# Assessment Report.

# Health and Care Professions Council

# bsi**.**

# Introduction**.**

This report has been compiled by Ali Mian and relates to the assessment activity detailed below:

| Visit ref/Type/Date/Duration | Certificate/Standard | Site address |
|---|---|---|
| 7736969<br>Continuing Assessment (Surveillance)<br>14/11/2012<br>1 day(s)<br>No. Employees: 170 | FS 83074<br>ISO 9001:2008 | Health and Care Professions Council<br>Park House<br>184 Kennington Park Road<br>London<br>SE11 4BU<br>United Kingdom |

The objective of this assessment is to conduct a continuing assessment visit to determine the effectiveness of your Quality Management System against the requirements of the ISO 9001:2008 Standard and your own policies and procedures.

# Management Summary**.**

**Overall Conclusion**

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

The Organisation has demonstrated dedication and commitment to the maintenance and upkeep of the ISO9001:2008 Standard and has implemented significant improvements in processes and operations.

There were no outstanding nonconformities to review from previous assessments.

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

# Areas Assessed & Findings.

**Fitness To Practice**

Fitness to Practice covers four main areas: Investigation of allegations against registrants, Registration Appeals, Protection of Title and Health and Character declarations, running tribunals and FTP proceedings. Department size is 68, increased due to influx of social workers taken in leading to an increase in the number of cases. Overall, there has been an increase in the number of cases since 2003 proportionate to the size of the Register.

Procedural flow diagram 'Investigations Process' is available to describe the process involved. It is noted that the process can be complicated and certain process outputs lead to other process inputs. All are clearly identified within the management system.

Due to the nature of the process, some information obtained is confidential, and as a result no specific personal details were noted during the assessment.

It is noted that Fitness to Practice and Registration Appeals account for the majority of the departments workload. Internal process and procedures are maintained in addition to procedurals and statutory requirements, all of which were available during the visit. The Practice Notes and procedurals specify specific targets which are monitored by the department.

Allegations are received in writing, and reviewed against specific criteria as described within the Practice Notes. Once reviewed a category is selected and allocated to a Case Manager.

Investigating panels are selected independently, and are planned on a rolling programme.  The Investigating Committee Panel members are sent all related documentation which is recorded on separate spreadsheet to the case.  Panel meetings are held, recorded to decide if there is a case to be heard. The outcome of these meetings are communicated to all concerned.

If required, Solicitors are instructed and sent relevant case information. The case is investigated, heard and decision given.  All decisions are recorded, and HCPC details updated to reflect the outcome.

Evidence seen:-
>The Investigations Process.
>Audit of final FTP Decisions 24 May 2012 Audit Report.
>FTP Committee CHRE Learning Points 24 May 2011.
>FTP Committee Adjourned/Part Heard/Cancelled Hearings 24 May 2012.
>Work Plan.
>Quality Assurance Framework 2012-13.
>FTP Operational Guidance Index.
>FTP 2011-13 Length of Time Report (Length of Time is within what is expected).
>6 Month Forecast.

Clear evidence of application of the plan, do, check, act cycle was seen and a clear team structure is in place. Lots of examples of best practice were seen including good use of statistics and reporting, a clear monitoring and accountability structure (with notes) and a definite link between all performance reviews and the corporate objectives. Consideration has been given to the monitoring arrangements in place to ensure that processes are working as planned and these checks routinely take place due to the unusually high workload. Records of these checks are in place and form an input to process performance.

**Customer Services**

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

database provides an effective process management tool which has the ability to generate all necessary information as required. Reports are produced on a monthly basis which input to management meetings. SMART indicators (Tickets) are allocated to monitor the processes performance, in conjunction with service level agreements. Overall, the process is effectively managed.

Evidence seen:-
>Executive Management Team Pack - Customer Service Feedback Report Aug and Sept 2012:
- Aug 12: Received 41 Complaint Letters (29 Registration related complaints, 7 complaints for the Communications Dept, 2 complaints for FTP Dept, 3 complaints for the Chief Executive Office). 41 out of 41 complaints received in Aug 12 are closed, 40 out of 41 were responded to within Customer Service Standard of 15 working days. 11 out of 41 complaints were due to HCPC's errors. Received 2 positive feedback letters.
- Sept 12: Received 80 Complaint Letters (71 Registration related complaints, 4 complaints for the Communications Dept, 3 complaints for FTP Dept, 2 complaints for the Policy and Standards Dept). 80 out of 80 complaints received in Sept 12 are closed, 79 out of 80 were responded to within Customer Service Standard of 15 working days. 12 out of 80 complaints were due to HCPC's errors.
>Finance & Resources Committee Pack 20 Nov 2012 Six Monthly Review of Complaints and Feedback.

Overall, it was noted that HCPC receives a relatively small number of complaints compared to the number of transactions carried out.

**Top Management Interview**

The assessor was able to discuss, in general terms the future objectives of the Council and the impact of current developments within industry and the organisation, regulatory requirements, stakeholder requirements and how this may affect the business strategy.

Discussions with the Operations Director and Chief Executive and Registrar showed commitment to ensure that the quality management system is designed and maintained to deliver continual improvement, customer focus, business effectiveness, efficiency and adds value to the business. The management intend their systems/business to be auditable to provide traceability and continually improve.

The Client has maintained the quality management system effectively throughout the organisation. The organisation has experienced some changes and improvements this year and, has therefore, assigned appropriate resources to ensure the quality management system is effectively maintained. Key developments have been noted as follows:-
>As of August 2012, and instigated through the governmental regulatory requirement through a deal negotiated with the government and social workers, the organisation has changed its name to The Health and Care Professionals Council (the report and scope has been amended). The Government agreed a name change to incorporate non-health groups like psychologists and social workers.
>Subsequently, there has been a large influx of social workers taken in, about 88000 generating additional income. However, the number of FTP cases and complaint volumes has accordingly increased (see below sections).
>New FTP Case Management System project completed.
>The number of Registrants has increased (to 310000).

The results reviewed during the audit demonstrated effective process for setting overall goals, objective and monitoring with good communication within the organisation.

There is clear evidence that the senior management have a good understanding of where the business is going and where it stands in relation to the provision of a quality based organisation.

The senior management have a clear vision for the company but are willing to adapt the strategy should an opportunity arise which matches the company's skill set. The senior management also have a good understanding of the requirements under clause 5.2 and that is that 'customer focus' is more to do with the strategic view of the business and, therefore, the senior management are focusing on its stakeholders potential future requirements.

Certification remains key to the company as ISO 9001:2008 is recognised world wide.

Overall, the interview demonstrated Management commitment.

**Preparation For Strategic Review (Re-certification SR Opt 1)**

Strategic Review is the method used by BSI to verify the integrity of the Certificate of Registration. The review consists of two elements:

- An analysis of the results of assessment visits during the previous continuing assessment visits. Here we highlight the strengths and areas for improvement of your management system.

- Planning for the next visit cycle based upon the current and future focus of your organisation.

The Strategic Review Report Pack will be used to assist in this review. Areas of key focus will be:
- Review of assessment progress and the re-certification plan.
- Review of assessment findings.
- Review of progress in relation to the organisation's objectives.
- Management system strategy and objectives.

Agenda for Top Management Discussion

The BSI Assessor will discuss a number of issues based upon Clause 5 of ISO 9001:2008. During the discussion the Assessor will be trying to establish strategic and systematic approaches which are led from the top of the Organisation.

The Assessor will go on to evaluate the effectiveness of the approaches as an integral part of the assessment and report back on their independent findings.

Customer Focus: How the management ensures that the current and future needs of customers are established. Whether a systematic approach is taken and how information gathered is used.

Quality Policy: How the policy is established and reviewed. Whether the information is based upon the determined needs of customers and the goals of the business.

Objectives: Working from the quality policy, how measurable objectives are established at relevant functions and levels within the Organisation.

Planning: Based upon the Policy and Objectives how planning of the system is achieved. This section of the discussion will include the means by which people, infrastructure and work environment requirements are systematically determined, implemented and reviewed.

Communication: The internal communication processes in operation within the organisation. How these are determined, implemented and reviewed for effectiveness.

Management Review: How the management system is reviewed for continuing, suitability, adequacy and effectiveness.

**Finance**

Management have identified that due to commitments, Finance due to be audited today would need to be subject to assessment next BSI visit. Finance are testing a new salary payment outsourcing system so were unable to be audited.

# Assessment Participants.

On behalf of the organisation:

| Name | Position |
|------|----------|
| Roy Dunn | Management Representative |
| Tom Berrie | Information Service Manager |
| Kelly Johnson | Director FTP |
| Brian James | Head of Assurance and Development FTP |
| Ruth Cooper | PA to Director of Operations |
| Greg Ross-Sampson | Operations Director |
| Marc Seale | Chief Executive and Registrar |

The assessment was conducted on behalf of BSI by:

| Name | Position |
|------|----------|
| Ali Mian | Team leader |

# Continuing Assessment.

The programme of continuing assessment is detailed below.

| Site Address | Certificate Reference/Visit Cycle | |
|--------------|-----------------------------------|---|
| Health and Care Professions Council<br>Park House<br>184 Kennington Park Road<br>London<br>SE11 4BU<br>United Kingdom | FS 83074 | |
| | Visit interval: | 6 months |
| | Visit duration: | 7 hours |
| | Next re-certification: | 01/04/2013 |

Re-certification by Strategic Review will be conducted on completion of the cycle, or sooner as required. The review will focus on the strengths and weaknesses of your Management System.

# Certification Assessment Plan.

| Business area/Location | | Visit 1 | Visit 2 | Visit 3 | Visit 4 | Visit 5 | Visit 6 |
|---|---|---|---|---|---|---|---|
| | Date (mm/yy): | 10/10 | 04/11 | 10/11 | 04/12 | 10/12 | 04/13 |
| | Duration (days): | 1 | 1 | 1 | 1 | 1 | 1 |
| Registrations UK | | G | | | | | |
| Registrations International | | | G | | | | |
| Registrations Grand parenting | | | | | G | | |
| Communications | | | | | | G | |
| Approvals & Monitoring | | | | G | | | |
| Fitness to Practice | | | | | G | | |
| HR/Partner Validation | | G | | | | | |
| Purchasing & supplier evaluation | | | | G | | | |
| Secretariat | | | | G | | | |
| Customer Services | | | | | | G | |
| Finance | | | | | | G | |
| Management System Organisation and Review | | | G | | G | | G |
| Senior Management Interview | | | | | | | G |
| Preparation for Strategic Review | | | | | | G | |
| Strategic Review | | | | | | | G |
| Staff development and Training | | G | | G | | | |
| Policy | | G | | | | | |
| Work Environment and Infrastructure | | | G | | | | |

# Next Visit Plan.

**Visit objectives:**

The objective will be to assess the effectiveness of the Quality Management System against the requirements of the ISO 9001:2008 Standard as part of a Re-Certification visit (SR Opt 1).

**Visit scope:**

As per plan below:

| Date | Assessor | Time | Area/Process | Clause |
|---|---|---|---|---|
| 02/05/2013 | Ali Mian | 09.30 | Opening Meeting. | |
| | | 10.00 | Strategic Review with management representative using strategic review data pack to cover:<br>- Assessment progress against the strategic assessment plan<br>- Assessment findings over the certification cycle<br>- Progress in relation to management system objectives<br>- Completion of the 3-year plan<br>- Trends in nonconformities or, areas of concern etc<br>- Closure of any complaints received by BSi<br>-Any follow up audit activities as a result of the review. | |
| | | 11.30 | Strategic Review with top management & management representative to cover:<br>- Management commitment (stakeholder focus, management system policy, objectives, organisation, communication)<br>- The effectiveness of the interaction of all elements of the system<br>- The effectiveness of the management system in the light of internal or external changes and continued compliance. | |
| | | 12.30 | Lunch. | |
| | | 1.30 | Quality documentation. Objectives, Management Review, Internal Audits, Corrective/Preventative Action. | |
| | | 2.30 | Finance. | |

| | | 3.00 | Re-Certification Decision, Report and 3 Year Plan. | |
| | | 4.00 | Closing Meeting. | |

Please note that BSI reserves the right to apply a charge equivalent to the full daily rate for cancellation of the visit by the organisation within 30 days of an agreed visit date. It is a condition of Registration that a deputy management representative be nominated.  It is expected that the deputy would stand in should the management representative find themselves unavailable to attend an agreed visit within 30 days of its conduct.

# Notes.

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

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