Audit Committee, 6 March 2018

BSI ISO10002 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

- Two Opportunities for improvement have been identified

- The next annual recertification audit will take place on February 5th & 6th 2019

Decision

The Audit Committee are asked to note the report.

Resource implications

None known

Appendices
BSI Audit report ISO10002:2014 – February 2018

Date of paper
19 February 2018

Assessment Report

Health & Care Professions Council

Assessment dates	01/02/2018 to 02/02/2018
Assessment location	London (000)
Report author	Ali Mian
Assessment standards	ISO 10002:2014

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Executive summary

Thanks are extended to all persons seen for the time and assistance afforded to the Auditor. Overall this was a positive assessment with many areas of compliance identified.

HCPC's Customer Service and Complaints Team's strategic view is to provide an independent review of complaints through time efficient processes embedded within the organisation, with service standards being achieved.

HCPC's Customer Service and Complaints Team's strengths are within the knowledge base, teamwork and empathy when dealing with customers that allows the organisation to achieve its intended outcome of process, continual improvement and customer satisfaction within.

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 mainly 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.

The complaints viewed were handled as per procedures, within appropriate response times, and following the defined escalation routes. It was noted that the responses viewed were very well written, and demonstrated empathy and customer focus. The methods used to verify effective complaint handling showed that the results were achieved.

There is a long standing and mature CMS in place. This management system is clearly imbedded within the operation and all staff observed had an excellent working knowledge of their section of the system, how to access it and how it fitted into the larger operation. At a strategic level and throughout the operation, there are clear indicators of how the leadership expect the CMS to be the driving force behind the control and operation of all functions.
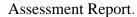
A management system has been developed in a succinct manner based upon the principals of a process approach which is already in place. Appropriate resources are also deployed to reduce potential for undesired effects and continually improve the management system. This is achieved via internal reviews, management review and awareness of the industry/market place. A proactive approach is taken to meet existing and future customer requirements as known. The management system is completed by a range of documented information inclusive of policies, procedures and assignment of adequate resources.

There is good evidence of an effective Management System in this site with:
- an embedded Internal Audit Programme; - an embedded Corrective Action process; - an embedded Management Review process.

The strengths of the organisation are:
- Reputation in the industry;
- Quality of the Training;
- The facilities which provide scope for growth.

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Overall, good progress has been made in maintaining and developing the complaints management system and this assessment identified many examples of evidence of effective implementation across the various requirements of the ISO 10002:2014 Standard. Consequently the system can be recommended for re-certification to this Standard. Please note that this recommendation is subject to review prior to issue of the new certificate which will arrive electronically (email) once the checks are completed at Head Office.

Assessment objective, scope and criteria

The objective of the assessment was to conduct a reassessment 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 and the defined assessment plan provided in terms of location and areas of the system and organisation to be assessed.
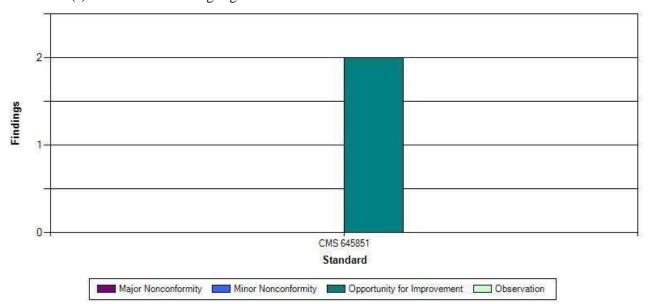
ISO 10002:2014
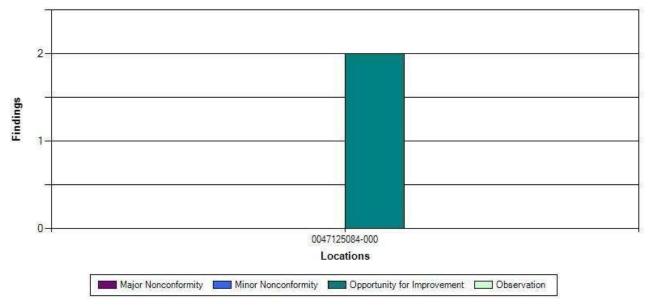Health & Care Professions Council management system documentation.

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NCR summary

Which standard(s) BSI recorded findings against

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bsi.

Where BSI recorded findings

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

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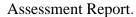| Name	Position	Opening meeting	Closing meeting	Interviewed (processes)
Roy Dunn	Head of Business Process Improvement	X	X	X
Kayleigh Birtwistle	Quality Compliance Auditor	X	X	X
Louise Lake	Director of Council and Committee Services	X	X	X
Paul Robson	Registration Manager	X	X	X
Sammuel Yemane	Registration Manager			X
Dushyan Ashton	Registration Manager			X
Eva Hales	A&D Manager			X
John Tallis	A&D Officer			X

Assessment findings

The assessment was conducted on behalf of BSI by

Name	Position
Ali Mian	Team leader

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 organisation 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.

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RECOMMENDED - The audited organisation can be recommended for re-certification to the above listed Standard, and has been found in general compliance with the audit criteria as stated in the abovementioned audit plan.

Use of certification documents, mark / logo or report

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

Findings

General:

An opening brief was undertaken with the Head of Business Process Improvement, Director of Council and Committee Services, Quality Compliance Auditor and Registration Manager. The following points were covered:
• Re-certification Audit (RA Opt 2) ISO 10002:2014 visit.
• NCR and Opportunity for Improvement was explained to the Client.
• Confidentiality Clause discussed.
• Use of BSI LOGO and Kite markings.
• No Complaints to BSI.
• PO Requirements.
• Review of previous Report.

The management system was sampled at several stages of the audit with effectiveness being addressed at the relevant stages within this report.

Top Management Interview - ISO 10002:2014 Clause 5.3.1:

A leadership Interview was conducted with the Director of Council and Committee Services. Leadership and commitment, determination of issues and associated risks and opportunities, awareness of customer needs, commitment to assuring resources, setting and meeting of objectives aligned with strategic direction was demonstrated. It was stressed that maintaining and running a robust complaints management system gives consistency and uniformity within the organisation and associated processes, in order to better handle and manage complaints and enquiries.

There have been no major changes to the organisational structure and no major strategic changes. However, the Director of Council and Committee Services highlighted a number of improvement initiatives:
a. Identifying a new complaints database.
b. Review of Policy and Processes in order to introduce process improvements.

Clear commitment from Senior Management has been evident with a strong culture in place to embrace the systems and requirements.

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ISO 10002:2014 MANDATED COMPLAINTS MANAGEMENT SYSTEM REQUIREMENTS - ISO 10002:2014 Clauses 4,5,6,7.1,8:

The Complaints Management Framework is documented in detail. Discussions throughout the assessment demonstrated clearly that the organisation has an effective Complaints Management System. The Complaints Management Framework, which is constantly monitored to ensure compliance to ISO 10002:2014, was reviewed and found to adhere to the requirements of the Standard. The following documented information and activities were reviewed:

• Interview with the Head of Business Process Improvement, Quality Compliance Auditor and Registration Manager regarding the process, documentation and local controls, understanding of key requirements and measures.
• The Scope was seen as compliant with the Standard and the organisation's operations.
• HCPC Customer Services Procedure V3 dated 11.01.17. The organisation has a suitable process in place which not only provides comfort to management over their effective operation, but that the results of this process be fed back in a manner that facilitates the continuous improvement of existing processes.
• Robust review of ISO 10002:2014 Policy, Processes and Procedures undertaken by the EMT. Exec Summary and Recommendations seen for review completed 30th January 2018.
• As seen and reviewed in previous BSI Assessments:
a. 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).
b. 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'.

c. Objectivity: Objectivity in processing a complaint was demonstrated in an equitable an unbiased manner.
d. Charges: Access to the complaints-handling process is free of charge to the complainant.
e. Confidentiality: Processes are in place to protect personal identifiable information from disclosure. All complaints will be treated in strict confidence.
f. Customer-focused approach: The Complaints and Customer Service (Secretariat) demonstrated an effective customer-focussed 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.
g. 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.
h. 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.
i. The organisation has determined necessary channels to publicise methods to make a complaint. These include:- - Website;
- By Post;

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

The organisation demonstrated visibility for its customers with regard to its complaints handling system. • The Customer Service Policy is relevant to the organisation and states the organisation's attitude to a range of various aspirations and why and how these will be progressed. The Policy has been fully supported and endorsed by the Executive Management Team and the CEO on 30th January 2018. The Policy is available internally on the intranet and also published on the Website.

•   Objectives were discussed, these are broad and basic. An opportunity to broaden the Objectives was discussed including how the Customer Service Policy establishes the framework to set Objectives (see Opportunity For Improvement).

•   Consideration to resource allocation is being given including review of performance and awareness of complaints, provision of documentation, equipment. An external Training Provider has been engaged to deliver training. 'Bond Solon' have provided customised Service Complaints Management training to a number of employees in Sept 2017. The aim is to roll this out again in the next financial year 2018/19 due to positive feedback from the attendees. The following course material was reviewed: a. Responding to Complaints - Letter and Report Writing.

b. Process, Procedure and Information Gathering in Complaints Handling and Investigations.

• Job Description seen for: Service and Complaints Manager.

• High level of data gathering, governance and reporting seen. Methods for determining process results reviewed:

a. Customer Service Report - December 2017. The following has been reported:

- Received 24 complaints in Dec 2017.
- 0 letters of feedback logged.
- 1 letter from MPs were logged.
- 22 of the 24 complaints received in Dec 2017 were responded to within the customer service standard of 15 working days. All complaints received in Dec 2017 are closed.
- 0 complaints were closed without a response.
- 1 of 24 complaints were upheld.
- 3 of 24 complaints were partially upheld.
- 20 of 24 complaints were not upheld.
- 0 positive feedback letters received.
- Complaint Analysis Jan - Dec 2017: 417 complaints received (approx 20% reduction from period Jan - Dec 2016). Jan - Dec 2017: Comps Per 1000 (yearly) = 1.16. Positive Feedback Jan - Dec 2017: Yearly Monthly Average = 5.

• The organisation does have an internal audit system and it is ISO 10002 orientated. Audits are being completed to schedule with no slippages noted. Audits sampled:

a. Internal Audit: Registration - Customer Service (Complaints) Date of Audit: 16th January 2018. 1 Minor NCR identified. Finding has been transposed onto the Non-Conformity, Observations, Opportunities for Improvement Action Plan. The Client's corrective action process includes for identification of root cause, correction and corrective action as well as review for effectiveness.

b. Internal Audit: Secretariat (Complaints + Customer Service). Date of Audit: 16th Nov 2017. No Findings identified.

• Agenda and Minutes of the Monthly Executive Management Team Meeting (Management Review) dated 31st October 2017 sampled.

** Positive Observations:
- It appears that the complaints management system is very much under control with systematic controls in place to ensure it runs in an efficient way which is designed to drive improvements. - Overall, the core

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complaint handling processes have not changed significantly in the last year, although there is evidence of continual development and improvement.

Opportunity for improvement

Ref. no	1587209-201802-I1
Area/process	OBJECTIVES
Clause	
Scope	CMS 645851
Certificate Standard	ISO 10002:2014
Details	Consideration could be given to broadening the Objectives in order to make them more explicit. The Customer Service Policy should be used as a framework to establish SMART Objectives.

Operation of Complaints Handling Process: Registrations - ISO 10002:2014 Clause 7:

Sample evidence reviewed:

• Interview with the 2 Registration Managers.
• Overview provided of:
a. the type of complaints received related to: Renewals and International Applicants.
b. systems in use: iExtensions, Lotus Notes, NetRegulate.
c. document control: complaint responses are stored in a Shared Drive 'G' Drive with only Managers having access to it; complaints categorized into different categories.
d. monitoring: via Outlook Calendar, Feedback Inbox, listing of live complaints within iE Helpdesk.
e. confirmation that service standards are understood and adhered to.
• The following complaints received were sampled to test the process - a.
Renewals:
-        Ref HPCxxxx. Evidence seen of: Help Desk Service Ticket generated (logged 29th Jan 2018), complaint from a Social Worker regarding Registration details online. Priority: Normal. Category: Registration Process. Acknowledgement sent on 29th January 2018. Complaint still open and under review with Due Date: 19th Feb 2018.
-        Ref No. (Registration) OTxxxxx. Evidence seen of: complaint received 15th January 2018, Complaint regarding 'Missed Deadline'. Response seen dated 22nd January 2018. b. International Applicants:
-        Registration Number PH xxxxxx. Evidence seen of: Complaint came in via email on 30th October 2017. Complaint regarding 'International Application Route'. Complaint acknowledged by the Complaints Manager. Response seen via email dated 15th Nov 2017. Ticket closed.

Planned arrangements are realised.

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Planned results achieved.

Operation of Complaints Handling Process: FTP OPS/A&D - ISO 10002:2014 Clause 7:
Sample evidence reviewed:

• Interview with the A&D Manager and A&D Officer.
• Overview provided of:
a.   the type of complaints received related to: complaints from stakeholders (members of the public, employers, other complainants, witnesses, Panel Members); type of complaints: related to Pre-ICP Decision, service or process, decision about investigation of case, related to a hearing, in relation to confidentiality.
b.   systems / management tools in use: Complaint Log 2018 (used to log receipt of complaints, date of complaint, complaint allocation, response date etc), CMS 'Charter Service Chain'.
c.   document control: complaint responses are stored in the CMS (reviewed 'Actions' - FTP Complaint Response) and Mailbox 'Complaint emails dealt with' (see Opportunity For Improvement). Complaints come into the A&D Inbox.
d.   monitoring: via the Complaints Feedback Report (reviewed Report for Quarter 3 Oct, Nov and Dec 2017). For this period, the following was reported:
- In Dec 2017 5 New Complaints Received.
- In Dec 2017 5 New Complaints Responded to.
- In Dec 2017 % Responded Within Service Standard of 15 Working Days = 100%.
- Number of Escalated Complaints Received = 0.
- Learning Points discussed.
- 9 Positive Feedback Notes Were Received in this Quarter.
e. confirmation that service standards are understood and adhered to.
• The following complaint received was sampled to test the process -
- Case Ref: FTPxxxxx. Evidence seen of: Complaint received 07th January 2018. Complainant dissatisfied with the HCPC's complaint response (Complaint related to Investigation). Acknowledgement sent out via email on 09th January 2018. Summary of Response and Full Response seen dated 26th January 2018. Partially Upheld. Learning Points stored in the Complaints Log and complaint details also seen on the CMS.

Planned arrangements are realised.
Planned results achieved.

Opportunity for improvement

Ref. no	1587209-201802-I2
Area/process	Operation of Complaints Handling Process: FTP OPS/A&D - ISO 10002:2014 Clause 7
Clause	
Scope	CMS 645851

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Certificate Standard	ISO 10002:2014
Details	Consideration could be given to ensuring that all complaints when dealt with are moved across to the Mailbox 'Complaint emails dealt with'. This could not be demonstrated for complaint Case Ref: FTP48691, even though the complaint details were seen on the CMS.

Operation of Complaints Handling Process: Secretariat - ISO 10002:2014 Clause 7:

Sample evidence reviewed:

• Interview with the Registration Manager.
• Overview provided of:
a. the type of complaints received related to: Registration (UK Admissions, Re-Admissions, International Admissions, Issues related to Renewals), Fee Related (Finance). b. systems in use: iExtensions.
c. document control: complaint responses are stored in a Shared Drive 'G' Drive (Secretariat) with only Managers having access to it; complaints categorized into different categories. Complaints come into the HCPC Feedback Inbox.
d. monitoring: via listing of live complaints within iE Helpdesk.
e. confirmation that service standards are understood and adhered to. • The following complaints received were sampled to test the process -
-       Ref: HPCxxxx. Evidence seen of: Complaint received via email on 08th January 2018, Date Opened on the system 11th January 2018. Complaint regarding Registration Process (UK Reg). Acknowledgement sent via email on 11th January 2018. Response sent dated 26th January 2018, Case closed 26th January 2018.
-       Ref: HPCxxxx. Evidence seen of: Complaint logged 24th Nov 2017. Complaint regarding Registration Process (UK Reg). Original complaint received via email 23rd Nov 2017. Response sent 08th Dec 2017. Follow Up email from Complainant seen dated 16th Dec 2017. Case Re-opened on 16th Dec 2017. Acknowledgement sent via email on 16th December 2017. Final Response sent dated 10th January 2018, Case closed 11th January 2018.
• Positive Feedback is also logged on the system. Evidence seen of the following Feedback received:
- Ref: HPCxxxx received via email on 14th Nov 2017.
- Ref: HPCxxxx received via email on 25th Oct 2017.

Planned arrangements are realised.
Planned results achieved.

Operation of Complaints Handling Process: Finance - ISO 10002:2014 Clause 7:

Sample evidence reviewed:

• Interview with the Registration Manager.
• Overview provided of:
a. the type of complaints received related to: people being removed for non-payment of fees, people who have been on the Register and asked to be removed and then ask for a refund. b. systems in use: iExtensions.

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c. document control: complaint responses are stored in a Shared Drive 'G' Drive (Secretariat) with only Managers having access to it; complaints categorized into different categories. Complaints come into the HCPC Feedback Inbox.

d. monitoring: via listing of live complaints within iE Helpdesk.

e. confirmation that service standards are understood and adhered to. • The following complaints received were sampled to test the process -

- Ticket No. HPCxxxx. Evidence seen of: Complaint Re: DD taken after trying to cancel. Original complaint received via email on 01st Nov 2017. Date Opened on the system: 02nd Nov 2017. Acknowledgement sent via email on 02nd Nov 2017. Response sent dated 08th Nov 2017, Case closed 08th Nov 2017.

- Ticket No. HPCxxxx. Evidence seen of: Complaint Re: Complaint from a registrant (PH) regarding correspondence they received about removal from the Register. Original complaint received via email on 06th Oct 2017. Date Opened on the system: 10th Oct 2017. Acknowledgement sent via email on 10th Oct 2017. Response sent dated 12th Oct 2017, Case closed 12th Oct 2017.

Planned arrangements are realised.
Planned results achieved.

Our next steps

Next visit plan

Date	Auditor	Time	Area/process	Clause
05/02/2019	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	

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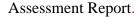|				
		13.00	8.0 Maintenance & Improvement	8
		14.30	Operation of Complaints Handling process: Sample Directorate Based Activity (2 managers to be selected)	7
		15.30	Report Writing Day 1	
		16.00	Progress Review Discussion	
06/02/2019	Assessor 1	09.00	DAY 2 Arrival and Confirmation of Plan	
		09.30	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 reassessment 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 and the defined assessment plan provided in terms of location and areas of the system and organisation to be assessed.

ISO 10002:2014

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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 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.

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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.

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

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 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

Appendix: Your certification structure & on-going assessment programme

Scope of certification

CMS 645851 (ISO 10002:2014)

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

Assessed location(s)

London / CMS 645851 (ISO 10002:2014)

Location reference	0047125084-000
Address	Health & Care Professions Council Park House 184 Kennington Park Road London SE11 4BU United Kingdom
Visit type	Re-certification Audit (RA Opt 2)
Assessment reference	8659307
Assessment dates	01/02/2018
Deviation from audit plan	No
No. of full time equivalent employees	29
Total no. of effective employees at the site	29
Scope of activities at the site	Main certificate scope applies.
Assessment duration	2 day(s)

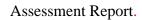## Changes in the organisation since last assessment

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

The Director of Council and Committee Services confirmed that there had been a number of changes in the time since the last BSI Audit. These being:

a. The Service and Complaints Manager has left the organisation in Nov 2017, Paul Robson Registration Manager has joined the team, albeit at present 2 days a week, to be permanent from March 2018. He has also taken on some of the duties of the Service and Complaints Manager.

No change in relation to the audited organisation'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.

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Certification assessment programme

Certificate number - CMS 645851
Location reference - 0047125084-000

Business area/location		Audit1	Audit2	Audit3
Business area/location	Date (mm/yy):	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 – recertification

Review of assessment finding regarding conformity, effectiveness and relevance of the management system:
The HCPC's Customer Service and Complaints Team's complaint management system has been found to be managed effectively; no non-conformities have been raised within the assessment period.

Management system strategy and objectives:
The HCPC Customer Service and Complaints Team intends to maintain an effective management system to support strategies, policies and objectives aligned to the established service standards and KPI's. The Team intends

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to streamline processes to enhance process effectiveness. In dealing with complaints the Team initially establishes that the information provided constitutes a complaint and can be responded to through its complaint handling procedure. The objectives associated with this approach were discussed, these objectives will remain in place for the duration of the next certification cycle. The achievement of these objectives is supported by the complaint handling organisational structure and complaint handling process.

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

There is a good understanding of the objectives and evidence of team and individual commitment to supporting these objectives. Management commitment to its complaints handling process and policy was evidenced throughout the assessment.

Review of assessment progress and the recertification 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 may be introduced as required in future visits.

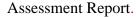Continue with the current total assessment days/cycle.

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 organization, then all pages must be included.

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.

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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 noncompliance or incidents occurring after this visit will be notified to the BSI client manager as soon as practical after the event.

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