

Audit Committee 21 June 2012

British Standards Institute ISO9001:2008 audit report

Executive summary and recommendations

Introduction

British Standards Institute (BSI) have supplied a new auditor. BSI audited HPC on 13 April 2012. Secretariat, Communications and Registrations Grandparenting were examined. The general Quality Management System was also examined in some detail.

No non-conformances or observations were recorded.

The next audit is booked for Monday 22 October 2012, covering Fitness to Practise, Finance, Customer Service and preparation for Strategic Review.

Decision

The committee is asked to note the report.

Background information

Resource implications

None

Financial implications

None

Appendices

BSI April 2012 audit report, ISO9001:2008.

Date of paper

11 June 2012

Assessment Report

Health Professions Council



Report Author

Ali Mian

Visit Start Date

13/04/2012



Introduction

This report has been compiled by Ali Mian and relates to the assessment activity detailed below:

Visit ref/Type/Date/Duration	Certificate/Standard	Site address
76557 15 Continuing Assessment (Surveillance) 13/04/2012 1 day(s) No. Employees: 151	FS 83074 ISO 9001:2008	Health Professions Council Park House 184 Kennington Park Road London SE11 4BU United Kingdom

The objective of the assessment today was to gather evidence in support of your ISO 9001:2008 registration with BSI.

Management Summary

The Quality Management System was found to be effective. The Client maintains comprehensive records in accordance to their procedures along with all mandatory QMS documentation in accordance to the requirements of ISO 9001:2008. Records were identifiable and retrievable and staff demonstrated an awareness of Quality and the Quality processes that the Client maintains throughout the organisation. The Client has also demonstrated a commitment to maintaining quality by controlling the processes that ensure the provision of service meets their customers requirements.

The proactive and open approach taken by staff during the visit was much appreciated especially as this was the first visit by the new Client Manager. Continuity and consistency of assessment delivery going forward should add value to the process over the next strategic cycle.

There were no outstanding nonconformities to review from previous assessments.

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

Areas Assessed & Findings

Business Introduction

From discussions with the Management Representatives it was evident that there is a well established commitment to the application, maintenance and improvement in accordance with ISO9001:2008 requirements. The Client has demonstrated a commitment by top management to maintain quality and customer focus by facilitating the provision of service through the allocation of resources, the regular review of processes and the communication with personnel through regular meetings and documentation. Top management has committed to providing a more effective service by continually reviewing objectives and measuring their performance which is communicated to staff.

The utilisation of the QMS processes in addition to internally identified initiatives has helped the organisation to achieve consistent service level standards despite the economic downturn and changes in governmental regulations.

The culture of the organisation is particularly proactive with a definite customer focus approach. This is facilitated by the leadership style of the management team and the qualities/attitudes of the staff.

It was advised that the organisation is pursuing its programme of change, these being:

- Planning for the reduction in the number of Committees (Govt directive to reduce the size of the Council).
- Planning and instigating Social Care project (England only).
- Preparing for the overhaul of the Council legislation.
- The organisation are currently working towards 27001 Information Security Management.

This approach is highly commendable and indeed a radical step to enhance traditional services. It is clearly a business service 'differentiator' and promotes a sustainable and user friendly approach to building life cycle management.

Progress will be followed up during the forthcoming assessment cycle.

There is a continued senior management perception that registration provides a useful and disciplined approach to quality management implementation and that 3rd party certification is demonstrable evidence that the organisation is customer focussed, delivers services in a consistent manner and is continually improving.

A clear impression was gained by the BSI assessor that the organisation's quality management / business systems are well supported at senior level. Senior management play a clear and active role in the maintenance and forward shaping of all business management systems.

- Note:

Management have identified that due to commitments and staff availability, Fitness to Practice due to be audited today would need to be subject to assessment next BSI visit. An assessment of Communications has been planned today instead.

QMS Maintenance

Changes to the QMS since last BSI assessment.

There have been no significant changes to the QMS, roles or responsibilities since last BSI assessment.

The Client has demonstrated all mandatory elements in accordance to the requirements of the ISO9001:2008 Standard.

The Scope was reviewed and remains: 'The management and operation of The Health Professions Council (HPC) covering: Statutory professional self-regulation Reports to the Privy Council'.

The fundamental 'system' management tools have generally been maintained to good effect with evidence of continual process improvements, realisation of performance and policy intent and positive levels of customer satisfaction.

The electronic documented QMS provides a user friendly 'roadmap' for staff in terms of operational delivery and defining of performance requirements. This facilitates a standardised and consistency approach to service delivery across the various team disciplines.

Minor procedural changes and document references have been conducted and noted within the management system as a result of internally identified improvements and audits as well as points raised by external audits. Procedural and document changes completed are typically simple updates.

The latest version of the Quality Manual is Revision 0007 dated 14th March 2012. The Quality Policy remains an integral part of the Manual, and in its current form it fully complies with clause 5.3 of the Standard. Quality Objectives are defined and documented and appropriate to the purpose of the organisation. Management system strategy and objectives are reviewed at regular management review meetings and ongoing continuous improvements to the QMS are identified and managed as defined within internal procedures.

In place is a first class method of controlling the system documents and records. Document and record control were checked during the audit of various processes and no discrepancies were observed.

Audits carried out in accordance with the audit schedule. Audit reports sampled provided objective evidence of sampling and findings and observations/recommendations raised as required. There is adequate evidence of effective audit records. Objective evidence has been recorded alongside each audit report/record. Audits have identified appropriate required corrective actions and records were seen to verify the corrective actions via the Action Tracker and Near Miss Reporting methodology. Auditor was independent to the function audited. Analysis of the actions taken in response to audit findings indicated that the organisation are very good at the correction element.

A Management Review of the management system was completed in December 2011 and minutes of the meeting were available. Minutes dated 20th December 2011 were reviewed and comprehensively covered the management system performance.

The Client follows a documented procedure defining both Corrective and Preventive Actions, with preventive actions evident from the re-engineering of processes and actions following non conformities and corrective actions raised.

Continual improvement is achieved through the input and actions provided for the Management Reviews. In particular, customer feedback, growth of activities/new initiatives, the results of audits and the review of performance against objectives.

The Client has defined the procedure for the Control of Non Conforming Products within the Manual and encompasses all operational areas where non conformities may occur including service failures. The Near Miss Reporting process and methodology robustly addresses the requirements of the Standard linked to Corrective, Preventive Actions and the Control of Non Conforming Products/Service.

The Client has demonstrated a commitment to planning, maintaining and monitoring activities related to the maintenance of the quality management system. The system has been implemented and is maintained to ensure that the Client is maintaining quality during the provision of service to its customers. The system and framework are a key part in controlling the interaction, service and monitoring or performance against customer's requirements. Comprehensive statistics are generated for performance monitoring to seize opportunities for improvement in which Senior Management, Council Members etc take a keen interest (Evidence seen: HPC Management Information Pack). It has been verified that the comprehensive reporting tools the organisation has at its disposal and in particular the trend analysis of performance is undertaken to very good effect and these are statistically comprehensive with detailed comparables.

Customer service is a high priority for the organisation, and it is a stated objective to ensure that all complaints are responded to promptly in a full and frank manner. Reporting on customer satisfaction has improved and better statistical information is now available for analysis. It was noted that the number of complaints received per 10000 Registrants is very low.

Overall, the tools of the QMS continue to be utilised to good effect and service standards have generally been maintained.

Secretariat

The Secretariat support the Council, Committees and Professional Liaison groups of the HPC so that they can carry out their governance role effectively.

An interview was conducted with the Secretary to Council who provided an overview of the role of the Secretariat, Code of Corporate Governance, Council agreed processes and Secretarial Processes (Supporting Council & Non-Council).

The assessment focused on the role the Secretariat plays in terms of supporting the Committees and Council to assist in recruiting Council Members, appointment onto Committee, training, appraisals and re-appointments.

Evidence seen:

- Appraisal structure
- Council Members' Performance and Development Review Guidance
- Council PDR System
- Process to support Council PDR & Re-Appointments
- HPC Council Members Annual Review
- Personal Training Needs 2011
- Council Induction & Training
- Control Sheet
- HPC Extranet

Defined processes within this function were sampled and were seen to be consistent.

Communications

The Communications team are responsible for communications strategy within the Health Professions Council. Their work is covered by the quality management system and is split between process driven tasks and project based work. This is organised via a work plan which is approved and endorsed by the Communications Committee.

The main processes within Communications are controlled via process documentation, which has been written by the Director of Communications with input from the team. Quality and progress of work is reviewed regularly via update meetings and team meetings. There is also a report to the Communications Committee.

Evidence seen:

- Presentation of Communications Strategy and Key Deliverables 2011-12
- HPC Communications Work Plan 2012-13
- Operational Plan - Draft March 2012
- Patient & Public Participation in Health Professional Regulation July 2011 and Communications Committee Service User Engagement Update & Review 08.11.11.

No major concerns were identified and the sampled areas assessed indicate a high standard of work is being achieved by competent staff with control and business support deliverables generally in place. Customer requirements were seen to be a fundamental factor in service provision and based on an effective review process providing continual improvement.

Registrations-Grand parenting

This area had very clearly defined reporting requirements and time scales for implementation embedded in the operational processes. There was clear evidence of document validation at each stage.

The grand parenting process is in use for the psychologists who now need to register with HPC as a statutory requirement. The process is currently running in its 3rd year and has been thoroughly reviewed and updated in preparation for the new profession intake. Samples were used to demonstrate compliance with the plans and these appeared to demonstrate that the system works well so far.

The process is carefully controlled using software records to track actions and progress. Target timescales have been put in place for acknowledgement of applications and for progress of the application. The processes are monitored via a series of spot checks which are recorded.

The records held on the system indicated that the key elements of the system requirements had been met. This whole process is well documented and the system is set up to drive the process.

Assessment Participants

On behalf of the organisation:

Name	Position
Roy Dunn	Management Representative
Tom Berrie	Information Service Manager
Greg Ross-Sampson	Operations Director
Louise Hart	Secretary to Council
Jacqueline Ladds	Director of Communications
David Waddle	Customer Services Manager Registrations
Natalie Berrie	Team Leader Registrations

The assessment was conducted on behalf of BSI by:

Name	Position
Ali Mian	Team leader

Continuing Assessment

The programme of continuing assessment is detailed below.

Site Address	Certificate Reference/Visit Cycle	
Health Professions Council Park House 184 Kennington Park Road London SE11 4BU United Kingdom	FS 83074	
	Visit interval:	6 months
	Visit duration:	7 hours
	Next re-certification:	01/04/2013

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

Certification Assessment Plan

		Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6
Business area/Location	Date (mm/yy):	10/10	04/11	10/11	04/12	10/12	04/13
	Duration (days):	1	1	1	1	1	1
Registrations UK		✓					
Registrations International			✓				
Registrations Grand parenting					✓		
Communications						✓	
Approvals & Monitoring				✓			
Fitness to Practice					✓		
HR/Partner Validation		✓					
Purchasing & supplier evaluation				✓			
Secretariat				✓			
Customer Services						✓	
Finance						✓	
Management System Organisation and Review			✓		✓		✓
Senior Management Interview							✓
Preparation for Strategic Review						✓	
Strategic Review							✓
Staff development and Training		✓		✓			
Policy		✓					
Work Environment and Infrastructure			✓				

Next Visit Plan

Visit objectives:

The objective of the assessment is to ensure the integrity, control and effectiveness of the Organisation's Quality Management System in line with the requirements of ISO 9001:2008.

Visit scope:

Continuing assessment covering management system maintenance and service delivery processes in accordance with the 3 year re-certification plan.

Specific assessment 'scope' coverage is provided in the 'visit plan'.

Date	Assessor	Time	Area/Process	Clause
22/10/2012	Ali Mian	09.30	Assessor arrive on site. Opening meeting, confirmation of plan for the day. Any business changes to be notified.	
		10.00	Fitness to Practice.	
		11.00	Customer Services.	
		12.00	Lunch.	
		1.00	Finance.	
		2.00	Preparation for Strategic Review.	
		2.45	Report Preparation.	
		4.00	Closing Meeting.	

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

Notes

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

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