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## Second Party Audit

Report for:

# Med-I-Pant (UK) Limited

<b>LR reference:</b>	LRQ4009263 / 2337264
<b>Assessment dates:</b>	24-October-2018
<b>Reporting date:</b>	24-October-2018
<b>Client address:</b>	Billington Road,Leighton Buzzard LU7 4AJ, GB
<b>Assessment criteria:</b>	LSAS
<b>Assessment team:</b>	Hamlyn, Coellie
<b>LR Client Facing Office:</b>	LRQ United Kingdom OU

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### Attachments:

LRQ4009263\_APP\_1018\_NHS\_LSAS\_L4.doc

### This report was presented to and accepted by:

**Name:** Yannick Miclo

**Job title:** Director of Global Sourcing

## 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 LRQA and upon that decision being made, Med-I-Pant (UK) Limited will be informed, for them in turn to inform the NHS Supply Chain.

The Assessment Team Leader confirms the contractual arrangements for LSAS are correct. This includes any changes required as a result of the outcome of the Stage 1 visit (including changes to the scope of assessment, duration of the Stage 2 visit, and duration of subsequent surveillance visits).

### Continual improvement:

The company continue to demonstrate their commitment to continuous improvement. This was demonstrated in many ways, below a few are listed:

- the appointment of Continuous Improvement manager to review their suppliers manufacturing techniques amongst other things:
- CSR escalation issue report continues to evolve:
- the appointment of Logistics, Sourcing and QA/QC roles to improve delivery, supply chain management and product quality.



### Areas for senior management attention:

No areas of concern noted.



## 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 and closing meetings were held with Aviyam Friedman - Vice President Operations, Eric Turcotte - Senior Vice President Supply Chain (both over from Canada) and Adam Cunningham - Purchasing Manager.

The plan for the day and the reporting methodology were agreed and at the close of the day the team were thanked for their guidance and hospitality and the findings of the report discussed.

The date for the next meeting was offered for October 2019 or earlier if this helps the client with their business reporting timeframe.

#### Visit specific objective:

Second Party Audit

#### Introduction:

The company have expanded and are now 12 staff at Leighton Buzzard. They have taken the top floor of the building.

They bought the Cromptons business nearly two years ago and this year has seen the consolidation of the two businesses. Some of the Cromptons staff came across to Leighton Buzzard and the Basingstoke facility has closed, with the stock moving to the new warehouse at Houghton Regis. Only a sample cupboard remains at the Leighton Buzzard.

The purchasing role has changed across the business, to improve the management of inventory and delivery.

The new Logistics Manager in the UK, Nigel Andrews will be responsible for delivery to the NHS. Chris Goodchild is the new Sourcing Manager for the UK and works closely with suppliers.

The new Supply Chain Reorganisation timeline chart shows how the company are planning to improve their management of suppliers and clients across the business. In addition they are appointing a lead QA / QC, to ensure product quality.



<b>Assessment of:</b> NHS LSAS Level 4	<b>Auditee(s):</b> Aviyam Friedman Eric Turcotte Adam Cunningham	<b>Assessor:</b> Hamlyn, Coellie
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**Audit trails and sources of evidence:**

Refer to NHS LSAS matrix.  
Supply Chain Principles - September 2018

**Evaluation and conclusions:**

Refer to NHS LSAS matrix.

**Areas for attention:**

Refer to NHS LSAS matrix.



#### 04. Next visit details

<b>Standard(s) / Scheme(s)</b>	LSAS	<b>Visit type</b>	Second Party Audit	
<b>Audit days</b>	1.00 DAY	<b>Due date</b>	October, 2019	
<b>Team</b>	Coellie Hamlyn			
<b>Site</b>			<b>Audit days</b>	<b>Activity codes</b>
Billington Road,Leighton Buzzard,GB			1.0 DAY	090814



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## 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	Gap	Level 2 implementation	Level 2 review	Level 3 implementation	Level 3 review	Level 4 implementation	Level 4 review	Level 4 review
Due Date	May 2015	Aug 2015		Aug 2016		Oct 2017	Oct 2018	Oct 2019
Start Date	21/05/15	19/08/15		20/10/16		25/10/17	24/10/18	TBC
End Date	21/05/15	19/08/15		20/10/16		25/10/17	24/10/18	
Audit Days	1	1		1		1	1	1
Separate assessment plan?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Any change in workforce numbers that may impact visit duration (if yes add new number)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Where identified above see separate current assessment plan for further detail.								
<b>Process / aspect / theme / location</b>								
<i>Final selection will be determined after review of management elements and actual performance</i>								
Opening meeting	✓	✓	✓	✓	✓	✓	✓	✓
Closing meeting	✓	✓	✓	✓	✓	✓	✓	✓
Gap Analysis NHS LSAS Level 2	✓							
Level 2 - Assessment Confirmation of implementation		✓						
Level 2 - review of implementation								
Level 3 - Assessment Confirmation of implementation				✓				
Level 3 - review of implementation								
Level 4 - Assessment Confirmation of implementation						✓		
Level 4 - review of implementation							✓	
Level 4 - review of implementation								✓

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

2: Required for Annex SL based Standards

3: Not required for Annex SL based Standards

### Scope

*Any revised scope will be as agreed in formal correspondence between LRQA and the client or defined in section 4 of the previous LRQA 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 LSAS.

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.

LRQA 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.lrqa.com](http://www.lrqa.com). 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

<b>LRQA Report considerations</b>		
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