15 Nov 17  
Scheduling Team Manual  
Ore-Hearing Form v3.2.2  
FTP Operational Guidance Risk Management for Hearings v3  
Hearings Officer Manual 2018  
Outcome Spreadsheet  
Weekly Hearings List Aug 2018  
FTP Process Overview  
Feedback Analysis Report  
Process for Management Information  
Management Information Pack September 2018

Excel Summary September 2018  
Operational Guidance - Case Logging and Transfer v3  
Appendix 8: Commonly Requested Documents  
Discontinuance of Proceedings v3  
Disposal of Cases by Consent

## Communications:

### Media & PR:

- Requirements are interpreted from obligations of legislative orders including the Freedom of Information Act
- Weekly FTP flowchart describes process in detail
- The department communicates pro-actively regarding upcoming hearings
- A weekly media schedule is produced
- Communication of upcoming cases is made to a list of journalists maintained by the department
- The department is aware of the process for private information not for general publication
- The department subscribes to media outlets for relevant information (Randall's)
- Issues briefs are produced including relevant information from: parliament; regulatory and professional bodies; health, social, care and policy; events; HCPC News

### Internal communications:

- Objective: to keep internal stakeholders informed
- Communications department is included in projects for improvement. I.e. FTP Improvement Project
- Key areas included in process: Objectives, strategy, audiences for different communications, key messages, communications and engagement, risks and mitigation, measurement and evaluation, tactics and live progress monitoring
- Internal feedback is reviewed from all employee survey (biannual)
- Feedback performance is benchmarked against similar sized organisations
- Recent performance improvements of 18% including communications from senior leaders.
- Improvement actions seen to be effective

### Web and digital

- Managed through the Web and Digital Requests Process
- Examples reviewed seen to be managed in accordance with the process. E.g. 7 Aug 18 request to update education page
- All content is currently under review for improvement
- Test site utilised for review of changes to ensure successful change management
- Test site reviewed by requestor and IT team prior to going live
- House style is documented and available to relevant personnel

### Stakeholders

- Media monitoring carried out thorough external agency (Randall's)
- UK devolved government business / EU parliamentary monitoring
- Daily briefings compiled for SMT, heads of departments with Comms Dept BCC'd
- Daily briefings compiled in accordance with the Daily Briefing Process Flowchart
- Flowchart also in place for Briefing Notes for the Chief Executive
- Briefings are in accordance with a template
- Meeting notes reviewed for 1 Oct 18 internal review

- Stakeholder polling carried out includes qualitative and quantitative measurements
- Interviews held with professional bodies, unions, education providers, employment organisations and service user organisations
- Surveys include reference to registrants, educators and employers

Publishing

- A Publications Flowchart has been developed
- Forward planning for 2018-19 has been completed
- Key dates for receipt of data through to publishing considered
- Production scheduling documented
- Content approvals are carried out in accordance with the process but are not always clearly identified (see OFI 1693019-201810I2)

Events

- Registrant conference, employee conferences and information events are carried out
- A process flowchart has been developed: Meet the HCPC / Information Events
- The events process is managed through Eventsforce (events management system)
- Feedback is reviewed for each event and a planner is in place to show the location of previous events which cover the country.
- Data was reviewed for Plymouth and Barnsley events

Documentation reviewed:

- Weekly FTP Media Schedule flowchart
- Media Schedule 15-19 Oct 18
- Cases reviewed: AF, DM, SA etc.
- Stakeholders Issue Brief Process
- Issues Brief Template
- Project timeline
- Working Group Review / prioritisation and feedback review
- All employee survey results
- Web and Digital Request Process
- House Style
- Request for Change and Deployment 2018
- Request dated 7 Aug 18
- Daily Briefings
- Communications Daily Briefing Process Flowchart
- Communications Stakeholder Briefing Notes for Chief Executive flowchart
- Briefing Notes Template
- Meeting Notes 1 Oct 18 / Internal Review
- Stakeholder Polling flowchart
- Communications - Publications Flowchart
- Forward Planner 2018-2019
- EAR17 Production Schedule
- Communications - Meet the HCPC / Information Events Flowcharts
- Eventsforce events management system

<b>Finding Reference</b>	1693019-201810-I2	<b>Certificate Reference</b>	FS 83074
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<b>Certificate Standard</b>	ISO 9001:2015	<b>Clause</b>	8.6
<b>Category</b>	Opportunity for Improvement		
<b>Area/process:</b>	Communications		
<b>Details</b>	Content approvals in accordance with the the Publications Flowchart are not always easily identifiable		

### HR/partner validation:

- The organisation has 700 approved independent partners
- Partners are specialists in their field and are called upon for expert review of cases, CPD assessment and education visitors
- Recruitment is in accordance with the documented competency framework
- After identification of an area of weakness, legal assessors are tested for drafting decision
- Performance reviews are carried out every two years
- Multi-source feedback is reviewed
- Feedback on panel members is sourced via self-assessment, chair of the panel and peer review
- Working records are retained for all panel members
- Facilities are made available for partners to report any concerns or complaints
- Induction training is carried out and recorded
- Refresher testing is carried out bi-annually
- E-learning modules have been created
- Partners are made inactive on the system where training has expired or has not been completed

Documentation reviewed;

Panel Members Feedback Forms

Reviews of partners: CJ/DP/GD/MD/SR/TB

Partner Complaints Procedure

Information for partners who wish to make a complaint or raise a concern

Partner portal

Inactive Partner Report

Hearing Evaluation and Feedback Form

## Next visit objectives, scope and criteria

The objective of the assessment is to ascertain the integrity of the organization's management system over the current assessment cycle to enable recertification and confirm the forward strategic assessment 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.

## Next visit plan

Date	Auditor	Time	Area/process	Clause
09/04/2019	Ali Mian	09:00	Opening Meeting	
		09:15	Quality management system - key controls - see appendix for full listing*	
		12:00	Risk register	
		12:30	Lunch	
		13:00	Work environment and infrastructure/facilities management	
		13:30	Senior management interview	
		14:15	Finance - Procurement (purchasing and suppliers)	
		15:00	Report Preparation	
		16:00	Interim Meeting	
		09:00	Finance - Transactions	
10/04/2019	Ali Mian	09:45	Finance - Forecasting	
		10:30	Policy	
		11:00	Projects	
		12:00	Lunch	
		12:30	Strategic review - using pack of information supplied by BSI	
		14:30	Report Preparation	
		16:00	Closing Meeting	

## Appendix: Your certification structure & ongoing assessment programme

### Scope of certification

#### FS 83074 (ISO 9001:2015)

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 9001:2015)

<b>Location reference</b>	0047125084-000
<b>Address</b>	Health & Care Professions Council Park House 184 Kennington Park Road London SE11 4BU United Kingdom
<b>Visit type</b>	Continuing assessment (surveillance)
<b>Assessment reference</b>	8804982
<b>Assessment dates</b>	08/10/2018
<b>Deviation from audit plan</b>	No
<b>Total number of Employees</b>	250
<b>Effective number of Employees</b>	250
<b>Scope of activities at the site</b>	Main certificate scope applies.
<b>Assessment duration</b>	2 day(s)

## Certification assessment programme

**Certificate number - FS 83074**

**Location reference - 0047125084-000**

		<b>Audit 1</b>	<b>Audit 2</b>	<b>Audit 3</b>	<b>Audit 4</b>	<b>Audit 5</b>	<b>Audit 6</b>	<b>Audit 7</b>	<b>Audit 8</b>
<b>Business area/location</b>	<b>Date (mm/yy):</b>	04/16	10/16	05/17	10/17	10/17	04/18	10/18	04/19
	<b>Duration (days):</b>	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	X
Staff Development and Training				X			X		
Risk register		X	X				X		X
Work environment and infrastructure/facilities management		X		X					X
Senior management interview		X					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.

## Definitions of findings:

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.

## How to contact BSI

'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](http://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

## 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.*