

Audit Committee, 15 March 2017

BSI ISO10002:2014 Audit

Executive summary and recommendations

**Introduction**

BSI have been on site to carry out the ISO10002:2014 recertification audit. This is carried out on an annual basis.

- HCPC have been recommended for recertification
- The next annual recertification audit will take place on February 1<sup>st</sup> & 2<sup>nd</sup> 2018

**Decision**

The Audit Committee are asked to note the report.

**Resource implications**

None known

**Appendices**

BSI Audit report ISO10002:2014 – January 2017

**Date of paper**

22<sup>nd</sup> February 2017

# Assessment Report

## Health & Care Professions Council

Assessment dates	26/01/2017 to 27/01/2017
Assessment location	London (000)
Report Author	Ali Mian
Assessment Standards	ISO 10002:2014



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## Executive Summary

The strategic direction of Health & Care Professions Council is to achieve re-certification for ISO 10002:2014 and to ensure compliance with the intended outcomes of the complaints management system Standard requirements. Reviewing the Client's complaints management system needed to attain re-certification, this system in general is found to have all the key requirements needed in place to support this progress.

The complaints management system has largely demonstrated the ability to support the strategic aims and to deliver daily operational consistency to underpin this strategy. Evidence of this was experienced through the knowledge and experience of key personnel who are able to manage customer expectations via telephone and written enquiries which are often dealt with quickly and efficiently so that the process is able to progress to the advantage of all thereby enhancing customer focus wherever possible.

Organisational values are focussed on supporting customers and employees. Organisational processes were effectively planned to support the aims and objectives of the organisation. Effective and robust communication processes were evidenced with posts and articles regularly published on the HCPC Intranet alerting personnel to complaint processes, general awareness and requirements. Employees interviewed demonstrated understanding of planned processes. Effective interpersonal skills were demonstrated. Processes assessed were verified to be effectively executed with regard to intended outcomes.

### Assessment objective, scope and criteria

The objective of the assessment was to conduct a certification assessment to ensure the elements of the proposed scope of registration and the requirements of the management standard are effectively addressed by the organisation's management system and to confirm the forward strategic plan.

The scope of the assessment is the documented management system with relation to the requirements of ISO 10002:2014 and the defined assessment plan provided in terms of locations and areas of the system and organisation to be assessed.

ISO 10002:2014

Health & Care Professions Council management system documentation.

## NCR Summary

There have been no NCRs raised.

### Definitions:

#### Nonconformity

Non-fulfilment of a requirement.

#### Major nonconformity

Nonconformity that affects the capability of the management system to achieve the intended results.

Nonconformities could be classified as major in the following circumstances:

- If there is a significant doubt that effective process control is in place, or that products or services will meet specified requirements;
- A number of minor nonconformities associated with the same requirement or issue could demonstrate a systemic failure and thus constitute a major nonconformity.

#### Minor nonconformity

Nonconformity that does not affect the capability of the management system to achieve the intended results.

#### Opportunity for improvement

It is a statement of fact made by an assessor during an assessment, and substantiated by objective evidence, referring to a weakness or potential deficiency in a management system which if not improved may lead to nonconformity in the future. We may provide generic information about industrial best practices but no specific solution shall be provided as a part of an opportunity for improvement.

#### Observation

It is ONLY applicable for those schemes which prohibit the certification body to issue an opportunity for improvement.

It is a statement of fact made by the assessor referring to a weakness or potential deficiency in a management system which, if not improved, may lead to a nonconformity in the future.

## Assessment Participants

Name	Position	Opening Meeting	Closing Meeting	Interviewed (processes)
Roy Dunn	Head of Business Process Improvement	X	X	X
Ruth Cooper	Service and Complaints Manager	X	X	X
Jacqueline Ladds	Director of Communications	X		X
Eva Hales	Assurance and Development Manager FTP			X
John Tallis	Assurance and Development Officer FTP			X
Chantelle Mayoss	Transaction Manager			X
Paul Robson	Registration Manager			X

## Assessment Findings

### The assessment was conducted on behalf of BSI by

Name	Position
Ali Mian	Team leader

### Assessment conclusion and recommendation

Audit objectives are met.

RECOMMENDED - The audited organisation can be recommended for certification to the above listed Standard, and has been found in general compliance with the audit criteria as stated in the above mentioned audit plan. The recommendation will be independently verified within BSI.

### Use of certification documents, mark / logo or report

The use of the BSI certification documents and mark / logo is effectively controlled.

### Findings

#### Guiding Principles 4:

The organisation has determined necessary channels to publicise methods to make a complaint. These include:-

- Website;
- By Post;
- Email: feedback@hcpc-uk.org;
- By phone;
- Complaint Form.

The organisation demonstrated visibility for its customers with regard to its complaints handling system.

> Accessibility: The organisation demonstrated an effective complaints handling process which is accessible to all personnel. Information regarding complaints is available to all complainants via the website. Accessibility includes clear supporting information in how to make and process a complaint (as above).

> Responsiveness: The organisation have effectively planned its complaints handling process in the documented HCPC Customer Services Procedure V3 dated 11.01.17 available on the HCPC Intranet. Aims: To acknowledge receipt of feedback within 3 working days. To respond to feedback within 15 working days. To keep you regularly updated as to the progress of your enquiry if the issue has not been resolved within agreed times. To deal with all feedback in an effective, fair and confidential manner. To ensure continuous learning is taken from feedback and implemented. Procedure also provides processes for Stage 1, Stage 2, Stage 3 and Outcome of Complaints. Flow Chart also in place documenting 'Complaints received from Parliamentarians'.

- > Objectivity: Objectivity in processing a complaint was demonstrated in an equitable and unbiased manner.
- > Charges: Access to the complaints-handling process is free of charge to the complainant.
- > Confidentiality: Processes are in place to protect personal identifiable information from disclosure. All complaints will be treated in strict confidence.
- > Customer-focused approach: The Complaints and Customer Service (Secretariat) demonstrated an effective customer-focused approach, this included processes to be more customer centric communicated across the organisation. There was evidence of commitment in resolving complaints through its corrective action process. The Complaints and Customer Service (Secretariat) have developed processes to support values and behaviours which are focussed on continuous improvement through the robust complaints awareness updates, articles and posts on the HCPC Intranet.
- > Accountability: Responsibilities and accountability are formalised and documented within the HCPC Customer Services Procedure V3 dated 11.01.17. At present, the Service and Complaints Manager is appointed as the complaints handling management representative.
- > Continual Improvement: The organisation demonstrated continual improvement which included formalisation of its complaints process to achieve the requirements of this Standard. Management Review meetings are held to progress product and process improvements.

### **Complaints-Handling Framework 5:**

Management commitment to its complaints handling process and policy was evidenced throughout the assessment.

The Customer Service Policy is supported by related documented procedures. The EMT have reviewed the Policy to ensure relevant statutory and regulatory requirements have been met. Evidence seen: EMT Meeting 17th January 2017 'Review of ISO 10002 policy, processes and procedures'.

Responsibilities and accountability have been reviewed and assessed through internal audits. A complaints handling representative has been appointed with defined roles and responsibilities. The management representative reports to top management the status of the complaints handling management system. Process performance monitoring and evaluation was demonstrated with active involvement by management and team members.

The Complaints and Customer Service (Secretariat) including management demonstrated effective communication and interpersonal skills. The Complaints and Customer Service (Secretariat) also demonstrated effective monitoring and reporting of complaints.

Training in the handling of complaints has been undertaken underpinned by performance reviews. All personnel interviewed were able to articulate and demonstrate their roles, responsibilities and accountability with regard to the complaints handling process and were aware of procedures including reporting of complaints.

Effective trend analysis was evidenced.

**Planning and Design 6:**

Effectively planned processes were evidenced focused on improving service levels, requirements of interested parties and operational control. This supports the complaints handling process framework, policy and objectives. Interrelated activities were evidenced which demonstrated effective execution of planned arrangements, resources and controls.

The infrastructure and workplace environment was conducive to achieving objectives. Documented objectives are aligned with the Customer Service Policy and are measurable. Performance is reviewed at regular management meetings.

The management team demonstrated commitment to achieving requirements and improving the performance of supporting functions to reduce the level of customer complaints.

Consideration to resource allocation is being given including review of performance and awareness of complaints, provision of documentation, equipment including identifying a new complaints database (currently, the complaints system is driven by the iExtensions Database - guides seen for Complaints - Feedback mailbox and iExtensions and also for writing complaint responses).

The complaints system is aligned to core values, with training and development initiated to ensure organisational behaviours support policy and objectives. Currently, following a paper submitted to the EMT, which has been approved, the Complaints and Customer Service (Secretariat) are engaged in identifying and selecting a suitable external 3rd party training provider (from a list of 3) in order to provide organisation-wide training for 12 Managers for customer complaints. A robust training framework exists within the organisation, with training undertaken and completed (both externally and internally) in 2016 in the following areas:

- Registration: Lasting Impressions (provided by an external provider).
- FTP: Customer Service Excellence (provided by an external provider).
- E-Learning completed: Feedback and Complaints at HCPC.

**Operation of Complaints Handling process 7:**

The scope of assessment was to verify the planning process, results of planned activities in accordance with documented procedures and the requirements of this Standard.

The organisation demonstrated effective planning and execution of its management system. The following evidence was provided throughout the assessment to verify the effectiveness of planned arrangements. Objective evidence to support the assessment findings included tracking and reviews of complaints on iExtensions as well as following paper trails in the following operational areas:-

- Fitness to Practice (FTP);
- Finance;
- Secretariat Customer Service;
- Registrations.

Correspondence and access to electronic records on iExtensions with supporting records included the following:-

- FTP:

\* Case No. FT [REDACTED] 8 April 2016. Allegations of Bias. Invoked HCPC's Frivolous, Vexatious and Abusive Policy. Please Note: this complainant made a complaint to BSI against HCPC which was investigated as part of the last BSI ISO 9001 assessment and has been revisited as part of this CMS ISO 10002 assessment. HCPC has robustly investigated and addressed the Registrants issues. Full audit trail available including letter to complainant dated 19.05.16. Very good tracking and monitoring completed on the Complaints Log.

\* Case No. FT [REDACTED] 8. Complaint logged in FTP on 22.11.16. Complaint concerning the location and choice of hearing venue. Acknowledgement sent on 22.11.16. Date responded 08.12.16. Response Summary seen. Very good use made of the Complaints about FTP - Audit Form and the Learning Point as a result of this complaint.

\* FTP Operational Guidance document seen.

- Finance:

\* Registration No. PA [REDACTED] 0 dated 23.11.16. Complaint regarding Fees/Refunds/Voluntary De-Registration. Investigation including referring to the Fees Q+A on the Intranet as well as guidance related to Leaving the Register. Corrective Action completed and Response to the complainant seen dated 28.11.16. £40 Refund approved.

\* Registration No. RA [REDACTED] 2 dated 16.08.16. Complaint regarding Fee Rise/Rejected DD. Investigation and action taken included completion of the FTP Cover Sheet, review of Reports from BACS, Rejected DD letters sent, feedback to the Registration Manager (letter sent to old address before new address updated on system), removal from the HCPC Register and Notification of Removal from the HCPC Register. Initial Response from the Service and Complaints Manager seen dated 16.08.16. Final Response to the complainant seen dated 23.08.16.

- Secretariat Customer Service:

\* Ticket No. HP [REDACTED] 5 date opened 08.09.16. Complaint regarding Increasing Charges. Acknowledgement Letter dated 08.09.16 seen. Final Response letter to complainant seen dated 16.09.16.

\* Ticket No. HP [REDACTED] 3 date opened 17.01.17. Complaint regarding the Registration process. Final Response letter to complainant seen dated 19.01.17 along with attached letters (information).

\* Ticket No. HP [REDACTED] 9 date opened 13.04.16. Complaint received from 2 of the Partners, high priority as it crossed more than one department. Final Response email to complainants seen dated 29.04.16.

- Registrations:

- \* Complaint Response Spreadsheet used by the Registration Manager to track and review complaint status. Separate Folder on the desktop to file complaints and responses. Good practice observed.
- \* Registration No. SW[REDACTED]8 dated 25.10.16. Complaint regarding delays in application. Final Response letter to complainant seen dated 02.11.16.
- \* Ref No. HAD[REDACTED]2 dated 02.10.16. complaint regarding membership renewal. Final Response letter to complainant seen dated 25.10.16.

\*\*CONCLUSION\*\*

Sampled investigations demonstrated objectivity in an un-biased manner. Records maintained demonstrated the organisation were able to view the history of the complaint and utilise the information for effective resolution / improvements to processes. Containment actions are effective, individual complaint resolution is effective, root cause investigation leading to improved operational efficiency is robust.

\*\*POSITIVE OBSERVATION\*\*

The framework for handling customer contact including satisfaction and complaints was evidenced to be effective in achieving the requirements of ISO 10002. Commitment to achieving the aims of its policy was demonstrated to be underpinned by clearly defined responsibilities. Records were evidenced to verify an effective process. Processes were evidenced to demonstrate the corrective action process. Complaints are investigated with records evidenced in terms of effective resolution / closure. Records evidenced demonstrated complainants had been acknowledged and responded to within the targets set.

**Maintenance and Improvement 8:**

There was evidence of performance regarding the complaint handling process with procedures developed to support the organisation.

Complaint types are classified to aid analysis and to identify potential root causes. Monitoring of the complaints process was evidenced throughout the assessment. Management meetings are held to progress levels of satisfaction and complaints. Analysis of complaints and feedback has been completed and reported, as noted below:-

- > Health and Care Professions Council Six Monthly Review of Feedback and Complaints dated 22nd September 2016 showed:
  - 1st Oct 2015 to 31st March 2016: 261 complaints and 71 pieces of positive feedback were received. Majority of complaints received were about policies, processes and service related to the FTP and Registration departments.
- > Review of feedback and complaints - April to September 2016 showed:
  - 01st April 2016 to 1st September 2016: 246 complaints were received. Majority of complaints received were about policies, processes and service related to the FTP and Registration departments.
- > HCPC Registrant Survey: P3 2016 showed:
  - Service Performance Indicators Period 3 scores: 6.8 Efficiency, 6.5 Speed of Registration and 6.8 Overall Satisfaction.

Auditing of the complaints-handling process: A thorough internal audit was conducted in September 2016. The Audit Report ( Complaints and Customer Service (Secretariat) dated 28th September 2016) was completed to an appropriate level of detail with objective evidence and conclusions. A positive outcome was achieved demonstrating full compliance with no findings identified.

Management Review of the complaints-handling process: The organisation have conducted Management Review supported by Top Management with regards to the implementation of this Standard and the complaints / customer satisfaction management system through the publication of monthly Customer Service Feedback Reports (sampled for January 2016 to November 2016). For period 1st Nov to 30th November it was reported:

- 51 complaints received.
- 2 letters of feedback logged.
- 2 letters from MPs were logged.
- All complaints received in Nov 2016 are closed. 45 of the 49 complaints were responded to within the customer service standard of 15 working days.
- 13 of 49 complaints were upheld.
- 7 of 49 complaints were partially upheld.
- 29 of 49 complaints were not upheld.
- 4 positive feedback letters received.

Processes have been designed to achieve requirements. Resource requirements have been reviewed. Policy and related objectives have been published and communicated.

Continual Improvement: Effective processes are in place including communication channels to identify improvements to products and processes.

## Our next steps

### Next Visit Plan

Date	Auditor	Time	Area/Process	Clause
01/02/2018	Assessor 1	09.00	DAY 1 Opening Meeting. Confirmation of any changes to processes. Confirmation of scope of assessment and assessment plan. BSI reporting of findings	
		09.30	Interview with Top Management	
		10.00	4.0 Guiding Principles	4
			5.0 Complaints Handling Framework	5
			6.0 Planning & Design	6
		12.00	Lunch	
		13.00	8.0 Maintenance & Improvement	8
		14.30	Operation of Complaints Handling process: Sample Directorate Based Activity (2 managers to be selected)	7
		15.30	Report Writing Day 1	
		16.00	Progress Review Discussion	
02/02/2018	Assessor 1	09.00	DAY 2 Arrival and Confirmation of Plan	
		09.30	Operation of Complaints Handling process: Secretariat Customer Service function to be assessed	7
		10.30	Operation of Complaints Handling process: Sample Directorate Based Activity (2 managers to be selected)	7
		12.00	Lunch	
		13.00	Operation of Complaints Handling process: Sample Directorate Based Activity (2 managers to be selected)	7
		14.30	Report Preparation	
		16.00	Closing Meeting	

## Next visit objectives, scope and criteria

The objective of the assessment is to conduct a re-assessment of the existing certification to ensure the elements of the proposed scope of registration and the requirements of the management standard are effectively addressed by the organisation's management system.

The scope of the assessment is the documented management system with relation to the requirements of ISO 10002:2014 and the defined assessment plan provided in terms of locations and areas of the system and organisation to be assessed.

ISO 10002:2014

Health & Care Professions Council management system documentation.

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.

## Your next steps

### NCR close out process

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.

### How to contact customer service

'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](http://www.bsigroup.com/j4c) to register. When registering for the first time you will need your client reference number and your certificate number (47125084/CMS 645851).

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

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

Tel: +44 (0)345 080 9000

Email: [MK.Customerservices@bsigroup.com](mailto:MK.Customerservices@bsigroup.com)

## Appendix: Your certification structure & on-going assessment programme

### Scope of Certification

#### **CMS 645851 (ISO 10002:2014)**

The operation of a Complaints Management System to the requirements of ISO 10002:2014.

### Assessed location(s)

The audit has been performed at Central Office.

#### **London / CMS 645851 (ISO 10002:2014)**

<b>Location reference</b>	0047125084-000
<b>Address</b>	Health & Care Professions Council Park House 184 Kennington Park Road London SE11 4BU United Kingdom
<b>Visit type</b>	Re-certification Audit (RA Opt 2)
<b>Assessment reference</b>	8532866
<b>Assessment dates</b>	26/01/2017
<b>Deviation from Audit Plan</b>	No
<b>No. of Full Time Equivalent Employees</b>	29
<b>Total No. of Effective Employees at the site</b>	29
<b>Scope of activities at the site</b>	Main Certificate Scope applies.
<b>Assessment duration</b>	2 day(s)

## Changes in the organization since last assessment

There is no significant change of the organization structure and key personnel involved in the audited management system.

No change in relation to the audited organization's activities, products or services covered by the scope of certification was identified.

The reference or normative documents applicable to the scope of certification were revised as follows:  
Minor changes made to the Monthly Report to the EMT (changes to classification of complaints - whether upheld or not and appropriateness of the way complaints are classified).

## Certification assessment programme

**Certificate Number - CMS 645851**

**Location reference - 0047125084-000**

Business area/Location	Date (mm/yy):	Audit1	Audit2	Audit3
		Jan17	Jan18	Jan19
	Duration (days):	2	2	2
Opening Meeting. Confirmation of any changes to processes. Confirmation of scope of assessment and assessment plan. BSI reporting of findings.		X	X	X
Interview with Top Management		X	X	X
4.0 Guiding Principles		X	X	X
5.0 Complaints Handling Framework		X	X	X
6.0 Planning & Design		X	X	X
Operation of Complaints Handling process: Sample Directorate Based Activity:- - Registrations - FTP - Policy + Standards - Finance - Communications		X	X	X
8.0 Maintenance & Improvement		X	X	X

## Mandatory requirements – re-certification.

### **Review of assessment finding regarding conformity, effectiveness and relevance of the management system:**

There were no non-conformities raised in the last report. There are no negative trends from report findings on Health & Care Professions Council's Complaints Management System. Overall, continual improvement is demonstrated.

### **Management system strategy and objectives:**

Management system objectives have been determined and are focused on:- 1) maintaining certification to ISO 10002 during 2017 - 18, 2) identifying a new complaints database, 3) providing training to relevant employees about complaint handling. A range of operational Key Performance Indicators were evidenced to support policy.

An interview was undertaken with the Service and Complaints Manager and Director of Communications who outlined the organisation's strategy - which is focussed on improving processes and best practice around customer service which is being shared with the whole organisation. The management system has enabled the organisation to identify risk and potential opportunities by formalising customer feedback channels.

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

Progress against objectives is monitored on a regular basis, as detailed within this report. The organisation demonstrated compliance with the Standard. Individual complaints are effectively monitored, measured and investigated to the point of resolution. The organisation, in the vast majority, achieved its 2016 objectives. The objective 'to identify a new complaints database' has been incorporated in the 2017 objectives.

### **Review of assessment progress and the re-certification plan:**

The number of days assessment has been reviewed based on the number of effective employees. The planned duration time meets scheme requirements. All clauses and processes within the scope of the Standard have been assessed.

### **BSI Client Management Impartiality and Surveillance Strategy:**

Appropriate P and T codes are held by the assessor. Impartiality has been maintained. Additional assessors will be introduced as required in future visits.

Continue with the current Total assessment days / Cycle.

## Notes

*This report and related documents are 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. 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.*

*This audit was conducted on-site through document reviews, interviews and observation of activities. The audit method used was based on sampling the organization's activities and it was aimed to evaluate the fulfilment of the audited requirements of the relevant management system standard or other normative document and confirm the conformity and effectiveness of the management system and its continued relevance and applicability for the scope of certification.*

*As this audit was based on a sample of the organization's activities, the findings reported do not imply to include all issues within the system.*

## 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.*