



Management System Certification Audit Summary Report

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| 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 Hoare (Joe) Technical Service Officer [Tel: 086 3814722] | | |
| Site(s) audited: | Plassey | Dates(s) of audit(s): | 17/09/2007 09:00:00 |
| EAC Code | 35 | NACE Code: | 74 |
| Lead Auditor | Noel McKeon | 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

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|---------------------|--------|--------------|----------------------------|-------------|--------------------|-----------|---|
| Job N° | 213254 | Report Date: | 17/09/2007 09:00:00 | Visit Type: | Surveillance Audit | Visit N°: | 4 |
| CONFIDENTIAL | | Doc Name: | GS304 Stage 2 Audit Report | Issue N° | 7 | Page N°: | 1 |



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:

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

4. Previous audit results n/a

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:

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

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|---------------------|--------|--------------|----------------------------|-------------|--------------------|-----------|---|
| Job N° | 213254 | Report Date: | 17/09/2007 09:00:00 | Visit Type: | Surveillance Audit | Visit N°: | 4 |
| CONFIDENTIAL | | Doc Name: | GS304 Stage 2 Audit Report | Issue N° | 7 | Page N°: | 2 |



6. Significant audit trails followed

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:

Previous audit report reviewed and most actions have taken place.

Management review – There has not been any review since the 4th of May, reviewed at last audit

Quality Objectives –

Completion of projects % - 2006 & retained for 2007

Develop procedures and guidelines

Training awareness – ongoing updating with new regulations etc

Customer feedback – positive feedback reviewed dated 22/12/06 and 16/3/07, No new complaints received since last audit

Internal audits – Audits carried out by an external consultant – those checked -

Audit Schedule 2007/8 reviewed and OK

Report reviewed for Capital projects 13/9/07

Non conformances – Corrective and Preventive actions

Those reviewed 30-32

Operations

Fire and Safety and H&S Training –

Fire Risk Assessments dated 22/11/06

Fire inspection reports – 27/8/07

Report on activities – Dec 2006

Corporate Safety Statement – Croom Hospital

Fire and Safety Works programme 2007

Door Inventory for O'Connell House

Fire Safety procedures May 2007

Training for Fire safe 19/9/07, Safe pass and fire extinguisher training.

Maintenance reviewed with Larry

Helpdesk logs 59264, 59261 and 59260 reviewed. Open Electrical jobs reviewed.

Capital projects reviewed with Gerry

Order numbers 1199848, 1199776 and 1171720 reviewed and all associated documents and logs.

Procedure number 6 and 13 reviewed, Tender process and evaluation forms reviewed also

Maintenance – Biomedical reviewed with Fearal

Service reports numbered 4712 and 4713. Checklist for AK200 reviewed. PM procedure for PRISMA system. PM schedule reviewed and filtering process. PM checklist for TP16 reviewed. Repair requisitions for 13532 and 15276 and Internal reports 1418 and 1755. Procedure 104 reviewed.

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|---------------------|--------|--------------|----------------------------|-------------|--------------------|-----------|---|
| Job N° | 213254 | Report Date: | 17/09/2007 09:00:00 | Visit Type: | Surveillance Audit | Visit N°: | 4 |
| CONFIDENTIAL | | Doc Name: | GS304 Stage 2 Audit Report | Issue N° | 7 | Page N°: | 3 |



7. Nonconformities n/a

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

Document Ref:
Details of Non-Conformity:

☐ **Minor**
Standard Ref:

Issue/Rev Status

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

Document Ref:
Details of Non-Conformity:

☐ **Minor**
Standard Ref:

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.

8. General Observations and Opportunities for Improvement

Customer feedback – The process for recording feedback from customers should be formalised. Consider summarising all the feedback at the management review.

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.

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

Justified exclusions – The design process needs to be clearly defined in the quality manual. This is to be reviewed at the next audit for progress.

Procedure 208 needs to be clarified in relation to recording of monthly checks carried out on fire hydrants.

Biomedical maintenance: There is a backlog of logging of completed maintenance which distorts the true status of maintenance to be done. There is also a package in place to help scheduling of work which is not yet rolled out. To be reviewed at next audit.

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|---------------------|--------|--------------|----------------------------|-------------|--------------------|-----------|---|
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| CONFIDENTIAL | | Doc Name: | GS304 Stage 2 Audit Report | Issue N° | 7 | Page N°: | 4 |



Risk assessments: Consider how reviews are scheduled to ensure all reviews are conducted as required and maintain records of these reviews to show that all required actions have taken place.

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|---------------------|--------|--------------|----------------------------|-------------|--------------------|-----------|---|
| Job N° | 213254 | Report Date: | 17/09/2007 09:00:00 | Visit Type: | Surveillance Audit | Visit N°: | 4 |
| CONFIDENTIAL | | Doc Name: | GS304 Stage 2 Audit Report | Issue N° | 7 | Page N°: | 5 |

Audit Plan V4

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|------------------------|--|-------------------------|---------------------|
| Organisation: | Health Services Executive Feidhmeannacht na Seirbhíse Sláinte Mid Western Area, Technical Services Department. | | |
| Address: | Holland Road Plassey Co. Limerick | Date(s) on site: | 17/09/2007 09:00:00 |
| Lead Auditor: | Noel McKeon | | |
| 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 |
|------|-------|-----------|--|-----------------------------|
| | 9.30 | NM | Opening meeting. Review of assessment report, any changes (organisation, documentation, use of logo etc). | Joe, Louise, Niamh, Bernard |
| | | NM | Communications, Quality Objectives, Management Review Customer complaints Non conforming service | Joe, Louise, Niamh, Bernard |
| | 11.00 | NM | Maintenance (including service agreements) | Larry |
| | 11.30 | NM | Maintenance – biomedical engineering Capital projects | Fearal Gerry |
| | 1.00 | NM | Lunch | Louise, Niamh, |
| | 1.30 | NM | Fire and Safety | Niamh, Bernard |
| | 3.00 | NM | Internal audits | Louise |
| | 3.30 | NM | Auditor review | |
| | 4.00 | NM | Closing meeting | Joe, Louise, Niamh, Bernard |
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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.

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|---------------------|--------|--------------|------------------------|-------------|------|-----------|----|
| Job N° | 213254 | Report Date: | 17/09/2007 09:00:00 | Visit Type: | surv | Visit N°: | V4 |
| CONFIDENTIAL | | Doc Name: | GS307 Audit Plan | Issue N° | 1 | Page N°: | 1 |



Audit Plan V5

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|------------------------|--|-------------------------|--|
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| Lead Auditor: | | | |
| Team Member(s): | | | |
| Standard(s): | SYCE-9001:2000 | | |
| Audit Language: | | | |

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 | | Design process | |
| | 1.00 | | Lunch | |
| | 1.30 | | Capital projects Training, Document Control, Record Control | |
| | 3.00 | | Internal audits | |
| | 3.30 | | Auditor review | |
| | 4.00 | | Closing meeting | |
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| Job N° | 213254 | Report Date: | 17/09/2007 09:00:00 | Visit Type: | surv | Visit N°: | V4 |
| CONFIDENTIAL | | Doc Name: | GS307 Audit Plan | Issue N° | 1 | Page N°: | 2 |



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|---------------------|--------|--------------|------------------------|-------------|--------------------|-----------|---|
| Job N° | 213254 | Report Date: | 17/09/2007 09:00:00 | Visit Type: | Surveillance Audit | Visit N°: | 4 |
| CONFIDENTIAL | | Doc Name: | UK CRF 29 | Issue N°: | 3 | Page N°: | 1 |