

Business Process Improvement: Roy Dunn

1. Human resources

There are no changes to BPI. Roy Dunn completed the British Computer Society "Practitioner Certificate in Information Risk Management" course and exam. This is relevant to the ISO27001 Information Security project.

2. Quality Management System (QMS) review meetings and internal audits

The internal audit schedule for 2013 – 14 is starting. Tom Berrie is auditing the archive in August.

No further NMR's (nonconformance incidents) have been declared.

3. QMS process updates

A major review of the International Registrations process is about to begin. There are likely to be some changes to the tendering & procurement processes over the next few months.

4. BSI audit

BSI completed the final audit of the current three year cycle on 2nd of May. This included an audit of the Finance Department, a complete review of the Quality Management System, management review and strategic issues. We have been recommended for continued registration to ISO9001:2008. A copy is attached.

It is widely believed that the 2008 iteration of the standard will be replaced in 2015. The nature of the changes are rumoured to be quite wide reaching.

The HCPC QMS / ISMS will be migrated to the new BSI platform following departmental training.

5. Business continuity

Each department has been updating the appropriate area of the plan, for a final paper only version to be circulated shortly.

6. Information security management

The next information security training CBT package for all employees, has been selected. This will be rolled out over the summer.

We will also be reusing last years CBT package to train Partners on information security after appropriate modifications.

Asset owners are validating the information assets register for HCPC, and the threats and vulnerabilities are being examined. The use of vsRisk system continues. Below is a statistical snapshot.

Item	No of Items	No in Use
Assets	344	317
Asset Owners	15	15
Asset Groups	36	36
Threats	141	101
Vulnerabilities	308	201
Controls*	133*	113
Risk Assessments**	2266	2286**

Controls* = 133 standard ISO27002 controls possible

Risk Assessments** = second assessment on a single asset reflected in "No in Use" greater than "No of Items".

The individual policy items, to implement the ISO27002 controls, are being developed. These must be concluded before the internal and external ISO27001 audit processes are undertaken.

Work on developing a secure web delivery method for confidential content for various parts of the organization continues, with an existing supplier. Initial contracts for a period of testing are being discussed.

7. Information & data management

The BPI Department is finalising the implementation of legal advice regarding the retention of paper applications and renewal notices within the Registrations Department. Where an electronic or film copy of an application exists, the paper original will be securely destroyed. There is no requirement for the longterm retention of renewal notices on paper.

Freedom of Information requests of a statistical nature continue.

8. Reporting

The latest registrations forecast has been updated following the financial year end. The Five Year Plan has been updated following the update of the Registrations forecast.

9. Risk Register

The next iteration of the Risk Register will be created over the summer and presented first to Audit Committee in September. BPI Risks will be highlighted at this meeting.

10. Other activity

The tendering process for the security print contract was deferred following a decision to change requirements. This project is recommencing now that the Procurement Manager is in post.



Assessment Report.

Health & Care Professions Council

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
7809716 Re-certification Audit (SR Opt 1) 02/05/2013 1 day(s) No. Employees: 179	FS 83074 ISO 9001:2008	Health & Care Professions Council Park House 184 Kennington Park Road London SE11 4BU United Kingdom

The objective of the assessment was to ascertain the integrity of the organisation's management system over the current assessment cycle to enable re-certification and confirm the forward strategic assessment plan.

Management Summary.

Overall Conclusion

We are pleased to recommend the continuation of your certification. Re-certification (Continued Registration) is recommended subject to independent verification by BSI Compliance and Risk.

The objectives of this assessment have been achieved.

I would like to thank all the audit participants for their assistance and co-operation which enabled the audit to run smoothly and to schedule

Based on the objective evidence detailed within this report, the areas assessed during the course of the visit were found to be effective.

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.

Mandatory Requirements – Re-Certification.

The effectiveness of the management system in its entirety in the light of internal/external changes and its continued relevance and applicability to the scope of certification

The quality management system is continuously monitored, reviewed and adapted to develop processes and procedures which drive the organisation to ensure that the requirements of the HCPC are being met. The scope of registration "Reports to the Privy Council. The management and operation of The Health and Care Professions Council (HCPC) covering: Statutory professional self-regulation" has been confirmed and is verified as remaining appropriate. The management system has been designed to ensure that the targets associated with this scope of registration are clearly defined, regularly monitored and reported. Processes are in place to provide supporting evidence where specific targets have not been achieved. Evidence of this is available through reports and data within the management system.

Demonstrated commitment to maintain the effectiveness and improvement of the management system in order to enhance overall performance

The organisation is committed to the management system as confirmed by the Top Management Representatives Roy Dunn, Tom Berrie and Louise Hart. The management system provides objective evidence to support the figures and data being provided to the Council and EMT. The quality objectives support the HCPC targets. The quality objectives underpin and provide a framework for the achievement of the Council's six guiding principles, statutory objectives, functions, aims, HCPC Strategic Intent, Five Year Plan and in some cases to improve the mechanisms by which these are achieved. The organisation continues to maintain a performance management framework.

Whether the operation of the management system contributes to the achievement of the organisations policy and objectives.

The Management Representatives confirmed that the management system provides a valuable contribution to the operation of the service, through the policy, objectives, the established processes and internal routine monitoring. The business consider themselves to have met the objectives that they have set themselves over the past three years. This was evident through the review of quality objectives at each assessment where progress has been demonstrated. The quality system provides transparency and objective evidence in the areas where the targets have not been met enabling the organisation to address and improve. The organisation is continuing to drive improvements and efficiencies in the business management systems through internally identified opportunities, industry driven measures and government instigated changes and review. The organisation is aware that any changes in legislation and statutory requirements will always pose a challenge and, hence, change to the business and so management keep a close watch on key developments. It was evident that during this review period there have been key developments and improvements impacting on operations at HCPC, these being as noted:-

- >Improved corrective and preventive action, intranet development and document control software, improved customer services management, building renovations.
- >Social Care workers added to the spectrum of healthcare occupations regulated by the HCPC.
- >Further moves towards a 27001 registration have been made with a Stage 1 audit planned for October 2013.
- >As of August 2012, and instigated through the governmental regulatory requirement through a deal negotiated with the government and social workers, the organisation changed its name to The Health and Care Professionals Council. The Government agreed a name change to incorporate non-health groups like psychologists and social workers.
- >Subsequently, there has been a large influx of social workers taken in, about 83421 generating additional income.
- >New FTP Case Management System project completed.
- >The number of Registrants has increased (to 310942).
- >Strategic IT Projects are ongoing.

The management system is recognised as making an important contribution to the system producing factual data upon which the organisation can and should be making decisions regarding areas for improvement, including the effective allocation and use of manpower and equipment.

Reference should where possible be made to the Recertification Review Pack provide on PG which should be used to review the assessment findings and performance of the management system over the previous certification period. Reference to the review of this information should be include in the recertification report.

The recertification pack was reviewed prior to the recertification assessment taking place. There have been no minor non-conformities, a number of observations were raised over the certification period. These findings which were identified have been considered by the organisation, and where appropriate, actions have been undertaken, and as such this demonstrated that the Quality System continues to be effectively implemented.

Assessment progress against the strategic assessment plan.

The strategic review pack was reviewed off site prior to the visit. A review of the pack was also completed on site with the Management Representatives. During the strategic review period one re-certification audit and five continuing assessment visits were completed. A review of the assessment reports completed within the cycle time has been carried out and it is confirmed that all aspects of the quality management system together with related processes have been covered at least once within the review period.

Assessment findings over the certification cycle.

There were no minor non-conformities identified during the cycle time. Observations were identified for the improvement of the system. The findings of the audits did not indicate any particular trends or weakness of the quality management system and the system continues to remain robust with good audit support and regular reviews.

Progress in relation to management system objectives.

The management system objectives all support the underlying requirements of the HCPC and have driven the organisation to ensure they are continually aware of their performance and the improvements in efficiency to ensure targets are met and where possible exceeded. The organisation is very good at internal monitoring and producing factual performance data. The quality policy was reviewed and determined to be relevant to the business, with a clear commitment to quality being demonstrated. Communication of the strategy is done via objectives setting exercises and cascaded throughout the business. The management system was effectively deployed to achieve the defined objectives.

Completion of the 3-year plan.

All assessments have been completed in accordance to the certification plan, and as such the agenda for the recertification audit was not amended.

Trends in nonconformities or, areas of concern etc.

There have been no minor non-conformities raised over the certification period. The observations raised by assessors, detailed in the strategic review pack were reviewed did not indicate any trends or areas of overall concern.

Closure of complaints received by BSI details of which are contained in the pack or can be obtained from the Complaints Co-ordinator - Compliance and Risk

There have been no complaints received by BSI over the three year certification period.

Management commitment(stakeholder focus, management system policy,objectives,organisation,communication).

The performance and benefits of the management system were discussed with the Management Representatives. The organisation is very aware of the requirements of the Council, Committees and EMT subject to regular monitoring both internally and externally to test the effectiveness of the service. The HCPC demonstrates their commitment to the requirements of ISO 9001-2008. The organisation is proactive and management system processes, procedures and forms are continually reviewed for effectiveness. Processes are reviewed and amended for effectiveness. The objectives have been confirmed as being both realistic and achievable and to date the organisation has demonstrated this in terms of performance in meeting objectives in previous years. Objectives, aims and strategy has been established for the forthcoming period and cycle as noted:-

- >To safeguard the health and well being of persons using or needing the services of registrants.
- >Protecting the Public.
- >Transparency.
- >Communication and Responsiveness.
- >Providing a High Quality Service.
- >Value for Money.
- >Working Collaboratively.
- >Adherence to the HCPC Strategic Intent 2009/10 - 2014/15.
- >Adherence to the Five Year Plan 2012-2017.

Subsequently, the HCPC is preparing for new challenges and developments as noted below:-

- >Progressing to a new entropy system.
- >Making provisions and amendments to guidelines related to the Appointments to Council in line with a target date of January 2014 initiation of appointments.
- >The PSA has advised the Department of Health in Dec 2011that a smaller board of regulatory bodies would be effective, hence, instigating a restructure of the Council and reduce the size of members down from 20 to 12 also impacting on the existing Committees structure with the exception of the Audit Committee and the Education Training Committee.

The effectiveness of the inter-action of all elements of the system.

Elements of the system appear to be working harmoniously to deliver a positive level of customer satisfaction. The plan do check act methodology of the Standard is used. Generally all elements of the Standard are applicable.

The effectiveness of the management system in the light of internal or external changes and continued compliance.If the changes are of major significance an additional satge 1 audit may be required.

The scope of the certification was reviewed with the Management Representatives. The scope remains unchanged as it reflects the core products/services offered by the organisation. The three year plan has been reviewed and is considered appropriate to meet the needs of the business and to ensure ongoing compliance to ISO9001:2008 (amendments have been made to reflect current activities with the renaming of the following operational activities - Approvals & Monitoring now changed to Education).

There is no change in the visit cycle durations and frequency. A one day visit every six months (2 days every year) April and October is deemed adequate to verify the effectiveness of the management system.

Three assessors were involved in the audits during the certification cycle indicating independence and impartiality of the audit process.

No conflict of interest concerns or impartiality issues are noted and no complaints have been received in relation to BSI conduct of service. As there have been a number of assessors over the course of the 3 year cycle so no immediate need exists to change assessors to maintain impartiality.

The T code T68F is relevant to the business operations and no changes are required.

The management system has been confirmed as being effective in meeting the requirements of ISO 9001-2008 and the organisation's objectives.

Areas Assessed & Findings.

Management System Organisation and Review :

The quality system has helped to generate strong improvements to operations here at HCPC since its inception.

The Quality Manual is currently dated April 2013. There have been no further changes to the management structure or the core operational processes and procedures since the last BSI visit. All of the documented procedures comprising the management system are referenced from the Quality Manual. Exclusions being made from section 7 which are suitably justified within the Quality Manual (currently 7.3, 7.5.5 and 7.6).

Management Reviews are conducted monthly, the minutes of the following meetings were available:-

- >Monthly Executive Management Team Meeting dated 30.04.2013.
- >EMT Meeting 25.02.2013.

The outputs of the above meetings including the Business Process Improvement Annual Report were discussed with the Client particularly in the context of the strategic review discussion, e.g. review of internal audit activity and outcomes, corrective actions, customer satisfaction.

The internal audit process for the year 2012/2013 was confirmed as complete and ongoing, analysis was available and confirmation of the completion of the plan included as a management review item. Two audits from the 2012/13 audit plan were checked. No non-conformities were raised but several observations which have been considered and where appropriate action is being taken.

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 EMT HCPCs Near Miss Reporting Process Executive Summary and Recommendations dated 26.02.13 was reviewed and noted as below:-

>Total Registrants and Near Miss Reports April 2010 to Present -

	<u>2010/11</u>	<u>2011/12</u>	<u>2012/13</u>
Total Registrants	215,095	219,212	311,952
Near Miss Reports	12	8	7

>Summary of individual NMRs resolved to date reviewed and verified.

Customer feedback and complaints are subject to monitoring and analysis. Verified Customer Service Feedback Report March 2013 and Finance and Resource Committee Six Monthly Review of Customer Service Feedback dated 20.11.12. Reported results as below:-

>In March 2013 received 40 complaint letters, 30 Registration related complaints, 3 complaints for Finance, 2 for Policy and Standards, 2 for Education, 1 for Partners, 1 complaint for FTP, 1 complaint the Chief Executive.

>Main areas of negative feedback -

- a) Lapsing and readmission.
- b) Online renewal portal - security.
- c) Grand parenting process.

>All complaints received in March 2013 are closed. 37 of the 40 complaints were responded to within the customer service standard of 15 working days.

>Received 6 positive feedback letters.

>During the 6 month reporting cycle (Oct 11 to March 2012) received 126 complaints.

>During this 6 month reporting cycle (Oct 11 to March 2012) received 30 pieces of positive feedback.

>During the 6 month reporting cycle (Oct 11 to March 2012) responded to 121 complaints within service level of 18 working days, this is 96%.

>During the 6 month reporting cycle (Oct 11 to March 2012) the breakdown of root cause of complaints was as follows -

- a) HCPC 43 complaints.
- b) Registrant/Applicant 32 complaints.
- c) N/A 51 complaints.

>126 complaints represent 0.06% of the Register.

Finance :

The assessment began with an interview with the Director of Finance and the Head of Financial Accounting, the discussion topics were confined to the improvements/changes/amendments to the core process, service delivery, objectives and key challenges. The overall understanding from this dialogue was that the development of the Finance Department Work Plan, monitoring, checking and a good understanding of regulatory and legislative requirements is key to dealing with complex finance operational processes.

Financial processes are included in the quality system. The department of 11 personnel is split into 4 main sections:-

- >Management Accounting.
- >Financial Accounting.
- >Transaction Processes.
- >Finance Management.

The department works on a rolling high level plan linking to the annual budget and work plans.

Suppliers are managed via Sage. They are reassessed periodically with a tender process in place for high level spend. Sample of tasks and actions to be taken with regards to the setting up of new suppliers, supplier database in Lotus Notes, and review of the New Supplier Authorisation Form were seen which indicated a focussed approach and standards of professionalism were seen which were adhered to.

Assessment Participants.

On behalf of the organisation:

Name	Position
Roy Dunn	Management Representative
Tom Berrie	Information Service Manager
Louise Hart	Secretary to Council
Tim Moore	Director of Finance
Charlotte Milner	Head of Financial Accounting

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 & Care Professions Council Park House 184 Kennington Park Road London SE11 4BU United Kingdom	FS 83074	
	Visit interval:	6 months
	Visit duration:	1 days
	Next re-certification:	01/04/2016

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

Certification Assessment Plan.

HEALTH-0047125084-000|FS 83074

		Visit1	Visit2	Visit3	Visit4	Visit5	Visit6
Business area/Location	Date (mm/yy):	10/13	04/14	10/14	04/15	10/15	04/16
	Duration (days):	1	1	1	1	1	1
Education				X			
Communications						X	
Customer Services						X	
Finance						X	
Fitness to Practice					X		
HR/Partner Validation		X					
Management System Organisation and Review			X		X		X
Policy		X					
Preparation for Strategic Review						X	
Purchasing & supplier evaluation				X			
Registrations Grand parenting					X		
Registrations International			X				
Registrations UK		X					
Secretariat				X			
Senior Management Interview							X
Staff development and Training		X		X			
Strategic Review							X
Work Environment and Infrastructure			X				

Next Visit Plan.

Visit objectives:

The objective of the assessment is to conduct a surveillance assessment and look for positive evidence to ensure the elements of the scope of certification and the requirements of the management standard are effectively addressed by the organisation's management system and that the system is demonstrating the ability to support the achievement of statutory, regulatory and contractual requirements and the organisation's specified objectives, as applicable with regard to the scope of the management standard, and to confirm the on-going achievement and applicability of the forward strategic plan.

The scope of the assessment is the documented management system with relation to the requirements of ISO 9001:2008 Standard and the defined assessment plan provided in terms of locations and areas of the system and organisation to be assessed.

Date	Assessor	Time	Area/Process	Clause
07/10/2013	Assessor 1	09.30	Assessor arrive on site. Opening meeting, confirmation of plan for the day. Any business changes to be notified	
	Assessor 1	10.00	HR/Partner Validation	
	Assessor 1	11.00	Policy	
	Assessor 1	12.00	Lunch	
	Assessor 1	13.00	Registrations UK	
	Assessor 1	14.00	Staff development and Training	
	Assessor 1	15.00	Report Preparation	
	Assessor 1	16.00	Closing Meeting	

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

Notes.

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

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