

First Surveillance

Report for:

Darlington Borough Council Darlington Audit Services

LRQA reference: LRQ 0939713/ 0024

Assessment dates: 14-15 May 2012

Assessment location: Darlington

Assessment criteria: ISO 9001:2008

Assessment team: Margo Logie

LRQA office: Coventry



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

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1. Executive report

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| 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

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| Assessor: | Margo Logie |
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| Assessment of: | System Management | Auditee(s): | Brian McGuire – Audit Manager Paul Robinson – Audit Finance Officer |
|-----------------------|-------------------|--------------------|--|

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.

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| Assessment of: | Service Provision | Auditee(s): | Brian McGuire – Audit Manager Paul Robinson & Nicola Cooke – Audit Finance Officer |
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Audit trails and sources of evidence:

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 1 | Status 2 | Finding 3 | Corrective action review 4 | Process / aspect 5 | Date 6 | Reference 7 | Clause 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 |

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|-----------------------------|------------------------|--------------------------------------|-------------------|---|
| 1. Grading of the finding * | 2. New, Open, Closed | 3. Description of the LRQA finding | 4. Review by LRQA | 5. Process, aspect, department or theme |
| 6. Date of the finding | 7. YYMM<Initials>seq.# | 8. Clause of the applicable standard | | |

* Major NC = Major nonconformity Minor NC = Minor nonconformity



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 > | 14 May | | | | | | | |
| End date > | 15 May | | | | | | | |
| Assessor days > | 1 + Trv | 1 + Trv | 1 + Trv | | | | | 1 + Trv |
| Process / aspect | | | | | | | | |
| <i>Final selection will be determined after review of management elements and actual performance</i> | | | | | | | | |
| 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 | | ✓ | | | | | | |
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Next visit details

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|--|------------------------------|-----------------|----------|---------------------------------|-----|--|
| 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 instructions | | | | | | |
| Note: Opening meetings will be at 09:30, and closing meetings at 16:00, unless agreed otherwise. | | | | | | |



5. Visit theme selection

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|---|------------------------------------|--|-------------|
| Visit type: | 2nd Surveillance | | |
| Due date (yy-mm): | 13 03 | Location: | Darlington |
| Actual date: | TBC | Team: | Margo Logie |
| Duration: | 1 day (plus travel) | | |
| Selected theme(s) (include reasons for theme selection) | | Processes | |
| Compliance to the Standard and internal procedural requirements has been selected as the small size of the Audit Services team provides little scope to extend the remit of the assessment. | | Audit work, advice & consultancy and training & competency | |



6. Report explanation

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| LRQA Findings Log definitions and information |
| Definitions of Grade Findings |
| <p>Major Nonconformity <i>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:</i></p> <ul style="list-style-type: none">• <i>the policy, objectives or public commitments of the organisation</i>• <i>compliance with the applicable regulatory requirements</i>• <i>conformance to applicable customer requirements</i>• <i>conformance with the audit criteria deliverables.</i> |
| <p>Minor Nonconformity <i>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.</i></p> |
| Objectives of the visit |
| <p>For all visits:</p> <ul style="list-style-type: none">• <i>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</i>• <i>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.</i> <p>Stage 1:</p> <ul style="list-style-type: none">• <i>the assessment of the design and definition of the system to confirm conformity with certification requirements such as the assessment criteria and certification scope</i>• <i>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</i>• <i>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)</i>• <i>the determination of the planning, logistics, sampling, etc. that will be used during the Stage 2 visit.</i> <p>Stage 2: <i>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.</i></p> <p>Surveillance: <i>To determine that the client's system continues to meet the assessment criteria and certification scope.</i></p> <p>Certificate Renewal Planning / Focus: <i>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.</i></p> <p>Certificate Renewal: <i>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.</i></p> <p>Special Surveillance: <i>To review the effectiveness of the correction and corrective action taken after the raising of a Major Nonconformity at a surveillance visit.</i></p> <p>Follow-up: <i>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.</i></p> |



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 (www.lrqa.co.uk). 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 www.lrqa.com.