

Management System Certification Audit Summary Report

Organisation:	Health Services Executive Feidhmeannacht na Seirbhíse Slainte Mid Western Area, Technical Services Department.		
Address:	Holland Road Plassey Co. Limerick		
Standard(s):	ISO 9001:2000 - Quality Management System Certification		
Representative:	Mr J Haore (Joe) Technical Service Officer		
Site(s) audited:	Plassey Limerick	Dates(s) of audit(s):	15/05/2007
EAC Code	35	NACE Code:	74
Lead Auditor	Fiona O'Brien	Additional team member(s)	N/A
This report is confidential and distribution is limited to the audit team, client representative and the SGS office			

1. Audit objectives

The objectives of this audit were:

- To confirm that the management system conforms with all the requirements of the audit standard;
- To confirm that the organisation has effectively implemented the planned management system;
- To confirm that the management system is capable of achieving the organisations policy objectives.

2. Scope of certification

Technical Services Department providing advice and operational action in the following areas: The National, Legislative and Regulatory Frameworks informing the Technical Services/Physical Resources Function; Estate Management; Capital Project Management; Procurement and Design Services; Biomedical Engineering; Energy Management, Environmental Management; Fire Safety; Technical Training; Quality Assurance; Policy and Procedural Formulation; Standard Setting and Value for Money.

This is a multi-site audit and an Appendix listing all relevant sites and/or remote locations has been established (attached) and agreed with the client.

☐ Yes ☒ No

3. Current audit findings and conclusions

The audit team conducted a process-based audit, focusing on significant aspects/risks/objectives required by the standard(s). The audit methods used were interviews, observation of activities and review of documentation and records.

The structure of the audit was in accordance with the audit plan and audit planning matrix included as annexes to this summary report.

The audit team concludes that the organisation ☒ has ☐ has not established and maintained its management system in line with the requirements of the standard and demonstrated the ability of the system to systematically achieve agreed requirements for products and services within the scope and the organisations' policy and objectives.

Number of non conformities identified: 0 Major 0 Minor

Therefore the audit team recommends that, based on the results of this audit and the systems' demonstrated state of development and maturity, management system be:

Job N°	213254	Report Date:	15/05/2007	Visit Type:	Surveillance Audit	Visit N°:	3
CONFIDENTIAL	Doc Name:	GS304 Stage 2 Audit Report	Issue N°	7	Page N°:	1	



☐ Granted / ☒ Continued / ☐ Withheld / ☐ Suspended until satisfactory corrective action is completed.

4. Previous audit results

The results of the last audit of this system have been reviewed, in particular to assure appropriate correction and corrective action has been implemented to address any nonconformity identified. This review has concluded that:

n/a ☐ Any nonconformity identified during previous audits has been corrected and the corrective action continues to be effective.

n/a ☐ The management system has not adequately addressed nonconformity identified during previous audit activities and the specific issue has been redefined in the nonconformity section of this report.

5. Audit findings

The audit team conducted a process based audit, focusing on significant aspects/risks/objectives. The audit methods used were interviews, observations of activities and review of documentation and records. Yes ☒ No ☐

The management system documentation demonstrated conformity with the requirements of the audit standard and provided sufficient structure to support implementation and maintenance of the management system. Yes ☒ No ☐

The organisation has demonstrated effective implementation and maintenance/improvement of its management system. Yes ☒ No ☐

The organisation has demonstrated the establishment and tracking of appropriate key performance objectives and targets and monitored progress towards their achievement. Yes ☒ No ☐

The internal audit program has been fully implemented and demonstrates effectiveness as a tool for maintaining and improving the management system. Yes ☒ No ☐

The management review process demonstrated capability to ensure the continuing suitability, adequacy, effectiveness of the management system. Yes ☒ No ☐

Throughout the audit process, the management system demonstrated overall conformance with the requirements of the audit standard. Yes ☒ No ☐

Certification claims are accurate and in accordance with SGS guidance. n/a ☐ Yes ☒ No ☐

6. Significant audit trails followed

Changes since the last audit – there have been significant changes to staff on site since the last audit as Gerry MacNamara and Clodagh Hanratty have left their positions and the company are currently recruiting to fill these gaps and resource pressures have existed as a result

The specific processes, activities and functions reviewed are detailed in the Audit Planning Matrix and the Audit Plan. In performing the audit, various audit trails and linkages were developed, including the following primary audit trails, followed throughout:

Job N°	213254	Report Date:	15/05/2007	Visit Type:	Surveillance Audit	Visit N°:	3
CONFIDENTIAL		Doc Name:	GS304 Stage 2 Audit Report	Issue N°	7	Page N°:	2

Management review – the 4th of May meeting was carried out and minutes were reviewed – see O.F.I. Procedure # 302

Quality Objectives –

Completion of projects % - 2006 & retained for 2007 – results for 2006 to be documented
Procedural review- 14 new developed since the last audit – target for 3 new procedures e.g. design and property management with the new National Director
Training awareness – ongoing updating with new regulations etc

Customer feedback – positive feedback – J. Doyle 16/03/07, A. Hogan 22/12/06 & J. Hennessy 22/12/06. Positive feedback and messages of gratitude expressed. See O.F.I.

Internal audits – Audits carried out by an external consultant – those checked -
13/10/06 – Corporate Management Function
30/04/07- Fire Safety, Capital Projects 1/05/07
Maintenance – Tipperary area – 3/05/07
Quality Management 4th May 07 – see O.F.I.

Non conformances – Corrective and Preventive actions
Those reviewed 20-25

Operations

Fire and Safety and H&S Training –
Fire Risk Assessments – 10 carried to date e.g. St Itas, Inis Gile & Perry Court – plans are in place to carry out 50 risk assessments
Fire inspection reports –
Report on activities – Dec 2006 -
Corporate Safety Statement – Oct 2006
Fire and Safety Works programme 2007 also reviewed and schedule of tenders reviewed

Corporate properties –
Checked the following L.MWHB.756, L.MWHB.755,

Capital projects reviewed –

Palliative Care Newcastle west Co Limerick – reviewed project brief, Revenue costing templates, committee approval on the 08/12/06, tender process and assessments, design teams, fire certificates 18/10/06 and also planning permission approval 5/10/06 & application 12/07/06

Fire Hydrants and Premises inspections for fire fighting equipment – e.g. leased and owned premises – Ennis General – 15/12/06, Limerick Regional 30/06/06 & St Ita's 21/07/06

Job N°	213254	Report Date:	15/05/2007	Visit Type:	Surveillance Audit	Visit N°:	3
CONFIDENTIAL		Doc Name:	GS304 Stage 2 Audit Report	Issue N°	7	Page N°:	3



Nonconformities – NOT APPLICABLE – none identified

Nonconformity No: ____ of ____ ☐ Major
Department/Function:

☐ Minor
Standard Ref:

Document Ref:
Details of Non-Conformity:

Issue/Rev Status

Non conformities detailed here shall be addressed through the organisations corrective action process, in accordance with the relevant corrective and preventative action requirements of the audit standard and complete records maintained.

☐ Corrective actions to address identified major conformities shall be carried out immediately and SGS notified of the actions taken within 30 days. An SGS auditor will perform a **follow up visit** within 90 days to confirm the actions taken, evaluate their effectiveness and determine whether certification can be granted or continued.

☐ Corrective actions to address identified major nonconformities shall be carried out immediately and **records with supporting evidence sent to the SGS auditor** for close-out within 90 days.

At the next scheduled audit visit, the SGS audit team will follow up on *all* identified nonconformities to confirm the effectiveness of the corrective actions taken.

7. General Observations and Opportunities for Improvement

Customer feedback – It was noted that further emphasis is required in relation to customer feedback and the documentary evidence of feedback. Consideration should be given to record feedback from all means possible reflecting the customers perception of the performance of HSE Tech Services Mid Western Area

Management review – The last MRM was held on the 4th of May and some elements of the meeting have yet to be reviewed in full i.e. customer feedback and Q. Objectives – as above. Also review procedure no 302 as the template for Management review was not followed on the last occasion in accordance

Quality Objectives – Ensure that where possible a measurable target is set against the individual objectives e.g. completion of capital projects

Fire Hydrants – Procedure no 208 ensure that this is updated to reflect the current process in relation to the service of fire hydrants and extinguishers etc as they are not carried out on and recorded on a monthly basis and also in relation to the water flow measurements now commenced for an annual verification for all fire hydrants now contracted externally to Elite Fire Protection.

Interaction of the processes within the QMS – This requirement was identified within the QA Manual however as discussed consideration could be given to outline the interaction in more detail

Justified exclusions – it was noted in the QA Manual 2.0 that Clause on Design and Development 7.3 has been noted as an exclusion however this is no longer the case and this should be updated as procedures are being set up for the Design section of Tech Services and these were reviewed during this audit as appropriate

Internal audits – Ensure that the sample checked is in all cases recorded e.g. document control audit. Also ensure that the verification of the effectiveness of actions is signed off and detailed sufficiently within the CAR's

Job N°	213254	Report Date:	15/05/2007	Visit Type:	Surveillance Audit	Visit N°:	3
CONFIDENTIAL		Doc Name:	GS304 Stage 2 Audit Report	Issue N°	7	Page N°:	4

Audit Plan

Organisation:	Health Services Executive Feidhmeannacht na Seirbhíse Sláinte Mid Western Area, Technical Services Department.		
Address:	Holland Road Plassey Co. Limerick	Date(s) on site:	15/05/2007
Lead Auditor:	Fiona O'Brien		
Team Member(s):	n/a		
Standard(s):	SYCE-9001:2000		
Audit Language:	English		

Audit objectives: To confirm that the management system has been established and implemented in accordance with the requirements of the audit standard.

Date	Time	Auditor	Area / Department / Process / Function	Key Contact
15/05/07	9.30	FOB	Opening meeting. Review of assessment report, any changes (organisation, documentation, use of logo etc).	JH, JK, BL, NM, LN
		FOB	Communications, Quality Objectives, Management Review Customer complaints Non conforming service	JH, LN
	10.30	FOB	Maintenance (including service agreements)	Not audited
	11.30	FOB	Fire Hydrants and Safety Training	NM
	12.00	FOB	Corporate Management	JK
	1.00	FOB	Lunch	
	1.30	FOB	Capital projects	JH
	3.00	FOB	Training, awareness and competency	JH
	3.30	FOB	Internal audits	LN
	4.00	FOB	Auditor review	
	4.30	FOB	Closing meeting	

Notes to Client:

- Times are approximate and will be confirmed at the opening meeting prior to commencement of the audit.
- SGS auditors reserve the right to change or add to the elements listed before or during the audit depending on the results of the on-site investigation.
- A private place for preparation, review and conferencing is requested for the auditors use.
- Please provide a light working lunch on-site each audit day.
- Your contract with SGS is an integral part of this audit plan and details and confidentiality arrangements, audit scope, information on follow up activities and any special reporting requirements.

Job N°	213254	Report Date:	15/05/2007	Visit Type:	Surveillance	Visit N°:	V3
CONFIDENTIAL		Doc Name:	GS307 Audit Plan	Issue N°	1	Page N°:	1



Audit Plan

Organisation:	Health Services Executive Feidhmeannacht na Seirbhíse Sláinte Mid Western Area, Technical Services Department.		
Address:	Holland Road Plassey Co. Limerick	Date(s) on site:	TBA
Lead Auditor:	TBA		
Team Member(s):	TBA		
Standard(s):	SYCE-9001:2000		
Audit Language:	English		

Audit objectives: To confirm that the management system has been established and implemented in accordance with the requirements of the audit standard.

Date	Time	Auditor	Area / Department / Process / Function	Key Contact
TBA	9.30	TBA	Opening meeting. Review of assessment report, any changes (organisation, documentation, use of logo etc).	
			Communications, Quality Objectives, Management Review Customer complaints Non conforming service	
	11.00		Maintenance (including service agreements)	
	11.30		Maintenance – biomedical engineering	
	1.00		Lunch	
	1.30		Capital projects	
	3.00		Internal audits	
	3.30		Auditor review	
	4.00		Closing meeting	

Notes to Client:

- Times are approximate and will be confirmed at the opening meeting prior to commencement of the audit.
- SGS auditors reserve the right to change or add to the elements listed before or during the audit depending on the results of the on-site investigation.
- A private place for preparation, review and conferencing is requested for the auditors use.
- Please provide a light working lunch on-site each audit day.
- Your contract with SGS is an integral part of this audit plan and details and confidentiality arrangements, audit scope, information on follow up activities and any special reporting requirements.

Job N°	213254	Report Date:	15/05/2007	Visit Type:	Surveillance	Visit N°:	V3
CONFIDENTIAL		Doc Name:	GS307 Audit Plan	Issue N°	1	Page N°:	2

Audit Planning Matrix

Area / Department / Process / Function	ASPECTS, RISKS, OBJECTIVES	Clauses	Visits:	V1	V2	V3	V4	V5	V6	V1R
			Dates:	3/02/06	18/10/06	15/05/07				
			Auditor(s):	RB	N MCK	FOB				
Senior management/ Quality	Policy and procedural formulation	4.1,4.2, 5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 6.1, 6.2, 6.3, 6.4, 7.2, 7.4, 7.5, 7.6, 8.1, 8.2, 8.3, 8.4, 8.5,		X	X	X	O	O	O	
Maintenance	Maintenance, energy management, environmental management, biomedical engineering	4.2, 6.3, 6.4, 7.2, 7.5, 8.2, 8.3		X	X		O	O		
Fire and safety	Fire, safety, technical training	4.2, 6.3, 6.4, 7.2, 7.5, 8.2, 8.3		X	X	X	O		O	
Corporate management	Estate management	4.2, 6.3, 6.4, 7.2, 7.5, 8.2, 8.3		X	X	X			O	
Capital Projects	Capital project management , procurement and design services	4.2, 6.3, 6.4, 7.2, 7.5, 8.2, 8.3		X		X	O	O	O	

General Notes:

In column 1, list the departments, processes, activities or other functional units, as defined by the organisation. These should be the same departments and/or processes identified on the audit plan.
In column 2, list the primary or critical aspects, objectives and/or KPI's applicable to the department, process or activity.

In column 3, list all the elements of the applicable standard that relate to each activity or process defined in column 1 (when complete, each element of the standard must be listed in column 2 at least once).

For planned visits, indicate with an "O" in the box for each process covered.

For each completed visit, mark "X" in the box for each department or process covered. If nonconformities are identified, note the number of minors and/or majors identified in each department or process.

Job N°	213254	Report Date:	15/05/2007	Visit Type:	Surveillance Audit	Visit N°:	3
CONFIDENTIAL		Doc Name:	GS0305	Issue N°	4	Page N°:	1



Hesp
Issue 7

Job N°	213254	Report Date:	15/05/2007	Visit Type:	Surveillance Audit	Visit N°:	3
CONFIDENTIAL		Doc Name:	UK CRF 29	Issue N°:	3	Page N°:	1