

Board of Management Performance & Nominations Committee

Date of Meeting	Monday 18 January 2021
Paper No.	PNC4-E
Agenda Item	5.1
Subject of Paper	BSI Assessment – ISO9001:2015
FOISA Status	Disclosable
Primary Contact	Jon Gray, Director of Excellence
Date of production	7 January 2021
Action	For Noting

1. Recommendations

The Board are asked to note recertification of ISO9001:2015 standard.

2. Purpose of Paper

The paper is to provide an overview of the external assessment and recertification of our ISO9001:2015 standard conducted by our accreditation body British Standards Institution (BSI).

3. Context

The objective of the assessment was to ascertain the integrity of the college's management system over the current assessment cycle to enable recertification; that the system is demonstrating the ability to support the achievement of statutory, regulatory and contractual requirements and the organisation's specified objectives as applicable with regard to the scope of the management standard; to confirm the ongoing achievement and applicability of the forward strategic assessment plan.

4. Recommendation

Recertification of ISO9001:2015 standard achieved.

5. Impact and implications

Commercial tender opportunities often require certification to ISO9001:20015 standard.

Assessment Report

City of Glasgow College

Assessment dates 24/11/2020 to 26/11/2020
Assessment Location(s) Glasgow (000)
Report author Angela Fikaj
Assessment Standard(s) ISO 9001:2015



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Executive summary

We would like to thank all of the staff who helped prepare for and took part in this remote assessment which was conducted using ICT, including Teams for interviewing staff and one drive access for sharing of digital images and files. The planned objectives have been achieved, there were no connectivity issues which adversely affected the audit. No information shared has been retained.

The assessment confirmed that the management system is effectively maintained. Records demonstrate core activities have taken place despite significant challenges as a result of the Coronavirus pandemic. The system has helped implement, control and communicate different ways of working in controlled manner. Success has been demonstrated with the ability to offer online and blended learning at short notice and implementation of a robust holistic approach to assessment to ensure students from the 2019/20 cohort received the correct grade and were not disadvantaged by the unprecedented circumstances.

The organisation continue to progress well with the aims of the strategic plan however this year's urgent need for more digital and blended learning has increased the speed of implementation and improved engagement of stakeholders aiding long term success.

Compliance with the standard was demonstrated in all areas assessed. No non-conformances have been raised and a positive recommendation for re-certification is made.

Changes in the organization since last assessment

The following changes in relation to organization structure and key personnel involved in the certified management system were noted:

There has been changes to personnel within the performance team.

New appointments to senior roles including a new director of excellence and VP of student experience.

No change in relation to the audited organization's activities, products or services covered by the scope of certification was identified.

There was no change to the reference or normative documents which is related to the scope of certification.

NCR summary graphs

There have been no NCRs raised.

Your next steps

NCR close out process

There were no outstanding nonconformities to review from previous assessments.

No new nonconformities were identified during the assessment. Enhanced detail relating to the overall assessment findings is contained within subsequent sections of the report.

Assessment objective, scope and criteria

The objective of the assessment was to ascertain the integrity of the organization's management system over the current assessment cycle to enable recertification and confirm the forward strategic assessment plan.

The scope of the assessment is the documented management system with relation to the requirements of ISO9001:2015 and the defined assessment plan provided in terms of locations and areas of the system and organization to be assessed.

The assessment criteria is ISO9001:2015 and City of Glasgow College's management system documentation.

Statutory and regulatory requirements

Processes are in place with internal and external verification to ensure legal and regulatory compliance with requirements defined by bodies such as SQA, EFQM, Maritime & Coast Guard Agency, UK immigration.

Assessment participants

Name	Position	Opening meeting	Closing meeting	Interviewed(processes)
Claire Carney	VP of Student experience			X
Jackie McCormick	Head of Performance and Improvement	X	X	X
Tom Duff	Associate Director of Learning and Teaching Academy			X
Joe Wilson	Head of Digital Skills			X
Jillian Walker	Quality Improvement Coordinator	X	X	X
Julie McCorkindale	Qualifications manager			X
Nicola Rorrison	Performance Coordinator	X	X	X
Brian Deeley	Admissions & Student Recruitment Manager			X
Lisa Hardy	Student Advice & Funding Manager			X
Rachel Daye	Head of student Accommodation			X
Nicole Graham	Performance Coordinator	X	X	X

Assessment conclusion

BSI assessment team

Name	Position
Angela Fikaj	Team Leader
Morag Campbell	Team Member

Assessment conclusion and recommendation

The audit objectives have been achieved and the certificate scope remains appropriate. The audit team concludes based on the results of this audit that the organization does fulfil the standards and audit criteria identified within the audit report and it is deemed that the management system continues to achieve its intended outcomes.

RECOMMENDED - The audited organization can be recommended for recertification to the above listed standards, and has been found in general compliance with the audit criteria as stated in the above-mentioned audit plan.

Use of certification documents, mark / logo or report

The use of the BSI certification documents and mark / logo is effectively controlled.

Findings from this assessment

Leadership - Strategy, Context, Improvements & Planning:

Areas Assessed: Leadership, scope, policy, context, strategy, planning, risks, opportunities and operational changes due to covid 19.

Interviews:

VP of Student experience.

Head of Performance and Improvement

Documentation reviewed:

- Paper LTC3-B dated 28/4/20 on the Learning and Teaching Response to Covid 19 and update on 20/8/20.
- Student Association website with communications, information and resources for students.
- Paper LTC3-D dated 28/4/20 on the CitySA's Response to Covid 19 (Communications).
- Students association's strategic plan 2019/2022
- Paper LTC3-E dated 28/4/20 - Student Experience strategy refresh.
- Student Experience strategy 2017 and associated achievements.
- Paper BoM1-D, dated 20/8/20 on Strategic Scenarios V2 including LTA update, skilling & upskilling, workforce planning.
- Paper BoM1-F dated 26/8/20 on Operating Protocol for Academic Year 2020/21.
- Strategic Plan 2017-2025

Methods and results used to demonstrate process effectiveness:

1. Prioritise Health of students and staff.

- Comprehensive protocols and risk assessments in place for all aspects of college operations.
- Creation of a mental health agreement.
- Monthly H&S committee meetings.
- Detailed arrangements for managing the physical workspaces for phased return in some areas.
- Anything that can be done online shall be done online. Evidenced throughout this assessment (which is online), delivery of teaching, induction, enrolment and appeals process.
- Demonstrated via updates to Student association website and inclusion of mental health and wellbeing resources.

2. Re-alignment, communication and implementation of strategic plans to align with current restriction and a post pandemic future.

- In order to respond to the long term challenges of Covid 19 restrictions the strategic plan has been refreshed and rebranded as the "Student Experience and Academic Strategy". This consists of a 3 layered approach titled and City Student, City Learning and Teaching and City Student journey. Together they provide a holistic approach to delivering the needs of key stakeholders including the students, staff and potential employers. The strategy is aligned to all types of teaching (Active, Blended, connected and collaborative).
- A working group has been set up to ensure the strategy is defined, planned and implemented.
- Additional focus on the induction and transition process to ensure students are prepared for digital learning and are fully aware of the what to expect for the year ahead.
- Training and support has been provided to staff along with documents which set out the guidance and expectations for delivery of blended learning and digital delivery. Financial investment has been made to

allow provision of IT equipment and services to be provided to student and staff who require it to ensure inclusion and accessibility for all.

- Learning and teaching consultations covered planning for short, medium and long term outcomes.
- Assessment and internal quality assurance methods have been defined for Academic year 20/21.

Conclusion:

The above evidence demonstrates strong and agile leadership which has been able to react quickly to meet immediate needs of the organisation through this challenging year. Despite significant operational changes the core strategy and long term goals are consistent. The unprecedented progress made this year to develop digital learning will contribute significantly to the achieving these aims in a timely manner. To conclude, processes are implemented as planned and are effective. Compliance with the requirements of ISO9001:2015 sections 4, 5, 6 & 10 is confirmed.

Learning & Teaching Academy, Digital/ Blended Learning & Planning for change:

Interviews:

Associate Director of Learning and Teaching Academy
Head of Digital Skills
Quality Improvement Co-Ordinator

Documentation reviewed:

- Overview of the learning & teaching Academy including performance since being established in 2020 to replace the Centre of Professional and Technical Education (CoPTE), current risks, opportunities and action plans to achieve strategic aims.
- Paper of learning and Teaching delivery 20/21 v4 & V5.
- Assessment & Feedback Policy v3
- Assessment & Feedback procedure
- Website with Lecturer development areas including Integration program guide, Step by step videos and guides for planning online courses, classes and assessment.
- Dedicated area where lecturer can find support and share good practice.
- Digital learning checklist of teaching staff with videos and instructions for each topic.
- Written and video message on the website from principle on blended learning and what to expect for new students.
- Information on library provision and demonstration of how to access digital resources.
- Report of development plan and achievements for 19/20 Learning Technologies.
- 3 year plan strategic plan for LTA.

Methods and results used to demonstrate process effectiveness:

1. Refresh, Renew and Rebuild the approach to continuous staff learning.

- Tom duff joined the organisation in 2019 to reinvigorate CoPTE, bring a more structured staff development process and give staff time to adopt new programs.
- Coronavirus allowed these plans to be prioritised with additional investment and purchase of IT systems and equipment.
- The forced need to provide online learning took away typical barriers and allowed transformational fast paced changes and has helped speed up progress towards the LTA's long term objectives.

2. Inspire Pedagogy, Practice, Accreditation and Reflection in our staff.

- A lecturers development group has been created along with an academic integration process to help standardise how courses are planned and delivered to provide students and staff with an innovative, fit for purpose consistent approach.
- Plans are underway to develop a TQFE program which could be delivered internally or externally.
- A new PDR program is in development which will bring consistency to performance and development, allow clear routes to CTCS registration whilst identifying any individual goals or weaknesses.

3. Staff must be able to delivery blended learning with the ability to switch to full on line delivery at short notice.

- The skills, resources and infrastructure provided for the emergency response to covid-19 and academic year so far has proved effective and flexible to continue delivery of teaching to students throughout periods of lockdown as per government guidelines.

4. Management and delivery of assessment and feedback.

- The holistic approach taken for last year's courses was found to be effective. The appeal levels were low and investigations demonstrated that the process was applied consistently.
- A procedure is in place for a proactive approach to be used for all students over this and the next academic year. Opportunities to roll out this approach further will be explored following the introduction of a cloud based new VLE which will enhance student/teacher digital interactions.
- A small number of classrooms and labs have been set up to allow class room teaching to be streamed to students. These will be piloted to look at how these could be used as part of the wider offering.

Conclusion:

The evidence presented demonstrates that the provision of digital and blended learning has been effective and met the immediate requirements to support operations through the Covid 19 pandemic. Future plans are aligned to the long term strategy with leadership providing the resources and support required to achieve aims.

This section of the assessment demonstrated resilience, effective management of risks, opportunity and robust planning for change. Compliance with the standard is confirmed.

Appeals:

Interviews:

Qualifications manager.
Head of Performance and Improvement

Documentation reviewed:

- Academic Appeals procedure (Covid 19), version 5 dated 1/6/20.
- Academic Appeal Summary 2019-2020
- Appeals register and tracker
- Documented information for 3 appeals (1 upheld, 1 not upheld & 1 in progress).
- The information covered informal responses, stage 1 forms, acknowledgement to student, meeting minutes of appeal hearing and formal response.
- Internal Assessment guide for session 19/20.(Detailing holistic approach to assessment).

Methods and results used to demonstrate process effectiveness:

- 35 appeals raised for 2019/20, only 1 remains open and 4 were recategorised to complaints. All other appeals were addressed informally or at stage 1, no appeals were progressed to stage 2.
- There was a trend in appeals related to graded units where the student felt their performance was

affected by the college closure and holistic approach applied. These were mainly upheld but it was evident that thorough investigation and reassessment had been conducted to justify findings.

- Records and timelines defined in the procedure were adhered to upon receipt of stage 1 forms however the time to submit these was relaxed informally to minimise stress to students given the challenges posed by covid-19.
- Roles and responsibilities for as defined for each stage were adhered to which ensured impartiality and consistency when applying the holistic criteria.

Compliance with procedure -

- Stage 1 & 2 appeal hearings to be held within 10 working days of receiving formal appeal form.
- Attendance and review by the parties defined in the procedure
- Student to be informed of final Decision within 10 working days.
- Appeals register maintained.
- Interaction with other procedure demonstrated via 1 complaint raised.
- Document and record control processes were seen to be effectively implemented.

Conclusion:

Overall the appeals process was seen to be effectively implemented and controlled. Despite significant challenges to apply a new way of assessing students in a very short period of time, the holistic approach and IQA process has proved to be robust and effective with a relatively low level of appeals in comparison to the number of awards processed. The above evidence demonstrates the processes are effective. Compliance with the standard is confirmed.

Management Review, Internal Audits and Improvement:

Interviews:

Head of Performance and Improvement

Documentation reviewed:

QA & EC Meeting Minutes

Internal Audit Schedule for 2020 and 2021. Due to the current Pandemic Internal Audits dependant on risks have been rolled over to March/April 2021

- Completed internal audits sampled
 - Creative Industries, 4 Non Conformances' identified, these were discussed during the assessment. - -
- Confirmed review date for them is March 21.

- Education & Humanities
- EV Sanctions
- Education & Humanities

Improvements discussed along with the following documentation

- Internal Assessment Guidance COVID 19 Academic Session 19-20, currently version 3, May 20
- Learning & Teaching Delivery 20/21, version 5
- Stop-Check-Support, Student Feedback Form

Methods and results used to demonstrate process effectiveness:

QA & EC Meetings

- EV Sanctions Audit, non conformances were reviewed and closed out on 28/4/20
 - Internal Audits Schedules have been revised with audits rolled over to March/April due to the processes involved as requiring to be on site
- Internal Assessment Guidance Document

Development of Student Communications
Review of Stop-Check- Support Process
Discussions with individuals

Conclusion:

The above evidence demonstrates the performance monitoring and review processes are implemented as planned and are effective. Compliance with the standard is confirmed.

Stakeholder Feedback, Complaints & Communication:

Interviews:

Discussions with the Performance Coordinator, this provided overview of how the processes work.

Documentation reviewed:

Complaints Handling Procedure; Annual Report 2019/20

- Performance Indicator 7 Customer Satisfaction
- Performance Indicator 8, learning from complaints

Methods and results used to demonstrate process effectiveness:

Quarterly Reports are compiled as well and the annual report

2019/20 complaints are down from 161 the previous year to 111

71% closed out at stage 1 for 2019/20 compared to 77.5% stage 1 close out in 2018/19

Complaints Handling Procedure: Annual Report available on the website

Information is provided to student on appeals process and given ombudsmen's (SPSO) information if required

Discussions with individuals

Conclusion:

The above evidence demonstrates the processes are implemented as planned and are effective. Compliance with the standard is confirmed.

Student admissions, induction & digital onboarding process:

Interviews:

Discussions with the Admissions Student Recruitment manager and Student Advice & Funding Manager. These discussions provided overview of the processes

Documentation reviewed:

Admission Review Document 2020

Appendix A - Communications Log (Students) March - September 2020

Appendix B - Student Inductions and Transition Activities

Assessment information on laptop loan scheme - phase 2

SSEC - Student Induction and Transition Activity 2020

SSEC Paper - Admissions 2020-21

Student Induction and Orientation Procedure 2020/21

Conversion Report 2020

Student Recruitment and Admission Review 2020/21

City of Glasgow College Student Login Process

Methods and results used to demonstrate process effectiveness:

Student Recruitment and Admissions Review 2020/21

Admissions Survey 2020

5 Steps to Success

My City System

Citrix System

In the last few years on site sessions have taken place prior to students commencing on their courses. This would a chance to familiarise themselves with the campus, teaching staff and previous course students.

Discussions with individuals

Conclusion:

The above evidence demonstrates the admissions process is implemented as planned and are effective. Compliance with the standard is confirmed.

International students, welfare & support.:

Interviews:

Discussions with the Head of Accommodation. This discussion covered the processes in place.

Documentation reviewed:

Copy of arrival information email

Risk Assessment - Self Isolating/quarantining/positive COVID students

Risk Assessment - Cleaning of areas where Residential Student live or have lived

COGC Covid Self Declaration

Email- Reminder of visiting Policy in Riverside and St Luke's Accommodation

Email - Arriving in Glasgow for Riverside Halls

Risk Assessment Catching COVID -19 whilst working in reception area of student accommodation carrying out normal daily tasks

Methods and results used to demonstrate process effectiveness:

Risk Assessments

Email correspondence

Monthly meetings held with external providers who supply the security for the accommodation. Security guards have been based there five years and 1.5 years.

Inductions

Discussions with individuals

Conclusion:

The above evidence demonstrates the processes for managing external providers, supporting International students and provision of welfare & support to all are implemented as planned and are effective. Compliance with the standard is confirmed.

Next visit objectives, scope and criteria

The objective of the assessment is to conduct a surveillance assessment and look for positive evidence to verify that elements of the scope of certification and the requirements of the management standard are effectively addressed by the organization's management system; that the system is demonstrating the ability to support the achievement of statutory, regulatory and contractual requirements and the organization's specified objectives as applicable with regard to the scope of the management standard; to confirm the ongoing achievement and applicability of the forward strategic plan.

Due to uncertainty surrounding the covid 19 pandemic and potential disruption caused by the COP26 conference the next assessment will be held remotely using teams and one drive to interview personnel and review documented information. Given the current pace of change the assessment will consist of a 1/2 day in October to discuss organisational changes, aims and objectives. A more detailed plan will then be agreed at that point with times and arrangements for the topics to be covered in November.

The scope of the assessment is the documented management system with relation to the requirements of ISO9001:2015 and the defined assessment plan provided in terms of locations and areas of the system and organization to be assessed.

The assessment criteria is - ISO9001:2015 and City of Glasgow College's management system documentation.

Please note that BSI reserves the right to apply a charge equivalent to the full daily rate for cancellation of the visit by the organization within 30 days of an agreed visit date. It is a condition of registration that a deputy management representative be nominated. It is expected that the deputy would stand in should the management representative find themselves unavailable to attend an agreed visit within 30 days of its conduct.

Next visit plan

Date	Auditor	Time	Area/process	Clause
21/10/2021	Assessor 1	0930	Opening Meeting - Teams	
	Assessor 1	0945	QMS Planning - Objectives, Risks, Opportunities, Changes & Performance	
	Assessor 1	1100	Discussion on current operations and creation of a plan for 3rd & 4th of Nov.	
	Assessor 1	1230	Interim Meeting	
03/11/2021	Audit Team	0930	Opening Meeting	
	Assessor 1	0945	Context of the organisation, scope, policy and interested parties	
	Assessor 1	1045	Stakeholder Feedback, Complaints & Appeals	
	Assessor 2	0945	Performance Evaluation - Management Review, Internal Audits, Corrective Actions, Non-compliance & Improvement	
	Assessor 1	1300	Documented information & communication	
	Assessor 2	1300	IT provision and support for digital and blended learning	
	Audit Team	1600	Interim Meeting	
04/12/2020	Audit Team	0930	Opening Meeting	
	Assessor 1	0945	Full process audit from course planning, design, delivery and assessment for the Education & Humanities faculty (Remote)	
	Assessor 2	0945	Full process audit from course planning, design, delivery and assessment for the Creative Industries faculty (Remote)	
	Audit Team	1500	Report Preparation	
	Audit Team	1600	Closing Meeting	

Appendix: Your certification structure & ongoing assessment programme

Scope of certification

FS 30811 (ISO 9001:2015)

The design, provision and delivery of further education and training, including support services.

Assessed location(s)

The audit has been performed at Central Office.

Glasgow / FS 30811 (ISO 9001:2015)

Location reference	0009262892-000
Address	City of Glasgow College City Campus 190 Cathedral Street Glasgow G4 0RF United Kingdom
Visit type	Re-certification Audit (SR Opt 1)
Assessment reference	3087135
Assessment dates	24/11/2020
Deviation from audit plan	Yes
Reason for deviation from audit plan	The Coronavirus pandemic had caused significant changes to the way the college now operates. A meeting was held with the client on the 23rd Oct to discuss current operations and a revised assessment plan was created accordingly. The visit was then conducted remotely using teams for interviewing staff and OneDrive for sharing documented information.
Total number of Employees	1346
Effective number of Employees	1154
Scope of activities at the site	Main certificate scope applies.
Assessment duration	4.5 day(s)

Certification assessment programme

Certificate number - FS 30811

Location reference - 0009262892-000

		Audit1	Audit2	Audit3
Business area/location	Date (mm/yy):	11/21	11/22	11/23
	Duration (days):	4.5	4.5	4.5
Remote Assessment		X		
Onsite Assessment			X	X
Context of the organisation, scope, policy and interested parties		X		X
QMS Planning - Objectives, Risks, Opportunities, Changes & Performance		X		X
Performance Evaluation - Management Review, Internal Audits, Corrective Actions, Non-compliance & Improvement		X	X	X
Stakeholder Feedback, Complaints & Appeals		X	X	X
Full process audit from course planning, design, delivery and assessment for the Education & Humanities faculty (Remote)		X		
Full process audit from course planning, design, delivery and assessment for the Creative Industries faculty (Remote)		X		
Documented information & communication		X		X
IT provision and support for digital and blended learning		X		X
Full process audit from course planning, design, delivery and assessment for the hospitality & leisure faculty (City Campus)			X	
Support Services including welfare, accommodation, learning support & funding.			X	
Full process audit from course planning, design, delivery and assessment for the Nautical & STEM faculty (Riverside Campus)			X	
Commercial Activities, Control of external teaching providers, International Studies & City Enterprises			X	
Support - Facilities, Equipment, Resources, Purchasing, management of external providers				X
Learning & Teaching Academy (Staff training & Competence)				X
Interview with Senior Management on Leadership, Policy & Strategy				X
Re-certification & 3 year review				X

Mandatory requirements – recertification

The Recertification Review Pack has been reviewed prior to the assessment by the Client Manager.

All requirements of the standard have been implemented.

The entirety of scope / processes has been assessed during the current review period.

The certificate structure and location activities have been reviewed.

Based on the recertification process, the management system continues to demonstrate the ability to support the achievement of statutory, regulatory and contractual requirements.

Complaints received by BSI

There have been no complaints received by BSI during the certification period.

Strategic review pack summary

Over the last 3 years 1 minor non-conformance was raised against ISO9001:2015 clause 9.3.1. This was suitably resolved and has not recurred demonstrating that corrective action was effective. There have been no negative trends identified. 3 opportunities for improvement identified by BSI have been considered by the management team and changes made where appropriate.

Progress in relation to management system objectives.

Objectives are set using a strategic plan which is documented and communicated to all interested parties. The plan from 2017 to 2025 has been presented in a document which includes deepist analysis, delivering strategy, planning cycle and timeline, identification of strategic themes and priorities and an overarching strategic map. The strategy is rolled out using specific improvement plans, a defined risk management process, annual enhancements plans and measurable objectives and targets at all levels of the organisation. Performance is monitored through top level performance reports, specific action groups, risk management action plans and metrics reported through the dashboard system.

Leadership, commitment and strategy

A discussion took place with the Claire Carney, who joined the organisation in Jan 2020 as the new VP of Student Experience. Claire provided an overview of the long term vision for the college and as well as detailed action plans to achieve the highest priory actions over the next 18 months.

Progression towards the strategic goals was on track however the global pandemic which forced closure of the facilities in March 2020 and limited on site working for much of the year has undoubtedly affected timescales and priorities. The overall aims are unchanged however the speed of implementing digital learning, staff development and innovative ways of working has taken higher priority and forced changes at a much faster pace. The strategy and leadership processes were found to be highly effective as detailed in the main body of the report.

Effectiveness of the Management System

The management system and the structured approach to strategy, change management and process control was demonstrated as effective whilst dealing with unprecedented changes needed during the coronavirus pandemic. Low level of non-compliance reported during this periods of constant change demonstrates that the management system and it's interactions are effective. The robust system has ensured compliance and consistently and traceability for critical processes such as the holistic approach to assessment.

Impartiality review

Over the last 3 years the client has been assessed by 2 different auditors. (A. Fikaj & M. Campbell). Both assessors have been qualified with the correct BSI technical and product codes or part of a team with a qualified team leader. At this time there are no issues with impartiality and the Angela Fikaj will continue to be the dedicated client manager for continuity.

Continue with the current total assessment days/cycle.

Justified exclusions / non applicable clauses

There are no justified exclusions / non applicable clauses of the standard for certificate : FS 30811

Expected outcomes for accredited certification**What accredited certification to ISO 9001 means**

ISO 9001:2015 specifies requirements for a quality management system when an organization: needs to demonstrate its ability to consistently provide products and services that meet customer and applicable statutory and regulatory requirements; and aims to enhance customer satisfaction through the effective application of the system, including processes for improvement of the system and the assurance of conformity to customer and applicable statutory and regulatory requirements.

What accredited certification to ISO 9001 does not mean

- 1) It is important to recognize that ISO 9001 defines the requirements for an organization's quality management system, not for its products and services. Accredited certification to ISO 9001 should provide confidence in the organization's ability to "consistently provide product that meets customer and applicable statutory and regulatory requirements". It does not necessarily ensure that the organization will always achieve 100% product conformity, though this should of course be a permanent goal.
- 2) ISO 9001 accredited certification does not imply that the organization is providing a superior product or service, or that the product or service itself is certified as meeting the requirements of an ISO (or any other) standard or specification.

Definitions of findings:

Nonconformity:

Non-fulfilment of a requirement.

Major nonconformity:

Nonconformity that affects the capability of the management system to achieve the intended results. Nonconformities could be classified as major in the following circumstances:

- If there is a significant doubt that effective process control is in place, or that products or services will meet specified requirements;
- A number of minor nonconformities associated with the same requirement or issue could demonstrate a systemic failure and thus constitute a major nonconformity.

Minor nonconformity:

Nonconformity that does not affect the capability of the management system to achieve the intended results.

Opportunity for improvement:

It is a statement of fact made by an assessor during an assessment, and substantiated by objective evidence, referring to a weakness or potential deficiency in a management system which if not improved may lead to nonconformity in the future. We may provide generic information about industrial best practices but no specific solution shall be provided as a part of an opportunity for improvement.

How to contact BSI

'Just for Customers' is the website that we are pleased to offer our clients following successful registration, designed to support you in maximising the benefits of your BSI registration - please go to www.bsigroup.com/j4c to register. When registering for the first time you will need your client reference number and your certificate number (43206897/FS 30811).

Should you wish to speak with BSI in relation to your certification, please contact your local BSI office – contact details available from the BSI website:

<https://www.bsigroup.com/en-GB/UK-office-locations/>

Notes

This report and related documents are prepared for and only for BSI's client and for no other purpose. As such, BSI does not accept or assume any responsibility (legal or otherwise) or accept any liability for or in connection with any other purpose for which the Report may be used, or to any other person to whom the Report is shown or in to whose hands it may come, and no other persons shall be entitled to rely on the Report. If you wish to distribute copies of this report external to your organization, then all pages must be included.

BSI, its staff and agents shall keep confidential all information relating to your organization and shall not disclose any such information to any third party, except that in the public domain or required by law or

relevant accreditation bodies. BSI staff, agents and accreditation bodies have signed individual confidentiality undertakings and will only receive confidential information on a 'need to know' basis.

This audit was conducted through document reviews, interviews and observation of activities. The audit method used was based on sampling the organization's activities and it was aimed to evaluate the fulfilment of the audited requirements of the relevant management system standard or other normative document and confirm the conformity and effectiveness of the management system and its continued relevance and applicability for the scope of certification.

As this audit was based on a sample of the organization's activities, the findings reported do not imply to include all issues within the system.

Regulatory compliance

BSI conditions of contract for this visit require that BSI be informed of all relevant regulatory non-compliance or incidents that require notification to any regulatory authority. Acceptance of this report by the client signifies that all such issues have been disclosed as part of the assessment process and agreement that any such non-compliance or incidents occurring after this visit will be notified to the BSI client manager as soon as practical after the event.