

First Surveillance

Report for:

Darlington Borough Council Darlington Audit Services

LRQA reference:LRQ 0939713/ 0024Assessment dates:14-15 May 2012Assessment location:DarlingtonAssessment criteria:ISO 9001:2008Assessment team:Margo Logie

LRQA office: Coventry



Contents

1.	Executive report	.3
2.	Assessment summary	.4
3.	Assessment findings log - ISO 9001:2008	.6
4.	Assessment schedule	.7
5.	Visit theme selection	.8
6.	Report explanation	.9

Attachments

This report was presented to and accepted by:						
Name:	Brian McGuire					
Job title: Audit Manager						

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1. Executive report

Assessment outcome:

In the absence of any major findings and the demonstration that the system clearly conforms with the requirements of the Standard - ISO 9001:2008 it is recommended that certification continues.

System effectiveness and continual improvement:

The service levels and KPI performance together with the level of compliance confirmed by the audit checks demonstrate that the management system is effective. Improvement activity over the last nine months has been minimal however maintaining very high performance standards and reviewing the use and benefits of MK Insight and processes was evident.

Areas for management attention:

The audit checks need to be completed by an independent person. On some occasions they are currently undertaken by the auditor.



2. Assessment summary

Introduction:

Opening Meeting

The opening meeting was held with Brian McGuire – Audit Manager to review the scope of the assessment and the assessment plan.

Purpose of Report:

This report describes a first surveillance visit in this certification period. The visit was to assess Darlington Audit Services' (DAS) management system against the requirements of BS EN ISO 9001:2008 (the standard) as well as internal management system, legal and statutory requirements considering both conformance and system effectiveness.

Scope

The scope remains unchanged.

Organisational Changes and Developments

The Council continues to implement cost cutting measures and service reviews. The Audit team remains unchanged although due to the changes within the Council advice and consultancy work has become more prevalent.

Previous LRQA Findings

There were no open findings to be followed up.

Use of Logo and other marketing marks

Where evidenced, no issues were identified with their use.

Theme for Visit

Compliance to the standard was chosen as the focus for the visit because of the size of the service. The Advice element of the service was included as it has increased in volume/importance.

Closing meeting

The closing meeting was held with Brian McGuire – Audit Manager to review the outcome of the assessment and agree the findings.

New Website

Copies of British and International Standards together with a helpful selection of books can now be purchased at www.lrqastandards.com

Assessor:	Margo Logie



Assessment of:	System Management	Auditee(s):	Brian McGuire – Audit Manager Paul Robinson – Audit Finance Officer					
Audit trails and sources of evidence:								

Audit trails and sources of evidence:

Audit Services Performance Report – Analysis of time spent '11/12 Audit Committee Progress Report Jan & Mar 12 including objectives 2011/12 PWC's audit letter and plan Management Review last undertaken 15 May 2011 Monthly audit checklists and DAS summary for each month in 2012 (Firthmoor School followed up in full) Staff Meetings – 18 Jan, 22 Feb & 18 Apr Staff one to one records - PR Document changes - none since last visit Client Surveys 2012

Evaluation and conclusions:

There have been no changes to the documentation although work is progressing to produce the audit plan in MK Insight and document the process. There has been no management review since the last visit (it is due this month). An upgrade to MK Insight has been considered but a decision taken to wait for the next version which should be available soon but is not imminent.

The audit committee report to 29 Feb shows excellent performance against KPIs and the audit checks show that service levels and the audit process are being adhered to. See 1205MJL01. Survey results are positive.

Assessment of:	Service Provision Auditee(s): Brian McGuire – Audit Mar Paul Robinson & Nicola Co – Audit Finance Officer							
Audit trails and sources of evidence:								
Investigations – car mi	Advice & consultancy – Sales ledger and Income system transformation projects Investigations – car mileage Audits –Income (Corporate report & establishments) and Car parking							
Evaluation and conclusions:								
The work sampled was all demonstrated to be completed as per the requirements within the quality manual. Records were maintained in very good order.								

Idea to improve

• The records that confirm the nature and extent of advice and consultancy work (particularly the transformation projects where DAS are part of the overall project team) are not as clear as they could be to demonstrate the often extensive level of involvement DAS has and while the working papers do show DAS's involvement it is not easily discerned. As this type of work has increased it would be beneficial to more clearly record the level and nature of DAS's contribution, for example, by adding a requirement within section 23 of the quality manual to include a progress sheet within the file in a similar way to that produced for each investigation file.



3. Assessment findings log - ISO 9001:2008

Grade	Status	Finding	Corrective action review 4	Process / aspect	Date	Reference	Clause
1	2	3		5	6	7	8
Min NC	New	Whilst recognising that the Audit Manager oversees and signs off the Quality Audits each month, the Audit Checklist is completed by the same Audit Officer for every finished file. This means that the Audit Officer on occasions reviews his own work, compromising the independence of this audit process.		File Audit Checklist	14 May 12	1205MJL01	6.2.2

 Grading of the finding * Date of the finding 	2. New, Open, Closed 7. YYMM <initials>seq.#</initials>	 Description of the LRQA finding Clause of the applicable standard 	4. Review by LRQA	5. Process, aspect, department or theme
* Major NC = Major nonconformity	Minor NC = Minor nonconformity			
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Form: MSBSF43000 revn 3.3 21 April 2011



4. Assessment schedule

Visit type >	1 st Surveillance	2 nd Surveillance	3 rd Surveillance					Certificate renewal
Due date >	Jun 12	Mar 13	Dec 13					Sep 14
Start date > End date >	14 May 15 May							
Assessor days >	1 + Trv	1 + Trv	1 + Trv					1 + Trv
Process / aspect Final select	tion will be	determine	d after revie	ew of mana	agement el	ements and	d actual per	formance
Complaints	✓	✓						
Continual Improvement	✓	~						
Corrective Action	✓	~						
Internal Audit	✓	✓						
Management Review	✓	✓						
Management System Changes	✓	✓						
Use of Logo	✓	✓						
Audit Planning and Service	✓							
Special Investigations	✓							
Advice & Consultancy	✓	✓						
Training & Competency		✓						

Next visit details

Visit type	2 nd Surveillance					
Assessor days	1 + Trv Due date Mar 2013 Actual start / end dates TBC					
Locations	Darlington					
Activity codes	7412					
Team	Margo Logie					
Criteria	ISO 9001:2008					
Remarks and ins	tructions					
Note: Opening meetings will be at 09:30, and closing meetings at 16:00, unless agreed otherwise.						



5. Visit theme selection

Visit type:	2 nd Surveillance			
Due date (yy-mm):	13 03	Location:	Darlington	
Actual date:	ТВС	Team:	Margo Logie	
Duration:	1 day (plus travel)			
	ed theme(s) s for theme selection)	Processes		
the small size of the A	nts has been selected as	Audit w	vork, advice & consultancy and training & competency	



6. Report explanation

LRQA Findings Log definitions and information

Definitions of Grade Findings

Major Nonconformity

The absence of, or the failure to implement and maintain, one or more management system elements, or a situation which would, on the basis of the available objective evidence, raise significant doubt of the management to achieve:

- the policy, objectives or public commitments of the organisation
- compliance with the applicable regulatory requirements
- conformance to applicable customer requirements
- conformance with the audit criteria deliverables.

Minor Nonconformity

A finding indicative of a weakness in the implemented and maintained system, which has not significantly impacted on the capability of the management system or put at risk the system deliverables, but needs to be addressed to assure the future capability of the system.

Objectives of the visit

For all visits:

- using the LRQA Business Assurance methodology to help clients manage their systems and risks to improve and protect the current and future performance of their organisation
- with the exception of Stage 1 visits, to address all issues outstanding from previous visits and any changes to the client's organisation or system that impacts on the approval (or potential approval) which will be recorded as visit specific objectives within the report.

Stage 1:

- the assessment of the design and definition of the system to confirm conformity with certification requirements such as the assessment criteria and certification scope
- the assessment of the client's self governance, the essential indicators, including the process for the assessment of risk (EMS and OHS), internal audits and management review
- the confirmation of the contractual arrangements. This includes any changes required as a result of the outcome of the Stage 1 visit (including changes to the scope of assessment, duration of the Stage 2 visit, and duration of subsequent surveillance visits)
- the determination of the planning, logistics, sampling, etc. that will be used during the Stage 2 visit.

Stage 2: The assessment of the implementation of the management system. This is to confirm conformity with certification requirements such as the assessment criteria and certification scope.

Surveillance: To determine that the client's system continues to meet the assessment criteria and certification scope.

Certificate Renewal Planning / Focus: To review the system and the performance of the company during the previous certification cycle, to see how the client plans to move forward in the future and to plan the Certificate renewal visit while confirming continued compliance with the assessment criteria and certification scope.

Certificate Renewal: The re-assessment of the implementation of the management system based on the results of the certificate renewal planning visit. This is to re-confirm conformity with certification requirements such as the assessment criteria and certification scope.

Special Surveillance: To review the effectiveness of the correction and corrective action taken after the raising of a Major Nonconformity at a surveillance visit.

Follow-up: To review the effectiveness of the correction and corrective action taken after the raising of a Major Nonconformity at a Stage 2 or Certificate Renewal.



Change to Approval: The assessment of the implementation of the management system for an additional site or activity, which expands the existing scope of approval.

Additional information

Isolated issues and opportunities for improvement

Any isolated issues identified during the assessment, which have not resulted in a nonconformity being raised, we will record in the appropriate process table in the report.

If we identify opportunities to improve your already compliant system, we will either record them in the process table applicable to the area being assessed, or in the Executive summary of the report if they can deliver improvement at a strategic level.

Confidentiality

We will treat the contents of this report, together with any notes made during the visit, in the strictest confidence and will not disclose them to any third party without written client consent, except as required by the accreditation authorities.

Sampling

The assessment process relies on taking a sample of the activities of the business. This is not statistically based but uses representative examples. Not all of the detailed nature of a business may be sampled so, if no issues are raised in a particular process, it does not necessarily mean that there are no issues, and if issues are raised, it does not necessarily mean that these are the only issues.

Terms and conditions

Please note that, as detailed in the Terms and Conditions clause of the contract (1.7), clients have an obligation to advise LRQA of any breach of legal, regulatory, or statutory requirements and any pending prosecution. Although proportionality and scale of the situation should be considered, you are required to advise LRQA of any serious potential risks to our certification but not, for example, isolated cases of a minor nature.

"The Client is required to inform LRQA as soon as it becomes aware of any breach or pending prosecutions for the breach of any regulatory requirements relevant to the Certified Management System. LRQA will review the details of any breaches brought to its attention and may elect to perform additional verification activities chargeable to the client to ensure compliance with specified requirements. LRQA reserves the right to suspend or withdraw certificates of approval / verification statements and opinions for both failure to inform LRQA and the appropriate regulator of such breaches".

LRQA information

The client is also reminded of the information and guidance available to them from our website (<u>www.lrqa.co.uk</u>). This includes information on our QMS, EMS, OHSAS, Verification and Validation products, our Training Services, and our CE Directives products.

Information is also available from <u>www.lrqa.com</u>.