

**Assessment Control Page**

<b>Assessment Type</b>	Internal	<b>Assessment Reference</b>	GHQ/LPD/PATH/1508
<b>Area</b>	Pathway	<b>Processes Assessed</b>	Various
<b>Contact(s)</b>	Jan Holmes	<b>Process Owner(s)</b>	Various
<b>Planned Date</b>	15/08/01	<b>Lead Assessor</b>	Alan Clapson
<b>Start Date</b>	15/08/01	<b>Full Report Title</b>	

**Assessment Summary****1 Objectives of this Assessment**

This assessment focused on the key business functions performed in Pathway Project, part of the Large Projects Division (LPD) of ICL. It considered, through the assessment of local processes and working practice:

- The compliance of those functions with relevant aspects of the ISO 9001:2000 standard.
- The compliance of those functions with relevant ICL Corporate Policies and Processes
- Any areas suitable for promotion as good business practice across ICL.

In addition, every opportunity was taken to give advice and guidance on the new ISO standard and corporate process deployment.

**2 Scope of this Assessment**

This ICL Internal Assessment was conducted over 3 days, within the FEL01 and BRA01 offices, and involved the following members of staff :

Top Management (MD)	: Stephen Muchow
Commercial Management	: Colin Lenton-Smith
Development	: Gill Jackson, Ian Morrison, Alan D'Alvarez and Peter Dreweatt
Business Development	: Kiran McGuirk
Customer Services	: Martin Riddell
Problem Management	: Richard Brunskill & Janet Reynolds
HR & Resourcing	: Shirley Phillips & Di Jackson
Quality System Management	: Jan Holmes

Given ICL's target of achieving registration against ISO 9001:2000 by the end of 2001, an emphasis was placed on assessing the key elements of the standard applicable to each area, but consideration was also taken of applicable Corporate Policies.

### **3 Management Summary**

In general ICL Pathway was regarded as being well managed and its Business Management System (BMS) able to satisfy the requirements of ISO 9001:2000.

During the course of this Internal Assessment, 2 non-conformances, 6 Observations and 1 example of Good Practice were raised. The Observations were, on the whole, opportunities for improvement.

Throughout this assessment good examples were seen of management commitment, review and internal communication. There was an emphasis on Quality being part of day to day business and the Quality Manager is being used as a check & balance that the Business Management System's (BMS) integrity is maintained and that ISO 9001 requirements are covered.

Although change is driven mainly by the Pathway Change Management Process, linkage to the Corporate Customer Solution Life Cycle (CSLC) was observed in the matrix / flowchart being developed within the Commercial area.

There were however, several opportunities to improve linkage to other elements of the Pathway central BMS and ICL's global BMS in some areas.

In common with other areas of ICL, there are also opportunities to improve measurement and analysis, in some areas of Pathway, along with the management of key records. Management of staff competency and performance records and the monitoring of their completion is a focal point in BSI assessments and is already the subject of discussion with the Corporate Process Owner, as a result of being highlighted in several divisional assessments this year.

Pathway is known to have a very comprehensive central BMS. Several initiatives to develop / improve unit level guidance were seen and it was recommended that these be reviewed to consider the medium being used (eg. varies from use of websites to word folders and shared filestores) and their linkage to the Pathway and ICL BMS, given ISO 9001's requirement to show the interaction between processes.

The Customer Services area was regarded as being particularly well managed, maintaining a high level of customer focus and having implemented good processes to manage customer satisfaction (eg. the Management Care Visits initiative).

### **4 Assessment Commentary**

#### **4.1 Top Management (MD)**

The Pathway MD showed good commitment to embedding quality principles within business practice and this was displayed in the approach being taken to management review and internal communication. Evidence of team meetings, monthly internal and customer performance reviews, use of the 5 yr business plan and several internal

communication initiatives (cascade, notice boards, etc) was readily available. It was possible to track the progress of sample problems from initial identification, review, corrective / preventive action and closure, within the retained records.

The role described for the Pathway Quality Manager was in-line with the requirements of ISO 9001:2000, in terms of co-ordinating the BMS and reporting on effectiveness. The QM has a slot at Management Team meetings and is in a position to act as a "consultant" on ISO 9001 requirements and act as the "devil's advocate" in considering the impact of any proposed changes on the BMS.

While a Problem Database does exist in the Customer Services unit, there are a number of possible sources of corrective / preventive action across Pathway (eg. as a result of assessments). Given the ISO 9001 requirement for management review of c/a & p/a, it was recommended that a central corrective / preventive action process be considered which could describe all potential routes, criteria for formal capture, actions required, review mechanism and linkage to corporate process (eg. CSAS).

It was also suggested that the current ICL Pathway Quality Policy statement could be improved by making it more of a business related mission statement, linked to the corporate Quality Policy. This has been used to good effect in other divisions (eg. e-Innovations).

#### **4.2 Commercial**

The Pathway contract is well established and new business opportunities constitute changes to the central contract, rather than new contracts. These changes are driven by the Change Control Process involving "Change Requests", "Change Proposals" and, where necessary, "Contract Change Notices".

A new process / matrix is being introduced (draft version seen) to improve guidance on the interaction between the Pathway Change Control Process and the ICL CSLC. In flowchart form, this document was regarded as being effective in demonstrating the interaction of processes within the BMS structure.

It highlights the key CSLC stages in comparison with the Pathway process and it was suggested that Siebel reports, generated at the key stages, would allow easy monitoring of adherence to CSLC gateway requirements.

It was also recommended that the matrix be expanded to indicate the Change Management Process equivalents of CSLC steps where appropriate (eg. where formal reviews should take place)

The key records associated with the CSLC are currently spread between Commercial and the Programme Office.

It was recommended that, for ease of control and access, all CSLC records be stored in one area.

#### **4.3 Development**

The Development Director gave a clear overview of the Pathway Development organisation and the development cycle followed. This was in line with the DE/PRO/003 process within the central Pathway BMS, although it was stated that this was in need of review following the changes in responsibility as part of the Pathway re-organisation. It was encouraging to see that an independent testing team was used

to validate solutions prior to release to customers.

A good level of management review was also observed, mainly through the weekly reports produced by each development unit, and the merger of these reports for feed into the top management programme review. It was suggested that merger could be simpler if all reports were in the same format and that records of any problems reported could be improved by documenting the corrective action taken before removal from the report.

Measures of success for the unit were described as the meeting of project timescales and the number of post-release issues reported (PINICLs). While slippages would be identified via the top level programme plan and PINICLs are recorded on an online system, no formal measurement or analysis of performance is carried out.

Given the emphasis in ISO 9001:2000 on measurement, analysis and continual improvement (section 8) and that it was stated that post-release issues are always raised due to the nature of the customer base, it was recommended that more formal measurement and trend analysis be implemented.

#### **4.3.1 Infrastructure Products Development Unit (IPDU)**

A key responsibility of the Infrastructure Products Development Unit (IPDU) was described as the validation of 3<sup>rd</sup> party products used in the overall delivery to the customer. A key supplier is Escher, for the Riposte product.

Although not actioned at the time of this assessment, good intent was seen in the plan for the validation of Escher's contribution to the Banking Increment 2 (BI2) project. No generic process for 3<sup>rd</sup> party product acceptance currently exists within the Pathway BMS so it was recommended that one be produced, based on the plan for BI2, in the form of a 1 page deployed flowchart, identifying the test activities required and the records needing to be retained to demonstrate conformance (eg. test criteria, results, sign-offs, etc).

As with other areas of Pathway, development within the IPDU is driven by the Change Management Process and Change Proposals (CP). The IPDU in BRA01 maintain a local CP database within their DCO team and update the central CP system from this. The IPDU team in BRA01 update this local DB direct but as a result of the recent re-organisations, new staff on other sites have joined the unit and have to feed all updates through the DCO.

The IPDU operation was seen to be very project management driven, with local MS Project plans being used to expand on the top level plan, maintained by the Pathway PCO.

Development cycle reviews were seen to be inline with the Change Management Process and the DE/PRO/003 cycle previously described. This was also seen to be supplemented by a weekly IPDU team meeting where progress of CPs is reviewed.

The path of CP(2847) was successfully traced through entries in the Programme Plan, a local plan, entry in the local CP database and review within the minutes of a weekly team meeting.

Developments related to secure builds are driven by design documents based on the



"Security Functional Requirements Specification" (RS/DES/051 (v5.0) and the "Assess Control Policy" (RS/DES/058 (v 1.0)). Both documents were seen to have been reviewed and authorised by the Security Technical Design Authority.

The IPDU currently have a "Local Operating Manual" (PCO/PRO/010) defining unit level guidance, deviations from DE/PRO/003 and coding standards. This is currently held as a Word document with embedded links to other related documentation.

Given that a plan was in place for the revision of this manual and the Application Products Development Unit were also revising their web based guidance and standards, it was recommended that a standard format for local guidance be considered, along with common coding standards across the units. Process linkage from this local level to other elements of the Pathway and Corporate BMS was also recommended.

A good level of PINICL measurement was observed on noticeboards within the unit which captured trends by virtue of maintaining a 12 month rolling graph.

#### **4.3.2 Application Products Development Unit (APDU)**

Recognising a need for improvement and consistency across the programme, the APDU manager is introducing a new website to provide unit level guidance for staff and to introduce design & development standards.

It was recommended that, as part of this exercise, consideration be made of appropriate links to the Pathway BMS (eg. DE/PRO/003) and the ICL corporate BMS (eg. applicable Corporate Policies and professional communities). Also that opportunities for shared process / standards with the IPDU be investigated.

Following on from the development cycle described by the Development Director, the path of Change Proposal CP(2927) was successfully followed from customer request through High Level Design (PI/DES/013 v1.1) to Low Level Design (PI/LLD/027 v2.0), Coding, Quality Review, Unit Testing and submission for Integration Testing. Appropriate reviews and authorisations were evident throughout the cycle. One recommendation was that a section for Team Leader sign-off be added to the "Unit Test Template".

During the review of the Change Proposal, the standard mechanism for document review was observed. It was noted that, during the "distribution for comments" phase of the process, despite having a form which indicated the need for physical sign-off, in practice comments were managed online via email. It was recommended that the process be amended to reflect this practice but details of approval / authorisation control (eg. acceptance of emails from nominated individuals) be included in the Pathway BMS, along with guidance as to how electronic records should be controlled (ie. storage, retrieval, retention, etc).

#### **4.4 Business Development**

As with much of the Pathway organisation, Business Development is closely tied to the Change Proposal process.

With their responsibility to convert Change Requests into Change Proposals, the Requirements Team were seen to be performing a key value added role as well as satisfying the "determination of requirements" (section 7.2) aspects of ISO 9001.

All Change Proposals are entered on Siebel as opportunities and the CSLC process followed, however, the Pathway Change Management Process remains the main driver. It was therefore felt increasingly important that the cross reference matrix, described in the Commercial section above, be implemented as soon as possible to ensure the two processes keep in-step.

Given the retention of key records as part of the Change Management Process, it is unlikely that Pathway will utilise Siebel attachments as the main repository for records relating to business evaluation and approval. Although Siebel attachments are not mandated as yet, if they do become so, Pathway may need to obtain a "let" from corporate policy.

#### **4.5 Customer Services**

The Customer Services Director interviewed showed excellent commitment to embedding quality principles in the unit's working practice and a clear focus on satisfying the customer. A good description of the organisation and business processes implemented to meet customer requirements was given and good evidence was seen of performance measurement, management review, corrective / preventive actions, supplier management and management of customer satisfaction.

Examples of the Customer Service Review pack (Aug'01) produced as input to the monthly Horizon Service Review Forum (HSRF), were seen to include a full breakdown of performance vs SLA along with a "Cause & Actions" section detailing any non-conformances. The minutes associated with the HSRF were also seen to contain a specific agenda item of "Service Improvement Initiatives", a good example of the general push for continual improvement within the area. Actions to improve the "Day D" activities were seen within the example reviewed.

In common with most measures seen in Pathway, the performance stats in this review pack are based on a 12 month rolling display, so trends are readily identifiable.

The two key delivery suppliers to Pathway are ISD and Energis. There was good evidence of supplier review in the form of the Energis Monthly Report, the ISD Monthly Report and ISD Daily Reports. All contained good cross reference to the causes of any failures and the corrective action taken. The "Red Spot" analysis within the ISD Monthly Report captured any potential trends in type of problem reported. Evidence of these reports being reviewed at monthly Service Reviews was also seen.

Customer satisfaction was seen to be being measured on a number of fronts (eg. Engineer Response Cards, Customer Complaints DB, feedback from Customer Reviews and Management Care Visits). Other LPD initiatives were described as being underway in terms of introducing Customer Scorecards and Senior Management Interviews (already done informally by Pathway).

The Management Care Visits were regarded as an example of good practice in measuring customer perception. Performed jointly by ICL and PO senior managers (group of 20), the visits to individual Post Offices are well organised (example briefing pack seen), well received by the end users and feedback reviewed at the HSRF. Having been recently re-introduced, how best to analyse results is still being decided.

#### **4.5.1 Problem Management**

The Pathway Problem Management process provides a mechanism for the capture, review and management of key problems. Problems and incidents are separated within the process, although serious incidents may be escalated to problems. A Problem DB is maintained within CS as a separate implementation of the PINICL system.

The process is shared with the customer and they have access to logged problems via the RAS interface, where a copy of the problem records are kept.

The process for transferring records between the Problem DB and RAS was observed in the Problem Management Admin area and seen to be very complex, manual and time consuming. It was recommended that this process be reviewed in more detail by Pathway to investigate more effective methods of sharing data.

The Admin unit produce weekly, monthly and adhoc reports regarding progress on problem calls logged. The Problem Management Process states that Problem Owners should update calls weekly or define a date for next update. The report from Week 31 was observed to contain 7 problems which had not been updated for over a month. It was therefore recommended that, during the review of the process, the requirement for management review / action be considered.

The process also states that Post Incident Reviews (PIRs) should be held to identify lessons to be learnt from the incident. There was no evidence to show these actually take place so it was recommended that alternative methods of capturing lessons learnt be incorporated into the revised process.

Problem Management, Customer Complaints and the Alerting Processes (divisional and Corporate) are all logically associated but not currently linked at a process level. It was recommended that this be considered during subsequent process reviews.

#### **4.6 HR & Resourcing**

There was little evidence to hand during this assessment to demonstrate any action taken as a result of non-conformances raised during last year's Internal Assessment.

It was stated that 90% of staff on Pathway had been appraised this year but statistics to support this were not readily available. An online spreadsheet, drawn from data on the HR DB was seen and it was stated that this was to be used to chase non-conforming managers, but this had not started at the time of assessment.

Although fields exist to record completion of personal objectives and learning plans, it was believed that only appraisal (and PAC ratings) were recorded on the HR DB. An exercise was just being initiated (Aug), as part of the bonus scheme, to ensure objectives and PLPs were being set. The corporate Performance Plus guidelines state that all 3 elements of the system should be complete by the end of Q1.

It was stated that Pathway have been waiting for the re-organisation to be implemented and the bonus scheme to be declared. However, it was recommended that in future years, appraisals, objectives and PLPs be set in-line with Perf + guidelines and reviewed / updated as appropriate to subsequent business changes.

These observations are, to a degree, are common to a number of other divisions of ICL and discussions are already underway with the corporate Process Owner.



ISO 9001:2000 requires that records be maintained regarding staff competencies (ie. education, experience, skills and training). At present the only training records kept within Pathway are those recorded in the HR DB. These are known to only go back 4 years and only cover that training incurring expenditure (ie. do not record internal training, workshops, coaching, etc).

Other competency records for Pathway staff vary according to where they originated from (eg. new staff may have up-to-date CVs in personal files, ex-A&TC staff may still maintain their Skills DB records). The best method of capture of these records, and of satisfying the requirements of ISO 9001, seen to-date in other areas of ICL is the Skills Database approach, although it is recognised that consideration will have to be made of the new Data Protection legislation being introduced later this year.

Previous assessment of Resource Management in LPD HQ indicated that a Skills DB was to be implemented across the projects, but Pathway representatives were unaware of progress with this.

As above, this is a common issue and has already been raised with the corporate Process Owner. It is therefore recommended that she be contacted prior to any divisional action to address this observation.

It was recommended that a plan be produced to capture the above recommendations and describe the actions required to promote a revised emphasis on Performance Plus conformance, how records should be captured, analysed and reported on (in-line with the Manage People Performance process) and how competency records will be gathered and maintained.

#### **4.7 Quality System Management**

The ICL Pathway Business Management System (BMS), in general, shows good intent to satisfy the requirements of ISO 9001:2000 and it was encouraging to see that plans were being formed to improve it's effectiveness. In particular the new version of PA/POL/002 (ICL Pathway Business Management System Policy) currently being developed (v 2.2), was regarded as a good co-ordinating document, which establishes the links between the Pathway BMS, ISO 9001:2000 and ICL Corporate Policies and Processes.

ISO 9001:2000 specifies 6 mandatory documented procedures which should be present in any QMS. Through PA/POL/002, a process within the BMS is associated with each of these areas: Doc Control - PA/PRO/010 (v7.0), Record Control - PA/POL/005, Non-Conforming Product - PA/POL/002, Internal Audit - IA/MAN/003, Corrective Action and Preventive Action - PA/PRO/013, PA/PRO/038 and PA/POL/005. Most of these processes were seen to be within their routine review cycle and draft updates in the process of development. There is therefore an opportunity to check that the requirements of ISO 9001 are adequately covered as part of these reviews.

Some recommendations made on those processes seen were:

- That the Internal Audit Manual processes include more specific reference to the relationship between the 4 types of audit performed in Pathway (BSI, Group, Internal and PON) and that the internal schedule relate to the coverage gained from all these audits.
- Adherence to the Pathway Process Management Process (PA/PRO/038) regarding the specification of quality records and process measures within all processes be



checked across all key business processes.

- That adequate guidance on management of corrective and preventive action is given in the processes currently pointed at (Customer Complaints Process and Process Management Process) and whether the links should include more operational processes.
- It was recognised that some processes within the Pathway set were now redundant and could be removed or merged into a smaller number. It was recommended that a specific review be included in the Quality Plan with an aim of reducing the number of processes but improving the effectiveness of the those retained.

An example of the need to confirm adherence to the Process Management Process was seen in the "ICL Pathway Development Directorate Process". Good intent was seen within the process and a separate "metrics" of process measurement had been produced. However, assessment in the development areas indicated that measurement was not actually taking place (see section 4.3 above).

There is an adequate description of Pathway's approach to maintaining a "Quality Manual" within PA/POL/002 and the key elements are present within the BMS set (Organisation Charts, Policy Statements, description of interaction between processes and a Quality Plan.

The Quality Policy specified was a copy of the corporate policy, supported by a business related "Pathway Mission Statement". It was suggested that the Quality Policy simply link to the corporate policy to avoid unnecessary maintenance.

The interaction of processes was adequately covered in the cross-reference flowchart within PA/POL/002 and access by process area on the front page of the BMS. It was stated that it is planned to enhance this in the future by introducing a "business process architecture" front page to the BMS.

The Quality Plan (QU/PLA/009) was well constructed and supported by an MS Project working version. It was recommended that the audit section be updated to reflect co-ordination of the 4 types of audit referenced above and that the plan be updated to include specific reference to known key activities (eg. removal of old contact names, removal of "deadwood", introduction of improved processes effectiveness measurement).

The Quality Manager's personal objectives (draft) were seen to contain "quality" related items but could be expanded to include specific reference to the ISO 9001 requirement to report on the effectiveness of the BMS to Top Management.

Movement towards this was seen in correspondence regarding the QM's attendance at monthly Business Reviews, but this has not commenced yet, although Top Management are copied on all reports (eg. audit) generated.

The relationship between the Quality Manager and the Business Effectiveness Manager described in the Quality Plan was seen as a good indication of the merger of quality and business within Pathway and it was recommended that this description and model be included in the "Management Representative" section of PA/POL/002.



**Add Observation Page****Observation Details**

<b>Reference / Sequence</b>	1	<b>Date of Observation</b>	15/08/01	
<b>Category</b>	Observation	<b>Standard / Section</b>	ISO 9001	4.2.4
<b>Corporate Process</b>	CSLC	<b>Local Process</b>	CSLC & Pathway	
<b>Unit</b>	Pathway	<b>Country</b>	UK	
<b>Location</b>	FEL01	<b>Division</b>	LPD	
<b>Interviewee</b>	Colin Lenton-Smith	<b>Interviewee's Role</b>	Commercial Mng	
<b>Area Contact</b>	Jan Holmes	<b>Assessor's Name</b>	Alan Clapson	

**Observation**

Key records associated with the CSLC and business approval are not readily identifiable and retrievable.

**Notes**

Records tend to be spread between Commercial unit and Programme Office. It was recommended that the record set be stored in one area for ease of control and access.

**Corrective Action Details****Corrective Action To Be Taken**

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<b>Actionee</b>		<b>Reviewing Manager</b>	
<b>Forecast Completion Date</b>		<b>Actual Completion Date</b>	
<b>Verified By</b>		<b>Date Verified</b>	

**Add Observation Page****Observation Details**

<b>Reference / Sequence</b>	2	<b>Date of Observation</b>	15/08/01	
<b>Category</b>	Observation	<b>Standard / Section</b>	ISO 9001	8.4
<b>Corporate Process</b>	Manage Development	<b>Local Process</b>	DE/PRO/003	
<b>Unit</b>	Pathway	<b>Country</b>	UK	
<b>Location</b>	FEL01	<b>Division</b>	LPD	
<b>Interviewee</b>	Gill Jackson	<b>Interviewee's Role</b>	Development Director	
<b>Area Contact</b>	Jan Holmes	<b>Assessor's Name</b>	Alan Clapson	

**Observation**

Key performance indicators are not measured or analysed to identify trends or opportunities for preventive action.

**Notes**

Data relating to the performance indicators described (meeting project timescales and number of post-release issues raised) is available and could be measured / analysed to identify trends, potential problems and continual improvement.

**Corrective Action Details****Corrective Action To Be Taken**

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<b>Actionee</b>		<b>Reviewing Manager</b>	
<b>Forecast Completion Date</b>		<b>Actual Completion Date</b>	
<b>Verified By</b>		<b>Date Verified</b>	



**Add Observation Page****Observation Details**

<b>Reference / Sequence</b>	3	<b>Date of Observation</b>	15/08/01	
<b>Category</b>	Observation	<b>Standard / Section</b>	ISO 9001	7.4.3
<b>Corporate Process</b>	Develop Solution	<b>Local Process</b>	3 <sup>rd</sup> Party Product Validation	
<b>Unit</b>	Pathway	<b>Country</b>	UK	
<b>Location</b>	FEL01	<b>Division</b>	LPD	
<b>Interviewee</b>	Ian Morrison	<b>Interviewee's Role</b>	IPDU Manager	
<b>Area Contact</b>	Jan Holmes	<b>Assessor's Name</b>	Alan Clapson	

**Observation**

No process exists for the actions required to validate 3 <sup>rd</sup> party products.
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**Notes**

While plans for product validation associated with individual projects was seen (eg. BI2) it was recommended that a generic process be implemented to establish the basis for future validation exercises.
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**Corrective Action Details****Corrective Action To Be Taken**

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<b>Actionee</b>		<b>Reviewing Manager</b>	
<b>Forecast Completion Date</b>		<b>Actual Completion Date</b>	
<b>Verified By</b>		<b>Date Verified</b>	

**Add Observation Page****Observation Details**

<b>Reference / Sequence</b>	4	<b>Date of Observation</b>	15/08/01	
<b>Category</b>	Observation	<b>Standard / Section</b>	ISO 9001	4.2.2
<b>Corporate Process</b>	Manage Processes	<b>Local Process</b>	Pathway BMS	
<b>Unit</b>	Pathway	<b>Country</b>	UK	
<b>Location</b>	FEL01	<b>Division</b>	LPD	
<b>Interviewee</b>	Various	<b>Interviewee's Role</b>	Various	
<b>Area Contact</b>	Jan Holmes	<b>Assessor's Name</b>	Alan Clapson	

**Observation**

The interaction of processes at different levels within the Pathway BMS was not always evident and opportunities exist to use common media formats and standards in units performing similar roles.

**Notes**

Examples include:

- The development of separate local guidance and coding standards, in different mediums (web and Word based sets), within the IPDU and APDU.
- The lack of linkage within these process sets to relevant elements of Pathway and/or Corporate BMS.
- The lack of documented interaction between the Problem Management Process, the Customer Complaints Process and the Alerting Processes (Divisional and Corporate).

**Corrective Action Details****Corrective Action To Be Taken**

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<b>Actionee</b>		<b>Reviewing Manager</b>	
<b>Forecast Completion Date</b>		<b>Actual Completion Date</b>	
<b>Verified By</b>		<b>Date Verified</b>	

**Add Observation Page****Observation Details**

<b>Reference / Sequence</b>	5	<b>Date of Observation</b>	15/08/01	
<b>Category</b>	Observation	<b>Standard / Section</b>	ISO 9001	4.2.4
<b>Corporate Process</b>	Document Control	<b>Local Process</b>	Document Mngt	
<b>Unit</b>	Pathway	<b>Country</b>	UK	
<b>Location</b>	FEL01	<b>Division</b>	LPD	
<b>Interviewee</b>	Various	<b>Interviewee's Role</b>	Various	
<b>Area Contact</b>	Jan Holmes	<b>Assessor's Name</b>	Alan Clapson	

**Observation**

The "distribution for comment" stage of the Pathway Document Change Control process contains comments templates which indicate the need for physical sign-off, but in practice this is normally done electronically via e-mail correspondence.

**Notes**

It was recommended that the process be amended to reflect this practice but details of approval / authorisation control (eg. acceptance of emails from nominated individuals) be included in the Pathway BMS, along with guidance as to how electronic records should be controlled (ie. storage, retrieval, retention, etc).

**Corrective Action Details****Corrective Action To Be Taken**

<b>Actionee</b>		<b>Reviewing Manager</b>	
<b>Forecast Completion Date</b>		<b>Actual Completion Date</b>	
<b>Verified By</b>		<b>Date Verified</b>	

**Add Observation Page****Observation Details**

<b>Reference / Sequence</b>	6	<b>Date of Observation</b>	16/08/01	
<b>Category</b>	Good Practice	<b>Standard / Section</b>	ISO 9001	8.2.1
<b>Corporate Process</b>	Customer Satisfaction	<b>Local Process</b>	Management Care Visits	
<b>Unit</b>	Pathway	<b>Country</b>	UK	
<b>Location</b>	FEL01	<b>Division</b>	LPD	
<b>Interviewee</b>	Martin Riddell	<b>Interviewee's Role</b>	CS Director	
<b>Area Contact</b>	Jan Holmes	<b>Assessor's Name</b>	Alan Clapson	

**Observation**

The Management Care Visits process followed within Pathway Customer Services was regarded as an example of good practice in terms of direct management interaction with the customer's, end users, working in partnership with the customer and management's direct review of customer perception of the services provided by ICL.

**Notes**

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**Corrective Action Details****Corrective Action To Be Taken**

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<b>Actionee</b>		<b>Reviewing Manager</b>	
<b>Forecast Completion Date</b>		<b>Actual Completion Date</b>	
<b>Verified By</b>		<b>Date Verified</b>	



**Add Observation Page****Observation Details**

<b>Reference / Sequence</b>	7	<b>Date of Observation</b>	17/08/01	
<b>Category</b>	Observation	<b>Standard / Section</b>	ISO 9001	8.2.3
<b>Corporate Process</b>	Problem Management	<b>Local Process</b>	Problem Management	
<b>Unit</b>	Pathway	<b>Country</b>	UK	
<b>Location</b>	FEL01	<b>Division</b>	LPD	
<b>Interviewee</b>	Janet Reynolds	<b>Interviewee's Role</b>	Problem Management Admin.	
<b>Area Contact</b>	Jan Holmes	<b>Assessor's Name</b>	Alan Clapson	

**Observation**

The Problem Management Admin process associated with the transfer of problem records from the DB to the RAS system was regarded as being excessively complex, time consuming and dependant on manual intervention.

**Notes**

It was recommended that the process be reviewed in more detail at a Pathway level to determine if it can be made more efficient.

**Corrective Action Details****Corrective Action To Be Taken**

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<b>Actionee</b>		<b>Reviewing Manager</b>	
<b>Forecast Completion Date</b>		<b>Actual Completion Date</b>	
<b>Verified By</b>		<b>Date Verified</b>	

**Add Observation Page****Observation Details**

<b>Reference / Sequence</b>	8	<b>Date of Observation</b>	17/08/01	
<b>Category</b>	Non-conformance	<b>Standard / Section</b>	ISO 9001	8.2.3
<b>Corporate Process</b>	Problem Management	<b>Local Process</b>	Problem Management	
<b>Unit</b>	Pathway	<b>Country</b>	UK	
<b>Location</b>	FEL01	<b>Division</b>	LPD	
<b>Interviewee</b>	Janet Reynolds	<b>Interviewee's Role</b>	Problem Management Admin.	
<b>Area Contact</b>	Jan Holmes	<b>Assessor's Name</b>	Alan Clapson	

**Observation**

The Problem Management Process states that Problem Owners should update calls weekly or define a date for next update. The report from Week 31 was observed to contain 7 problems which had not been updated for over a month.

**Notes**

It was recommended that the process be reviewed (in line with the previous observation) and the requirement for escalation, management review and action be considered.

**Corrective Action Details****Corrective Action To Be Taken**

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<b>Actionee</b>		<b>Reviewing Manager</b>	
<b>Forecast Completion Date</b>		<b>Actual Completion Date</b>	
<b>Verified By</b>		<b>Date Verified</b>	

**Add Observation Page****Observation Details**

<b>Reference / Sequence</b>	9	<b>Date of Observation</b>	17/08/01	
<b>Category</b>	Non-conformance	<b>Standard / Section</b>	ISO 9001	4.2.4
<b>Corporate Process</b>	Manage People Performance	<b>Local Process</b>		
<b>Unit</b>	Pathway	<b>Country</b>	UK	
<b>Location</b>	FEL01	<b>Division</b>	LPD	
<b>Interviewee</b>	Shirley Phillips	<b>Interviewee's Role</b>	HR Manager	
<b>Area Contact</b>	Jan Holmes	<b>Assessor's Name</b>	Alan Clapson	

**Observation**

Staff records relating to Performance Plus are incomplete on HR DB and evidence of HR measurement and analysis of conformance, in-line with the corporate Manage People Performance Process, is not readily available.  
Records relating to staff competencies (education, experience, skills and training) are also inadequate to satisfy the requirements of ISO 9001:2000.

**Notes**

It was recommended that, in-line with any corporate initiatives relating to management of these records, the completion of all Perf + elements (appraisal, objectives and personal learning plan) be recorded on the HR database and conformance monitored by HR and included in Pathway management review.  
Investigation is currently underway in Group HR as to the most effective way to capture competency records (eg. Skills Databases) but it was recommended that local activity could begin to clarify current record holdings and gather data where practical to do so.

**Corrective Action Details****Corrective Action To Be Taken**

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<b>Actionee</b>		<b>Reviewing Manager</b>	
<b>Forecast Completion Date</b>		<b>Actual Completion Date</b>	
<b>Verified By</b>		<b>Date Verified</b>	



**Add Observation Page****Observation Details**

<b>Reference / Sequence</b>	10	<b>Date of Observation</b>	24/09/01	
<b>Category</b>	Observation	<b>Standard / Section</b>	ISO 9001	8.2.3
<b>Corporate Process</b>	Manage Q&BE	<b>Local Process</b>		
<b>Unit</b>	Pathway	<b>Country</b>	UK	
<b>Location</b>	FEL01	<b>Division</b>	LPD	
<b>Interviewee</b>	Jan Holmes	<b>Interviewee's Role</b>	Quality Manager	
<b>Area Contact</b>	Jan Holmes	<b>Assessor's Name</b>	Alan Clapson	

**Observation**

In reviewing the Pathway process set, several opportunities for improvement were identified.

**Notes**

Recommendations made on those processes seen were:

- That the Internal Audit Manual processes include more specific reference to the relationship between the 4 types of audit performed in Pathway (BSI, Group, Internal and PON) and that the internal schedule relate to the coverage gained from all these audits.
- Adherence to the Pathway Process Management Process (PA/PRO/038) regarding the specification of quality records and process measures within all processes be checked across all key business processes.
- That adequate guidance on management of corrective and preventive action is given in the processes currently pointed at (Customer Complaints Process and Process Management Process) and whether the links should include more operational processes.
- It was recognised that some processes within the Pathway set were now redundant and could be removed or merged into a smaller number. It was recommended that a specific review be included in the Quality Plan with an aim of reducing the number of processes but improving the effectiveness of the those retained.

An example of the need to confirm adherence to the Process Management Process was seen in the "ICL Pathway Development Directorate Process". Good intent was seen within the process and a separate "metrics" of process measurement had been produced. However, assessment in the development areas indicated that measurement was not actually taking place (see section 4.3 above).

**Corrective Action Details**

**Corrective Action To Be Taken**

Actionee		Reviewing Manager	
Forecast Completion Date		Actual Completion Date	
Verified By		Date Verified	

**Add Observation Page****Observation Details**

<b>Reference / Sequence</b>	11	<b>Date of Observation</b>	24/09/01	
<b>Category</b>	Observation	<b>Standard / Section</b>	ISO 9001	5.5.2
<b>Corporate Process</b>	Manage Q&BE	<b>Local Process</b>		
<b>Unit</b>	Pathway	<b>Country</b>	UK	
<b>Location</b>	FEL01	<b>Division</b>	LPD	
<b>Interviewee</b>	Jan Holmes	<b>Interviewee's Role</b>	Quality Manager	
<b>Area Contact</b>	Jan Holmes	<b>Assessor's Name</b>	Alan Clapson	

**Observation**

The requirement for the "Management Representative" to report to Top Management on the performance of the quality (business) management system and any need for improvement was not reflected in the Quality Manager's personal objectives.

**Notes**

While appreciating that other aspects of quality management were in the objectives ,and that the Quality Manager's attendance at Business Reviews is planned, there was little direct evidence of reporting and management review of results of audits, process performance or recommendations for improvement, as required by section 5.6.2 of ISO 9001:2000.

**Corrective Action Details****Corrective Action To Be Taken**

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<b>Actionee</b>		<b>Reviewing Manager</b>	
<b>Forecast Completion Date</b>		<b>Actual Completion Date</b>	
<b>Verified By</b>		<b>Date Verified</b>	