Quality Report to Audit Committee, 26 June2007

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Quality – Greg Ross-Sampson

Introduction

This is the third 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 preparing for the BSI audit scheduled for 1 May 2007.

Human resources

The vacant Quality Manager position has been advertised in March, April and May, interviews were held in May and June. There were no successful candidates.

Although the result of the interview process is disappointing, there is not a negative effect on the Quality Management System as it is being maintained by the Director of Operations.

A new advertising strategy is being developed with the Human Resources Department.

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:

March 2007	Fitness to Practise
March 2007-	Human Resources - Employees
April 2007	Approvals & Monitoring
April 2007-	Human Resources - Partners

These audit reports are in Appendix 2.

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 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

Below is a list of recent QMS reviews.

April 2007	Information Technology
April 2007	Quality
April 2007	Approvals & Monitoring

April 2007	Customer Services
April 2007	Human Resources
April 2007	Fitness to Practise
May 2007	Project Management
May 2007	Operations
May 2007	Quality

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:

- Governance
- Information Technology
- Quality
- Approvals & Monitoring
- Customer Services
- Human Resources
- Fitness to Practise
- Project Management
- Secretariat

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.

Last BSI audit

HPC prepared to be externally audited by BSI on Tuesday 1 May 2007 in Quality Management, Secretariat, CPD, Aspirant groups, Customer Service and IT. However, we were told on the morning of the audit that this audit was actually our 3 year strategic review.

The objective of the 3 year strategic review is to ascertain the integrity of the organisation's management system over the last three years.

HPC passed this strategic review with no nonconformities identified during the assessment. This is a very positive reflection not only on our systems and process but also on the positive attitude process owners to the Quality Management System.

BSI's Assessment report is in Appendix 3.

Next BSI audit

The next BSI external audit is scheduled for 9 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

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;

3) Highlighting areas for improvement; and/or
4) 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.

Appendix 2 – Internal Audit Reports

March 2007	Fitness to Practise
March 2007	Human Resources - Employees
April 2007	Approvals & Monitoring
April 2007	Human Resources - Partners

Internal Audit Report

1. Audit overview

1.1	Date	6 March 2007
1.2	Department	Fitness to Practise
1.3	Auditor	Greg Ross-Sampson
1.4	Person being audited	Kelly Johnson
1.5	Date report was issued	9 March 2007
1.6	Observations Made	1
1.7	Non conformities Issued	1

2. Audit information

The audit was conducted with Kelly Johnson – Fitness to Practice

What is the role of the FTP department?
The Fitness to Practise team are responsible for 4 main functions:

* Fitness to Practise
* Registration Appeals
* Protection of Title
* Health & Character Declarations

Who makes the decisions in these cases?
Panels of the committees.

Who sits on a panel?
Partners.

How do you ensure consistency in their decision making of Fitness to Practise cases?

I or my Fitness to Practise Manager attend CHRE learning points meetings with CHRE when we are requested to do so.

For my department:-

- I hold regular team meetings with my own team every 2 weeks. As well as discussing normal house-keeping and admin issues, we also review our decision making processes
- The Fitness to Practise Manager also holds a daily team briefing to update the team on any immediate issues

For panel chairs and legal assessors:-

- My department holds regular review days with panel chairs and legal assessors twice a year to provide updates on regulatory law and review training on the Order and associated rules. We also review the importance of consistency in decision-making
- A quarterly email is sent to panel chairs and legal assessors on changes or revisions in documentation

Also, an annual report is created once a year that outlines trends and data of hearings, panels, orders, cautions etc. This is a public document that is available to everyone.

How many cases do you handle a year?
About 700 in total.

So you process about 225 hearings every quarter?
Yes

Would it be helpful to review decision-making a more frequent basis ie every quarter say, and compare it to the previous quarter? That way, allowing 4 comparisons to be made in the space of 12 months rather than 1 comparison as it is at present.

Yes it might be in with this case handling information. But for other information such as how long cases are taking, it is more helpful to me and my manager to review the data over a 12 month or longer period.

Recommendation 1:- Waiting 12 months is a very long time for FTP case decision analysis, and there may be value in conducting a trends and analysis review every 3 months to coincide with the panel chair and legal assessor email. That way any potential issues can be flagged up quickly and resolved/stopped/enforced more quickly.

Can you explain to me the allegation process?

[The allegation process was explained in sginicant detail, as per the allegation process however, it was explained that a complaint does not have to be submitted to HPC in wrting via a letter. An individual can be explained to a case manager, who can document the allegation on behalf of the person making the complaint.]

Non-conformance 1:- Process states that a letter is received in the FTP area, which starts the allegation process however, an allegation can be given verbally to a case manager who documents the allegation.

3. Resources

People, Environment, Equipment, Tools, Communications and Services

- Fitness to Practice Director
- Fintess to Practise Masnager
- Case Manager
- Hearings Officer
- Team Administrator
- Panel Members
- Legal Assessors
- Fitness to Practise database

4. Criteria

Criteria (Legislation and Regulation, Corporate Policy, Local Policy, Customer requirements and Procedural Requirements)

- HPC Order 2001 and associated rules
- Human Right Act 1997

- Council/Committee approval and minutes

5. Records

- Case files
- Annual report
- Trends and analysis information
- Team meeting minutes/actions

6. Measures

7. OBSERVATIONS AND NON CONFORMITIES

This is information regarding any observations and non conformities recognised during the audit.

As a result of this audit there were 0 observations (see below) and 0 non conformities.

Observations

Reference	Observation	Proposed action	Responsibility of
Observation 1	Waiting 12 months is a very long time for FTP case decision analysis.	There may be value in conducting a trends and analysis review every 3 months to coincide with the panel chair and legal assessor email. That way any potential issues can be flagged up quickly and resolved/stopped/enforced more quickly.	FTP Director

Non Conformity Report	
FOR AUDITORS USE ONLY	
Department	**Fitness to Practise**
Reference	**Procedure**
Report Number	
Location	**3rd floor, Park House**
Date	**6 March 2007**
Author	**Greg Ross-Sampson**

Requirement
FOR AUDITORS USE ONLY

4 Quality management system

4.1 General requirements

The organization shall
a) identify the processes needed for the quality management system and their application throughout the organization

Evidence
FOR AUDITORS USE ONLY
Process states that a letter is received in the FTP area, which starts the allegation process however, an allegation can be given verbally to a case manager who documents the allegation.

Signed (Author)……

Signed (Department Manager) ……..

Proposed Corrective Action
FOR AUDITORS/MANAGERS USE ONLY

Update process to reflect an allegation can be given verbally to a case manager who documents the allegation.

Target date for implementation: May 2007

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) ……..……..**