



Lloyd's
Register

Second Party Audit

Report for:

Med-I-Pant (UK) Limited

LR reference:	LRQ4009263 / 2422110
Assessment dates:	23-October-2019
Reporting date:	23-October-2019
Client address:	Billington Road, Leighton Buzzard LU7 4AJ, GB
Assessment criteria:	LSAS
Assessment team:	Hamlyn, Coellie
LR Client Facing Office:	LRQ United Kingdom OU

Lloyd's Register Group Limited, its affiliates and subsidiaries, including Lloyd's Register Quality Assurance Limited (LRQA), and their respective officers, employees or agents are, individually and collectively, referred to in this clause as 'Lloyd's Register'. Lloyd's Register assumes no responsibility and shall not be liable to any person for any loss, damage or expense caused by reliance on the information or advice in this document or howsoever provided, unless that person has signed a contract with the relevant Lloyd's Register entity for the provision of this information or advice and in that case any responsibility or liability is exclusively on the terms and conditions set out in that contract.



Lloyd's
Register

Contents

Page

01. Executive report	3
02. Assessment findings	4
03. Assessment summary	5
04. Next visit details	8
05. Appendix	9

Attachments:

LRQ4009263_APP_1019_NHS_LSAS_L4.doc

This report was presented to and accepted by:

Name: Eric Turcotte

Job title: Senior Vice President Supply Chain

01. Executive report

Assessment outcome:

This visit was to assess the compliance of the management system of Med-I-Pant (UK) Limited against LSAS as defined in the audit planning documentation. The outcome of the visit is recorded below.

The purpose of the visit was to assess Med-I-Pant (UK) Limited's compliance with the requirements of the NHS LSAS Supply Chain Level 4.

The outcome of the day demonstrated that the client continued to make improvements throughout the last year and continuing approval to NHS LSAS Level 4 - Progressive, is recommended.

This report is subject to a Technical Review by LR and upon that decision being made, Med-I-Pant (UK) Limited will be informed, for them in turn to inform the NHS Supply Chain.

Continual improvement:

Appointment of Calvin Cheung to Global QA/QC Director;
Procurement of SCOR reporting and measuring methodology;
Re-structure and future organisation of QA/QC delivery.



Areas for senior management attention:

No areas were identified.

02. Assessment findings

Where scheme requirement differs to the standard definition below, the scheme definition will take preference

Major Nonconformity

The absence of, or the failure to implement and maintain, one or more management system elements, or a situation which would, on the basis of the available objective evidence, raise significant doubt of the management to achieve: The policy, objectives or public commitments of the organisation, compliance with the applicable regulatory requirements, conformance to applicable customer requirements, conformance with the audit criteria deliverables.

Minor Nonconformity

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

Reference number	Assessment Criteria (Clause)	
Grade	Issue Date	
Status	Process / Aspect	
Location(s)		
Statement of Non Conformity		
Requirement		
Evidence		
Proposed correction, corrective action and timescales		
Correction		
Root Cause analysis		
Corrective action		
LR has reviewed and verified the implementation of actions taken.	Date of closure	

03. Assessment summary

Visit generic objective:

This was a Second Party Audit visit, conducted against objectives previously notified to the client. The objectives of the next visit, including any applicable visit specific objective (theme / focus), are confirmed in the audit plan attached to this report.

Client attendees at the opening and closing meeting:

The opening meeting was held at 09:15 with Adam Cunningham - Purchasing Manager, Chris Goodchild - Interim Global Sourcing Director, Eric Turcotte - VP Supply Chain and Calvin Cheung - Global QA/QC Director. The plan for the day was discussed and agreed.

At the closing meeting at 15:00, the team were thanked for their guidance and hospitality. The findings of the report were agreed.

The date for the next meeting was agreed for 22nd October 2020.

Visit specific objective:

Second Party - NHS LSAS Audit.

Introduction:

Yannick Miclo has been on long term sick leave for about a year. For the interim Chris Goodchild is responsible for LSAS, however the company have appointed Calvin Cheung and once he is up to speed he will have responsibility for LSAS day to day delivery.

Aviyam Friedman has now retired and is no longer on the board. Gail Perowne will be retiring in 2020.

The UK arm of the company are currently based in Leighton Buzzard but they are at full capacity and cannot employ more staff as there is no where for them to sit. As a result the company are looking for office space and conducting a cost benefit analysis of the benefits of moving somewhere larger locally. Their warehouse facility has moved with the same landlord, 10 minutes down the road.

In the last year the company have launched their five core values across the business linked into the Policy - Caring, Innovative, Determined, Respectful, Collaborative. The values came out of feedback from the employees themselves.

The LSAS data remains on the Lotus notes system, however the company have recently moved their emails out of this onto a Microsoft platform, with potential for them to move their data onto another platform under review.

The contracts the company are providing into the following Frameworks for the NHS in England are:

FAG000016448 - Supply of Textiles and Associated Products (Non Direct) and (Direct) (Covered by this LSAS assessment)

The following contracts are not currently reviewed as part of LSAS.

FAG000016346 - Supply of Pressure Area Care and Patient Handling including Beds, Mattresses, Cushions, Hoists, Slings, Slide Sheets, Associated Accessories, Rental and Decontamination

FAG000016433 - Disposable and Washable Continence Care

The contracts the company are providing into the following Frameworks for the NHS in Scotland are:

NP787/15 General Textiles and Linen - OJEU contract notice ref 2015/S 197-356443



Assessment of:	NHS LSAS Level 4	Auditee(s):	Chris Goodchild Adam Cunningham Eric Turcotte Calvin Cheung	Assessor:	Hamlyn, Coellie
-----------------------	------------------	--------------------	--	------------------	-----------------

Audit trails and sources of evidence:

CSR Policy was last reviewed in December 2018
Whistleblowing statement and Anti Slavery Statements are due for review at the Board Meeting on 24/10/19
Double Safety Prevention System Award from Chinese Govt
Real Living Wage Legislation - Scotland
Chris Goodchild's objectives 2019
Training Matrix / Onboarding matrix
Lotus Notes training record for Calvin Cheung
Onboarding record for Tim Mellor
Supply Chain Global Leaders - Supply Chain Operations Reference Model (SCOR) app on Chris Goodchild's phone
UK Management Team Meeting 11/07/19
Combined Supplier Agreement
NHS Scotland General Textiles and Bedding Framework - Supply Chain & CSR Summary
Organisation chart for 2019
Senior Team organisation chart
Global Map of Suppliers 2019
CSR Escalation Report Sept 2019
2019 Objectives
2019 Corporate Calendar

Evaluation and conclusions:

The company are committed as part of their CSR to give products to local communities e.g. Chinese staff gave stock to local disability group earlier this year, also in the UK products were given to the Warrington Disability Partnership.
Also to fund raise for specific charities. Whilst these donations aren't measured as part of their Community Measurement, they are communicated to all staff.
The business also started a bi-annual employee of the year called the Tom Frame Award after one of their previous employees. The President's Fund also exists to help staff with their children's schooling.
The company may want to consider calculating the value of all they do, as part of their CSR reporting.

Areas for attention:

No areas of concern noted.

04. Next visit details

Standard(s) / Scheme(s)	LSAS	Visit type	Second Party Audit	
Audit days	1.00 DAY	Visit start / end dates	22-October-2020 / 22-October-2020	
Team	Coellie Hamlyn or TBC			
Site		Audit days	Activity codes	
Billington Road,Leighton Buzzard,GB		1 DAY	090814	

05. Appendix

1. Audit Programme/Plan

Both the audit plan and the programme are dynamic and must be in line with the client's developments. Any (last minute) changes are possible with valid reasons e.g. organisational changes, processes, management review results etc. Prior to the closing meeting the audit team should (re)confirm the programme and identify any changes, E.g. to the management system, extent, time or dates of the audit, competences...

Visit Type	Level 4 impleme ntation	Level 4 review	Level 4 review	Level 4 review				
Due Date	Oct 2017	Oct 2018	Oct 2019	Oct 2020				
Start Date	25/10/1 7	24/10/1 8	23/10/1 9	22/10/2 0				
End Date	25/10/1 7	24/10/1 8	23/10/1 9	22/10/2 0				
Audit Days	1	1	1	1				
Separate assessment plan?	N	N	N	N	Y/N	Y/N	Y/N	Y/N
Any change in workforce numbers that may impact visit duration (if yes add new number)	N - 14	N - 12	Y - 18	Y/N	Y/N	Y/N	Y/N	Y/N
Where identified above see separate current assessment plan for further detail.								
Process / aspect / theme / location								
<i>Final selection will be determined after review of management elements and actual performance</i>								
Opening meeting	✓	✓	✓	✓	✓	✓	✓	✓
Closing meeting	✓	✓	✓	✓	✓	✓	✓	✓
Level 1 - Assessment Confirmation of implementation	✓	✓	✓	✓				
Level 2 - Assessment Confirmation of implementation	✓	✓	✓	✓				
Level 3 - Assessment Confirmation of implementation	✓	✓	✓	✓				
Level 4 - Assessment Confirmation of implementation	✓	✓	✓	✓				
Level 4 - review of implementation	✓	✓	✓	✓				

1: Complete the list of organisation (parts), departments and/or processes of the different locations

Scope

Any revised scope will be as agreed in formal correspondence between LR and the client or defined in section 4 of the previous LR visit report.

Scope	LSAS Level 4 assessment, supply of textiles to the NHS.
Exclusion	Anything supplied outside of Med-I-Pant (UK) Limited's contract with the NHS.

Visit start time (approximate)	09:30	Visit end time (approximate)	15:30
The actual start and finish times for the visit will be agreed at the pre-visit contact with the assessor and recorded in the report introduction.			

Additional information

Opportunities for improvement

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.

Legal entity

The accredited legal entity and client facing office that has provided the assessment service in this report is referenced in the applicable agreement for this service.

Generic audit objectives and team responsibilities

The generic audit objectives and team responsibilities are included in the Client Information Note 'Assessment Process'. Any visit specific objectives for the next visit will be recorded in the report of the previous visit and will be addressed through the visit plan for that visit. The assessment standard and roles of the audit team are defined in the assessment visit confirmation sent to the client.

Audit Criteria

The audit criteria consist of the assessment standard and the client's management system processes and documentation.

Additional observers

Any additional observers will be as formally communicated to the client.

2. Separate Assessment Plan

Note: if the visit involves more than one team member and/or is more than one day duration, an additional plan detailing the activities of each member of the team on each day will be required.

(Date	Day 1) Not required for NHS LSAS – Second Party Audit	
	Introductory meeting with management to explain the scope of the visit, assessment methodology, method of reporting and to discuss the company's organisation (approximately 30 minutes). The Team Leader will agree a time to meet with top management to discuss policy and objectives for the management system.	
	LR team briefing for a team of two or more assessors or (experts).	
	<Name> (Team Leader)	<Name>
	Discussion of all outstanding issues from previous visits.	
	Lunch.	Lunch.
	Report writing.	Report writing.
	Close.	Close.
(Date	Day 2)	
	Review of findings from previous day. Review of the assessment plan for the day.	
	Lunch	Lunch
	Report writing.	Report writing.
	Close	Close
(Date	Day 3)	
	Review of findings from previous day. Review of the assessment plan for the day.	
	Lunch	Lunch
	Review of day's findings	Review of day's findings
	Preparation of final report	Preparation of final report
	Closing meeting with management to present a summary of findings and recommendations.	

Note; Information on the objectives of the various visits can be found in the Client Information included in the report or on our website www.lr.org. Furthermore on the website there are Client Information Notes available for the various visit types. The audit criteria and team members date and locations are also stated on the front page of the report. Scope of certification and roles and responsibilities of the audit team members are expressed in the Audit Program Plan.

3. Report Considerations

LR Report considerations		
Have there been any deviation from the original assessment plan:	No	If yes detail these in the introduction section of the report along with the reasons for the deviations
Have there been any significant issues impacting on the audit programme:	No	If yes detail these in the introduction of the report and amend the APP
Have there been any significant changes that affect the management system of the client since the last audit took place:	No	If yes detail these within the executive summary section of the report
Have any unresolved issues been identified during the assessment:	No	If yes detail these within the executive summary section of the report
Was the audit undertaken a combined or integrated audit:	No	If yes confirm what type of audit and the standards covered in the introduction to the report.
Was the organisation effectively controlling the use of the certification documents and marks:	No – N/A	If no document within the reporting table covering the mandatory elements
If applicable has the organisation taken effective corrective action regarding previously identified nonconformities:,	No – N/A	Record outcome in the findings log against the relevant findings.
Does the management system of the organisation continue to meet the applicable requirements and meet the expected outcomes:	Yes	If no details reasons within the executive summary of the report
Does the scope of certification continue to be appropriate to the activities/products/services of organisation:	Yes	If no then document the actions necessary in relation to the scope in the executive summary of the report and amend the APP as required.
Were the objectives of the visit as defined in the APP fulfilled during the visit:	Yes	If no detail the reasons and any necessary actions in the executive summary of the report and amend/update the APP