

Audit Committee, 26 November 2015

BSI ISO 9001:2008 Audit Report

Executive summary and recommendations

Introduction

BSI audited HCPC on the 22 and 23 October 2015, as the fifth audit of the current three year audit cycle across the whole organisation.

The audit covered the following areas; The Business Overview: Quality Management System Processes; Projects; Registrations CPD, Operations, Quality Assurance; IT Infrastructure & Service Support ; Secretariat, Customer Services, Information Governance, Council processes.

No non-conformances were recorded and the HCPC have been recommended for continued registration.

Decision

Committee is asked to note the report.

Resource implications

None.

Financial implications

None.

Appendices

BSI October 2015 Audit Report, ISO9001:2008.

Date of paper

12 November 2015



Assessment Report.

Health & Care Professions Council

Report Author Ali Mian
Visit Start Date 22/10/2015

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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 |
|---|---------------------------|---|
| 8218738 Continuing Assessment (Surveillance) 22/10/2015 2 day(s) Effective no. of employees : 240 Total no. of employees : 240 | 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 conduct a surveillance assessment and look for positive evidence to ensure that 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 and where applicable to identify potential areas for improvement of the management system.

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

Management Summary.

Overall Conclusion

This assessment covered the areas intended and provided evidence of compliance with ISO 9001:2008 and documented procedures.

The organisation has benefited from and demonstrated dedication and commitment to the maintenance and upkeep of the ISO 9001:2008 Standard. The Quality Management System is used in a very proactive way within the organisation to achieve goals and customer focus.

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.

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.

OPENING MEETING & QMS UPDATE :

The assessment plan was confirmed, the previous report reviewed, and there were no issues or areas of concern brought forward.

Discussions with Mr Roy Dunn Head of Business Process Improvement highlighted the business commitment to continuous improvement. QMS factors are reviewed & communicated at appropriate levels. The organisation has focused on quality, compliance and continual improvement through policies, procedures and systems.

No significant changes have been noted within the organisation, management system or scope of activities since the previous assessment.

The Head of Business Process Improvement explained that the structure is stable and workload continues to be healthy. An update of the key developments was provided by the Head of Business Process Improvement:-

- HCPC were certified to ISO 27001:2013 in June 2015.
- HCPC had a new Chair appointed in early summer 2015.
- The HCPC's Strategic Intent document was reviewed at the Council Away day in October 2015. Minor changes have been proposed to some of the wording.
- The migration of HCPC's QMS/ISMS to BSI Entropy was abandoned after the hosting model changed to Amazon Web Services. AWS requires a unique log in to gain access for employees and users of the QMS. This is incompatible with the openness of HCPC's QMS and intranet. Therefore an alternate is being developed where Microsoft SharePoint will be used as a platform. Minor tests have been undertaken with the Communications Dept web team.
- The organisation are moving from a hard copy Business Continuity Plan to an online BCP with access via mobile (Blackberry) devices (Shadow Planner).

Customer focus and development of effective business processes were strong themes throughout the discussion.

The quality management system's approach continues to deliver a structured approach for the organisation to delivery and control of operations, continual improvement and review of process and procedures. The existing quality system is a well established integral part of the operation and it appears to function well. The QMS continues to meet requirements of ISO 9001:2008 and the management are aware of the upcoming revision to the Standard in 2015.

REGISTRATION :

The Assessor took the opportunity of interviewing the Head of Registration to discuss and understand progress, controls and status of the Registration Department and how Registration supports the business as well as the procedural requirements for each of the operational areas within Registrations:

- Registration Operations.
- Registration Quality Assurance.
- Registrations-CPD.

An overview of the current structure and how it has changed was provided and demonstrated by the Head of Registration including the nature of the anticipated changes within the Department and how these are being managed and tracked. The current structure is as follows:-

- 5 Service Teams (the 5 Registration Managers each have responsibility for a specific process).
- Registration Operations (new team).
- Registration Quality Assurance (new team).

The Department is in the midst of a key project, an overview of which was provided 'Registration Transformation + Improvement Project'. This is a business led paper, the paper for which went out to Council 'Council Meeting dated 24.09.15' sampled. The project is focused on reviewing the entire Registrations operation and how things are done. The aim is to identify how many of the processes can be automated as well as adopting a self service model and automating the current labour intensive CPD process. The objective is to improve the service offered to Registrants and improve efficiencies. The project (4 year period) is going into the build phase. Evidence also provided of the Project Risk Register and Grant Thornton UK LLP Audit completed August 2015.

A sampling assessment was also completed of the following teams within Registrations:

- Registration Operations:-

The assessment was conducted with the Registration Trainer, Registration Co-ordinator and the Registration Operational Planner.

Documents/Records/Activities reviewed:-

- * Training Planner 2015.
- * Training Guides + Staff Training Records, selected Workshop 4: Dealing with Difficult Behaviour and CPD Workshop V2 for review.
- * Sampled the Workshop Evaluation within the Training Planner 2015 (high score rating of 6 seen indicating positive outcome).
- * Resourcing and Forecast 2015 seen.
- * Sampled Individual Performance October 2015.
- * Reviewed the Crystal Report dated 21st October 2015.
- * Pre-Printer Processing demonstrated.
- * 5 Year Plan - Forecasts seen including the Forecast Model.
- * Forecast seen for UK Applications 16/17 Forecast 350,224 (number of Registrants).

- Registration Quality Assurance:-

The assessment was conducted with the Registration Quality Assurance Manager. Documents/Records/Activities reviewed:-

- * Registration Quality Control Processes covering Telephone Calls, Letter Generation, Registration System Data.
- * Red Box Recorders system demonstrated including how calls are evaluated. Call History seen for E.H. Advisor. Evaluation Sheet and Evaluation Criteria seen.
- * Letter Generation explained along with review of the UK Stats for 21.10.15 Daily Letter Logging.
- * Registration System Data explained, sampled for Service Team 5 - QCs 2015-16 including Error Type, Impact of Error, HCPC Risk Matrix.
- * Quality Checks 2010 - 2015 stats seen: 25000 QC's took place in this period.
- * The Registration Quality Assurance Manager explained the continuous improvement work underway in line with the overall Departmental changes taking place. The Registration Department QA Review 2015 was provided which explains how the Registration

Department's approach to QA is being reviewed and how it will be looked at and overhauled. The current and proposed Registration Quality Assurance process was seen. Evidence also seen of the Proposed QC Matrix 2015, currently in draft.

- Registrations-CPD:-

The process covering the receipt, processing and assessing of CPD Profiles was explained by the Registration Manager. The process appears to be very well established and is embedded within the organisation. All CPD Profiles are submitted in hard copy or via email and an initial check is completed to ensure that the submitted documents are completed and prepared for the full compliance review by the assessor. The full review of requirements and compliance to HCPC CPD process is completed by a pair of independent HCPC Assessors.

NetRegulate was reviewed and is an application dedicated for registration of applicants which includes a section for CPD.Documents/Records/Activities reviewed:-

* CPD Profile Assessments Spreadsheet.

* Quality Monitoring Spreadsheet Service Team 4, no CPD Errors reported.

* Selected CPD No. CPD018642 and tracked CPD details within NetRegulate. Selected for CPD 01.03.15, Profile Received - Profile Complete 01.06.15, Accepted 15.06.15. Initial Letter, CPD Booklet seen. Profile sent via email seen. Assessment Feedback - ACCEPT. Record of Assessment seen. Letter confirming CPD Profile accepted seen. CPD Profile acknowledgement and assessment all completed within service standards.

The information/records which were witnessed, demonstrated compliance with internal processes and requirements, and no issues or areas of concern were identified - the service currently being delivered suitably and appropriately.

PROJECT MANAGEMENT :

The Client has demonstrated an effective maintenance of processes and execution of procedures in relation to Project Management.

The Project Portfolio Manager provided an overview of the scope of the projects. Effective project controls in line with the organisation's own procedures & the requirements of ISO 9001:2008 were observed including process inputs, outputs and resources required. The department follows the PRINCE2 methodology and all team members are PRINCE2 qualified. Currently there are 8 formal projects on the go:

- ~ Registration Project (June 20/Nov 2016).
- ~ HR + Partners (June 16).
- ~ Stakeholder Contact Management (may 16).
- ~ Professional Qualifications Directive (March 2016).
- ~ 405 Kennington Fit Out (Feb 16).
- ~ Semafone (Feb 2016).
- ~ Education (Oct 15).
- ~ SAGE + PRS (Dec 15).

Projects Approvals and Project Management processes explained including storage of key Project Documentation. Evidence seen:-

- ~ Projects Progress Report EMT dated 27.10.15 seen.
- ~ Reviewed Exceptions Report for MP64 Education Systems Build project (RED status in the Projects Progress Report EMT dated 27.10.15).
- ~ Reviewed the Projects Approval Report dated October 2015.
- ~ Project Documentation seen on the 'G' Drive covering Finance, Photos, Portfolio Management, Project Management process, Projects Archive.

Sample of the MP83 Fees Review 2015 - 16 project was verified for compliance to specified requirements. The following was covered during the audit:-

- ~ Business Case: Project Duration 6 months, initiated in march 2015, went live July 2015 (delivered on time).
- ~ Start Up.

- ~ Initiation: PID sampled which includes the Quality Plan, Risk Log, list of Stakeholders.
- ~ Budget Management.
- ~ Build.
- ~ Project Closure: reviewed the End Project Report, project under spent.
- ~ Project Progress Report EMT dated 26th May 2015 seen to verify status of this project 'Green'.

Excellent project. Very well managed by competent personnel. The early planning stages were particularly robust and detailed which has enabled the subsequent stages to be so effective. In particular, the lead-in times have been sufficient and for realising a cost effective right first time build. Well done.

SECRETARIAT :

Interviews were held with Louise Lake Director of Council and Committee Services and within her team Ruth Cooper Service and Complaints Manager and Claire Amor Information Governance Manager. This included an overview as to how work activities are prioritized and processed, performance monitoring and managing customer expectations in order to generate valuable business information and quality checking of work including communication links within the business.

The Secretariat support the Council, Committees and Professional Liaison groups of the HCPC so that they can carry out their governance role effectively. Key activities include:

- Council/Committee Meeting + Professional Liaison Groups (PLG's).
- Freedom of Information/Data Protection (Information Governance).
- Appointment + Re-appointment of Members.
- Customer Service Feedback.
- Member Training.
- Members' Self-Assessment.
- Council Away Day.
- Annual Report.

Customer requirements were seen to be a fundamental factor in service provision and based on an effective review process providing continual improvement.

Sample of tasks and actions to be taken were seen which indicated a focussed approach and standards of professionalism were seen which were adhered to. Strong quality system apparent in the teams with careful monitoring in place, but with more flexibility due to the experience levels.

The following was covered during the audit:-

- Secretariat Council Processes:

- * Council of 12, appointment of Council Members. Appointments to Council with decision resting at Privy Council. Key functions include the day to day servicing of Council + Committee.
- * Code of Governance was revised and went to Council in Sept 2013.
- * Financial Regulations were updated.
- * The last 2 years have been fairly static, however, the Secretariat is entering a period of change.
- * Discussed the Annual Workplan covering the 3 areas of Secretariat.
- * Sampled the Council Meeting minutes dated 25.03.15 including the Secretarial Workplan linked to the Strategic Intent 2012 - 15.
- * Council Meeting minutes dated 23.09.15 seen including Secretarial Report and Communications Report.

- Secretariat Customer Service:

The role of Customer Services has been clearly defined within the management system. All information received, is reviewed and allocated individual identification numbers. Issues are either dealt with at source, or distributed to the relevant managers. A

Complaints Database provides an effective process management tool which has the ability to generate all necessary information as required. SMART indicators (Tickets) are allocated to monitor the processes performance, in conjunction with service level agreements.

Evidence seen:

- * Customer Service Process which defines 'How to Complain' Stage 1, Stage 2, Stage 3; Outcomes of Complaints; Feedback Form link; How to Contact Us (60% directly, 40% from Departments). 2/3rds of complaints are about the processes.
- * Customer Service Feedback Report dated August 2015 seen covering positive feedback, negative feedback and Letters of Request. Jan - August 2015 Yearly Monthly Average 42 per 1000 (1.47) complaints. Complaint Root Cause Analysis Aug 2015: 24% HCPC Error, 76% N/A. Positive Feedback Received Jan - Aug 2015 Yearly Monthly Average 7.
- * Sampled Council Meeting minutes dated 30.06.15 including the Six Monthly Review of Feedback + Complaints 'Executive Summary'.
**** POSITIVE OBSERVATION**** It has been verified that the comprehensive reporting tools the Department has at its disposal and in particular the trend analysis of positive feedback and complaints is undertaken to very good effect and these are statistically comprehensive with detailed comparables.
- * Reviewed the Internal Audit or Incident Report dated 17.09.15 Complaints + Customer Service (part of the Secretariat Audit), No Findings identified.
- * Ticket No. HPC4867 was selected for detailed review. Received 21.09.15, Response seen dated 24.09.15, Date Closed 25.09.15. Evidence seen of a thorough investigation completed. This Ticket sampled was handled within the target response times, addressed the complainants points and was generally well written.

- Secretariat Information Governance:

Topics covered included requirements related to FOI/DPA, logging and monitoring of Information Incidents, Reporting, Documented Process controls. Evidence seen:

- * 2014: 21 Information Incidents, 2015: 91 ytd Information Incidents (due to more Incidents being logged as per ISO 27001 requirements).
- * Information Incident Report sampled for reference IIR88.2015 Report Date 15.10.2015, Dept 'Registration', Date of Incident 13.10.15, Incident Rating 4 (Low Level Incident).
- * Sampled the Data Incident Rating Process.
- * Information Incident Report Sept 2015 reviewed, most FtP Incidents are Amber, Registration Incidents are Green.

From electronic records, and discussion it was shown that the processes and activities are well understood and consistently deployed with inbuilt checks, traceability and response time management. Time scales/objectives were well known and adhered to. Records confirmed structured, consistently used processes, that were compliant. The attention to the accuracy of the inputs was clear and the importance of that accuracy for the ongoing processes is fully recognised.

IT :

The onsite IT team provide a range of IT Infrastructure and IT Service Support to the HCPC.

The IT Infrastructure Manager responsible for Infrastructure operations and the IT Service Support Manager responsible for Service Support operations provided an excellent overview of the key role and responsibilities which was much appreciated. It was evident that there are robust contingency and support controls in place backed up by detailed policies and procedures and dedicated staff. The following was covered during the audit:-

- IT Infrastructure:

- * DOC A17 V1.0 dated 23.03.15 sampled. HCPC's data resides in 2 locations Kennington and Rackspace data centres, with Kennington acting as the primary site and Rackspace acting as the backup.
- * Backups fall into 2 categories: Data and backup of actual operating system. Data backups are done with the NetBackup product. Tape Policy: Full Backup (Monthend tapes are kept offsite at Recall) - done monthly. Daily Differential Incremental Backup, weekly Full Backup. Disk Policy: weekly Full Backup.
- * Re-call collect tapes to store offsite.

- * The HCPC's data is replicated in near real time to Rackspace with various technologies: DFSR, users can use tool 'Shadow Copies' to recover files, MSSQL Logshipping, RSYNC, Oracle DataGuard.
- * E Mail: Domino (replicate to Rackspace using Domino replication).
- * Virtual Machine Backups: use Veeam Backup + recovery for this task.
- * Availability discussed: Perimeter Security - Kennington (Cisco ASA Firewall, IPS), Perimeter Security - Rackspace (Cisco ASA Firewall, Web Application Firewall, AlertLogic IDS), Antivirus + Malware (Symantec Antivirus + client Firewall). HCPC uses MessageLabs to scan incoming + outgoing e-mails for Malware and also to do URL filtering, to restrict access to malicious websites.
- * Recently acquired CimTrak file monitoring integrity system.
- * Tripwire used to collect logs.
- * For Availability use Applications Manager Dashboard.

- IT Support:

The IT Service Support Manager provided an overview of the key components of IT Support (Communications, Service Desk, Licensing + Software, Change Process). Evidence seen for each component:

- * *Communications:* internal Intranet, IT Induction 2015 (PowerPoint) for New Starters, HCPC IT Policy, IT Weekly Meeting Agenda dated 16.10.15, Support Team Weekly Meeting, Weekly Usage Stats Report dated 23.10.15, Printing Stats Cost Code Printing Extraction Time 30.09.15, IT Strategy dated Nov 12 approved by the Director of IT, IT Survey 2015 (119 responses, positive feedback noted), Quick Fixes.
- * *Service Desk:* tracked Ticket No. 111382 created 22.10.15, Low Priority 'In-Progress' and Ticket No. 111363 created 20.10.15 Medium Priority 'On-hold - Proposed Solution' through the system. Internal Service Standards seen (Urgent, High, Medium, Low) as well as Escalation Times. Incident Summary 18.10.15 - 23.10.15 seen. Support Incident Achievement SLA 16th - 23rd Oct 2015 seen (No Breaches).
- * *Licensing:* Express Metrix software asset management system demonstrated, details seen for HPC\PC004.
- * *Change Process:* follow ITIL best practice. CAB Agenda + Minutes dated 08.10.15 seen. Selected RFC No. 20150108 'New File Server' date submitted 16.09.15, Standard Priority, Impact Minor, Risk Low, CAB Decision: Further Information Required. Change Management Folder seen within 'G' Drive. Reviewed the Change Process Workflow.

During the course of the visit logos were found to be used correctly.

Assessment Participants.

On behalf of the organisation:

| Name | Position |
|------------------|--|
| Roy Dunn | Head of Business Process Improvement |
| Richard Houghton | Head of Registration |
| Claire Reed | Project Portfolio Manager |
| Adam Mawson | Registration Trainer |
| Jessica Tew | Registration Co-ordinator |
| Mark Arnuevo | Registration Operational Planner |
| James Wilson | Registration Quality Assurance Manager |
| Louise Lake | Director of Council and Committee Services |
| Ruth Cooper | Service and Complaints Manager |
| Claire Amor | Information Governance Manager |
| Jason Roth | IT Infrastructure Manager |
| Rick Welsby | IT Service Support Manager |
| Natalie Berrie | Registration Manager |

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: | 2 Days |
| | 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.

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): | 1.0 | 1.0 | 1.0 | 2 | 2 | 2 |
| Quality management system - key controls - see appendix for full listing* | | | X | | X | | X |
| Staff Development and Training | | X | | X | | | |
| Purchasing/supplier evaluation (see Procurement) | | | | | | | X |
| Risk register | | | | | | | X |
| Work environment and infrastructure/facilities management | | | | | | | X |
| Quality Assurance | | | | | | | X |
| Senior management interview | | | | | | | X |
| Strategic review - using pack of information supplied by BSI | | | | | | | X |
| ** | | | | | | | |
| Communications | | | | | X | | |
| - Social Media | | | | | X | | |
| - Stakeholders | | | | | X | | |
| - Publishing | | | | | X | | |
| - Web & Digital | | | | | X | | |
| - Internal Communications | | | | | X | | |
| - Events | | | | | X | | |
| ** | | | | | | | |
| Finance | | | | | | | X |
| - Invoicing & Purchase Ledger | | | | | | | X |
| - Management Accounts | | | | | | | X |
| - Procurement (purchasing and suppliers) | | | | | | | X |

| | | | | | | | |
|----------------------------------|---|---|---|---|---|---|--|
| - Transactions | | | | | | X | |
| ** | | | | | | | |
| Education | | | X | | | | |
| - Operations NNIW | | | | | | | |
| - Operations SES | | | | | | | |
| - Communications and Development | | | | | | | |
| - quality assurance | | | | | | | |
| - Policy and Development | | | | | | | |
| ** | | | | | | | |
| Fitness to Practice | | | | X | | | |
| - Adjudication | | | | X | | | |
| - Administration | | | | X | | | |
| - Assurance & Development | | | | X | | | |
| - Case Support | | | | X | | | |
| Case Teams 1-5 | | | | X | | | |
| Case Teams 6-7 | | | | X | | | |
| Compliance | | | | X | | | |
| Investigations | | | | X | | | |
| ** | | | | | | | |
| HR/partner validation | X | | | | | | |
| ** | | | | | | | |
| Policy | X | | | | | | |
| ** | | | | | | | |
| Projects | | | | | X | | |
| ** | | | | | | | |
| Registrations | | | | | | | |
| - International | | X | | | | | |
| - UK | X | | | | | | |
| - CPD | | | | | X | | |
| - Operations | | | | | X | | |
| - Quality Assurance | | | | | X | | |

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| ** | | | | | | | | | |
| IT | | | | | | | X | | |
| - Infrastructure | | | | | | | X | | |
| - Service support | | | | | | | X | | |
| ** | | | | | | | | | |
| Secretariat | | | | X | | | X | | |
| - Customer Services | | | | | | | X | | |
| - Information Governance | | | | | | | X | | |
| - Council Processes | | | | | | | X | | |

Next Visit Plan.

Visit objectives:

Re-certification Opt 1

The objective of the assessment is 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.

Visit Criteria

2 day Re-certification Audit (SR Opt 1) combined with Continuing Assessment (Surveillance) booked for 20th - 21st April 2016.

Visit Scope

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

| Date | Assessor | Time | Area/Process | Clause |
|------------|------------|-------|--|--------|
| 20/04/2016 | Assessor 1 | 09.00 | DAY 1 BSI Assessor arrives on site, completes entry and escorted access to office. | |
| | | 09.15 | Opening meeting, confirmation of plan for the day. Any business changes to be notified. | |
| | | 09.30 | Quality management system - key controls - see appendix for full listing*. | |
| | | 11.00 | Purchasing/supplier evaluation (see Procurement). | |
| | | 12.00 | Lunch. | |
| | | 13.00 | Risk register. | |
| | | 13.30 | Work environment and infrastructure/facilities management. | |
| | | 14.30 | Quality Assurance. | |
| | | 15.00 | Report Preparation. | |
| | | 16.00 | Interim Closing Meeting Day One. | |

| | | | | |
|------------|--|-------|--|--|
| 21/04/2016 | | 09.00 | DAY 2 BSI Assessor arrives on site, completes entry and escorted access to office. | |
| | | 09.30 | Finance: - Invoicing & Purchase Ledger; - Management Accounts; - Procurement (purchasing and suppliers); - Transactions. | |
| | | 11.30 | Senior Management Interview. | |
| | | 12.00 | Lunch. | |
| | | 13.00 | Strategic Review - using pack of information supplied by BSI. | |
| | | 14.30 | Report Preparation. | |
| | | 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.

Scope of Certificate FS 83074 (ISO 9001:2008).

Main Scope

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

| Location | Scope |
|--|---------------------------------|
| Health & Care Professions Council Park House 184 Kennington Park Road London SE11 4BU United Kingdom HEALTH-0047125084-000 | Main Certificate Scope applies. |

Notes.

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

If you wish to distribute copies of this report external to your organisation, then all pages must be included.

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

'Just for Customers' is the website that we are pleased to offer our clients following successful registration, designed to support you in maximising the benefits of your BSI registration - please go to www.bsigroup.com/j4c to register. When registering for the first time you will need your client reference number and your certificate number (47125084/FS 83074).

This report and related documents is 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.

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

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

Tel: +44 (0)845 080 9000

Email: MK.Customerservices@bsigroup.com

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.

Appendices.

Quality Management System - key controls*:

- Any actions/observations raised in this report
- Management review – agendas/minutes to be available for sampling at random
- Internal audits – procedure, schedule and reports to be available for sampling at random
- Customer feedback and complaints – procedures (control of non-conforming product and corrective action procedures), records/details to be available for sampling at random
- Process performance data (information arising from key process checks)
- Reporting and analysis
- Trends identified and improvement opportunities noted
- Risks/planning for change (preventive action procedure may be required)
- Corrective actions taken as a result of any of the above
- Quality policy and objectives
- Document and record controls

Expected Outcomes for Accredited Certification.

What accredited certification means:

The accredited certification process provides confidence that the organization has a management system that conforms to the applicable requirements of the certified standards covered within this assessment and scope of certification.

What accredited certification does not mean:

It is important to recognize that certification defines the requirements for an organization's management system, not for its products or services. It does not imply that the organization is providing a superior product or service, or that the product, service or performance itself is certified as meeting the requirements of an ISO standard or specification or that the organisation can guarantee 100% product, service or performance conformity, though this should of course be a permanent goal.