

**UNITED KINGDOM ACCREDITATION SERVICE
POLICY ADVISORY FORUM
Agreed Report of 1st Meeting
Held on Wednesday 23rd March 2011 at the BIS Conference Centre, London**

1. Welcome and Introductions

Lord Lindsay, UKAS Chairman, welcomed members to the first meeting of the UKAS Policy Advisory Forum (PAF). He explained the background to the formation of the PAF, stressing its importance in helping UKAS to achieve its public interest remit and the need to expand the membership of the old Policy Advisory Committee to reflect the broadening range of UKAS activity. He recognised the help all those who had served on the Committee since its formation in 1996. He thanked the most recent Committee members for their help in shaping UKAS' plans for the establishment of the PAF. He acknowledged, particularly, the support provided by the last Chairman, Dr Martin Jones, and his immediate predecessor, Dr Seton Bennett.

Lord Lindsay welcomed attendance from a much broader range of stakeholders and particularly from the health sector, a relatively new area of activity for UKAS and one that offered considerable potential for growth. He invited feedback on the format of the meeting and the relevance of the topics discussed.

Lord Lindsay commented on the range of opportunities that were opening up to UKAS at the present time in support of the Government desire to reduce regulation and bureaucracy. He thought that the role of accreditation in providing a cost effective alternative to direct Government intervention was becoming increasingly recognized.

But with these greater opportunities comes a need to maintain good stakeholder engagement and this is the purpose of the PAF. He hoped that this would be the first of many successful meetings.

[Secretary's note: A membership/attendance list is attached as Appendix A.]

2. Agreement of PAF Terms of Reference (PAF/02/11)

Mr Hynd introduced the draft Terms of Reference (ToR). He explained that the ToR had been the subject of extensive discussion in the Policy Advisory Committee and were agreed in principle at the last Committee meeting on 11 November 2010. He asked if there were any remaining comments.

Mr Bennett commented that the constitution of the Policy Advisory Council (PAC) grouped certification body and inspection body representatives together and that this ran contrary to international developments in which inspection bodies were considered to have more in common with laboratories. Mr Hynd suggested that the groupings were based more on the number of organisations seeking representation but that they could be reconsidered if difficulties emerged.

Mr Mason asked whether the Chair would take one of the twelve seats or an additional seat. Mr Hynd confirmed that the Chair would take one of the twelve seats.

Mr Mansfield asked whether the PAF and PAC papers would be made openly available unless they contained confidential information. Mr Stennett replied that

most UKAS documents could be made openly available but that he would keep the possibility of greater transparency under review.

Mr Sharp commented that some organisations could fit into several categories for the purposes of the PAC and asked if there was any flexibility available. Mr Hynd confirmed that members had flexibility to move between groupings if it was sensible for them to do so.

Prof Furness suggested that the health sector could be underrepresented in the PAC. Mr Stennett pointed out that there was opportunity for healthcare to provide representatives in all four constituency groupings.

Mr Nash commented that the hierarchy of the PAF and the PAC was still not clear. Mr Hynd said that the ToR had been revised several times in this respect and he was reluctant to amend them further at this stage. He suggested that they could be reviewed further at future PAC and PAF meetings if difficulties emerged.

In response to a request for a show of hands, there was unanimous support for acceptance of the ToR. The ToR were therefore agreed as tabled in PAF/02A/11.

3. Confirmation of PAF Chair (PAF/03/1)

Mr Stennett introduced Dr Jones as the only candidate for the Chair.

Prof Furness asked for confirmation of the intended term of office. Mr Stennett confirmed the intention that it would be for the maximum term of three years.

Mr Stennett asked if there were any objections to Dr Jones' candidacy. None were raised and Dr Jones' appointment was confirmed.

4. Review of 2010/11 and priorities for 2011/12

Mr Stennett presented a review of 2010/11 and priorities for 2011/12.

[Secretary's note: a copy of Mr Stennett's presentation circulated with this report.]

Mr Gainsford recognised the role of accreditation to contribute towards "earned recognition" for businesses, likely to be a central feature of the White Paper being prepared by BIS on regulatory enforcement. He suggested the possibility of sectoral discussions to develop these ideas. Mr Stennett agreed and confirmed that UKAS was liaising closely with BIS on the development of the White Paper. Lord Lindsay stressed the importance of clarifying the difference between accreditation and certification so that the benefits of accreditation could be properly understood.

Mr Rennison stressed the importance of demonstrating the benefits of accreditation. In the forensic services sector, it was important that the Ministry of Justice, the courts and judges were convinced of the role accreditation could play in underpinning forensic evidence.

Prof Paterson noted the emphasis on accreditation to provide confidence and protect reputation but commented that the health sector was more concerned with improving quality of service. Mr Stennett agreed that the main focus of every accreditation scheme was quality. He recognised that the focus in the health sector may be less driven by regulation or was more a case of internal regulation.

5. Establishment of the Policy Advisory Council (PAF/04/11)

The Chairman introduced the paper. He commented that UKAS' authority was derived partly from Government but also from stakeholders' support through PAF. In turn, the PAF would be supported by the PAC which would deal with the more detailed issues that would be more difficult to deal with in the larger PAF. In this respect he confirmed that the PAC should be the servant of the PAF but would be an important part of the UKAS advisory structure. Against this background, he asked the constituency groups to discuss who should represent them on PAC and how they should communicate.

Following a period of discussions, representative of the different constituency groups reported as follows:

The **Consumer/Others** group reported that they had four nominations:

Prof Adrian Newland – Academy of Medical Royal Colleges
 Ian Severn – National Physical Laboratory
 Ron Gainsford – Trading Standards Institute
 Daniel Mansfield – British Standards Institution

The group reported that it had not been possible to select three representatives from this group. They recognised the importance of the healthcare sector but considered that it was also important that the origins of UKAS in standards and measurement were acknowledged. Mr Hynd suggested that further consideration could be given following the meeting.

The **Government** group reported the following representatives:

Chris Elliott – Ministry of Defence (a procuring department)
 Ian Sharp - Health Protection Agency (a policy/user department)
 John Mortimer – Department for Business, Innovation and Skills

The Government group commented that they would consider using the web based communication tool 'Huddle' to aid communication between the three representatives and the other members of the group.

The **Indirect Customers** group reported the following representatives:

Dr Martin Jones – Confederation of British Industry (manufacturing industry)
 Sue Brand – English Community Care Association (service industry)
 Mike Pearson – Federation of Small Businesses (small businesses).

It was agreed that Dr Jones would develop proposals for communications within the group including the possibility of pre-meetings.

The **Direct Customers** group reported the following representatives:

The British Measurement and Testing Association would represent laboratory customers for the first year with the intention of rotating each year. The Institute of Biomedical Science would act as first reserve.

[Secretary's note: BMTA representative since confirmed as Dr Jeff Llewellyn.]

The Association of British Certification Bodies would represent certification and inspection body customers. They would consider the possibility of arranging pre-meetings.

[Secretary's note: ABCB representative since confirmed as Trevor Nash.]

The representatives of clinical customers considered that they needed a separate committee and that PAC representation would come from that committee. Mr Stennett agreed this could be a way forward and undertook to discuss the possibilities with CPA.

The Chairman thanked members for their nominations. The secretary would contact the nominated parties in due course to make arrangements for the first PAC meeting.

6. UKAS strategy

6.1 Responding to the increasing demands from Government and society for UKAS accreditation as an alternative to regulation (PAF/05/11)

Mr Stennett introduced the paper explaining the background to the increasing number of requests from Government departments and agencies for the development of accreditation schemes. He said that these developments were welcome but that they were raising questions for UKAS in terms of prioritisation of resources.

The Chairman asked PAF members, divided into seven groups, to discuss one of four questions relating to this subject and report back their conclusions.

Following a period of discussion, representatives from each table reported as follows:

Question 1 - What are the drivers for the increased demand for UKAS accreditation as a tool for Government and what are the key policy areas in which UKAS could play a greater role?

Table 1

Drivers:

- reducing regulation, self-policing, bottom up approach
- management of risk
- achieving stakeholder buy-in
- encouraging good behaviours
- incentivising business improvements
- allowing competitiveness
- consumer demand

Key areas:

- not applicable for all policy areas
- education (could learn from business)
- health (still much to be done eg the patient journey)
- sustainability (energy and carbon)
- discretionary powers (policing)
- meat hygiene (earned recognition)
- self-regulation
- personal data

Question 2 - In the face of increasing demand for the development of UKAS accreditation in new areas of activity (eg in the health sector, climate change etc) what are the most important areas for development and how should UKAS prioritise its resources overall?

Table 2A

Should UKAS be setting priorities for accreditation?

Priorities should be set by Government and stakeholders

UKAS to prioritise resources based on:

- risk assessment – big contributions
- scope for added value - go for biggest impact and easy wins
- should be where UKAS is pulled in – not UKAS pushing
- availability of appropriate standards
- adding value to 'questionable' certificates.

Table 2B

Most important areas:

- health and climate change
- in health there need to be national drivers or there will be low take up
- if there are existing schemes, is there need for UKAS input?
- avoid conflicting schemes – complement or enhance
- consult/survey wider range of stakeholders/customers

Prioritisation – risk based approach based on:

- regulatory pressure
- level of technical expertise, availability
- size of market/likelihood
- existing schemes – is UKAS enhancement worthwhile?
- Ability of new areas to become self-financing

Question 3 - What are the pros and cons of using UKAS accreditation as an alternative to regulation and how can the benefits best be quantified and presented? Are there any specific considerations in the area of healthcare?

Table 3A

Pros and cons

- co-regulation, earned recognition but accreditation alone may not be sufficient
- public confidence in UKAS but other approaches undermining UKAS
- capacity to deal can be an issue

Presenting benefits

- pressure for regulators to look at alternatives but not enough knowledge of standards and accreditation
- increase in quality for same or reduced costs
- focus on outcomes
- need to demonstrate economic and market benefits (ie competitiveness)
- raise brand awareness and customer perception

Table 3B

Pros and cons

- reduction of indirect costs e.g. fewer inspections but increase in business costs ie UKAS fees

- accreditation gives confidence but UKAS brand not well known by customers (some certification brands more well known)
- can be used to demonstrate regulatory compliance
- benchmarking easier than under Regulation

Presenting benefits

- need business case to justify cost of accreditation eg value, saving money, competitiveness, efficiency, benchmarking (the cost of regulation is not always quantified)
- case studies important for this.

Comments

- if regulation is removed and replaced by accreditation, should it be mandated?
- the health sector is not unique, just different.

Question 4 - To what degree do you think the awareness of UKAS accreditation has improved in the last few years and what more should be done to raise awareness eg what should be the priority target audiences and the preferred activities and how should these activities be resourced? How best could awareness of UKAS accreditation be raised in the healthcare/clinical sectors?

Table 4A

Levels of awareness:

- visibility of accreditation has increased but not necessarily understanding
- accreditation is usually a B2B requirement so wider awareness may not be necessary
- reputation of accreditation is damaged by non-accredited certification and calibration

Further action:

- greater cross reference between certification and calibration
- greater clarity over the difference between accreditation and certification
- but difficult to sell in times of financial hardship (e.g. forensics, judiciary should push)

Priority target audiences:

- possibly education
- but fear of scope creep – resource considerations.
- replacing regulation - needs to be simple or there will be increased burden.

Table 4B

Levels of awareness:

- awareness improved but mostly preaching to the converted
- wider audience needs to be reached

Further action:

- accreditation needs to be better defined
- stress role in assessing competent organisations

Priority target audiences:

- government
- local authorities
- manufacturers through CBI etc
- TAF is important – trade associations operate many non-accredited schemes
- consumers
- suppliers
- owners and employers

Preferred activities:

- road shows – need to reach commercial drivers

Resourcing:

- costs should be shared by UKAS, Government (eg BIS, DECC, HSE) and accredited organisations

Health Sector:

- Care Quality Commission is important but is not yet convinced
- private health might be more interested
- DH Commissioning Board worth considering.

In the open discussion that followed, a number of points were raised.

Mr Sharp suggested that UKAS could work more closely with insurers. He suggested that the NHS Legal Authority, which insures health providers, should place greater reliance on accreditation;

Mr Hulmes reinforced the value of working with the insurance companies given that insurance costs are a significant influencing factor. But he also recognised that they were difficult to convince;

Ms Brand suggested that there was opportunity for huge cost savings in the health sector, citing a large care home company that pays £3.2m pa for CQC inspection that does not happen;

Mr Doghor raised questions about the costs of accreditation for poultry testing laboratories. Mr Stennett agreed to discuss further outside the meeting;

Ms Brand asked about UKAS resources for funding development schemes. Mr Stennett replied that it was often possible to secure funding for development projects from the sponsoring department or agency but it was sometimes necessary to reinvest profits for this purpose.

In concluding this session, Mr Stennett thanked members for their valuable input and assured them that the points raised would be fed into the UKAS business planning process.

7. Confirmation of next meetings

The Chairman confirmed the arrangements for the next meetings as follows:

The first meeting of the PAC was confirmed for **Wednesday 6 July 2011** at the Lansdowne Club, London, commencing at 10.15 am.

The second meeting of the PAC was confirmed for **Tuesday 22 November 2011** at the Lansdowne Club or the UKAS offices, to be decided.

The next PAF meeting would be held in February or March next year, date and venue to be advised.

The secretary would provide further information relating to these meetings in due course.

8. Closing remarks

The Chairman thanked PAF members for attending and for their positive contributions to the day's proceedings. To assist planning of future meetings, he invited feedback on the content and relevance of the agenda items, to be sent to the secretary at Malcolm.hynd@ukas.com.

PAF Nominating parties and Representatives

1st Meeting – 23 March 2011

Constituency *	Nominating parties	Representatives
4	Academy of Medical Royal Colleges	Prof Adrian Newland
2	ADS Group	Sarah Barnard (apologies) Phil Curnock (apologies)
1	Association for Clinical Biochemistry	Dr Julian Barth
1	Association of Clinical Pathologists	Dr William Fuggle
1	Association of British Certification Bodies	Trevor Nash Rob Wallis
1	Association of Forensic Science Providers	Ric Treble
1	Association of Independent Research and Technology Organisations	Graham Beddoe Graham Oliver
2	British Electrotechnical & Allied Manufacturers' Association	Anne Humberstone (apologies)
1	British Measurement & Testing Association	Dr Jeff Llewellyn Tony Smith (deputy: Tony Pither)
2	British Retail Consortium	David Brackston (apologies)
4	British Standards Institution	Daniel Mansfield Ian Greensmith
1	College of Radiographers	Richard Evans Prof Audrey Paterson
4	Chartered Institute of Purchasing & Supply	Colin Maund (apologies)
4	Chartered Quality Institute	Catherine Bithell
2	Chemical Industries Association	John Roche (apologies)
2	Confederation of British Industry	Dr Martin Jones
2	Construction Industry Council	David Lush
4	Consumer Focus	Prashant Vaze (apologies)

3	Department for Business, Innovation & Skills – Innovation Infrastructure	Christine Hewitt (pm) John Mortimer
3	Department for Business, Innovation & Skills – Product Regulation	Richard Lawson (apologies)
3	Department for Communities and Local Government	Anthea Nicholson (apologies) Ian Drummond (apologies)
3	Department for Energy and Climate Change	David Purdy (apologies) Rob Davis (pm)
3	Department for Environment Food and Rural Affairs	Sackey Bennin Lesley Larkin (deputy: Ricky Doghar)
3	Department of Health (and devolved administrations)	Chris Horsey (apologies) Lisa Smedley (apologies)
2	Engineering Equipment and Materials Users Association	Clive Tayler (apologies)
2	English Community Care Association	Sue Brand
3	Environment Agency	Neil Davies
1	Federation of Certification Bodies	Bill Slocombe James Gibb
2	Federation of Small Businesses	Mike Pearson Sara Higham (apologies)
3	Food Standards Agency	Derrick Jones (apologies)
3	Forensic Science Regulator	Andrew Rennison
1	Gauge and Toolmakers Association	Julia Moore (apologies)
3	Health and Safety Executive	Jane Willis (apologies) Clive Fleming
3	Health Protection Agency	Dr Valerie Bevan (apologies) Ian Sharp
2	Independent Healthcare Advisory Services	Andrew Wilby (apologies)

1	Independent International Organisation for Certification	Roger Bennett
1	Institute of Biomedical Science	Dr Jane Needham (deputy Jill Rodney) Dan Smith
2	Institute of Directors	Alexander Ehmann (apologies)
3	Institute of Environmental Management and Assessment	Martin Baxter (apologies)
4	Institute of Materials, Minerals and Mining	Dr Graham Woodrow (apologies)
4	Institute of Measurement and Control	Peter Martindale
2	Intellect	Mark Hattersley
3	Intellectual Property Office	Guy Robinson (deputy: Debbie Berkley)
4	Local Government Regulation	Derek Allen (apologies)
3	Ministry of Defence (Defence Equipment and Support)	Kevin Thomas (apologies) Chris Elliott
3	National Measurement Office	Peter Mason Robert Gunn
4	National Physical Laboratory	Ian Severn
3	National Policing Improvement Agency	Paul Hunter
1	Royal College of Pathologists	Prof Peter Furness Neil Formstone (apologies)
1	Royal College of Radiologists	Andrew Hall Dr Conall Garvey
1	Safety Assessment Federation	Richard Hulmes
4	Science Council	Dr Diana Garnham (apologies)
2	Society of Maritime Industries	John Southerden
2	Society of Motor Manufacturers and Traders	Steve Elvin (apologies)
2	Trade Association Forum	Linda Cavender (apologies)
4	Trading Standards Institute	Ron Gainsford

		Andy Foster (apologies)
3	Technology Strategy Board	Dr David Evans (pm)
1	United Kingdom Organic Certifiers Group	Tim Bailey Julian Wade
	UKAS members	
	Chief Executive	Paul Stennett
	Secretary	Malcolm Hynd
	Other UKAS participants	
	Chairman	Lord Jamie Lindsay
	Director Accreditation	Dr Jane Beaumont
	Deputy Director Technical	Lorraine Turner
	External Affairs Adviser (Healthcare)	Christopher Exeter
	PA to Chief Executive	Natacha Barbosa

***Key to constituencies**

- 1 – Direct customers
- 2 – Indirect customers
- 3 – Government
- 4 – Consumers, end users and other members