

Quality Report to Audit Committee, 25 September 2007

CONTENTS

Introduction	2
Internal quality audits	2
QMS process updates	3
External quality audits	3
Next BSI audit	3
Appendix 1 - Summary of quality terminology	5
Appendix 2 – Internal Audit Reports	- 8 -

Introduction

This is the fourth quality report to the Audit Committee.

The purpose of this report is to show the Audit Committee a detailed summary of the quality audit information collated since the last report, and in so doing, provide added assurance to the committee, Council and it's stakeholders that there are systems in place to ensure that the HPC works effectively and provides value for money.

The focus since last report has been on internal auditing and finding as many valuable observations and non-conformities as possible.

Internal quality audits

The process of internal quality audits is a requirement of the ISO 9001:2000 standard. We have an internal quality audit schedule that ensures that all areas of the business are reviewed on a regular basis. The frequency of internal quality audits (in line with the standard) is scheduled in accordance with the significance of the business area being audited (core departments are reviewed twice a year and support departments once a year).

Below is a list of recent internal quality audits:

- The Business Management System
- Human Resources
- Partner Management
- Registrations UK
- Customer Services
- Policy and Standards
- Education – Annual Monitoring
- International Registrations
- Fitness to Practice
- Project Management; and Information and IT.

These audit reports are in Appendix 2.

QMS process updates

It is important that the QMS is kept up to date and the content of this is managed by the Quality Manager. This is the system that external auditors will be assessing so all employees need to be familiar with its content and purpose.

Any changes to QMS and its processes are logged through the helpdesk system. This allows process owners to view the progress of their changes and ensures that the Quality Manager has a complete audit trail of updates for audit purposes.

Below is a list of recent significant process changes on the QMS:

- The Business Management System
- Human Resources
- Partner Management
- Registrations UK
- Customer Services
- Policy and Standards
- Education – Annual Monitoring

- International Registrations
- Fitness to Practice
- Project Management; and Information and IT.

External quality audits

The participation in external audits is a requirement of our ISO 9001:2000 registration. We are registered with the British Standards Institute (or BSI), who conduct 2 audits a year. The format of these external audits is established with reference to/and to reflect our internal quality audit schedule.

Next BSI audit

The next BSI external audit is scheduled for 9 October 2007. Due to a request from BSI, the external audit has been re-scheduled for 23 October 2007

This external audit will review the following areas of the management system:-

- Quality management

- Registrations – UK
- Policy
- HR including Partner validation
- Staff training and development

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2007-06-13	b	OPS	PPR	Audit Committee report on Quality	Draft DD: None	Public RD: None

Appendix 1 - Summary of quality terminology

Quality terminology

As some of the terms used in this report will be relatively new I thought I would begin by providing some definitions to put the quality terms into context and explain how they constitute the internal quality assurance processes.

Quality management system (QMS)

The quality management system (or QMS) exists to provide a formal framework describing the way HPC conducts its business. Our QMS is an electronic system that stores information on HPCs quality policy and objectives along with details of our processes and procedures.

QMS Process change

It is important that the QMS is kept up to date and the content of this is managed by the Quality Manager. This is the system that external auditors will be assessing so all employees need to be familiar with its content and purpose.

Any changes to QMS and its processes are logged through the helpdesk system. This allows process owners to view the progress of their changes and ensures that the Quality Manager has a complete audit trail of updates for audit purposes.

Quality management system (QMS) review meetings

An additional process has been set up to provide further quality assurance. Review meetings have been established on a cyclical basis giving all process owners a chance to ensure the QMS for their area of the business is reviewed on a regular basis.

Review meetings are organised by the Quality Manager on a monthly basis and the outcomes of the meetings tend to fall into 2 categories;

- 1) Highlighting areas for improvement; and/or
- 2) Highlighting the need for changes to the content of the QMS

QMS feedback loop

It is a requirement of the ISO 9001:2000 standard that all employees be given the opportunity to provide input to the QMS. To further enhance communication and allow all employees provide quality input, an anonymous feedback loop has been set up so that all employees can provide feedback on quality related issues.

The role of the Quality Manager is to use this information to ensure that the business functions as effectively as possible. All employee feedback issues are logged by the Quality Manager and followed up with relevant process owners to ensure wherever possible action is taken to address them.

Quality process

Internal audits

The process of internal quality audits is a requirement of the ISO 9001:2000 standard. We have an internal quality audit schedule that ensures that all areas of the business are reviewed on a regular basis. The frequency of internal quality audits (in line with the standard) is scheduled in accordance with the significance of the business area being audited (core departments are reviewed twice a year and support departments once a year).

External audits

The participation in external audits is a requirement of our ISO 9001:2000 registration. We are registered with the British Standards Institute (or BSI), who conduct 2 audits a year in April and October. The format of these external audits is established with reference to/and to reflect our internal quality audit schedule

Outcomes of quality audits

There are various outcomes of both internal and external audits. In the unlikely event that an auditor does not find any area that does not meet the requirements of the ISO 9001:2000 standard a report will be produced with no follow on actions or recommendations.

More commonly issues do arise and these fall into 2 categories:

- 1) Non conformities (or issues as they are referred to by BSI); and
- 2) Observations

Non Conformities

Non conformities are raised by an auditor where evidence of a shortfall in how the business is functioning in relation to the requirements of the ISO 9001:2000 standard is recognised.

Taking action on non conformities is compulsory. For all non conformities identified (from both internal and external quality audits) we need to be able to demonstrate that we are taking action to address each shortfall. An auditor can make a recommendation but the specific action taken is entirely our choice and can be in whatever form we feel is appropriate as long as the shortfall identified is addressed. All non conformities are logged by the Quality Manager and followed up with the relevant process owners to ensure action is taken to address them.

Observations

Observations (or issues as they are sometimes called) are areas that an auditor has drawn our attention to as there is the possibility for potential improvement or change to ensure the business functions as effectively as possible.

Taking action on observations is not compulsory but at HPC we feel it is best practise to do so. All observations are logged by the Quality Manager and followed up with the relevant process owners to see if action can be taken to address them.

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2007-06-13	b	OPS	PPR	Audit Committee report on Quality	Draft DD: None	Public RD: None

Appendix 2 – Internal Audit Reports

Internal Audit Report

1. Audit overview

1.1	Date	Thursday 2 August 2007
1.2	Department	Quality Management
1.3	Auditor	John Gillingham
1.4	Person being audited	Greg Ross Sampson – Director of Operations
1.5	Date report was issued	6 August 2007
1.6	Observations Made	2
1.7	Non conformities Issued	1

2. Reference Documents

Business Management System Rev 186 - 13 October 2006; incorporating Quality Manual 002/01 Rev. 2 - 8/11/2004
 Strategic Intent - The next 3 Years, March 2006 – March 2009
 Organisation 001/02 Rev 6
 The Health Professions Order 2001 and Consolidated Health Professions Order 2001 (June 2007).

3. Audit Areas / Subjects

Business Management System

- Process Improvements
- BMS Change Management (Ticketing System)
- Internal Audits (Schedule 2007-2008)
- Preventive and Corrective Action (No outstanding actions)
- Management Review (April 2007)
- Document Master List

4. OBSERVATIONS AND NONCONFORMITIES

Observations

Reference	Observation	Proposed action	Responsibility
JG1	200-2008 Audit Schedule requires update to reflect actual audits conducted.		Operations Director
JG26	None of the Process Parameter Pages (005/XX) refer to Departmental Workplans (where relevant).		

Nonconformities

Reference	Nonconformity	Proposed action	Responsibility
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JG2	<p>Document Control of online Business Management System</p> <ol style="list-style-type: none"> 1. Several control boxes on HTML pages show inconsistent revision status. E.g. 'Registrations' (003/40) shows revision status 02, yet Change History shows Rev.1 twice. 2. 'Governance' (001/03) has link to outdated 'Goals and Objectives' (Apr 2004- Mar 2005) for Chief Executive and Registrar. 3. 'Index' page has no hyperlink to 'Site Map'. 4. 'Key and Supporting Processes' (001/04) – 'Support Services' hyperlinks to 'Support' (001/05) but 'Support' page does not include 'Quality' nor 'Customer Services'. 5. 'Document Master List' (001/01) Change History shows 3 changes for 27/04/07. 2 of these changes refer to incorrect document numbers; the third does not indicate relevant document number. 6. 'Index' page shows revision status of BMS to be 186 with a last change date of 13 October 2006; contrary to 'Document Master List' (001/01) which shows changes on 27/04/07. 7. 'Document Master List' (001/01) shows 'Internal Quality Audit Schedule' (001/07); hyperlink points to 2006-2007 schedule. 8. No hyperlinks on 'Document Master List' (001/01) for: 003/05; 003/06; 003/07; 003/08; 004/18; 004/39. 9. 'Site Map' (001/09) does not match up to date Organisation of HPC; e.g. Operations Department. 10. 'Audit Schedule' hyperlink from 'Site Map' (001/09) links to the 2004 – 2005 Audit Schedule. 11. Entry for 'Strategic Intent' (001/16) on 'Document Master List' (001/01) hyperlinks to Jan 2004 version. 		Operations Director
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John Gillingham

John Gillingham - 6th August 2007

DRAFT

Date	Ver.	Dept/Cmte	Doc Type	Title
2007-04-11	c	QUA	DCB	Audit - Quality Management

Status	Int. Aud.
Final	Internal
DD: None	RD: None

Non Conformity Report

FOR AUDITORS USE ONLY

Department	Quality Management
Reference	JG2
Report Number	
Location	Operations Department
Date	2 August 2007
Author	John Gillingham

Requirement

FOR AUDITORS USE ONLY

ISO 9001:2000 Quality Management Systems - Requirements

4.2 Documentation Requirements

4.2.3 Control of Documents

Evidence

FOR AUDITORS USE ONLY

Document Control of online Business Management System:

1. Several control boxes on HTML pages show inconsistent revision status. E.g. 'Registrations' (003/40) shows revision status 02, yet Change History shows Rev.1 twice.
2. 'Governance' (001/03) has link to outdated 'Goals and Objectives' (Apr 2004- Mar 2005) for Chief Executive and Registrar.
3. 'Index' page has no hyperlink to 'Site Map'.
4. 'Key and Supporting Processes' (001/04) – 'Support Services' hyperlinks to 'Support' (001/05) but 'Support' page does not include 'Quality' nor 'Customer Services'.
5. 'Document Master List' (001/01) Change History shows 3 changes for 27/04/07. 2 of these changes refer to incorrect document numbers; the third does not indicate relevant document number.
6. 'Index' page shows revision status of BMS to be 186 with a last change date of 13 October 2006; contrary to 'Document Master List' (001/01) which shows changes on 27/04/07.
7. 'Document Master List' (001/01) shows 'Internal Quality Audit Schedule' (001/07); hyperlink points to 2006-2007 schedule.
8. No hyperlinks on 'Document Master List' (001/01) for: 003/05; 003/06; 003/07; 003/08; 004/18; 004/39.
9. 'Site Map' (001/09) does not match up-to-date Organisation of HPC; e.g. Operations Department.
10. 'Audit Schedule' hyperlink from 'Site Map' (001/09) links to the 2004 – 2005 Audit Schedule.
11. Entry for 'Strategic Intent' (001/16) on 'Document Master List' (001/01) hyperlinks to Jan 2004 version.

Signed (Author)..... *J Gillington* Signed (Department Manager)

**Proposed Corrective Action
FOR AUDITORS/MANAGERS USE ONLY**

Target date for implementation:

Signed (Department Manager)

**Actual Corrective Action Taken
FOR AUDITORS USE ONLY**

Signed (Auditor)

**Follow-up Activity Result
FOR AUDITORS USE ONLY**

Corrective action implemented Yes/No

Corrective action effective Yes/No

Signed (Auditor)

DRY

Internal Audit Report

1. Audit overview

1.1	Date	Thursday 2 August 2007
1.2	Department	Human Resources
1.3	Auditor	John Gillingham
1.4	Person being audited	Larissa Foster – Director of Human Resources, Kelly Webster – Human Resources Manager
1.5	Date report was issued	6 August 2007
1.6	Observations Made	0
1.7	Non conformities Issued	0

2. Reference Documents

Business Management System Rev 186 - 13 October 2006; incorporating Quality Manual 002/01 Rev. 2 - 8/11/2004
 Strategic Intent - The next 3 Years, March 2006 – March 2009
 Organisation 001/02 Rev 6
 Human Resources 004/20 Rev 4
 HR Strategy 26th April 2007
 HR Workplan 2007 – 2008
 Recruitment and Probation 004/21 Rev 4
 Employee Induction 004/22 Rev 1
 Performance Management 004/23 Rev 1
 Training and Development 004/24 Rev 1
 Control Parameters – Human Resources and Partners 005/60 Rev 1

3. Audit Areas / Subjects

Recruitment;
 Probation;
 Performance Management;
 Training and Development;
 Employee Records.

4. OBSERVATIONS AND NONCONFORMITIES

Observations

Reference	Observation	Proposed action	Responsibility
	None		

Nonconformities

Reference	Nonconformity	Proposed action	Responsibility
	None		

John Gillingham

John Gillingham - 6th August 2007

DRAFT

Date
2007-04-11

Ver.
c

Dept/Cmte
QUA

Doc Type
DCB

Title
Audit – Human Resources

Status
Final
DD: None

Int. Aud.
Internal
RD: None

Non Conformity Report

FOR AUDITORS USE ONLY

Department	
Reference	
Report Number	
Location	
Date	
Author	

**Requirement
FOR AUDITORS USE ONLY**

ISO 9001:2000 Quality Management Systems - Requirements

**Evidence
FOR AUDITORS USE ONLY**

Signed (Author)..... Signed (Department Manager)

**Proposed Corrective Action
FOR AUDITORS/MANAGERS USE ONLY**

Target date for implementation:

Signed (Department Manager)

**Actual Corrective Action Taken
FOR AUDITORS USE ONLY**

Signed (Auditor)

**Follow-up Activity Result
FOR AUDITORS USE ONLY**

Corrective action implemented Yes/No
Corrective action effective Yes/No

Signed (Auditor)

Internal Audit Report

1. Audit overview

1.1	Date	Thursday 2 August 2007
1.2	Department	Partner Management
1.3	Auditor	John Gillingham
1.4	Person being audited	Yasmin Hussain – Partner Manager
1.5	Date report was issued	6 August 2007
1.6	Observations Made	2
1.7	Non conformities Issued	0

2. Reference Documents

Business Management System Rev 186 - 13 October 2006; incorporating Quality Manual 002/01 Rev. 2 - 8/11/2004
 Strategic Intent - The next 3 Years, March 2006 – March 2009
 Organisation 001/02 Rev 6
 Human Resources 004/20 Rev 4
 HR Workplan 2007 – 2008
 Human Resources – Partners 004/29 Rev 3
 Human Resources – Partner Agreements 004/46 Rev 1
 Human Resources – Partner Training 004/47 Rev 3
 Human Resources – Partner Performance Management 004/48 Rev 3
 Human Resources – Partner Complaints 004/49 Rev 2
 Human Resources – Partner Appeals Process 004/25 Rev 2
 Human Resources – Partner Expenses and travel 004/50 Rev 1
 Control Parameters – Human Resources and Partners 005/60 Rev 1

3. Audit Areas / Subjects

Partner Management:
 Roles;
 Recruitment and Selection;
 Training;
 Appraisal.

4. OBSERVATIONS AND NONCONFORMITIES

Observations

Reference	Observation	Proposed action	Responsibility
JG5	Appointment of Partners requires ratification by Council. Records of ratification are not held by Partner Management. As a result, records, although theoretically traceable to Council minutes, are not readily retrievable. Consider maintaining local records in HR Partner Management		

JG6	system. Partner Training – measurement and analysis of feedback does not result in documented statements of any decisions and actions.		
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Nonconformities

Reference	Nonconformity	Proposed action	Responsibility
	None		



John Gillingham - 6th August 2007

DRAFT

Non Conformity Report

FOR AUDITORS USE ONLY

Department	
Reference	
Report Number	
Location	
Date	
Author	

**Requirement
FOR AUDITORS USE ONLY**

ISO 9001:2000 Quality Management Systems - Requirements

**Evidence
FOR AUDITORS USE ONLY**

Signed (Author)..... Signed (Department Manager)

**Proposed Corrective Action
FOR AUDITORS/MANAGERS USE ONLY**

Target date for implementation:

Signed (Department Manager)

**Actual Corrective Action Taken
FOR AUDITORS USE ONLY**

Signed (Auditor)

**Follow-up Activity Result
FOR AUDITORS USE ONLY**

Corrective action implemented Yes/No
Corrective action effective Yes/No

Signed (Auditor)

Internal Audit Report

1. Audit overview

1.1	Date	Thursday 2 August 2007
1.2	Department	UK Registrations
1.3	Auditor	John Gillingham
1.4	Person being audited	Claire Harkin – Customer Services Manager, Adam Mawson – Team Leader
1.5	Date report was issued	7 August 2007
1.6	Observations Made	6
1.7	Nonconformities Issued	1

2. Reference Documents

Business Management System Rev 186 - 13 October 2006; incorporating Quality Manual 002/01 Rev. 2 - 8/11/2004
 Strategic Intent - The next 3 Years, March 2006 – March 2009
 Organisation 001/02 Rev 6
 Registration Workplan 2007 – 2008
 Registrations 003/40 Rev 2
 Registrations – Receipt of Application 004/43 Rev 2
 Registrations – UK Application 003/41 Rev 5
 Registrations – Renewal 003/45 Rev 1
 Registrations – Readmission 003/45 Rev 6
 Registrations – Returners 003/93 Rev 2
 Registrations – Cash payments received 003/91 Rev 2
 Registrations – Credit Card payments received 003/92 Rev 2
 Registrations – Archiving 003/90 Rev 2
 Control Parameters – Registrations 005/40 Rev 1

3. Audit Areas / Subjects

Applications;
 Renewals;
 Readmission.

4. OBSERVATIONS AND NONCONFORMITIES

Observations

Reference	Observation	Proposed action	Responsibility
JG7	'Registrations' 003/40 Rev 2 – No hyperlink from 'Renewal' box to 'Registrations – Renewal' 003/45.		
JG8	'Registrations' 003/40 Rev 2 – No hyperlink from 'Printing and Mailing' box. 'Registrations' 003/40 Rev 2 – No hyperlink from 'Banking' box.		

JG9			
JG10	<p>Metrics are defined in the Registrations Workplan as Key Performance Indicators. These KPI's relate to agreed service levels. Reports viewed show measurements, but not analysis. Measurement of Applications received and processed and Telephone Reports show absolute numbers and times but no degree of analysis to indicate trends in efficiency or effectiveness of the relevant processes. E.g. 'Number of Applications processed' are (apparently) not validated against number of staff processing nor 'number of telephone calls dropped' validated against number of calls answered to the satisfaction of the caller. From the evidence seen, it is not clear how the requirements of ISO 9001 Clause 8.4c – 'Analysis of data – characteristics and trends of processes....'. are addressed by the Business Management System.</p>		
JG11	<p>The Control Parameters page for Registrations (005/40) lists Measures (metrics) for 'Product' and 'Process'. The UK Departmental statistics listed under 'Process' are in fact 'Product' measures as these relate to required service levels (measure of throughput and output; not the efficiency and effectiveness of the processes) They relate to the availability of resources and not to the efficient and effective use of these resources.</p>		
JG12	<p>Temporary staff are (apparently) being used in the Renewals process (003/45). This can include the receipt of credit card payments by phone (003/92). No specific screening of staff for this function is carried out (requirement of Payment Card Industry Data Security Standard V1.1). Although the attendant risks are understood; discussions with Registrations, Human Resources and Information and IT could not confirm that the risks have been authorised as acceptable (or measures introduced for the management of the risks).</p>		

Nonconformities


Reference	Nonconformity	Proposed action	Responsibility
JG13	Cross training of staff in UK Registrations and International Registrations is being carried out in		

	<p>accordance with the Registrations Workplan (Objective 5). No evidence was available to show that staff from International Registrations being cross trained in UK Registrations have achieved satisfactory levels of competence as a result; nor that the training method has been evaluated for effectiveness. Only limited sampling of records has been carried out to check on newly trained staff and evidence has been found of inaccuracies in the processing of applications, which would indicate room for improvement.</p>		
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John Gillingham - 7th August 2007

DRAFT

Non Conformity Report	
FOR AUDITORS USE ONLY	
Department	UK Registrations
Reference	JG13
Report Number	
Location	UK Registrations
Date	2/8/2007
Author	John Gillingham
Requirement FOR AUDITORS USE ONLY ISO 9001:2000 Quality Management Systems – Requirements 6.2 Human Resources 6.2.2 Competence, awareness and training c) evaluate the effectiveness of actions taken, e) maintain appropriate records of education, training, skills and experience.	
Evidence FOR AUDITORS USE ONLY Cross training of staff in UK Registrations and International Registrations is being carried out in accordance with the Registrations Workplan (Objective 5). No evidence was available to show that staff from International Registrations being cross trained in UK Registrations have achieved satisfactory levels of competence as a result; nor that the training method has been evaluated for effectiveness. Only limited sampling of records has been carried out to check on newly trained staff and evidence has been found of inaccuracies in the processing of applications, which would indicate room for improvement. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Signed (Author)...  </div> <div style="width: 45%;"> Signed (Department Manager) </div> </div>	
Proposed Corrective Action FOR AUDITORS/MANAGERS USE ONLY Target date for implementation: Signed (Department Manager)	
Actual Corrective Action Taken FOR AUDITORS USE ONLY Signed (Auditor)	

Follow-up Activity Result
FOR AUDITORS USE ONLY

Corrective action implemented Yes/No
Corrective action effective Yes/No

Signed (Auditor)

DRAFT

Internal Audit Report

1. Audit overview

1.1	Date	Thursday 2 August 2007
1.2	Department	Customer Services
1.3	Auditor	John Gillingham
1.4	Person being audited	Greg Ross Sampson – Director of Operations, Ebony Holpen – PA to Director of Operations.
1.5	Date report was issued	7 August 2007
1.6	Observations Made	2
1.7	Nonconformities Issued	1

2. Reference Documents

Business Management System Rev 186 - 13 October 2006; incorporating Quality Manual 002/01 Rev. 2 - 8/11/2004
 Strategic Intent - The next 3 Years, March 2006 – March 2009
 Organisation 001/02 Rev 6
 Customer Services 002/04 Rev 1
 Communications – Customer Service 003/12 Rev 3

3. Audit Areas / Subjects

Customer Complaints

4. OBSERVATIONS AND NONCONFORMITIES

Observations

Reference	Observation	Proposed action	Responsibility
JG14	'Customer Services' 002/04 states that 'This process forms part of the Communications Department remit'		
JG15	'Communications Customer Services' 003/12 – title infers this is still part of the Communications Team responsibilities.		

Nonconformities

Reference	Nonconformity	Proposed action	Responsibility
JG16	No evidence available of (root cause) analysis of complaints to identify trends and opportunities for preventive actions.		



John Gillingham - 7th August 2007

DRAFT

Non Conformity Report

FOR AUDITORS USE ONLY

Department	Customer Services (Complaints Handling)
Reference	JG16
Report Number	
Location	Operations Department
Date	2/8/2007
Author	John Gillingham

Requirement

FOR AUDITORS USE ONLY

ISO 9001:2000 Quality Management Systems – Requirements

8 Measurement, analysis and improvement

8.4 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.


The analysis of data shall provide information relating to

- a) **Stakeholder satisfaction** (see 8.2.1),
- b) **conformity to product requirements** (see 7.2.1),
- c) **characteristics and trends of processes and products including opportunities for preventive action**, and
- d) suppliers.

Evidence

FOR AUDITORS USE ONLY

No evidence available of analysis of complaints to identify trends and opportunities for preventive actions.

Signed (Author)... 

Signed (Department Manager)

Proposed Corrective Action

FOR AUDITORS/MANAGERS USE ONLY

Target date for implementation:

Signed (Department Manager)

**Actual Corrective Action Taken
FOR AUDITORS USE ONLY**

Signed (Auditor)

**Follow-up Activity Result
FOR AUDITORS USE ONLY**

Corrective action implemented Yes/No
Corrective action effective Yes/No

Signed (Auditor)

DRAFT

Internal Audit Report

1. Audit overview

1.1	Date	Friday 3 August 2007
1.2	Department	Policy and Standards
1.3	Auditor	John Gillingham
1.4	Person being audited	Rachel Tripp – Director of Policy & Standards, Michael Guthrie – Policy and Standards Manager
1.5	Date report was issued	7 August 2007
1.6	Observations Made	5
1.7	Nonconformities Issued	0

2. Reference Documents

Business Management System Rev 186 - 13 October 2006; incorporating Quality Manual 002/01 Rev. 2 - 8/11/2004
 Strategic Intent - The next 3 Years, March 2006 – March 2009
 Organisation 001/02 Rev 6
 Policy 003/80 Rev 2
 Policy – Setting Standards 003/83 Rev 1
 Policy – Reviewing Standards 003/82 Rev 1
 Policy – Establishing a PLG 003/85 Rev 2
 Policy - Consultations 003/81 Rev 2
 Policy Response to Consultations 003/86 Rev 1
 Control Parameters – Policy 005/100 Rev 2
 Policy and Standards Workplan May 2007

3. Audit Areas / Subjects

Setting Standards;
 Reviewing Standards;
 Consultations;
 Professional Liaison Groups;
 Projects.

4. OBSERVATIONS AND NONCONFORMITIES

Observations

Reference	Observation	Proposed action	Responsibility
JG17	'Organisation' (001/02) does not show Director of Policy and Standards.		
JG18	No link from 'Policy and Projects' in 'Policy' (003/80).		
JG19	The Policy and Standards Workplan discussed during the audit is not referenced from the Business		

JG 20	Management System No direct evidence of Policy and Standards Workplan (May 2007) being approved by Council (although the minutes of Council acknowledge the Workplan positively and recommend it should be reviewed regularly).		
JG 21	Feedback and approval of CPD profiles is given mainly through emails. Examples were available, but the linking (audit trail) is tenuous.		

Nonconformities

Reference	Nonconformity	Proposed action	Responsibility
	None		



John Gillingham - 7th August 2007

Non Conformity Report

FOR AUDITORS USE ONLY

Department

Reference

Report Number

Location

Date

Author

Requirement

FOR AUDITORS USE ONLY

Evidence

FOR AUDITORS USE ONLY

Signed (Author)... Signed (Department Manager)

Proposed Corrective Action

FOR AUDITORS/MANAGERS USE ONLY

Target date for implementation:

Signed (Department Manager)

Actual Corrective Action Taken

FOR AUDITORS USE ONLY

Signed (Auditor)

Follow-up Activity Result

FOR AUDITORS USE ONLY

Corrective action implemented Yes/No

Corrective action effective Yes/No

Signed (Auditor)

Internal Audit Report

1. Audit overview

1.1	Date	Friday 3 August 2007
1.2	Department	Education – Annual Monitoring
1.3	Auditor	John Gillingham
1.4	Person being audited	Abigail Creighton – Education Manager, Osama Ammar – Education Officer
1.5	Date report was issued	7 August 2007
1.6	Observations Made	0
1.7	Nonconformities Issued	0

2. Reference Documents

Business Management System Rev 186 - 13 October 2006; incorporating Quality Manual 002/01 Rev. 2 - 8/11/2004
 Strategic Intent - The next 3 Years, March 2006 – March 2009
 Organisation 001/02 Rev 6
 Approvals and Monitoring 003/20 Rev 2
 Control Parameters – Approvals and Monitoring 005/20 Rev 3
 Approvals and Monitoring Workplan 2007/2008

3. Audit Areas / Subjects

Annual Monitoring (Audits and Declarations)
 Projects (Crystal Reports).

4. OBSERVATIONS AND NONCONFORMITIES

Observations

Reference	Observation	Proposed action	Responsibility
	None		

Nonconformities

Reference	Nonconformity	Proposed action	Responsibility
	None		



John Gillingham - 7th August 2007

Date	Ver.	Dept/Cmte	Doc Type	Title	Status	Int. Aud.
2007-04-11	c	QUA	DCB	Audit – Education – Annual Monitoring	Final DD: None	Internal RD: None

Non Conformity Report

FOR AUDITORS USE ONLY

Department

Reference

Report Number

Location

Date

Author

Requirement

FOR AUDITORS USE ONLY

Evidence

FOR AUDITORS USE ONLY

Signed (Author)... Signed (Department Manager)

Proposed Corrective Action

FOR AUDITORS/MANAGERS USE ONLY

Target date for implementation:

Signed (Department Manager)

Actual Corrective Action Taken

FOR AUDITORS USE ONLY

Signed (Auditor)

Follow-up Activity Result

FOR AUDITORS USE ONLY

Corrective action implemented Yes/No

Corrective action effective Yes/No

Signed (Auditor)

Internal Audit Report

1. Audit overview

1.1	Date	Friday 3 August 2007
1.2	Department	International Registrations
1.3	Auditor	John Gillingham
1.4	Person being audited	Mark Potter – Customer Services Manager
1.5	Date report was issued	7 August 2007
1.6	Observations Made	1 (Raised during audit on UK Registrations)
1.7	Nonconformities Issued	1 (Raised during audit on UK Registrations)

2. Reference Documents

Business Management System Rev 186 - 13 October 2006; incorporating Quality Manual 002/01 Rev. 2 - 8/11/2004
 Strategic Intent - The next 3 Years, March 2006 – March 2009
 Organisation 001/02 Rev 6
 Registration Workplan 2007 – 2008
 Registrations 003/40 Rev 2
 Registrations – International Registrations 003/47 Rev 5
 Control Parameters – Registrations 005/40 Rev 1

3. Audit Areas / Subjects

Applications;
 Renewals;
 Queries Handling
 Projects

4. OBSERVATIONS AND NONCONFORMITIES

Observations

Reference	Observation	Proposed action	Responsibility
JG10 NOTE: Raised during audit on UK Registrations and repeated here as relevant to International Registrations	Metrics are defined in the Registrations Workplan as Key Performance Indicators. These KPI's relate to agreed service levels. Reports viewed show measurements, but not analysis. Measurement of Applications received and processed and Telephone Reports show absolute numbers and times but no degree of analysis to indicate trends in efficiency or effectiveness of the relevant processes. E.g. 'Number of Applications processed' are (apparently) not validated against number of staff processing nor 'number of telephone calls dropped' validated		

	against number of calls answered to the satisfaction of the caller. From the evidence seen, it is not clear how the requirements of ISO 9001 Clause 8.4c – 'Analysis of data – characteristics and trends of processes....'. are addressed by the Business Management System.		
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Nonconformities

Reference	Nonconformity	Proposed action	Responsibility
JG13 NOTE: Raised during audit on UK Registrations and repeated here because it relates to staff currently working in International Registrations	Cross training of staff in UK Registrations and International Registrations is being carried out in accordance with the Registrations Workplan (Objective 5). No evidence was available to show that staff from International Registrations being cross trained in UK Registrations have achieved satisfactory levels of competence as a result; nor that the training method has been evaluated for effectiveness. Only limited sampling of records has been carried out to check on newly trained staff and evidence has been found of inaccuracies in the processing of applications, which would indicate room for improvement.		



John Gillingham - 7th August 2007

Non Conformity Report

FOR AUDITORS USE ONLY

Department	International Registrations
Reference	JG13
Report Number	
Location	Raised in UK Registrations
Date	3/8/2007
Author	John Gillingham

Requirement

FOR AUDITORS USE ONLY

ISO 9001:2000 Quality Management Systems – Requirements

6.2 Human Resources

6.2.2 Competence, awareness and training

- c) evaluate the effectiveness of actions taken,
- e) maintain appropriate records of education, training, skills and experience.

Evidence

FOR AUDITORS USE ONLY

Cross training of staff in UK Registrations and International Registrations is being carried out in accordance with the Registrations Workplan (Objective 5). No evidence was available to show that staff from International Registrations being cross trained in UK Registrations have achieved satisfactory levels of competence as a result; nor that the training method has been evaluated for effectiveness. Only limited sampling of records has been carried out to check on newly trained staff and evidence has been found of inaccuracies in the processing of applications, which would indicate room for improvement.

Signed (Author)...



Signed (Department Manager)

Proposed Corrective Action

FOR AUDITORS/MANAGERS USE ONLY

Target date for implementation:

Signed (Department Manager)

Actual Corrective Action Taken

FOR AUDITORS USE ONLY

Signed (Auditor)

Follow-up Activity Result
FOR AUDITORS USE ONLY

Corrective action implemented Yes/No
Corrective action effective Yes/No

Signed (Auditor)

DRAFT

Internal Audit Report

1. Audit overview

1.1	Date	Friday 3 August 2007
1.2	Department	Fitness to Practice
1.3	Auditor	John Gillingham
1.4	Person being audited	Eva Seall - Fitness to Practice Manager
1.5	Date report was issued	7 August 2007
1.6	Observations Made	4
1.7	Nonconformities Issued	0

2. Reference Documents

Business Management System Rev 186 - 13 October 2006; incorporating Quality Manual 002/01 Rev. 2 - 8/11/2004
 Strategic Intent - The next 3 Years, March 2006 – March 2009
 Organisation 001/02 Rev 6
 Fitness to Practice 003/30 Rev 5
 Fitness to Practice – Allegations 003/31 Rev 2
 Fitness to Practice – Investigating Panel Process 003/35 Rev 2
 Fitness to Practice – Interim Orders 003/73 Rev 2
 Fitness to Practice – Anonymous Allegations 003/32 Rev 1
 Fitness to Practice – Public Hearing 003/33 Rev 2
 Fitness to Practice – Mediation Process 003/34 Rev 2
 Registrations – Appeal Process 003/46 Rev 1
 Fitness to Practice – CHRE Process 003/75 Rev 2
 Fitness to Practice – Health and Character Declarations 003/69 Rev 2
 Fitness to Practice – Restoration Hearings 003/37 Rev 2
 Fitness to Practice – Watch List Process 003/65 Rev 3
 Fitness to Practice – Prosecutions 003/77 Rev 1
 Fitness to Practice – Archiving Process 003/76 Rev 1
 Control Parameters – Fitness to Practice 005/30 Rev 3
 Fitness to Practice Workplan 2007 - 2008

3. Audit Areas / Subjects

Allegations;
 Prosecution of Offences;
 Appeals;
 Risk Management.

4. OBSERVATIONS AND NONCONFORMITIES

Observations

Reference	Observation	Proposed action	Responsibility
JG22	'Fitness to Practice – Anonymous Allegations' (003/32) – control box does not give full title of document.		

JG23	'Fitness to Practice Workplan' linked from 'Fitness to Practice' (003/05) is at 'Draft' status.		
JG24	'Investigations Manual' is not referenced from Business management System.		
JG25	'Investigations Manual' is distributed as hard copy. There is no documented distribution list.		

Nonconformities

Reference	Nonconformity	Proposed action	Responsibility
	None		

John Gillingham

John Gillingham - 7th August 2007

Non Conformity Report

FOR AUDITORS USE ONLY

Department

Reference

Report Number

Location

Date

Author

Requirement

FOR AUDITORS USE ONLY

Evidence

FOR AUDITORS USE ONLY

Signed (Author)... Signed (Department Manager)

Proposed Corrective Action

FOR AUDITORS/MANAGERS USE ONLY

Target date for implementation:

Signed (Department Manager)

Actual Corrective Action Taken

FOR AUDITORS USE ONLY

Signed (Auditor)

Follow-up Activity Result

FOR AUDITORS USE ONLY

Corrective action implemented Yes/No

Corrective action effective Yes/No

Signed (Auditor)

Internal Audit Report

1. Audit overview

1.1	Date	Thursday 2 August 2007
1.2	Department	Project Management
1.3	Auditor	John Gillingham
1.4	Person being audited	Claire Philips – Project Manager, Lola Teidi – Project Coordinator
1.5	Date report was issued	6 August 2007
1.6	Observations Made	1
1.7	Non conformities Issued	1

2. Reference Documents

Business Management System Rev 186 - 13 October 2006; incorporating Quality Manual 002/01 Rev. 2 - 8/11/2004
 Strategic Intent - The next 3 Years, March 2006 – March 2009
 Organisation 001/02 Rev 6
 Project Management Guidelines 003/01 Rev 1
 Project Management – major projects (003/05)
 Project Management – business as usual projects (003/06)
 Project Management – Enhancements (003/07)

The Health Professions Order 2001 and Consolidated Health Professions Order 2001 (June 2007).

3. Audit Areas / Subjects

Projects Workplan 2007/2008:
 Project MP 25 – Application Server Upgrade.
 Project MP 2 – Continuing Professional Development.

4. OBSERVATIONS AND NONCONFORMITIES

Observations

Reference	Observation	Proposed action	Responsibility
JG3	Project Charter for MP2 identifies risk but does not define the level of risk.		Project Manager

Nonconformities


Reference	Nonconformity	Proposed action	Responsibility
JG4	1. It was not possible to show evidence of acceptance by the EMT, of the		Project Manager

	<p>Project Charter for MP2 (CPD).</p> <p>2. The Project Lead apparently has authority for accepting identified risks. This is not clear from the Business Management System; nor the level of risk that can be authorised by the Project Lead as acceptable.</p> <p>3. The process for Risk Management is not clearly defined. I.e. for acceptance, avoidance, transfer or mitigation of risk.</p>		
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John Gillingham - 6th August 2007

DRAFT

Non Conformity Report	
FOR AUDITORS USE ONLY	
Department	Project Management
Reference	JG4
Report Number	
Location	Operations Department
Date	2nd August 2007
Author	John Gillingham
Requirement FOR AUDITORS USE ONLY ISO 9001:2000 Quality Management Systems - Requirements 5.5 Responsibility, authority and communication 5.5.1 Responsibility and authority	
Evidence FOR AUDITORS USE ONLY 1. It was not possible to show evidence of acceptance by the EMT, of the Project Charter for MP2 (CPD). 2. The Project Lead apparently has authority for accepting identified risks. This is not clear from the Business Management System; nor the level of risk that can be authorised by the Project Lead as acceptable. 3. The process for Risk Management is not clearly defined. I.e. for acceptance, avoidance, transfer or mitigation of risk. <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  Signed (Author)..... </div> <div style="text-align: center;"> Signed (Department Manager) </div> </div>	
Proposed Corrective Action FOR AUDITORS/MANAGERS USE ONLY Target date for implementation: Signed (Department Manager)	
Actual Corrective Action Taken FOR AUDITORS USE ONLY Signed (Auditor)	

Follow-up Activity Result
FOR AUDITORS USE ONLY

Corrective action implemented Yes/No
Corrective action effective Yes/No

Signed (Auditor)

DRAFT

Internal Audit Report

1. Audit overview

1.1	Date	Thursday 2 August 2007
1.2	Department	Information and IT
1.3	Auditor	John Gillingham
1.4	Person being audited	Roy Dunn – Director of IT, Rick Welsby – Back Office Systems Administrator
1.5	Date report was issued	7 August 2007
1.6	Observations Made	1
1.7	Non conformities Issued	0

2. Reference Documents

Business Management System Rev 186 - 13 October 2006; incorporating Quality Manual 002/01 Rev. 2 - 8/11/2004
 Strategic Intent - The next 3 Years, March 2006 – March 2009
 Organisation 001/02 Rev 6
 Information and IT 004/30 Rev 4
 Information and IT Services – Customer Feedback 004/42 Rev 2
 Information and IT Services – Development Planning – 004/32 Rev 3
 Information and IT Services – Development – 004/33 Rev 1
 Information and IT Services – Requests for Information and IT Services – 004/31 Rev 2
 Information and IT Services – Maintenance and Support – 004/34 Rev 1
 Information and IT Services – New or Replacement Employees Requirement – 004/35 Rev 1
 Information and IT Services – Maintenance – 004/36 Rev 1
 Information and IT Services – Support – 004/37 Rev 2
 IT Strategy 21/3/2007
 Control Parameters – Information and IT 005/70 Rev 1

3. Audit Areas / Subjects

IT Strategy;
 IT Workplan 2007/2008;
 Resourcing;
 Major Projects;
 BAU Projects;
 IT Policies;
 Helpdesk;
 Business Continuity Planning / Disaster Recovery;
 Data Protection;
 Freedom of Information.

4. OBSERVATIONS AND NONCONFORMITIES

Observations

Reference	Observation	Proposed action	Responsibility
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JG26	Transfer of responsibilities for Data Protection and Freedom of Information to Secretariat has not been shown in the Business Management System yet.		
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Nonconformities

Reference	Nonconformity	Proposed action	Responsibility
	None		



John Gillingham - 6th August 2007

DRAFT

Non Conformity Report	
FOR AUDITORS USE ONLY	
Department	
Reference	
Report Number	
Location	
Date	
Author	
Requirement FOR AUDITORS USE ONLY ISO 9001:2000 Quality Management Systems - Requirements	
Evidence FOR AUDITORS USE ONLY Signed (Author)..... Signed (Department Manager)	
Proposed Corrective Action FOR AUDITORS/MANAGERS USE ONLY Target date for implementation: Signed (Department Manager)	
Actual Corrective Action Taken FOR AUDITORS USE ONLY Signed (Auditor)	
Follow-up Activity Result FOR AUDITORS USE ONLY Corrective action implemented Yes/No Corrective action effective Yes/No Signed (Auditor)	