Internal Audit Report

1. Audit overview

1.1	Date	Wednesday 11 April 2007
1.2	Department	Approvals and Monitoring
1.3	Auditor	Greg Ross-Sampson
1.4	Person being audited	Abigail Creighton
1.5	Date report was issued	11 April 2007
1.6	Observations Made	1
1.7	Non conformities Issued	1

2. Audit information

The audit was conducted with Abigail Creighton - Approvals and Monitoring

What is the structure of the Approvals & Monitoring team?

10x Team Members

1x Education Manager – approvals visitors

6x Education Officers – approvals visitors, involved in annual monitoring and major project change

2x Education Administrator – Support annual monitoring and major change process

1x Team Administrator – Support team meetings, budget support and general enquiries

What are the responsibilities of the team?

Three major procedures – Approvals, Monitoring & Minor/Major Change

The six Education Officers work on visits and are responsible for all processes that support visits as well as a small amount of annual monitoring.

How do they know what to do what?

Manager allocates these tasks, based on equal allocation

How does the Manager know what to do?

Academic visits are made yearly generally during the period of September to June. We ask all EPs to requests a visit for a new programme at least 6 months in advance. This ensures that the event is organised correctly and all documentation is received on time.

EPs submit annual monitoring reports every 2 years. This means we know 2 years in advance who needs to submit a annual monitoring report.

What does the Approvals & Monitoring team do?

Approvals

The Order states that we need to have approved programmes. The list of these programmes in on our website (updated by our Team Administrator).

- Contact from the department
- Starter pack is sent with visit request form
- EP returns visit request form and information on the programme and suggested dates for the visit
- Team administrator and manager meet weekly to discuss and agree dates
- EP is told of available dates
- Team administrator contacts partners with dates
- Pre visit preparation, agree agenda, conflict of interest forms, who will be seen and what documentation is needed from EP.
- Travel and accommodation for visitors
- Visit date

Visitors ask questions

The EP provides presentation from:

  - Senior team
  - Programme team
  - Students
  - Placement providers

- Tour of the facilities
- Visitor and Education Officer meet to make decision based on SOPs and SETs
- Recommendation to ETC

Outcomes

1. Approved
2. Approved with conditions (have to be met before the programme can be approved)
3. Approved with conditions and recommendations (meet the standards but could be done as a an improvement)

Post visit

- Visitors produce various reports
- Sent to EP
- Report goes to ET panel subcommittee of ETC
- Panel role is to approve recommendation of the visitors

- If conditions are existent a response is received from the EP
- Another paper goes to the sub committee
- Write to EP and confirm approval
- Update the website

What measures do you use to measure success of your processes?

Why does the Approvals Committee exist?

Disbanded now. Main function replaced by the Education & Training Committee panel

Non-Conformity 1 – Process states that the Approvals Committee is responsible for the approval of programmes.

How does the ETC Panel know what to do?

ETC standing orders & guidance. The ETC have approved what the powers are of the panel.

How do you plan your work?

An annual work plan is developed by the Education Manager.

Is this work plan in the Quality Management System?

No

Observation 1 – Annual workplan is not in the quality management system

How does the department communicate?

Weekly team meetings – No visits are scheduled on Mondays, so the whole team is in on Mondays. Team meeting is held on Monday

There is a standard format for this meeting and the minutes are on Springfield.

This is an opportunity for the team to raise any issues or problems with any processes and to address them if they are urgent otherwise they are worked through in our away days or end of academic year, process reviews.

The weekly team meeting is also used to trickle down information from EMT, middle management or any other information that the Manager or other members of the team have picked up.

The Education Manager also holds regular one-to-ones with individuals, as well as the yearl performance review system.

3. Resources

People, Environment, Equipment, Tools, Communications and Services

- 1x Education Manager
- 6x Education Officers
- 2x Education Administrator
- 1x Team Administrator

4. Criteria

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

- HPC Order 2001
- Council/Committee approval
- Annual monitoring supplementary information
- Major/minor change supplementary information
- Approvals supplementary information

5. Records

- Annual monitoring submissions
- Annual monitoring reports
- Visitor reports
- Visitors assess major/minor change submissions
- Approved courses / institutions list up to date.
- Paper to Committee
- Confirmation of approval letter
- Website

6. Measures

- Annual monitoring submissions completed on-time
- Annual monitoring reports considered by visitors, as scheduled
- Approved courses / institutions list up to date.
- Visitor reports tabled to Education & Training Committee
- Visits completed to Schedule.
- Approved courses / institutions list up to date.
- Visitors assess major/minor change submissions in a timely fashion

- Approved courses / institutions list up to date.

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 1 observation (see below) and 1 non conformity.

Observations

Reference	Observation	Proposed action	Responsibility of
Observation 1	Annual workplan is not in the quality management system	Put work plan in to quality management system	Education Manager * Quality Manager

Non Conformity Report

FOR AUDITORS USE ONLY

Department	Approvals and Monitoring
Reference	Procedure 63
Report Number	
Location	Mezzanine, Stannary Street
Date	11 April 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 the Approvals Committee is responsible for the approval of programmes. This is no longer the case as the Approvals Committee has been disbanded.

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

Proposed Corrective Action
FOR AUDITORS/MANAGERS USE ONLY

Update process to reflect that the a panel of the Education & Training Committee are now responsible for the work of the Approvals Committee

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) ……..……..

Internal Audit Report

1. Audit overview

1.1	Date	Friday, 13 April 2007
1.2	Department	Human Resources
1.3	Auditor	Greg Ross-Sampson
1.4	Person being audited	Larissa Foster & Yasmin Hussain
1.5	Date report was issued	Friday, 13 April 2007
1.6	Observations Made	3
1.7	Non conformities Issued	2

2. Audit information

The audit was conducted with Larissa Foster – Director of HR and Yasmin Hussian, Partner Manager.

Who is responsible for the management of partners?

The Partner Manager is responsible for the day-today management of the partners.

However, the responsibly of partners sits in the HR department of which the Director of HR is responsible for, so ultimate responsibility lies with the HR Director.

How do you know this?

It is outlined in the job descriptions of the HR Director and Partner Manager

What are partners?

Partners are our Legal assessors, panel members registration assessors and vsitors.

They are self-employed contractors who provide services to HPC.

How are partners recruited?

Partners are recruited either when:
a) an existing Partner resigns and there is a need to fill that function
b) a new function arises and new Partners are needed (eg CPD Assessors).

The relevant Department Head (Education Manager, Customer Services Manager or Fitness to Practise Manager or Director) fills in a Partner recruitment authorisation form which is then signed by the Partner Manager, the Director of Finance and the Chief Executive.

The Partner Manager then develops an advertisement with the relevant Department Head. Following a short listing and interview process, a contract is issued.

What sort of documentation does a partner need to return to HPC upon being a successful applicant?

Documents such as a signed contract and an (voluntary)equal opportunities form.

How do you know you have received all of these documents from the applicant?

Partner Manager ensures that all documents are submitted correctly and filed on their HR file?

Where is this "checklist" of required items and other relevant HR paperwork like the CV, declaration of interest forms and references, kept?

There is not a formal record kept.

Non-conformance 1 – No record of partner recruitment documents being received and checked.

When a partner starts with HPC, how do they know what policies and procedures govern them?

Their contract outlines their terms and conditions.

Do they need to abide by ay other policies and procedures?

Yes

How do they obtain these additional policies and procedures?

Upon request

Recommendation 1 – Partners do not receive an up-to-date "handbook" of policy and procedures.

Develop a Partner handbook that outlines all Partner policy and procedures.

Do Partners claim expenses?

Yes

How do Partners know what this policy is?

It is part of their contract

How do you ensure that expenses are reimbursed correctly?

This is currently an important area for us to develop as it is not adequately address.

Non-conformance 2 – Partners not following the documented contractual policy on expenses and HPC not enforcing this policy.

How do you choose what partner has their contract extended?

We have set criteria that we follow.

We also involve the Public Appointments Commission to ensure the process is fair.

This criteria list is rather subjective. Is it difficult to assess?

You are right, the criteria was made up by the previous Partner Manager without consultation from the department heads, and it is also based on old role briefs.

Recommendation 2– Partner contract renewal criteria is not very objective. Develop Partner contract renewal criteria that is more competency base, less subjective, more objectives

It may also be appropriate to conduct the development of this new criteria in consultation with department heads.

How does a Partner resign?

They submit a resignation letter to HPC.

This is responded to by the Partner Manager.

Do you find out why the partner has resigned?

Depends on what is said in the resignation letter. Since they are not an employee of HPC our obligations are slightly different.

Recommendation 3 – No proactive approach to obtaining reasons of resignation from Partners.

In order to obtain the reasons for a partner resignation, hold an exit interview or request the partner to complete an exit questionnaire.

3. Resources

People, Environment, Equipment, Tools, Communications and Services

- 1x HR Director
- 1x HR Manager
- 1x Partner Manager
- 2x Team Administrator

4. Criteria

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

- HPC Order 2001
- HR legislation

5. Records

- Role briefs
- Partner files
- Quality Management system
- Partner reappointment criteria

- Partner expense forms
- Job adverts
- Interview letters
- Interview assessment forms
- Job offer letter
- Contracts

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 were3 observations (see below) and 2 non conformities.

Observations

Reference	Observation	Proposed action	Responsibility of
Observation 1	Partners do not receive an up-to-date "handbook" of policy and procedures.	Develop a Partner handbook that outlines all Partner policy and procedures.	Partner Manager
Observation 2	Partner contract renewal criteria is not very objective.	Develop Partner contract renewal criteria that is more competency base, less subjective, more objectives It may also be appropriate to conduct the development of this new criteria in consultation with department heads.	Partner Manager
Observation 3	No proactive approach to obtaining reasons of resignation from Partners.	In order to obtain the reasons for a partner resignation, hold an exit interview or request the partner to complete an exit questionnaire.	

Non Conformity Report	
FOR AUDITORS USE ONLY	
Department	**HR – Partners**
Reference	**Procedure**
Report Number	
Location	**Basement, Park House**
Date	**13 April 2007**
Author	**Greg Ross-Sampson**

Requirement
FOR AUDITORS USE ONLY

4 Quality management system

4.2.4 Control of records

Records shall be established and maintained to provide evidence of conformity to requirements and of the effective operation of the quality management system.

Records shall remain legible, readily identifiable and retrievable. A documented procedure shall be established to define the controls needed for the identification, storage, protection, retrieval, retention time and disposition of records.

Evidence
FOR AUDITORS USE ONLY
No record of partner recruitment documents being received and checked.

Signed (Author)……

Signed (Department Manager) ……..

Proposed Corrective Action

FOR AUDITORS/MANAGERS USE ONLY

Develop a partner checklist to show evidence that all relevant partner documents have been received and checked.

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) ……..……..

Non Conformity Report	
FOR AUDITORS USE ONLY	
Department	**HR – Partners**
Reference	**Procedure**
Report Number	
Location	**Basement, Park House**
Date	**13 April 2007**
Author	**Greg Ross-Sampson**

Requirement
FOR AUDITORS USE ONLY
4.1 General requirements

The organization shall establish, document, implement and maintain a quality management system and continually improve its effectiveness in accordance with the requirements of this International Standard.

Evidence
FOR AUDITORS USE ONLY
Partners not following the documented contractual policy on expenses and HPC not enforcing this policy.

Signed (Author)……

Signed (Department Manager) ……..

Proposed Corrective Action
FOR AUDITORS/MANAGERS USE ONLY

Develop a partner handbook and put a paper to Finance & Resources Committee to obtain approval to formally enforce this requirement.

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) ……..……..**

Appendix 3 – BSI 3 year Strategic Review Assessment Report

Assessment Report

Organisation	Health Professions Council
Report Author	Lisa Clarke
Visit Start Date	01/05/2007

Introduction

This report has been compiled by Lisa Clarke and relates to the assessment activity detailed below:

Visit ref/Type/Date/Duration	Certificate/Standard	Site address
4877095 Strategic review 01/05/2007 1 day(s)	FS 83074 BS EN ISO 9001:2000	Health 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

We are pleased to recommend the continuation of your registration.

The areas assessed during the course of the visit were found to be effective.

Corrective actions with respect to nonconformities/issues raised at the last assessment have been reviewed and found to be effectively implemented.

No new issues or 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

Management systems organisations and review

The management system generates performance data at a number of different levels and there is a comprehensive meeting structure to ensure that the information is analysed and used to drive improvements as necessary. At first glance, the structure appears complicated, however, the inputs required by clause 5.6 are included at least annually.

The recent departure of quality manager, Ruth Bacon, has left the organisation with a vacancy at present. This is currently being covered by Operations Director, Greg Ross-Sampson. The internal audit schedule is up-to-date and process audit samples seen were comprehensive. It was noted, however, that they are quite descriptive and lengthy, which may prove cumbersome in the long term. A review of in-process check arrangements (linked to process risk) may be appropriate to assist you to streamline the auditing schedule. Refresher audit training has been undertaken recently.

Quality policy and objectives - performance against these are measured at various levels in the organisation. Management review should also include a review of both.

Senior Management Interview

The various management responsibilities were assessed via interview with Mr Greg Ross-Sampson, Director of Operations and with Mr Mark Seale, Chief Executive.

Strategic Review

The three yearly strategic review has been conducted and the results are detailed below. This will enable a recommendation for continued registration to be put forward to the BSI review panel and a new certificate to be issued upon confirmation.

No major trends were identified from the results of the BSI reports analysed today. It would appear that corrective action has successfully investigated any problems highlighted and these have been corrected in line with corrective action procedures. Details of the reports covering this period of time can be found under appendix later in this document.

Quality objectives set during the initial registration process have been met and various improvement

examples were seen today.

A recommendation for continued registration has been proposed.

Re-certification by Strategic Review

Review of assessment progress and the re-certification plan:

All areas and processes within the scope of registration have been tested for effectiveness and assessed against the ISO 9001:2000 standard to ensure compliance. All areas of the plan have been included.

Review of assessment findings:

During the course of the assessment visits since registration, four issues have been identified. There has not been a consistent pattern or trend identified in relation to these, but included in the findings have been one-off comments relating to the design clause, to document/record accessibility, management review, supplier evaluation and fire exits.

It would appear that all issues are thoroughly investigated and actions taken to satisfactory conclusion.

Review of progress in relation to the organisation's objectives:

Objectives set at the time of registration have now been met and performance against objectives demonstrates significant continual improvement examples.

Management system strategy and objectives:

Corporate objectives include the following:-

1. Development of the CPD process
2. Market expansion - proposed inclusion of more groups of professionals in the registration process
3. A new building - new working environment
4. The challenge of expansion - maintaining a controlled "small business" ethos as the Organisation grows

BSI Client Management:

The Health Professions Council have been visited by at least 6 different assessors since its registration with BSI and this has been a matter of concern for the Organisation. They wish to register concern at the number of changes made to their client management and would request as much continuity as possible in future. Approved team should include Lisa Clarke, Kawaljeet Mehan and Sid Ekers.

The issue of impartiality is, in the light of the above, irrelevant.

Lisa Clarke holds T code T68C and is a Lead Assessor, qualified to conduct the strategic review.

Issues Raised at Last Assessment

Ref	Area/Process	Clause
A56149/1	Communications Department	6.3/4
Details:	A storage shelf unit and various boxes made ineffective the fire escape from the Communications department and contravenes the Fire Regulations	
Actions:	The fire regulations have been checked and the area does actually comply as there is another door close by. The fire exit sign has been removed for the sake of clarity.	
Closed?:	☑	

Assessment Participants

The assessment was conducted on behalf of BSI by:

Name	Role
Lisa Clarke	Team leader

… and on behalf of the organisation:

Name	Position
Mr Greg Ross-Sampson	Operations Director

Continuing Assessment

BSI believes in a partnership approach that provides added value service. It is on this basis that we propose a programme of continuing assessment as 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:	01/04/2007

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

Business area/Location		Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6
	Date (mm/yy):	10/07	04/08	10/08	04/09	10/09	04/10
	Duration (days):	1	1	1	1	1	1
Registrations UK		X					
Registrations - International & Grandparenting			X				
Communications						X	
Approvals & Monitoring				X			
Fitness to Practice					X		
HR/Partner Validation		X					
Purchasing/supplier evaluation				X			
Secretariat*				X			
Customer Services						X	
Finance						X	
Management systems organisation and review			X		X		X
Senior management interview							X
Preparation for Strategic Review						X	
Strategic Review							X
Staff development and training		X		X			
Policy		X					

Next Visit Plan

Visit objectives:

The next visit will be the first in the 3 year assessment cycle and will seek to confirm that continued compliance with the ISO 9001:2000 standard is evident through effective process management in the various areas included in the plan.

Visit scope:

Areas detailed below

Date	Assessor	Time	Area/Process	Clause
02/10/2007	Lisa Clarke	09.30	Opening meeting 1. BSI formalities 2. Changes to HPC since last visit 3. Review of last report 4. Questions/updates	
		10.00	Registrations - UK	
		11.30	Policy	
		12.30	Break	
		13.30	HR including Partner validation	
		14.30	Staff training and development	
		15.00	Report writing and 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 issues 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, designed to support you in maximising the benefits of your BSI registration - please go to www.bsi-emea.com/JustForCustomers to register. When registering for the first time you will need your client reference number and your certificate number.

The CO2 emissions due to the planning, delivery and administration of this assessment have been fully off-set through the BSI CarbonNeutral® project. For more information on CarbonNeutral® please visit www.bsi-uk.com/carbonneutral.

Should you wish to speak with BSI in relation to your registration, please contact our Operations Support Team:

BSI Management Systems UK
PO Box 9000
Milton Keynes
MK14 6WT

Tel: +44 (0)845 080 9000 Fax: +44 (0)1908 228123

Appendices

*Secretariat - Review of Coucil committee's role, meetings and members

Strategic Review - details of visit reports

1/5/2007 - Lisa Clarke - 4877095
16/10/2006 - Sid Ekers - 4756878 - 1 issue relating to fire exit
24/4/2006 - Sid Ekers - 4683902 - 1 issue relating to management review/supplier evaluation
12/10/2005 - Kevin Hopkinson - 4637954 - no issues
4/4/2005 - Kevin Hopkinson - 4637953 - 1 issue - docs/records accessibility
8/11/2004 - Colin Jones - 4637957 - no issues - observation re management review
8/7/2004 - Andy Connett/Kawaljeet Mehan - 4546828 - 1 issue - design