

Audit Committee 12th June 2018

BSI ISO9001 audit

Executive summary and recommendations

Introduction

BSI have been on site to carry out the ISO9001 continuing assessment visit, and a transition audit to move to the new 9001:2015 standard.

The audit had been delayed by BSI due to lack of resource. Instead of being a two day audit, two auditors attended on one day. The audit took place in the first week of the new HCPC Management Structure.

- HCPC have been recommended for transition to the new standard.
- The Management Review Procedure could not be evidence on the day of the audit as EMT papers and minutes were unavailable. As a corrective action HCPC will run a traditional management review meeting over the summer to be reviewed by BSI in October.
- Two Opportunities for improvement have been identified; Multiple sites of “interested parties” QMS, ISMS, and on two IT platforms, and financial oversight of suppliers used by multiple departments.

Decision

The Audit Committee are asked to note the report.

Resource implications

None known

Appendices

BSI Audit report ISO9001:2015 – May 2018 Redacted

Date of paper

4th June 2018

ISO 9001:2015 Continuing Assessment Visit Report

Health & Care Professions Council

Assessment dates	10/05/2018 to 10/05/2018 (Please refer to Appendix for details)
Assessment Location(s)	London (000)
Report author	Sarah Haque
Assessment Standard(s)	ISO 9001:2008



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Executive summary

Whilst the Organisation is in a time of change, it was noted that the Management System is also in the process of being changed and updated to reflect new circumstances in respect of strategic direction and leadership. It was clear that whilst there is significant work in progress, not all changes have yet been finalised. With the recent Organisational move away from the model of 'Strategic Intent' to 'Corporate Plan', the impact to core aspects of the QMS is significant but evidence was seen of effective management in the planning of changes, e.g. formal papers and proposals for: revision to method of setting and reviewing Objectives; Management Review process; and Improvement Log. The aspects of the QMS related to discharge of duties (service delivery/operations) were noted as remaining largely unchanged; justifiably so.

The assessment to be held in October 2018 will benefit from having the passage of time between these structural and QMS changes and audit.

Assessment Conclusion and Recommendation

The audit objectives have been achieved and the certificate scope remains appropriate. The audit team concludes based on the results of this audit that the organization does fulfil the standards and audit criteria identified within the audit report and it is deemed that the management system continues to achieve its intended outcomes.

RECOMMENDED - Corrective Action Plan Required ('Minor' findings only): The audited organization may be recommended for certification against ISO 9001:2015, based upon the acceptance of a satisfactory corrective action plan for previously raised Minor Nonconformity 1546281-201710-N2 as shown in this report. Effective implementation of corrective actions will be reviewed during the next surveillance audit.

Please submit a plan to BSI detailing the nonconformity, the cause, correction and your proposed corrective action, with responsibilities and timescales allocated. The plan is to be submitted no later than 21/05/2018 by e-mail to msuk.caps@bsigroup.com, referencing the report number (8701437), or through the BSI Assurance Portal if this is enabled for your account.

Previously raised Minor Nonconformity 1546281-201710-N2 has been reviewed but not closed owing to a lack of evidence to satisfy all related clause requirements.

Changes in the organization since last assessment

The following changes in relation to organization structure and key personnel involved in the certified management system were noted:

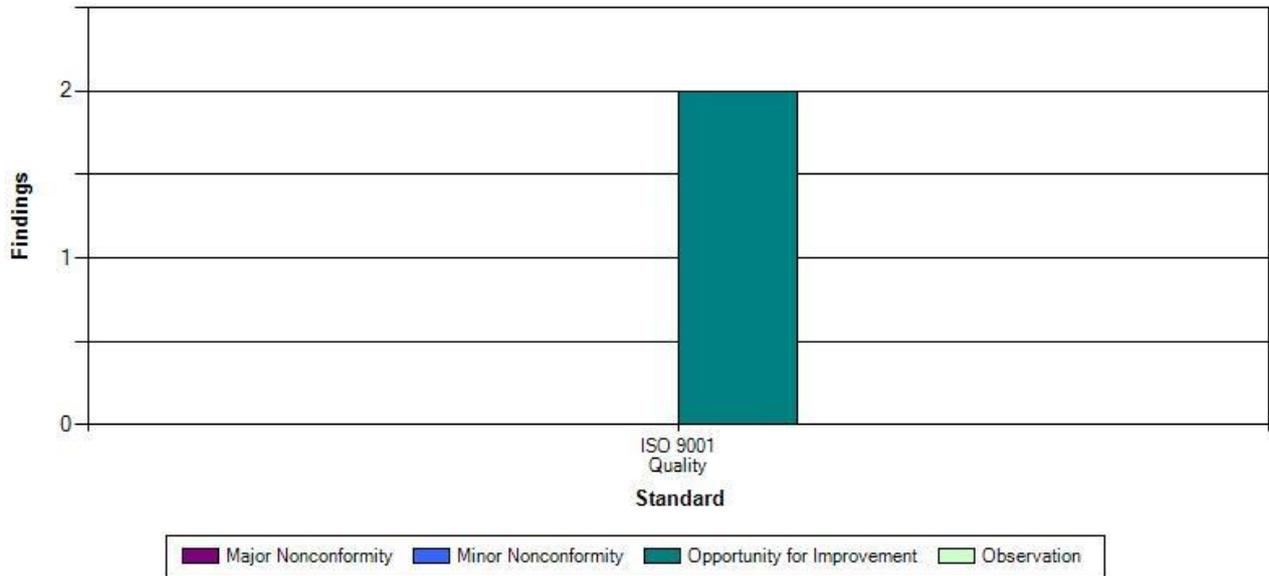
Following a formal consultation and associated redundancy process (commenced February 2018), the Top Level Management of the Organisation has been restructured. The Executive Management Team continued to operate up to the end of April 2018, with (some of the) Directors exiting the Organisation in early May 2018. The new Top Level Management structure is to be comprised of two parts, i.e. Senior Management Team (SMT) and Operational Management Team (OMT). The terms of reference for each of these are currently a work in progress, to be agreed imminently. A part of this restructure will also see the establishment of a Centralised Quality Assurance Team, with representation from each department of the Organisation. Whilst the Organisation is in a time of change, it was noted that the Management System is also in the process of being updated but not yet finalised, e.g. revised Management Review process cannot be ratified at this stage but is anticipated to be so in due course.

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

There was no change to the reference or normative documents which is related to the scope of certification.

NCR summary graphs

Which standard(s) BSI recorded findings against



Where BSI recorded findings



Your next steps

NCR close out process

Corrective actions with respect to nonconformities raised at the last assessment have been reviewed. Actions were not found to be effectively implemented in all areas. Such areas, identified in subsequent sections of the report, will be further reviewed for closure at the next assessment.

No new nonconformities were identified during the assessment. Enhanced detail relating to the overall assessment findings is contained within subsequent sections of the report.

Please refer to Assessment Conclusion and Recommendation section for the required submission and the defined timeline.

Assessment objective, scope and criteria

The objective of the assessment was to conduct a surveillance assessment and look for positive evidence to verify that elements of the scope of certification and the requirements of the management standard are effectively addressed by the organization's management system; that the system is demonstrating the ability to support the achievement of statutory, regulatory and contractual requirements and the organization's specified objectives as applicable with regard to the scope of the management standard; to confirm the ongoing 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 9001:2015 and the defined assessment plan provided in terms of locations and areas of the system and organization to be assessed.

ISO 9001:2015 and HCPC's management system documentation

Assessment participants

Name	Position	Opening meeting	Closing meeting	Interviewed (processes)
Roy Dunn	Head of Business Process Improvement	X	X	X
Kayleigh Birtwistle	Quality Compliance Auditor	X		X
Paul Robson	Service and Complaints Manager			X
Jacqueline Ladds	Executive Director of Policy and External Communications			X
Giba Rahman	Governance and Appointments Officer			X
Paula Lescott	Head of Systems and Quality			X
Matthew Nelson	Systems and Quality Manager			X
Brendan Edmonds	Head of education			X
Jamie Hunt	Education Manager			X
Tracey Samuel-Smith	Education Manager			X
Antonio Pinheiro	Procurement Officer			X
Andy Gillies	Director of Finance			X
Adam Mawson	Registration Manager			X
Claire Harkin	Registrations Operations Manager			X
Nicola Bibbey	Registration Quality Assurance Manager			X

BSI assessment team

Name	Position
Sarah Haque	Team leader
David Connolly	Team member

Findings from previous assessments

Finding Reference	1539343-201710-N1	Certificate Reference	FS 83074
Certificate Standard	ISO 9001:2008	Clause	4.2.3
Category	Minor		
Area/process:	Partners		
Details:	The revision status of documents is not identified.		
Objective evidence:	There was no evidence available to show the revision status of the Recruitment Process Checklist.		
Cause	Process failure		
Correction / containment	Deemed unnecessary by HCPC in light of corrective action described below		
Corrective action	The Organisation has now moved to a paperless system and is in the process of migrating across all documents into electronic platform 'CORE', in which document control provisions are automated. "Appendix 1: Mapping CORE Partner Portal documents" sheet was seen supporting this.		
Closed?:	Yes		

Finding Reference	1539343-201710-N2	Certificate Reference	FS 83074
Certificate Standard	ISO 9001:2008	Clause	8.4
Category	Minor		
Area/process:	Events		
Details:	There is no evidence of analysis of data to demonstrate effectiveness		
Objective evidence:	<p>Event feedback data is available from SurveyMonkey but is not analysed to demonstrate the effectiveness of events or whether improvement has taken place.</p> <p>Communications Report 7 Dec 16 Communications Report May 2017 Communications Report Jul 2017 Communications Report Sep 2017</p>		
Cause	Considered by Health and Care Professions Council to be a misunderstanding at the time of assessment, with BSI auditor and HCPC auditee speaking at cross-purposes		
Correction / containment	N/A		
Corrective action	<p>Upon discussion with the Head of Business Improvement, the process was confirmed as Communications Reports being utilised as the record for events from: planning to execution to level of success. To be present within these reports, review of evaluation element is dependent upon whether (a) planned events have taken place and (b) feedback is received. The Management Commentary process was seen as present in reports: July 2017; December 2017; and March 2018.</p>		
Closed?:	Yes		

Finding Reference	1546281-201710-N1	Certificate Reference	FS 83074
Certificate Standard	ISO 9001:2008	Clause	2015:4
Category	Minor		
Area/process:	ISO9001:2015 Transition Assessment		
Details:	The organisation has not established: <ul style="list-style-type: none"> - Context of the Organisation; - Internal and External Issues; - Interested parties; - Needs and Expectations of Interested Parties; - Scope of the QMS. 		
Objective evidence:	As per statement of non-conformance above.		
Cause	Misunderstanding of requirements		
Correction / containment	<p>20180509 HCPC Quality Manual has been amended and gives an overview Context of the Organisation. This is supported by the Corporate Plan 2018-20 (March 2018), Stakeholder Mapping and Review (as set out within Doc A1) and the Risk Register (last reviewed April 2018).</p> <p>The 20180509 HCPC Quality Manual was also noted as having been revised to consider the scope of the QMS and associated applicability and boundaries but some clause requirements (8.2, 7.1.5 and 8.5) had been unjustifiably deemed 'not applicable'. Clause requirements were discussed during the course of the assessment and understanding on the part of the client was tested; provisions existing within the QMS were reviewed accordingly. The Head of Business Improvement then reviewed and updated the document to revision 20180510 HCPC Quality Manual which set out only Clause 7.1.5.2 as (justifiably) not applicable before the close of the assessment.</p> <p>Due to the nature of this nonconformity and the corrections made both before and during the course of the assessment, this Minor Nonconformity is confirmed by the Audit Team as closed.</p>		
Corrective action	Internal Auditor training for all those in a (relevant) quality related role		
Closed?:	Yes		

Finding Reference	1546281-201710-N2	Certificate Reference	FS 83074
Certificate Standard	ISO 9001:2008	Clause	2015:9.3
Category	Minor		
Area/process:	ISO9001:2015 Transition Assessment		
Details:	The organisation has established a Management Review Procedure (Process Flow) but has not conducted a Management Review in accordance with the Input and Output requirements of Clause 9.3 of the ISO9001:2015 standard.		
Objective evidence:	As per statement of non-conformance above.		
Cause	Considered by Health and Care Professions Council to be an inability by BSI assessors to reconcile HCPC practice to ISO 9001 Clause requirements		
Correction / containment			
Corrective action			
Closed?:	No		
Justification	<p>Process flowchart "20170410 Management Review Procedure" sets out the various forums and mechanisms in place to undertake Management Review which - in principle - would be with the requirements of ISO 9001:2015. However, it should be noted that the process as is lends itself to a fragmented approach to Management review rather than the holistic and cohesive one that the standard encourages.</p> <p>The Head of Business Performance and Improvement presented a number of Papers, Proposals and Records to evidence Management Review regards the administering of the QMS however this was insufficient to demonstrate implementation and effective of a conforming process because of:</p> <ul style="list-style-type: none"> i) Gaps in evidence against consideration of 9.3.2 (b), (c2), (c3), (c5), (c7), (d), (e) and (f); and ii) Gaps in evidence to demonstrate outcomes 9.3.3 (a), (b) and (c) <p>This Nonconformity requires a corrective action plan to be forwarded to BSI by 18 May 2018. The corrective actions in respect of this finding will be further reviewed at the next assessment falling due in October 2018.</p>		

Findings from this assessment

Opening Meeting and General Overview:

The opening meeting was held with the Organisation's Head of Business Performance and Improvement and Quality Compliance Auditor in attendance, with BSI protocols confirmed and plan discussed.

The Head of Business Performance and Improvement gave an overview of the Organisational/Structural changes that have taken place within the organisation since the last BSI assessment visit. In essence: following a formal consultation and associated redundancy process (commenced February 2018), the Top Level Management of the Organisation has been restructured. The Executive Management Team continued to operate up to the end of April 2018, with (some of the) Directors exiting the Organisation in early May 2018. The new Top Level Management structure is to be comprised of two parts, i.e. Senior Management Team (SMT) and Operational Management Team (OMT). The terms of reference for each of these are currently a work in progress, to be agreed imminently. A part of this restructure will also see the establishment of a Centralised Quality Assurance Team, with representation from each department of the Organisation.

Whilst the Organisation is in a time of change, it was noted that the Management System is also in the process of being updated but not yet finalised, e.g. revised Management Review process cannot be ratified at this stage but is anticipated to be so in due course. As such, it is expected that the Quality Management System will have been finalised before the next BSI assessment (scheduled October 2018).

In addition to the various Management changes, it was noted that the current office premises are undergoing significant refurbishment works. It is expected that the project for refurbishment will have also reached completion before the next BSI assessment (scheduled October 2018).

Core Quality Management System Components - Context of the Organisation, Risks and Opportunities:

Evidence Witnessed:

- Corporate Plan 2018-20 (March 2018)
- HCPC Quality Manual (versions 20180509 & 20180510)
- Interested Parties Matrix (Doc A1)
- Business Processes: Roles, Responsibilities and Accountabilities (last updated May 2018)
- Control Parameters Library provisions for each department as held on Lotus Notes/migrating to Sharepoint
- Strategic Risk Register (last updated March 2018)
- Objectives & Measures (last reviewed April 2018)
- Risk Register & Risk Treatment Plan (April 2018)

Assessment Element Conclusion:

- Fulfilment of relative ISO 9001:2015 requirements
- Opportunity raised (see overleaf)

Finding Reference	1630577-201805-I1	Certificate Reference	FS 83074
Certificate Standard	ISO 9001:2008	Clause	7.5.2
Category	Opportunity for Improvement		
Area/process:	Core Quality Management System Components - Context of the Organisation, Risks and Opportunities		
Details	There are lists held for interested parties in separate areas, e.g. HCPC Quality Manual (20180510), Doc A1 ISMS and Lotusnotes/Sharepoint. This may give rise to some list(s) not being updated as required as the update would involve duplication/replication to more than one area.		

Core Quality Management System Components - Scope, Policy & Objectives:

Evidence Witnessed:

- Corporate Plan 2018-20 (March 2018)
- HCPC Quality Manual (versions 20180509 & 20180510)
- Objectives & Measures table (last reviewed April 2018)

Assessment Element Conclusion:

- Fulfilment of relative ISO 9001:2015 requirements

Core Quality Management System Components - Internal Audit, Nonconformity & Corrective Action:

Applicable Procedures:

- Process Audit Procedure (20170509)
- Nonconformity Procedure and Corrective Action Process (20180430)

Evidence Witnessed:

- Audit Schedule 2018
- Registration Operations Internal Audit Report (May 2018)
- HR Partners Internal Audit Report (May 2018)
- Improvement Log (last updated April 2018)

Assessment Element Conclusion:

- Fulfilment of relative ISO 9001:2015 requirements

Core Quality Management System Components - Customer Satisfaction, Management Review; and Improvement:*Applicable Procedures:*

- Customer Services Feedback & Improvement Requests (20160318)
- Management Review Procedure (20170410)

Evidence Witnessed:

- Case Management System in place
- 2017 Annual Stats Log
- Customer Service Report (February 2018)
- Improvement Log
- Monthly Executive Management Team Meeting (April 2018)
- Objectives & Measures table (last reviewed April 2018)

Assessment Element Conclusion:

- Partial fulfilment of relative ISO 9001:2015 requirements
- See Minor Nonconformity 1546281-201710-N2

Education - Quality Assurance:*Evidence Witnessed:*

Department involved in the QA of the system and quality team and also do the QA activities within the department
19 personnel work in the team

Priority process including frequency, foundation which is the benchmark used.

Risk based approach and uses a high medium low methodology.

Department uses an overarching tracking sheet System & Quality Process spreadsheet which includes, case review and actions tracking

Audit processes are set in into 4 functional areas which are:

i. Major Change; ii. Approvals; iii. Annual Monitoring; iv. Program Closure

a) Major change process reviewed as an example/sample

Template has been developed and used

Case involved - tasks - email - SP and documents - data feed

Sample audit CAS12039- W5K2P3 dated 05 March 2018 Edge Hill University

Links to the main spreadsheet. outstanding issues are reviewed monthly

Every month operations monthly meeting held and go through audit results from previous month.

2. Systems and Qualities meeting dated 16 April 2018.

3. Department is involved in the Concerns Process Review to ensure quality which is an ongoing process

4. Team have done training courses in line with ISO standards. New employees learn processes as on th ejob progress and develop staff into auditing skills

January audits reviewed by the Team Director to identify areas for improvement within the internal audit program.

Sample seen of approval case audit dated 19 January 2018

Draft version from auditor Fiona Mannion carried out during her probation period.

5. New processes are reviewed over three months

APDR Annual Personal Development Review.

F [REDACTED] M [REDACTED]

Probation Objectives Form dated 07 August 2017

Objective setting done and review done in February 2018

Fortnightly one to ones are done and notes kept by manager

Assessment Element Conclusion:

- Audit objectives have been achieved

Education - Operations:*Evidence Witnessed:*

The department have a process in place for looking at annual activities This is captured in a Education work Plan. This is developed for the activities for the year and covers governance and commitments publicly and internally. This is part of the organisation changes and the intention is to link into corporate plans and overall objectives.

Objective evidence:

1. Risk Assessments are developed for the organisation

a) Corporate Risk Register.

This is referred to as the Risk Treatment Plan is broken down into risks for each department.

The organisation have a Risk Treatment Plan dated April 2018 and is broken down into specific risk areas for each department and then lists the top 10 risks that can most impact on the organisation business

In the top 10 HCPC Risks is the following:

i. Educational risks are linked to areas such as significant loss of funding such as commissioning and placement opportunities for approved programmes - Identified as High Risk and mitigated to medium with effective measures in place

Further risks in the spreadsheet section under education separately.

i. Failure to detect low education providers standards - mitigation measures x 3 in place are effective owned and managed to low level effectively

ii. Education providers disengaging with process mitigation in place to low level effectively

iii. Inability to conduct visits and monitoring tasks - mitigated to low level effectively

2. Education Work Plan was reviewed with the Director and key personnel from the team.

The Processes for interactions with retention of partners was explained in detailed and the document procedure breaks down into four main areas of their Operations:

a) Approval

b) Annual monitoring

c) Major change

d) Program Closure

Partner recruitment is a key area of the operations, The concept is to recruit the right people of the right professions and to try to have enough resources in place when required to support requirements.

To support this there is a Model Forecast Plan developed which work in unison with other departments such as finance and Registration and training.

This is done to anticipate expected work load increases in professions. Education Manager has input into the Planning Tool document developed in May 2018 this looks at:

List of professions; Drop outs; Renewal of contracts

Training requirements removed until trained

Quarterly partner meetings are held

Internal guidance

Process for operations is done in a flow process chart guide

Public approval process

Guidance for how to do operational process

Create an assessment

Education department system training

SST Service and Support Team Operational Manual bi monthly Meetings

Quick Reference Guide

Changes are done in line with findings from audit results during

Changes to legislation are done at corporate level GDPR impacts have been filtered to the departments.

Assessment Element Conclusion:

- Audit objectives achieved

Finance - Control of External Providers:

Evidence Witnessed:

- The organisation use a procurement approach
- Budget holders such as department managers are responsible for managing budget and have varying authoritative control in place for budget spending
- Procurement Manual 2018 dated 29 January 2018
- Flow chart decision tree in place and reviewed
- SLA are required which covers service credits and the framework which follows Regulatory requirements
- Government framework contracts are in place which have templated SLAs which also covers Service contracts
- Travel management contract
- Sample contract Buxton contract for the refurbishment of the 186 Kennington Park Road, London neighbouring building for organisation expansion.
- Intermediate works contract
- Construction contract in place for the construction works is through third party called Pierce Hill Consulting 13 June 2017
- Internal audits are carried out through
- SAGE is used for payment of suppliers.
- Document process for evaluation of quotes
- 3. Monthly management of Accounts Meetings between business partner budget holder and finance.
- PPT Meeting notes for March 2018
- PPT Meeting notes for January 2018
- 4. Internal Audit carried out by Business Process Improvement on Finance dated 15 August 2017 showed one NC which was actioned a month later in the department
- 5. Top Suppliers List is under development

Assessment Element Conclusion:

- Audit objectives achieved

Finding Reference	1630577-201805-I2	Certificate Reference	FS 83074
Certificate Standard	ISO 9001:2008	Clause	
Category	Opportunity for Improvement		
Area/process:	Finance - Control of External Providers		
Details	Current process allows scope for finance oversight over: suppliers and an approved supplier list as there are no costs in one location for all departments to refer		

Secretariat - Information Governance and Council Processes, inc. Appointments:

Applicable Procedures:

- Control Parameters: Secretariat (April 2015)

Evidence Witnessed:

- Sampling of full Council Appointment process, utilising [REDACTED] as basis
- Sampling of full Committee Appointment process, utilising [REDACTED] as basis
- Committee 2018-2019 Expenses schedule
- Council 2018-19 Expenses schedule
- Sampling of Training Request and Authorisation processes for [REDACTED] (Feb 2018) and [REDACTED] (March 2018)
- Annual Review process sampled against: [REDACTED] (spanning April and May 2018)
- Council and Committee Meeting Dates 2018
- Audit Committee Agenda Plan and Minutes (March 2018)
- Deadline Dates schedule sheet for 2018
- Intranet page for Secretariat which went live 03 May 2018

Assessment Element Conclusion:

- Fulfilment of relative ISO 9001:2015 requirements

Registrations - CPD, Operations and QA:

Evidence Witnessed:

3 months before the expiry of their renewal 2.5% of registrants are requested to send in CPD exemptions FTP status less then 2 yrs on system

Objective evidence:

CPD process flow chart dated 17 November 2017

file created of those from system requiring renewal and those selected for CPD

Xerox receive prints which are reviewed and then sent out to persons being reviewed and CPD checked.

Database is NetRegulate.

notification sent to person

Deferral option such as maternity leave

5 CPD standards

1. Maintain up to date record

2. Variety of activities

3 and 4 personal reflection seek to ensure benefits

5. written profile completed.

CPD partners are used to review CPD of candidates. Three areas of response

i. Accepted

ii. More information required

iii. urther time given (3 months)

Reminders are sent after 2 months 28 day reminder letter non compliant letter

Under scrutiny spreadsheets.

CPD Profile assessments 2016 - 2018

Operations

Responsible for resource and the first point of contact for registration

Call response, emails resources for applications coming in

Bulk communication with registrations

Netregulate used for control of database.

professions are staggered so as to control work load

renewal for hearing aid providers dated 01 May 2018

Operation of Xerox Hybrid Mail Service Program reviewed

Percentage check done not known but selected from front middle and end of numbers requested
Changes to letter template are controlled at Operations and automatically communicated to Xerox
confidentiality agreement is signed with Xerox in the T&Cs

Quality Processes

Flow chart of processes for training of staff

QC Matrix

Sample of [REDACTED] process of his works on verifications 50% checked against risk of errors

Sample of [REDACTED] process of checks reviewed.

HCPC Risk Matrix QA Review

high risks processes identified as

i. UK applications

ii. Call handling

iii. Readmissions

iv. UK correspondence

Assessment feedback

Int/EMR Applications

UK Emails

Assessment Preparations

5 service teams of 8 registration advisors

Regulations for Information incidents

Flow chart for above

Incident report form sent to governance manager rates

Assessment Element Conclusion:

- Audit objectives achieved

Next visit objectives, scope and criteria

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

The scope of the assessment is the documented management system with relation to the requirements of ISO 9001:2015 and the defined assessment plan provided in terms of locations and areas of the system and organization to be assessed.

ISO 9001:2015 and HCPC's 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 organization 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.

Next visit plan

Date	Auditor	Time	Area/process
08/10/2018	Assessor 1	09:00	Opening Meeting, including Updates and Changes
		09:15	Core Quality Management System Components: <ul style="list-style-type: none"> - Context of the Organisation, Risks and Opportunities - Scope, Policy & Objectives - Internal Audit, Nonconformity and Corrective Action - Customer Satisfaction - Management Review - Improvement
		11:30	HR/partner validation
		12:30	Lunch
		13:00	Fitness to Practice: <ul style="list-style-type: none"> - Adjudication - Case Reception & Triage - Case Preparation and Conclusion - Operations - Investigations
		15:00	Report Preparation
		16:00	Interim Closing Meeting
		09/10/2018	Assessor 1
09:15	Communications - Stakeholders		
09:45	Communications - Internal Communications		
10:15	Communications - Web & Digital		
11:30	IT - Infrastructure & Service Support		
12:30	Lunch		
13:00	Communications <ul style="list-style-type: none"> - Media & PR - Publishing - Events 		
14:30	Report Preparation and Consolidation		
16:00	Closing Meeting		

Appendix: Your certification structure & on-going assessment programme

Scope of certification

FS 83074 (ISO 9001:2008)

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

Assessed location(s)

The audit has been performed at Central Office.

London / FS 83074 (ISO 9001:2008)

Location reference	0047125084-000
Address	Health & Care Professions Council Park House 184 Kennington Park Road London SE11 4BU United Kingdom
Visit type	Continuing assessment (surveillance)
Assessment reference	8701437
Assessment dates	10/05/2018
Audit plan (revision date)	03/05/2018
Deviation from audit plan	No
Total number of Employees	251
Effective number of Employees	251
Scope of activities at the site	Main certificate scope applies.
Assessment duration	2 day(s)

Certification assessment programme

Certificate number - FS 83074

Location reference - 0047125084-000

		Audit1	Audit2	Audit3	Audit4	Audit5	Audit6	Audit7	Audit8
Business area/location	Date (mm/yy):	04/16	10/16	05/17	10/17	10/17	04/18	10/18	04/19
	Duration (days):	2.0	2.0	2.0	2.0	1.0	2.0	2.0	2.0
Quality management system - key controls		X	X	X	X		X	X	X
Staff Development and Training				X			X		
Risk register		X	X				X		X
Work environment and infrastructure/facilities management		X		X					X
Senior management interview		X					X		X
Communications - Media & PR			X					X	
Communications - Stakeholders			X					X	
Communications - Publishing				X				X	
Communications - Web & Digital				X				X	
Communications - Internal Communications			X	X				X	
Communications - Events					X			X	
Finance - Procurement (purchasing and suppliers)		X					X		X
Finance - Transactions		X							X
Finance - Forecasting					X				X
Education - Quality Assurance			X				X		
Education - Operations			X				X		
Fitness to Practice - Adjudication								X	
Fitness to Practice - Case Reception & Triage								X	
Fitness to Practice - Case Preparation & Conclusion								X	
Fitness to Practice - Operations								X	
Fitness to Practice - Investigations								X	
HR/partner validation					X			X	
Policy					X				X
Projects					X				X
Registrations - International				X					
Registrations - EMR				X					

Registrations - UK			X					
Registrations - CPD						X		
Registrations - Operations						X		
Registrations - Quality Assurance						X		
IT - Infrastructure							X	
IT - Service support							X	
Secretariat - Information Governance		X				X		
Secretariat - Council Processes inc. appointments				X		X		
Strategic review - using pack of information supplied by BSI	X							X
Readiness Review - Transition to ISO 9001:2015					X			

Expected outcomes for accredited certification

What accredited certification to ISO 9001 means

ISO 9001:2015 specifies requirements for a quality management system when an organization: needs to demonstrate its ability to consistently provide products and services that meet customer and applicable statutory and regulatory requirements; and aims to enhance customer satisfaction through the effective application of the system, including processes for improvement of the system and the assurance of conformity to customer and applicable statutory and regulatory requirements.

What accredited certification to ISO 9001 does not mean

- 1) It is important to recognize that ISO 9001 defines the requirements for an organization's quality management system, not for its products and services. Accredited certification to ISO 9001 should provide confidence in the organization's ability to "consistently provide product that meets customer and applicable statutory and regulatory requirements". It does not necessarily ensure that the organization will always achieve 100% product conformity, though this should of course be a permanent goal.
- 2) ISO 9001 accredited certification does not imply that the organization is providing a superior product or service, or that the product or service itself is certified as meeting the requirements of an ISO (or any other) standard or specification.

Definitions of findings:

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.

How to contact BSI

'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)**.

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

Notes

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