

*ICL*  
*Pathway**Schedule of Corrective Actions:*  
*CSR+ Development Audit*Ref: IA/CAP/008  
Version: 2.0  
Date: 10/05/00**Document Title:** Schedule of Corrective Actions  
CSR+ Development Audit**Document Type:** Schedule**Abstract:** This document presents the Observations and Recommendations resulting from the referenced Internal Audit(s) along with the agreed corrective action, the action owner and the date by which the action is to be complete. A status field is included for quick reference purposes.**Status:** Issue**Distribution:**

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## 0 Document control

### 0.1 Document history

Version	Date	Reason
0.1	22/11/99	Initial draft following preliminary analysis with MJBC (17/11)
0.2	02/12/99	Following review with individual action owners
1.0	08/12/99	Following final review with individual action owners
1.1	21/02/00	First formal review and update
1.2	06/04/00	Second formal review and update
1.3	03/05/00	Third formal review and update
2.0	10/05/00	Raised to issue following final review of 015/04

### 0.2 Approval authorities

Name	Position	Signature	Date
M. Bennett	Director Quality & Risk		

### 0.3 Associated documents

	Reference	Vers	Date	Title	Source
[1]	IA/REP/015	1.0	28/10/99	Audit of CSR+ Development	
[7]	IA/REP/009	1.0	21/09/99	Report on EPOSS Solutions	

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## 1 Introduction

This document presents the Corrective Action Plan that emerged from a post audit meeting following the audit of the operation of CSR+ Development.

## 2 Process

This Plan will go through a number of iterations and reviews following production as Corrective Actions (CA) are worked on and, subject to agreement between the CA Owner and Internal Audit, amended.

The status will remain OPEN until such time as the CA Owner and Internal Audit agree on a course of action to address the issue at which time the status will be changed to ACTION. Once the actions have been carried out, subject to agreement between the CA Owner and Internal Audit, the status will change to CLOSED.

Once actions have been agreed the Plan will be monitored by the responsible manager and subject to periodic review by Internal Audit.

ISO 9001 cross references have been included. Where more than 1 clause of the Standard is considered to have been breached the primary clause is underlined.

## 3 Key to Plan

Column	Meaning
CAP Ref.	Unique number allocated to each Observation/Recommendation for follow-up
Report Ref.	Paragraph number in the original report where the Observation/Recommendation was raised
Observation/Recommendation	Narrative detail taken directly from Audit Report
Owner	The identified owner of the Corrective Action (CA)
MTM	Management Team Member to whom the CA Owner reports
Status	CA status. OPEN pending agreed corrective action ACTION pending completion of agreed corrective action CLOSED on completion of agreed corrective action
Agreed Action/Commentary	Detail of the CA agreed between the CA Owner and IA. If the CA Status is OPEN or ACTION it will contain a commentary of the current position.

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Due Date	The date of the next important event in the CA. Where the Status id CLOSED the date will be the closure date.
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## 4 CSR+ Development

Report Reference IA/REP/015

CAP Ref.	Report Ref.	Report Observation/Recommendation	Owner	MTM	Status	Agreed Action/Commentary	Due Date
015/01	3.2	<p>The audit identified that some Team Leaders had identified retrospective work to generate missing and update CSR documentation in preparation for future Releases.</p> <p>This retrospective work should be supported by the organisation and should be taken into account in any resource planning that may be underway. However, it must be planned and I recommend that Delivery Unit Managers are tasked with developing 'Get Well Plans' for their retrospective units to deal with the missing or incomplete deliverables..</p> <p>{ISO9001 Ref: 4.2.3 Quality Planning, 4.4.5 Design Output, 4.4.9 Design Changes}</p> <p>Continued on next page .....</p>	PJ	TPA	Open  Action	<p><b>Retrospective Work Group</b></p> <p>17/11 : Agreed to form a CAP group to cover a number of related recommendations. Precise activities to be discussed and agreed with PJ.</p> <p>25/11 : TPA – PJ/TPA to establish forum with Delivery Managers to identify the shortfall. Put together plan with resourcing implications to present to JHB/MJBC. Will have to be cost justified. Email invitation to meeting (1/12) issue to DMs 26/11.</p> <p>01/12 : Meeting attended by TA, RB, LH, CH, PJ, SD, JRH, PS for CW. TA explained purpose of meeting and requirement to undertake work if justifiable on cost and risk basis. 3 main drivers identified as maintenance, future upgrades and ISO needs. Agreed that first thing is to decide what is the Basic Documentation Suite – LH to provide 'straw man' for discussion/agreement.</p> <p>DMs to then identify shortfall and identify what they can and cannot do with existing resource pool.</p> <p>TA/JH/PJ to present case to management Team if further resource required.</p> <p>08/12 : JHolmes emailed meeting notes to attendees.</p>	<p><u>03/12/99</u></p> <p><u>31/12/99</u></p> <p><u>31/01/00</u></p> <p><u>Mid 02/00</u></p>



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015/01 cont'd	3.2					<p>17/02 : A workshop is being held this pm to discuss/confirm manday effort required and scheduling. TPA has said that he wants all work completed by end 04/00. Ballpark figures :- 400md [DW], 400+md [Security], ~370md [Others]. 1200md = 240mw. 80mw already in DW budget leaves ~160mw Pathway load. @ 10 weeks to end 04/00 = 16bods. NB that significant chunk is Support Guides which were not part of original documentation set.</p> <p>06/04 : Confirmed with Anne Cooper that a separate CAP Management Plan was being developed to encompass all retrospective work that was to be undertaken to pull the documentation up to scratch. CA refs 015/01, 015/02, 015/03, 015/05 and 015/22 specifically referenced in the Plan. Propose to close this as a CA and transfer liability to Risk Register to be monitored through that process. Closed</p>	<p>End 03/00</p> <p>06/04/00</p>
015/02	3.3	<p>Many of the development teams are producing documentation to varying form and content standards.</p> <p>The current work to convert the existing helpfile OLS to a full intranet provides an ideal opportunity to re-launch them and I recommend that an awareness programme is launched to overcome the apparent lack of knowledge of the coverage and content of the OLS. This must be backed up with effective management checks ensuring that the key controls are exercised.</p> <p>{ISO9001 Ref : 4.2.2 Quality System Procedures, 4.2.3 Quality Planning}</p>	PJ	TPA	<p>Open</p> <p>Action</p> <p>Closed</p>	<p><b>Retrospective Work Group</b></p> <p>17/11 : See 015/01</p> <p>25/11 : See 015/01</p> <p>01/12 : See 015/01</p> <p>17/02 : See 015/01</p> <p>06/04 : See 015/01</p>	<p>03/12/99</p> <p>31/12/99</p> <p>end 03/00</p> <p>06/04/00</p>



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015/03	3.4	<p>Hard evidence is an important element of ISO registration. The audit found little in the way of hard evidence to support assertions made wrt reviews.</p> <p>There was an abundance of verbal assurances that lifecycle reviews had taken place but very little hard evidence, in the form of walkthrough notes, document comment sheets, review meeting minutes, etc existed. Having moved from the NR2 position where even anecdotal evidence was hard to find Pathway must now formalise the documenting and retention of review outcomes. Not only does this provide evidence of review but can also be used to measure the effectiveness of the review process itself, an important element of continuous process improvement.</p> <p>{ISO9001 Ref : 4.16 Quality Records}</p>	PJ	TPA	<p>Open</p> <p>Action</p> <p>Closed</p>	<p><b>Retrospective Work Group</b></p> <p>17/11 : See 015/01</p> <p>25/11 : See 015/01</p> <p>01/12 : See 015/01</p> <p>17/02 : See 015/01</p> <p>06/04 : See 015/01</p>	<p><u>03/12/99</u></p> <p><u>31/12/99</u></p> <p><u>end 03/00</u></p> <p><u>06/04/00</u></p>



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015/04	4.2.1	<p>The audit identified that EPOSS continues to be unstable. PinICL evidence illustrated the numbers of PinICLs raised since the 1998 Task Force and the rate of their being raised.</p> <p>The EPOSS Solutions Report [7] made specific recommendations to consider the re-design and re-write of EPOSS, in part or in whole, to address the then known shortcomings. In light of the continued evidence of poor product quality these recommendations should be re-considered.</p> <p>{ISO9001 Ref : 4.14.2 Corrective Action}</p> <p>Continued on next page .....</p>	TPA	JHB/ MJBC	Open  Action	<p>17/11 : This action falls within Development but requires higher level drive. Has links with CS and BD. MJBC to speak with TPA direct.</p> <p>25/11 : Work on AI298 identified that majority of problems (~80%) were to do with error and printer error handling. Daily meetings had been instigated. TPA of view that while original code had not been good it would be difficult to justify the case for re-writing now.</p> <p>25/11 : Email issued by TPA :-</p> <p>"We have not formally closed down the recommendation that we re-engineer the EPOSS application due to its inherent instability. Since this recommendation was made, a number of events/actions have taken place. We embarked upon a major maintenance exercise for LT2 which targeted several known stability issues. In parallel, we carried out a defensive testing activity which identified a number of faults which were addressed. The intensive exercise designed to remove acceptance incident 298 resulted in many substantial improvements to the error handling, messaging and printing aspects of the product. We finally introduced improved unit and link testing and more disciplined configuration control. Finally, the maintainability and enhanceability of the product has been proven by the speed and quality of the SIP 16 and EPOSS Reconciliation developments.</p> <p>We will of course continue to monitor the PINICL stack for the next few months and if necessary re-evaluate this decision. Would Jan please close this issue formally using the rationale described."</p>	<u>End 12/99</u>



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015/04 cont'd					Closed	<p>08/12 : JH requested statistics on fixes delivered to live from RM. Also informed TPA that requires agreement of MJBC before this can be closed.</p> <p>08/12 : MJBC confirmed that unless RM statistics contradicted reports provided by PJ the recommendation could be closed.</p> <p>07/04 : Email to MJBC, TPA &amp; PJ providing details of RM EPOSS fixes to live. Asked for confirmation that matched PJ reports. If does then will close.</p> <p>03/05 : Reminder email sent to above seeking early response. Chased on same day.</p> <p>10/05 : Following response received from MJBC : "As discussed this should be closed. Effectively as a management team we have accepted the ongoing cost of maintenance rather than the cost of a rewrite. Rewrites of the product will only be considered if we need to reopen the code to introduce significant changes in functionality. We will continue to monitor the code quality (based on product defects) as we progress through the final passes of testing and the introduction of the modified CI4 codeset into live usage in the network.PJ can we make sure this is specifically covered in our reviews of the B&amp;TC test cycles. Closed.</p>	<p><u>End 12/99</u></p> <p><u>End 04/00</u></p> <p><u>05/05/00</u></p> <p><u>10/05/00</u></p>



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015/05	4.2.2	RDMC did not have any test scripts and testing for this fundamental part of the solution was informal.  Effort should be expended, as soon as practicable, into developing a full suite of unit and/or link test scripts, and a formal test strategy for future releases of RDMC/RDDS should be established.  {ISO9001 Ref : 4.4.8 Design Validation, 4.10.3 In-process Inspection & Testing,, 4.10.5 Inspection and Test Records, 4.13 Control of Non-Conforming Product}	PJ	TPA	Open  Action  Closed	<b>Retrospective Work Group</b>  17/11 : See 015/01  25/11 : See 015/01  01/12 : See 015/01  17/02 : See 015/01  06/04 : See 015/01	<u>03/12/99</u>   <u>31/12/99</u> <u>end 03/00</u> <u>06/04/00</u>
015/06	5.1	The CSR+ Plan had recently been changed and a revised delivery date arrived at. The audit expressed concern that while slipping dates additional requirements/functionality was being added in.  In order to protect the revised delivery date it is imperative that no further changes are accepted to the CSR+ requirements baseline and I recommend that the principles enshrined in the Release Management process be applied to the current CSR+ requirements baseline.  {ISO9001 Ref : 4.3.2c Contract Review, 4.4.2 Design & Development Planning, 4.4.3 Organisational & Technical Interfaces}	GC/ MJBC	MJBC	Open  Action  Closed	<b>Release Management Group</b>  17/11 : Agreed to form a CAP group to cover a number of related recommendations. Precise activities to be discussed and agreed with GC.  08/12 : CP2324 approved by PCCB for Implementation Manager to be appointed working for MJBC.  17/02 : Patrick Catermole has been appointed and is in post. Closed	<u>End 12/99</u>   <u>17/02/00</u>



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015/07	5.2	A Non Functional Catalogue is currently being developed.  The design and development work for CSR+ is largely complete. B&TC's proposed testing of NFRs is currently based on old, potentially superseded requirements although the delivery a revised NFR Catalogue is imminent. It is imperative that the existing scripts are validated against the NFRs in the new Catalogue at the earliest opportunity.  {ISO9001 Ref : 4.4 Design Control}	GJ	TPA	Open  Action       Closed	17/11 : An activity to be planned/agreed to review the emergent NFC against B&TC scripts.  25/11 : TPA – Confirmed that Janet Dore was producing NFR and that a Gap Analysis would follow. Not aiming to deliver gaps at CSR+ and any future delivery will have to be cost ustified. GJ looking to identify missing bits against B&TC technical test Register. JD also looking at what <i>should</i> be in system to identify what scripts <i>should</i> contain.  17/02 : NFR Catalogue has been drafted and prompted several hundred comments. JD now working on higher priority work but targeting end 03/00 to review and baseline document.  07/04 : Document has been reviewed by Delivery Unit Managers. Next step is to complete the reviews, resolve comments and extract potential issues and review with TPA. TPA has requested this part completed by end 04/00.  07/04 : This has transferred to Risk Management to be reviewed through that process with the agreement of Nigel Kermode. Closed.	<u>End 12/99</u>     <u>End 03/00</u>    <u>End 04/00</u>  <u>07/04/00</u>
015/08	5.2	There is an implied risk that the NFR Catalogue may highlight deficiencies in the CSR+ products delivered that will require re-work.  ISO9001 Ref : 4.3 Contract Review, 4.4 Design Control}	TPA	TPA	Open  Action   Closed	17/11 : Suggested that a TDA review of the NFC be carried out to identify any potential issues.  25/11 : TPA – See 015/07  17/02 : See 015/07  07/04 : See 015/07. Closed.	<u>End 12/99</u>    <u>End 03/00</u>  <u>07/04/00</u>



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015/09	5.3	<p>The audit identified the informal nature of the arrangements between QRM and Secure Development.</p> <p>The agreements and commitments to conduct the KMS User Acceptance Tests should be formalised and reflected in the Security Manager's workplan for 2000.</p> <p>{ISO9001 Ref : 4.4.2 Design &amp; Development Planning, 4.4.3 Organisational &amp; Technical Interfaces, 4.10.4 Final Inspection &amp; Testing}</p>	GH	MHB	<p>Open Action</p> <p>Closed</p>	<p>17/11 : To be discussed</p> <p>25/11 : Accepted. SDU and Roy Birkenshaw contacted to arrange meeting to discuss/agree UAT requirements. These to be formalised and planned to happen 02/00. GH also reviewing user documentation – ongoing at moment. This will be reflected in workplan.</p> <p>21/12 : Weekly KMS user acceptance meetings initiated. Formal project to be established for UAT and scoping exercise underway. Project Manager to be appointed. Closed.</p>	<p>End 12/99</p> <p>21/12/99</p>
015/10	5.3	<p>The audit identified that there was no formal ownership or plan that supports penetration testing.</p> <p>Assuming that the requirement for penetration testing remains the approach agreed for NR2 should be reviewed for continued suitability. Ownership of the activity should be assigned and the necessary resources committed and reflected in the Programme Plan.</p> <p>{ISO9001 Ref : 4.2.3 Quality Planning, 4.4.3 Organisational &amp; Technical Interfaces, 4.10.4 Final Inspection &amp; Testing}</p>	GH	MHB	<p>Open Action</p> <p>Closed</p>	<p>17/11 : To be discussed</p> <p>25/11 : Meeting initiated with SDU, Chris Wannell (NR2 experience) &amp; Kevin Barrett to discuss Penetration testing. Last known position was that this had been offered to Admiral Management Services who were going to prepare a proposal. GH also to meet Richard Gaze (Horizon Test Manager) 29/11. GH believes that PT will run along similar lines to NR2 but will have to confirm against new contract.</p> <p>17/02 : GH confirmed that still intending to do penetration testing but this will be constrained to new elements. Will include VPN and KMS but can only be done with true vigour when live. Acknowledged and owned by GH and in his 2000 workplan. Closed</p>	<p>10/12/99</p> <p>17/02/00</p>



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015/13	5.4	<p>The Programme Office has developed a separate risk register which the audit considered should be applied to all delivery streams.</p> <p>The risks identified on the PO risk register apply in whole or in part to all Delivery Units. In order to ensure that Delivery Managers and Team Leaders address the detail of these risks they should be incorporated into each DU's risk register and the risks managed alongside those already identified.</p> <p>{ISO9001 Ref : 4.14.3 Preventive Action}</p>	GK NK	MHB	Open  Action       Closed	<p>17/11 : To be discussed but suggested that lists are consolidated.</p> <p>02/12 : GPK to discuss with GC. Aiming to complete this task within 015/12 timescales.</p> <p>17/02 : NK confirmed that Predict! has expired. Meeting to be arranged NK/JH/MHB.</p> <p>01/03 : In next round of NK discussions with Delivery Managers the PORR will be reviewed and relevant risks transferred to Delivery Stream RR. Preliminary action to review PORR with JHem.</p> <p>03/05 : Discussed with NK. The PORR has been 'walked around' the Delivery Managers who acknowledge its contents but consider that they are addressing the issues through either their own current Risk Registers or via the CAP Retrospective Work covered by 015/01. NK has confirmed that he is happy to accommodate this in his normal risk management process as an ongoing and known set of risks. Closed</p>	<p><u>End 12/99</u></p> <p><u>28/02/00</u></p> <p><u>End 04/00</u></p> <p><u>03/05/00</u></p>

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015/14	5.5	<p>Concern was expressed by a number of Team Leaders about the planning process.</p> <p>For the Planning Process to be accepted and used positively by the Team Leaders it is imperative that it meets their needs as well as management's. I recommend that a full review is carried out of the Planning Process that confirms or refutes the concerns raised by the Team Leaders and establishes a process that is acceptable to, and used by, all interested parties.</p> <p>{ISO9001 Ref : <u>4.4.2 Design &amp; Development Planning</u>}</p>	GC	MJBC	<p>Open</p> <p>Action</p> <p>Closed</p>	<p>17/11 : MJBC stated that Planning Manager is to be appointed – review situation with Team Leaders? Later discussion with GC suggests that new appointee will not be capable of conducting a wide ranging review. GC maintains that he wants an independent audit of the planning process.</p> <p>25/11 : Significant investment has been made in Planning Department since Pathway's inception. GC maintains that there is no deficiency in the planning process despite Team Leaders claims that Plans do not adequately support their day to day activities. GC does not believe that the Planning Manager will be able to undertake a full review prior to starting work.</p> <p>02/12 : Audit resource not available within required timescale. GC agreed to forego audit subject to DMs being requested to speak to Team Leaders and report findings back to GC.</p> <p>11/02 : Audit conducted and report issued. IA/REP/020. Closed</p>	<p><u>03/12/99</u></p> <p><u>End 12/99</u></p> <p><u>11/02/00</u></p>



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015/15	5.6	<p>The audit identified that process management was operating on a departmental basis and made more complex the assurance that Pathway had a full suite in time for ISO registration.</p> <p>To have any chance of success I believe that a similar singular resource should be appointed to take overall responsibility for the co-ordination of process development and deployment across the whole of Pathway and that this resource and the ISO Project Manager should be organisationally co-located.</p> <p>{ISO9001 Ref : 4.1 <u>Management Responsibility</u>, 4.2 Quality System}</p>	MHB	JHB	<p>Open Action</p> <p>Closed</p>	<p><b>ISO Registration Group</b></p> <p>17/11 : Agreed to form a CAP group to cover a number of related recommendations. Precise activities to be discussed and agreed with MHB. An ISO Board has been proposed. Details, TORs etc to be provided.</p> <p>08/12 : Inaugural meeting to be held 15/12/99 @ FELo1</p> <p>21/12 : Inaugural meeting held and minutes produced. Workplan issued to attendees with targeted achievement 09/00. Closed.</p>	<p><u>End 12/99</u></p> <p><u>21/12/99</u></p>

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015/16	5.6	<p>The audit identified the absence of development standards for Agent and Counter development.</p> <p>The Host Application Database Design and Interface Standards were developed to provide definitive technical standards for host development teams. Arguably out of date since it deals specifically with Oracle development, there are no known equivalents for Counter or Agent Development. I recommend that the HADDIS is updated to reflect the current host development environments and the equivalents for Counter and Agent development be produced.</p> <p>{ISO9001 Ref : 4.2.2 Quality System Procedures}</p>	JHunt	TPA	Open Action	<p>17/11 : To be discussed</p> <p>25/11 : JH confirmed that Agent Team had comprehensive range of development standards so no further work required in that area. Confirmed that this was not the case with Counters and that JD was producing :</p> <p>(a) Description of Standard APIs for Counters</p> <p>(b) Development Standards or Counters</p> <p>JH to forward workplan and periodic progress report. Target completion for these and NFR Catalogue 03/00</p> <p>17/02 : Work in this area, including upgrade to HADDIS, has been delayed due to higher priority work. JD expecting to be able to restart soon, starting with replan, re-scope &amp; re-estimate. Replan to be completed by 06/03.</p> <p>07/04 : This has slipped due to competing priorities with 015/17. The main body of the General API is complete and has been signed-off. Dealing with 2 Appendices and document will be complete and baselined. Delivery Managers are then expected to apply the principles to future work. This also needs to be reviewed against Macroscopic to see how it will fit although this latter part is not really part of the corrective action.</p> <p>03/05 : Discussed with Nigel Kermode. Agreed to transfer as planned WIP and to be reviewed as part of Risk Register. Closed</p>	<p>14/01/00</p> <p>end 03/00</p> <p>End 04/00</p> <p>03/05/00</p>



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015/17	5.6	<p>The audit identified that there were no universal C or VB standards in place.</p> <p>However, to improve coding quality and ensure a consistent basis for code review coding standards for C and VB must be developed and deployed via the Intranet OLS. These standards should then be used.</p> <p>{ISO9001 Ref : <u>4.2.2 Quality System Procedures</u>}</p>	JHunt	TPA	Open Action	<p>17/11 : To be discussed</p> <p>25/11 : Debated within Development and decided not worth retrospective re-code for CSR+. A&amp;TC and Dublin have own stds. Post CSR+ JH had assumed Macroscopic would establish but this does not now seem likely. Therefore Pathway have to look to themselves and decision taken to adopt RODB Team standards, validate with other Team Leaders and implement. Will need to be kept consistent with JD work @ 015/16.</p> <p>17/02 : To be included in the re-plan identified at 015/16.</p> <p>07/04 : This has now been extended to include SQL standards as well. A review of existing standards had been held with Delivery Managers and the KMS standards were used as a basis for review draft. Target date now end 04/00.</p>	<p><u>14/01/00</u></p> <p><u>end 03/00</u></p> <p><u>end 04/00</u></p>

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015/18	5.7	<p>The audit identified the possibility that the statistics used to report progress on documentation generation and approval may be inaccurate.</p> <p>In order to present a more accurate reflection of CSR+ documentation status, thus improving the reporting to and monitoring of this by management, two review cycles should be undertaken/completed :</p> <p>a. The Programme Office should complete their review the totality of the PVCS documentation worksets for CSR+.</p> <p>b. Workset owners should review their worksets and confirm the current content or provide details of changes to the Programme Office.</p> <p>{ISO9001 : 4.4.5 Design Output, <u>4.5.2 Document and Data Approval and Issue</u>, 4.20 Statistical Techniques}</p>	GC  TPA/ MHB/ JF/ SM	MJBC  MJBC	Closed  Action       Closed	<p><b>Retrospective Work Group</b></p> <p>17/11 : GC confirmed that the Workset review had been carried out and was complete. Several redundant Worksets had been removed from both the CSR and CSR+ document lists..</p> <p>17/11 : GC to draft instruction to Directors requiring that a Workset review is carried out. MJBC to sign.</p> <p>25/11 : Following discussion with TPA decided to include the Development workset review in the Retrospective Work Group.</p> <p>01/12 : See 015/01</p> <p>17/02 : See 015/01</p> <p>06/04 : See 015/01. However, although this CA is not specifically cross referenced in the Plan the very fact that the work is planned and resourced and subject to normal process will bring about improvements in the volume and accuracy of reporting. Closed</p>	<p><u>03/12/99</u></p> <p><u>31/12/99</u></p> <p><u>end 03/00</u></p> <p><u>06/04/00</u></p>



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015/19	5.8	<p>A similar situation pertains for the CSR documentation.</p> <p>The size of this task is significant and should be included within the proposed 'Get Well Plans' identified in 3.2. In order to size the job the Programme Office should undertake a review of the worksets to ensure that they are all required and workset owners should review their content to confirm their accuracy, as required in Documentation Management, OLS Release 17.</p> <p>{ISO9001 : 4.4.5 Design Output, <u>4.5.2 Document and Data Approval and Issue</u>, 4.20 Statistical Techniques}</p>	GC	MJBC	Open <del>Action</del>	<p><b>Retrospective Work Group</b></p> <p>17/11 : See 015/18</p> <p>25/11 : See 015/18</p> <p>01/12 : See 015/01</p> <p>01/12 : During the CAP meeting the decision was taken NOT to baseline the CSR documentation where it either did not exist or had not already been baselined. Thus the Programme Office Documentation Status Report for CSR becomes redundant and its production can be stopped. GC to confirm agreement at which point this can be closed.</p> <p>17/02 : To be introduced as Agenda item on Programme Status Meeting</p> <p>06/04 : Confirmed with Lisa Burchell that there is no requirement to produce, and therefore report on, CSR baseline documents. However, this has been replaced by the need to identify those documents that were produced for CSR that will require archiving in some form. I propose to close this and pass it to the Risk Register as part of the normal monitoring activity. Closed</p>	<p><u>03/12/99</u></p> <p><u>31/12/99</u></p> <p><u>28/02/00</u></p> <p><u>06/04/00</u></p>



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015/20	5.9	<p>The QAM had not been able to progress the quality improvement programmes that he had been recruited to do.</p> <p>The Quality Assurance Manager should be given the authority to proceed with the role that he was recruited to undertake. This will require the acceptance of, and agreement to, the Quality Improvement Plans by the Development Director and formal approval by him to proceed.</p> <p>{ISO9001 Ref : 4.1 Management Responsibility, 4.2.3 Quality Planning, 4.14.2 Corrective Action, 4.14.3 Preventive Action}</p>	JHem	TPA	<p>Open</p> <p>Action</p> <p>Closed</p>	<p><b>Retrospective Work Group</b></p> <p>17/11 : See 015/01</p> <p>25/11 : See 015/01</p> <p>01/12 : See 015/01</p> <p>17/02 : See 015/01</p> <p>06/04 : This is not covered by the CAP Management Plan. Following the CAP review the authority and responsibilities of the QMA were re-aligned to the CAP itself. The QAM then resigned – he may come back if terms can be agreed – but in the meantime attempts are being made to recruit an alternative. Given that either way an individual will be appointed to the role, and coupled with the management attention being given to this via the CAP Management Plan, I propose to close this and pass it to the Risk Register as part of the normal monitoring activity. Closed</p>	<p>03/12/99</p> <p>31/12/99</p> <p>end 03/00</p> <p>06/04/00</p>
015/21	5.9	<p>The QAM had produced a report detailing current failings against ISO9001. Unfortunately the report was not being acted on in the appropriate manner.</p> <p>This report provides a valuable insight into the state of Developments processes and the weaknesses that exist. It should be given a wider circulation, especially to the Pathway Quality Manager, and any corrective work identified should be authorised.</p> <p>{ISO9001 Ref : 4.2 Quality System, 4.14.2 Corrective Action}</p>	MHB	JHB	<p>Open</p> <p>Action</p> <p>Closed</p>	<p><b>ISO Registration Group</b></p> <p>17/11 : See 015/15</p> <p>08/12 : See 015/15</p> <p>21/12 : See 015/12. Closed.</p>	<p>End 12/99</p> <p>21/12/99</p>



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015/22	5.9	QA Checklists had been developed by the QAM but their use was by no means universal.  Many of the Delivery Unit teams are planning retrospective review sessions for their documents. This should be extended across all Units and the use of the Checklists mandated during those reviews..  {ISO9001 Ref : 4.4.6 Design Review, <u>4.16 Quality Records</u> }	JHem	TPA	Open  <del>Action</del>  Closed	<b>Retrospective Work Group</b>  17/11 : See 015/01  25/11 : See 015/01  01/12 : See 015/01  17/02 : See 015/01  06/04 : See 015/01	  <u>03/12/99</u> <u>31/12/99</u> <u>end 03/00</u> <u>06/04/00</u>
015/23	5.9	Quality planning was virtually non existent.  It is questionable whether there is any benefit in producing Quality Plans at this stage of CSR+ development. However, the value of the document in bringing together details of the resources, organisation, processes, reviews, risks, assumptions and other contributory factors must be realised in future Release and its production by Delivery Managers made mandatory.  {ISO9001 Ref : <u>4.2.3 Quality Planning</u> }	JH	TPA	Open  <del>Action</del>  Closed	17/11 : Production of Quality Plans deemed to be nugatory at this stage of development. Require confirmation that requirement and Product Description present on new OLS.  25/11 : The debate here is the requirement to follow the established process be it with the extant SMP template or the revised John Hemington version. The JHem initiative called for the revised template to be piloted before full implementation and this still holds. JH to email TPA & PJ (copy me) re-iterating requirement.  17/02 : JHem confirmed that SMP will be produced for 'Retrospective Work Group' activities. MHB also stated that DG would be requested to produce SMP for ISO Board work. Closed	  <u>17/12/99</u>  <u>17/02/00</u>



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015/24	5.10	<p>The audit considered that insufficient management attention was being given to the contractual requirement to obtain ISO registration by September 2000.</p> <p>Having personally steered three separate companies through the rigours of ISO 9000 registration, including one to ISO9001/TickIT, I believe that the breadth of scope of the proposed certification, and the time remaining in which to achieve it, demands that a full time Project Manager is assigned to the task. Either the Quality Manager should be able to transfer any non-essential initiatives or a resource should be assigned to him specifically to manage the registration commitment.</p> <p>{ISO9001 Ref : 4.1.2 Organisation, 4.1.3 Management Review, 4.2.1 General, 4.2.2 Quality System Procedures, 4.3.2c Contract Review}</p>	MHB	JHB	Open  Closed	<p><b>ISO Registration Group</b></p> <p>17/11 : See 015/15</p> <p>08/12 : See 015/15</p> <p>21/12 : See 015/15. Closed.</p>	<p><u>End 12/99</u></p> <p><u>21/12/99</u></p>
015/25	5.10	<p>Notwithstanding the appointment of dedicated resource to drive this project, and to assist when one is appointed, an activity should take place to produce an inventory of all processes, developed or under development, and their deployment status within Pathway. This activity should build on the work undertaken for Development and the inventory mapped onto the requirements of ISO9001 to identify shortcomings.</p> <p>{ISO9001 Ref : 4.2 Quality System}</p>	MHB	JHB	Open  Closed	<p><b>ISO Registration Group</b></p> <p>17/11 : See 015/125</p> <p>08/12 : See 015/15</p> <p>21/12 : See 015/15. Closed.</p>	<p><u>End 12/99</u></p> <p><u>21/12/99</u></p>



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015/26	5.11	<p>A considerable amount of time (and money) had been spent earlier in 1999 to develop a revised Release Management process. A project manager was to have been appointed in August to implement and deploy the proposed process.</p> <p>A Project Manager should be appointed without delay and he/she must concentrate their initial efforts into identifying those areas that will benefit CSR+ and implementing them.</p> <p>{ISO9001 Ref : <u>4.1 Management Responsibility</u>, 4.2.2 Quality System Procedures, 4.14.3 Preventive Action}</p>	GC/ MJBC	MJBC	Open  Action  Closed	<p><b>Release Management Group</b></p> <p>17/11 : Agreed to form a CAP group to cover a number of related recommendations. Precise activities to be discussed and agreed with GC.</p> <p>08/12 : CP2324 approved by PCCB for Implementation Manager to be appointed working for MJBC.</p> <p>17/02 : Patrick Catermole has been appointed and is in post. Closed</p>	<p><u>End 12/99</u></p> <p><u>17/02/00</u></p>
015/27	5.12	<p>The audit identified a plethora of varied intranet sites, all developing without the benefit of the imposition of standards or content controls.</p> <p>Pathway IT Infrastructure should established a policy and strategy for the development and deployment of intranet sites within Pathway. It should also conduct a review of existing activity, identify standards for their content and presentation values, and ensure that future intranets developed for use within Pathway conform to the strategy.</p> <p>{ISO9001 Ref : <u>4.1 Management Responsibility</u>, 4.2.2 Quality System Procedures}</p>	PW	SM	Action       Closed	<p>17/11 : Paul Westfield has been emailed with detail from report and asked for views/proposals.</p> <p>08/12 : Reminder email sent as no reply received.</p> <p>17/02 : Discussed with Paul Westfield and he confirmed that he is NOT responsible for non CS intranet development. Suggested that falls within Business Development/Communications.</p> <p>17/02 : Discussed with Chrissie Kennedy who advised on Café VIK Communities. Problems with capability of Café VIK to support advanced Intranet features used by B&amp;TC and Norris site. Will advise following training day but I propose to escalate to MJBC, SM and MHB.</p> <p>03/05 : No reply to email received. However, discussions with Dave Groom indicate that content control will eventually pass to QRM subject to the provision of technical resource. Closed.</p>	<p><u>14/12/99</u></p> <p><u>End 03/00</u></p> <p><u>03/05/00</u></p>

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