**Minutes dated: 13th January 2021**

**Management Review Meeting**

**Present: Sean Crowley, Lorraine Shirley, Karen Brewer (ESP)**

Minutes of last meeting: - N/A

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| **1. Follow up actions from previous Management Review** |
| As this is the first meeting there are no previous actions for consideration. For subsequent management reviews, actions will be identified for ease of reporting. They will be reproduced and their status commented upon in a suitable table, as represented below:   |  |  | | --- | --- | | **QMS Management Review** | | | **Recommendations:** | **Status:** | | Recommendation 1: | | |  |  | | Recommendation 2: | | |  |  | | Recommendation 3: | | |  |  | |
| **2. Changes in External and Internal Issues that are relevant to the QMS** |
| **Results;**  The pandemic has had some impact on the organisation. During the first period of lockdown, all office staff were instructed to work from home. This instruction followed an internal COVID risk assessment.  Approximately one in four office staff were furloughed on a rotational basis and one in five drivers. No site workers were furloughed.  Business was at approximately 40% of normal capacity  During the second lockdown the organisation did not furlough any staff, although office staff rotated into office on a teams’ basis (basically 50% in, 50% at home)  Business was at approximately 95% of normal capacity  Current measures are that all staff are required to work from home unless otherwise requested and as of yet there are no staff furloughed.  Internal and external issues have been identified in Appendix 7 Contextual review, including identifying interested parties.  Appendix 7 will be reviewed annually. |
| **Actions:**  **Resources:**  **Date to be completed:** |
| **3. Process Performance KPI’s** |
| **Results;**  The following process measures have been established via PEARs at Appendix 6.  The measures have only recently been identified and will be monitored via internal audits.  The progress shown is from completed internal audits to date.   |  |  |  |  | | --- | --- | --- | --- | | **Process Performance:** | | | | | **Department** | **Measure** | **Target** | **Progress** | | Sales/Enquiries | Tenders/estimates submitted on time  Quotes into orders | 95%  60% | 100% | | Purchasing | Approved supplier performance in acceptable range | 95% | 95% | | Operations | No measure yet identified |  |  | | Accounts | Reduce aged debt | 10% | 90% | | Maintenance, facilities & calibration | Overall equipment effectiveness | 92% | 95% | | Competence, Training & Awareness | Staff to be trained in 3 disciplines | 100% | 80% | |  |  |  |  |   **Actions:**  To identify process measures, where appropriate  **Resources:**  Process Owners  **Date to be completed:**  ASAP |
| **4. Customer Satisfaction & Feedback** |
| **Results;**  Customer satisfaction is monitored daily and any issues are resolved at the point it arises. One of the quality objectives that has been identified is to establish a formal process to collect, record and analyse customer satisfaction. This will enable the organisation to understand what the issues are and how to improve or eliminate.  **Actions:**  Establish customer satisfaction  **Resources:**  Management  **Date to be completed:**  April 2021 |
| **5. Quality Objectives Performance** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **OBJECTIVE** | **MEASURE**  **METHOD** | **TARGET** | **RESPONSIBLE** | **MEASURE FREQUENCY** | **PROGRESS** | | To Achieve UKAS Accredited 9001/14001/45001 | Audit | Mid 2020 | Management Rep | Monthly | Stage 1  January 2021 | | Start to record customer complaints | NCR register | Mid 2020 | All staff | Quarterly | 30% | | Establish customer satisfaction | Feedback | Mid 2020 | All staff | Quarterly | 30% |   **Results;**  The following quality objectives have been identified for 2020  **Actions:**  Identify Objectives for 2021  **Resources:**  Top Management  **Date to be completed:**  ASAP |
| **6. Status of Nonconformities & Corrective Actions** |
| **Results;**  Nonconformance’s and corrective actions are identified via internal audit and customer feedback.  All nonconformances and opportunities for improvement are managed through the non-conformance register and continual improvement register.  Since its conception the non-conformance register has recorded 17 NCR’s. 16 remain open, the oldest one from 27/01/20.  The trends have been analysed as follows; |
| **Actions:**  All outstanding NCR’s to be investigated and closed.  **Resources:**  Process owners  **Date to be completed:**  ASAP |
| **7. Audit Results** |
| **Results;**  **Internal**  An internal audit programme has been established for 2020 and 2021. The schedule has been amended due to issues throughout the pandemic. The majority of planned audits have been completed on schedule;  Sales & Enquiries reported 1 NCR and 1 note for improvement  Purchasing recorded 1 NCR  Accounts recorded 3 NCR’s and 1 note for improvement  Leadership recorded 5 notes for improvement  Operations recorded 6 NCR’s and 3 notes for improvement  QMS recorded 1 NCR and 5 notes for improvement  **External**  A stage 1 audit is scheduled for 20th January 2021 and stage 2 4th March 2021  **Actions:**  **Resources:**  **Date to be completed:** |
| **8. The performance of External Providers** |
| **Results;**  The NRS approved supplier list is in the form of an excel spreadsheet that is imported from SAGE.  The spreadsheet details the criteria in which the suppliers are selected by risk assessing them and scoring 1-4 risk assessment based on; Locality, legacy, cost, FIFO and relationship. The total score is then shown as red, amber, green. Some suppliers will still be used even if they show as red due to being a sole supplier, although this is kept to a minimum. Scores for each supplier are regularly reviewed depending on performance and all staff are encouraged only to use suppliers flagged as green.  Any suppliers who are not performing are marked as inactive on sage and show as red on the approved supplier list.  **Actions:**  **Resources:**  **Date to be completed:** |
| **9. The adequacy of Resources** |
| **Results;**  Department managers approached and questioned on what resource is missing/ needs improving. This is fed back via personal / training requirements  **Actions:**  **Resources:**  **Date to be completed:** |
| **10. Effectiveness of actions taken to address risks and Opportunities** |
| **Results;**  Risks and opportunities have been identified in Appendix 5. This has recently been reviewed and amended to include the pandemic.  Effectiveness of the identified actions will be reported in subsequent management reviews.  **Actions:**  **Resources:**  **Date to be completed:** |
| **11. Opportunities for improvements** |
| **Results;**  Opportunities for improvement are identified on document QF03 NCR & Improvement Register. 15 opportunities have been identified since January 2020 and all remain open.  **Actions:**  Review and close open opportunities on QF03  **Resources:**  Process owners  **Date to be completed:**  ASAP |
| **12. Quality Policy** |
| Results  A quality policy has been established in line with the standards. The policy is displayed on notice boards throughout the organisation. To ensure the policy is available to interested parties, it could be included on the NRS web-site.  **Actions:**  Ensure quality policy is available to view on web-site  **Resources:**  Management  **Date to be completed:**  ASAP |
| **13. Any other Business** |
| Results;  No AOB was raised.  Actions:  Resources:  Date to be completed: |

Minutes submitted by: Karen Brewer

Minutes approved by: Lorraine Shirley

Next meeting proposed for: January 2022