



**NMS**  
MEDICAL LOGISTICS  
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# **QUALITY MANAGEMENT SYSTEMS**

## **CORRECTIVE ACTION REPORT AFTER QMS STAGE 2 AUDITS**

**ISO 9001:2008**

**AUDIT DATE: 11/03/2015-13/03/2015**

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GENERAL MANAGER

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MANAGEMENT REPRESENTATIVE

## 1.0 Introduction:


Corrective actions to address identified nonconformities in the audit report have been given in the table below and evidences have been displayed as icons. Management meeting was held on the 23<sup>rd</sup>/04/2015 to address the concerns raised.

## 2.0 Attached are responses from Management Information Systems Section.

NON CONFORMITY REPORT					
DATE	ORGANIZATION	FILE REF	REPORT No		
11.03.2015	NATIONAL MEDICAL STORES	EA/45/14/	ES/001		
	ISO 9001:2008				
<b>TO BE COMPLETED BY BV</b>	<b>NON CONFORMITY OBSERVED DURING</b>	ISO 9001 QMS 2 <sup>ND</sup> STAGE CERTIFICATION AUDIT			
	<b>NON CONFORMITY OBSERVED IN PROCESS</b>	CONTROL OF DOCUMENTS			
	Documents required by the quality management system shall be controlled.			Clause 4.2.3	
	<b>NON CONFORMITY - DESCRIPTION OF OBJECTIVE EVIDENCE :</b>				
	The Information Technology Policies and Procedures Manual available on the intranet does not have any identity as required by the control of documents & records procedure NMS/QMS/PR/01 & 02 despite the same copy from the registry being identified as NMS 37/13. Furthermore, the draft Access Privillages Review Policy (dated 12/02/2015) document has not been identified as required by the same procedure.				
	<b>GRADE</b>	<b>LEAD ASSESSOR</b>	<b>ASSESSOR</b>	<b>ORGANIZATION REP.</b>	
	Minor	James Chir Chir	Elvis Ssekate	Carol Abalo	
	<b>TO BE COMPLETED BEFORE</b>				
	11.06.2015				
	<b>BY</b>	<b>ROOT CAUSE ANALYSIS (What failed in the system to allow this NC to occur ?)</b>			

	<ul style="list-style-type: none"> <li>The Information Technology Policies and Procedures Manual and Registry Procedures Manual were both newly established and the document identification policy was not followed.</li> <li>Registry had not assigned the appropriate number.</li> <li>The draft Access Privileges Review Policy is to become part of the existing Information Technology Policies and Procedures Manual, therefore it does not require a number.</li> </ul>		
	<b>CORRECTIVE ACTION &amp; CORRECTION (What is done to solve this problem and to prevent recurrence)</b>		
	<p><b><u>Correction</u></b> The document identification number to be attached to both documents accordingly. The draft Access Privileges review policy will be part of the ITPolicies and Procedures manual.</p> <p><b><u>Corrective Action</u></b> The document number NMS 37/13 has been attached to the Information Technology Policies and Procedures Manual, and the original copy on the QMS portal has been replaced.</p> <p><b><u>Evidences</u></b></p> <div style="text-align: right;">         Screen shot of IT Policies and Procedures     </div> <p>See front page copy of the new document on the intranet to verify this correction</p>		
	<b>VERIFICATION OF CORRECTIVE ACTIONS</b>	<b>DATE OF COMPLETION</b>	2 <sup>nd</sup> April 2015
<b>VERIFICATION OF CORRECTIVE ACTIONS</b>	<b>ORGANIZATION REPRESENTATIVE</b>	MIS Officer	
<b>TO BE COMPLETED BY</b>	<b>VERIFICATION OF CORRECTIVE ACTIONS</b>	<b>DATE</b>	<b>STATUS</b>
	<b>VERIFICATION OF CORRECTIVE ACTIONS</b>	<b>ASSESSOR</b>	
	<b>AUDITOR COMMENTS</b>		

NON CONFORMITY REPORT					
<b>TO BE COMPLETED BY BY</b>	<b>DATE</b>	<b>ORGANIZATION</b>	<b>FILE REF</b>	<b>REPORT No</b>	
	11.03.2015	NATIONAL MEDICAL STORES	EA/45/14/	ES/002	
		ISO 9001:2008			
	<b>NON CONFORMITY OBSERVED DURING</b>	ISO 9001 QMS 2 <sup>ND</sup> STAGE CERTIFICATION AUDIT			
	<b>NON CONFORMITY OBSERVED IN PROCESS</b>	MANAGEMENT INFORMATION SYSTEMS			
	The organization shall plan and carryout....service provision under controlled conditions.				Clause 7.5.1
	<b>NON CONFORMITY - DESCRIPTION OF OBJECTIVE EVIDENCE :</b>				
	MACs and SAGE Line 500 Systems do not support all the measures for compliance to the password policy in the Information Technology Policies and Procedures Manual NMS 37/13. The following limitations have been identified for both systems not being able to provide; 30 days password expiry, alpha numeric & non alpha numeric character combinations for passwords and minimum of 8 password characters. Arrangements have been initiated to remedy the constraints in MACs but none have been undertaken for SAGE Line500 System.				
	<b>GRADE</b>	<b>LEAD ASSESSOR</b>	<b>ASSESSOR</b>	<b>ORGANIZATION REP.</b>	
	Minor	James Chir Chir	Elvis Ssekate	Carol Abalo	
<b>TO BE COMPLETED BEFORE</b>					
11.06.2015					
<b>COMPLETED BY THE</b>	<b>ROOT CAUSE ANALYSIS (What failed in the system to allow this NC to occur ?)</b>				
	The systems were acquired in 2009 yet the Information Technology Policies and Procedures Manual came into effect in October 2013. The policy of passwords was not implemented after the manual's approval.				
	<b>CORRECTIVE ACTION &amp; CORRECTION (What is done to solve this problem and to prevent recurrence)</b>				



	<p><b>Correction</b>  A request was made to Sage support (on March 2015) to advise on how NMS could effect the requirements of the Information Technology Policies and Procedures Manual. The appropriate changes to comply with the policy have been effected.</p> <p><b>Corrective Action</b>  Instructions as given by T3T were effected</p> <p><b>Evidences</b></p> <div style="text-align: center;">   Password policy in the system.docx </div> <p>See attached correspondencies</p>			
	<b>VERIFICATION OF CORRECTIVE ACTIONS</b>	<b>DATE OF COMPLETION</b>	March 2015	
		<b>ORGANIZATION REPRESENTATIVE</b>	MIS Officer	
<b>TO BE COMPLETED BY</b>	<b>VERIFICATION OF CORRECTIVE ACTIONS</b>	<b>DATE</b>	<b>STATUS</b>	<b>ASSESSOR</b>
	<b>AUDITOR COMMENTS</b>			

**3.0 Attached are responses from Human Resource and Support Service**

  
Responses to issues raised in QMS Audit-1

#### 4.0 Attached are responses from Sales and Marketing/Research & Dev't

NON CONFORMITY REPORT					
TO BE COMPLETED BY BY	DATE	ORGANIZATION	FILE REF	REPORT No	
	12.03.2015	NATIONAL MEDICAL STORES	EA/45/14/	ES/006	
		ISO 9001:2008			
	<b>NON CONFORMITY OBSERVED DURING</b>	ISO 9001 QMS 2 <sup>ND</sup> STAGE CERTIFICATION AUDIT			
	<b>NON CONFORMITY OBSERVED IN PROCESS</b>	SALES AND MARKETING/RESEARCH & DEV'T			
	The organization shall ...carryout...service provision under controlled conditions..... e) implementation of monitoring and measurement.				Clause 7.5.1
	<b>NON CONFORMITY – DESCRIPTION OF OBJECTIVE EVIDENCE :</b>				
	From the 2014/15 Training plan and records of the trainings conducted as reviewed, arrangements for review of the training plan had not been undertaken as required by the Client Training Policy.				
	<b>GRADE</b>	<b>LEAD ASSESSOR</b>	<b>ASSESSOR</b>	<b>ORGANIZATION REP.</b>	
	Minor	James Chir Chir	Elvis Ssekate	Carol Abalo	
<b>TO BE COMPLETED BEFORE</b>					
12.06.2015					
COMPLETED BY THE	<b>ROOT CAUSE ANALYSIS (What failed in the system to allow this NC to occur ?)</b>				
	Review of the training plan had not been completed by the time the audit was carried out.				
	<b>CORRECTIVE ACTION &amp; CORRECTION (What is done to solve this problem and to prevent recurrence)</b>				

	<p><b><u>Correction</u></b></p> <p>The training plan has been revised.</p> <p><b><u>Corrective Action</u></b></p> <p>The training plan shall be revised regularly as per the manual</p>			
	<p><b><u>Evidences:</u></b> See revised training plan and latest training report.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">               Revised Training Plan.pdf           </div> <div style="text-align: center;">               Latest Training Report.pdf           </div> </div>			
	<b>VERIFICATION OF CORRECTIVE ACTIONS</b>	<b>DATE OF COMPLETION</b>		
<b>VERIFICATION OF CORRECTIVE ACTIONS</b>	<b>ORGANIZATION REPRESENTATIVE</b>			
<b>TO BE COMPLETED BY</b>	<b>VERIFICATION OF CORRECTIVE ACTIONS</b>	<b>DATE</b>	<b>STATUS</b>	<b>ASSESSOR</b>
	<b>AUDITOR COMMENTS</b>			

## 5.0 General Responses to the Audit Report

REF: NO.	NON CONFORMITIES	ROOT CAUSE ANALYSIS	CORRECTIVE ACTION	ACTION PERSON
01	Internal Audits;-The procedure for the internal audit did not state the frequency of the audits and the issues raised during internal audits had been closed out although they had been stated as resolved and others remained unresolved.	Occurred during documentation Review of the manual. Separate reports were made.	The procedure for the internal audit has been amended to contain the frequency of the audit biannually. How issues have been resolved or remain unsolved shall be included in the next QMS audit results.	Lead auditor
02	Management review discussions did not cover all the requirements of the standard.	Agenda was drawn without the standard references in error.	Management review discussions after internal audit shall cover all the requirements of the standard.	Management Representative
03	In the quality manual, Control of documents procedure required a master list of records(NMS/QR/RC/02) and distribution list(ref: NMS/QR/RC/03)	Naming of the existing records was not in line with the existing record in error and originally distribution list was maintained	The name of the record maintained has been amended to classification filing list and as per attached procedure in this report <b>(see attached copy in Annex A).</b>	Management Representative



		but now distribution is through the intranet.		
<b>04</b>	The temperature monitoring sheet did not have revision status and retention period was not evident.	Omission was in error	The unique identification number and revision status has been included ( <b>see attached copy in Annex B</b> ). The Retention of the record shall be as per the Registry and procedures Manual ( <b>see attached in Annex C</b> ).	Management Representative
<b>05</b>	Sampled Truck registration number UAJ 702X (Serviced at a mileage of 193585km ) was planned for maintenance after 10,000km. However, during the audit the mileage was at 220946.	Due to bulk log the said driver was told to deliver first and then return for service and the process was taken over by the other activities	The Truck has been fully serviced ( <b>see attached in Annex D</b> ) and subsequent services for all trucks shall be requested for earlier.	Head of stores and operations (HOSAO)
<b>06</b>	Internal Audit Manual had not been uniquely identified as per documents control procedures.	Centralization of document numbering has just been formalized after the first stage audit and it is still being stream lined in all departments.	All numbering system is being generated by the registry section for all manuals, other documents and records ( <b>see attached in Annex C</b> ). ,	Management information assistant
<b>07</b>	Non closure of audit findings that fire drill	The warehouse is	The fire drill has been conducted and attached is the Fire drill report ( <b>see</b>	Risk and Management

	had not been contacted every three months and no evidence of implementation and why it could not be done.	near state house and for security matters, it delayed to be conducted.	<b>attached in Annex E.</b>	Officer
<b>08</b>	The IT Manual is identified as NMS 37/13 but the one on the intranet did not have any identity as required by the control of documents and records procedures and the Board procedures manual had not been identified as required	Centralization of document numbering has just been formalized after the first stage audit and it is still being stream lined in all departments and on the intranet.	Identified manual have been put on the intranet as per attached <b>Annex F</b> . The Board procedures manual had been identified as NMS 37/25 and yet to be included in the classification filling list.	Management information officer

**ANNEX A**



Amended documents and Records procedu

**ANNEX B**



TEMPERATURE MONITORING SHEET.

## **ANNEX C**



REGISTRY POLICY  
AND PROCEDURES M

## **ANNEX D**



Service Report.pdf

## **ANNEX E**



Fire Drill Report.pdf

## **Annex F**



Screen shot of IT  
Policies and Procedur