

HSE TECHNICAL SERVICES MANAGEMENT REVIEW MEETING MAY 2007

DATE: 4TH MAY 2007

ATTENDED BY: Joe Hoare, Louise Naughton., Niamh Mooney

- 1. INTRODUCTION**
- 2. MINUTES FROM PREVIOUS MEETINGS.**
- 3. INTERNAL AUDIT SCHEDULE**
- 4. INTERNAL AUDIT RESULTS**
- 5. NON CONFORMING, CORRECTIVE AND PREVENTATIVE ACTION**
- 6. CUSTOMER FEEDBACK AND COMPLAINTS**
- 7. OBJECTIVE AND TARGETS FOR 2006**
- 8. QIP'S AND CONTINUOUS IMPROVEMENTS**
- 9. SGS DOCUMENTATION AUDIT**
- 10. CHANGES THAT COULD AFFECT THE DOCUMENTED MANAGEMENT SYSTEMS**
- 11. QUALITY POLICY REVIEW**
- 12. A.O.B.**
- 13. APPROVALS**

1. INTRODUCTION

The HSE gained registration to ISO 9001:2000 in early 2007.

SGS have conducted their last surveillance audit on the 18th October 2006. SGS observations have all been address and closed out (see details in this report).

Since then key employees Clodagh Hanratty and Gerry Mac Namara have left their positions in Technical Services. This has put considerable strain on the remaining staff to keep systems up to date.

2. MINUTES FROM PREVIOUS MEETINGS.

The findings from the last Management review Meeting in 2006 was reviewed.

All findings and actions items are closed out.

3. INTERNAL AUDIT SCHEDULE FOR 2006 WAS REVIEWED.

HSE TECHNICAL SERVICES

INTERNAL AUDIT SCHEDULE FROM FEB 06 TO APRIL 07 12 DAYS IN TOTAL, UPDATDED 13TH OCTOBER 2006,10TH MAY 2007

SECTION	AREA	AUDITEE	AUDITOR	MONTH SCHEDULED	DATE COMPLETED
CAPITAL PROJECTS	REGIONAL HOSPITAL	CLODAGH HANRATTY HELEN CUNNEEN –	LOUISE NAUGHTON	<i>1 DAY – MAY 2006</i>	26/5/06
		JOE HOARE – PLASSEY		<i>1 DAY - MAY 2007</i>	02/05/07
MAINTENANCE	REGIONAL HOSPITAL	NENAGH – JIM RYAN	LOUISE NAUGHTON	<i>1 DAY – MAY 07</i>	04/05/07
		LIAM KEEHAN – ENNIS		<i>1 DAY – JUNE 2006</i>	22/6/06
FIRE SAFETY	PLASSEY	BERNARD LENNON NIAMH MOONEY	LOUISE NAUGHTON	<i>1 DAY – JUNE 2006</i>	30/6/06
				<i>1 DAY – APRIL 07</i>	30/04/07

QUALITY MANAGEMENT	PLASSEY	NIAMH MOOONEY GERRY MC NAMARA CLODAGH HANRATTY NIAMH MOONEY	LOUISE NAUGHTON	<i>1 DAY – JUNE 2007</i> <i>1 DAY – MAY 2007</i>	<i>09/6/06</i> <i>03/05/07</i>
CORPORATE MANAGEMENT FUNCTION	PLASSEY	GERRY MC NAMARA CLODAGH HANRATTY JOE HOARE ACUTE AND NON ACUTE	LOUISE NAUGHTON	<i>1 DAY – OCT 2006</i>	<i>13/10/06</i>
QUALITY MANUAL	PLASSEY	NIAMH MOOONEY GERRY MC NAMARA CLODAGH HANRATTY	LOUISE NAUGHTON	<i>1 DAY – MAY 2007</i>	<i>10/5/07</i>
REVIEW OF MANAGEMENT REVIEW SYSTEM	PLASSEY	NIAMH MOOONEY GERRY MC NAMARA CLODAGH HANRATTY	LOUISE NAUGHTON	<i>1 DAY – MAY 2007</i>	

SGS EXTERNAL AUDITS - REVIEW	PLASSEY	NIAMH MOOONEY GERRY MC NAMARA CLODAGH HANRATTY	LOUISE NAUGHTON	<i>1 DAY - OCT 2006</i>	05/10/06

INTERNAL AUDITS FOR 2007/ 08 WAS PLANNED.

HSE TECHNICAL SERVICES

INTERNAL AUDIT SCHEDULE FROM JUNE 07 TO JUNE 08 - 9 DAYS IN TOTAL

SECTION	AREA	AUDITEE	AUDITOR	MONTH SCHEDULED	DATE COMPLETED
CAPITAL PROJECTS	REGIONAL HOSPITAL	JOE HOARE – PLASSEY	LOUISE NAUGHTON	<i>1 DAY – SEPT 07</i>	
MAINTENANCE	REGIONAL HOSPITAL	NENAGH – JIM RYAN	LOUISE NAUGHTON	<i>1 DAY – OCT 07</i>	
		LIAM KEEHAN – ENNIS		<i>1 DAY – JAN 2008</i>	
FIRE SAFETY	PLASSEY	BERNARD LENNON NIAMH MOOONEY	LOUISE NAUGHTON	<i>1 DAY – FEB 08</i>	
QUALITY MANAGEMENT	PLASSEY	NIAMH MOOONEY	LOUISE NAUGHTON	<i>1 DAY – NOV</i>	

CORPORATE MANAGEMENT FUNCTION	PLASSEY	JOE HOARE	LOUISE NAUGHTON	<i>1 DAY – DEC 07</i>	
QUALITY MANUAL	PLASSEY	NIAMH MOOONEY	LOUISE NAUGHTON	<i>1 DAY – FEB 08</i>	
REVIEW OF MANAGEMENT REVIEW SYSTEM	PLASSEY	NIAMH MOOONEY GERRY MC NAMARA CLODAGH HANRATTY	LOUISE NAUGHTON	<i>1 DAY – JAN 2008</i>	
SGS EXTERNAL AUDITS - REVIEW	PLASSEY	JOE HOARE	LOUISE NAUGHTON	<i>1 DAY - FEB 08</i>	

MAINTENANCE	REGIONAL HOSPITAL	TONY MC BRIDE – REGIONAL	LOUISE NAUGHTON	<i>1 DAY - FEB 2006</i> <i>1 DAY - OCT 2006</i>	
FIRE SAFETY	PLASSEY	BERNARD LENNON NIAMH MOONEY ACUTE AND NON ACUTE	LOUISE NAUGHTON	<i>1 DAY – MAR 2006</i> <i>1 DAY - MAY 2006</i> <i>1 DAY – NOV 2006</i>	

4. INTERNAL AUDIT RESULTS

A full series of internal audits have been conducted on all procedures in the documented system during the previous 12 months.

AUDIT NO	AREA	DATE	
NC'S RAISED			
4/2006	CORPORATE MGT	13/10/06	NIL
1/2007	QMS	03/05/07	NIL
2/2007	CAPITAL PROJECTS	02/05/07	1
OBS			
3/2007	FIRE SAFETY	30/04/07	NIL
4/2007	MAINTENANCE	04/05/07	3
NC'S			
5/2007	QUALITY MANUAL	10/05/07	NIL

No trends in any nc's raised during the internal audits.

5. STATUS OF NON CONFORMING, CORRECTIVE AND PREVENTATIVE ACTION

The P/car/ NC file started in Nov 2006.

We reviewed the P/CAR raised to date.

DATE	SOURCE	ORIGINATOR	
	ROOT CAUSE		DATE CLOSED

C/PAR no	Responsibility	Action type C OR PAR	Date opened	Date closed	Time elapsed	Current status open/closed
01	C Hanratty	Customer complaint	04/01/06			Work under Construction
02	C Hanratty	Public complaint	04/01/06	04/01/06	N/C	Closed
03	C Hanratty	Customer Complaint	04/01/06	04/01/06	N/C	Closed
04	C Hanratty	Output from Data analyses	04/01/06	04/01/06	N/C	Closed
05	C Hanratty	Customer complaint	04/01/06			Open (reviewed 20/04/07)
06	G McNamara	Employee Suggestion	15/12/06	13/10/06	10 months	Closed
7	N Mooney	SGS	06/02/06	6/10/06	8 months	Closed
08	N Mooney	SGS	06/02/06	1/05/06	3 months	Closed
09	N Mooney	SGS	06/02/06	20/04/07	14 months	Closed
	N Mooney	SGS	06/02/06	27/09/06	7 months	Closed
11	N Mooney	Internal Audit	09/06/06	13/10/06	4 months	Closed
12	R Mangan	Employee suggestion	23/01/06			
13	N Mooney	Internal Audit	09/06/06	13/10/06	8 months	Closed
14	G McNamara	QMS	02/02/06	15/10/06	8 months	Closed
15	C Hanratty	SGS	02/02/06	13/10/06	N/C	Closed
16	L Naughton	Internal	09/06/06	12/10/06	4	Closed

		Audit			months	
17	L.Keehan	Internal Audit	22/06/06			Open
18	L. Keehan	Internal Audit	22/06/06			Open
19	L. Keehan	Internal Audit	05/10/06			Open
20	C. Hanratty	Customer Complaint	04/01/06	01/05/06		Closed
21	N. Mooney	SGS	20/04/07			Open
22	N. Mooney	SGS	20/04/07			Open
23	N. Mooney	SGS	20/04/07			Open
24	N. Mooney	SGS	20/04/07			Open
25	N. Mooney	SGS	20/04/07			Open

No trends in any P/CAR/ NC raised.

6. CUSTOMER FEEDBACK AND COMPLAINTS

TO BE DISCUSSED.

7. OBJECTIVE AND TARGETS REVIEWED FOR 2006

- To continue the management of capital developments in line with the approvals laid out in the capital investment framework for new buildings and equipment, and upgrading of existing facilities.

Measure – Status of project % Completion.

TO COMPLETE:

- To further develop procedures and guidelines for technical services, which are clear and concise, particularly in respect of estate management, capital projects, corporate, fire ad safety and procurement.

Measure – Addition of 5 new procedures and Revision of 5 existing procedures.

14 NEW PROCEDURE WERE REALISED SINCE THE LAST MANAGEMENT REVIEW MEETING AND ONE REVISED PROCEDURE. OBJECTIVE - MET

- Training and awareness of revisions and new standards and regulations that are to be introduced in 2006.

Measure – identify new regulations in 2006, Implement and adhere to this new regulation.

TO COMPLETE:

8. OBJECTIVE AND TARGETS SET FOR 2007/08

- To continue the management of capital developments in line with the approvals laid out in the capital investment framework for new buildings and equipment, and upgrading of existing facilities.
Measure – Status of project % Completion.
- To further develop procedures and guidelines for technical services, which are clear and concise, particularly in respect of estate management, capital projects, corporate, fire ad safety and procurement.
Measure – Addition of 3 new procedures and Revision of 2 existing procedures.
- Training and awareness of revisions and new standards and regulations that are to be introduced in 2006.
Measure – identify new regulations in 2007/8, Implement and adhere to this new regulation.

9. QIP'S AND CONTINUOUS IMPROVEMENTS

TO BE DISCUSSED.

10. SGS LAST SURVEILLANCE AUDIT

SGS conducted a surveillance audit on the 18th October 20007.

5 opportunities for improvement were raised. A CAR have been raised for each items and each of these car's are now closed out.

The next surveillance audit is due to take place the 15th May 2007. Auditor is Ruth Burke.

11. CHANGES THAT COULD AFFECT THE DOCUMENTED MANAGEMENT SYSTEMS

Progress of the below to be completed.

Item 1 – A new procedure has been received by Gerry –

**HSE protocol for the acquisition/ and disposal of
property.**

Item 2 – EU Services Directive

**Item 3 – New procedures issued by HSE Corporate as a
result of on going reforms.**

**Item 4 – (Health and Safety welfare at work act 2005),
Construction Regulations under revision - last issued
2001.**

Item 5 – Irish Building Regulations under review.

Item 6 – EU performance of Buildings Directive.

12. QUALITY POLICY REVIEW

The Quality Policy is January 2006.

It was reviewed at this meeting and found to be up to date.

Quality Policy on display in Technical Services for all staff to view.

A training Awareness session has taken place to review the Quality Policy with all TS staff.

13. A.O.B.

None.

14. Approval

Joe Hoare

Niamh Mooney

Louise Naughton