



CERTIFICATION

AUDIT REPORT: CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

VISIT TYPE:

SURVEILLANCE - 3

CONTRACT NUMBER:

GB/WW/231339

BE THE BENCHMARK



EXECUTIVE SUMMARY

The audit was carried out partially on site and by remote auditing using the ICT tools indicated in the audit plan and the use of the standard.

A sampling process, was used based on the information available at the time of the audit. The audit methods used were interviews and reviews of documents and records.

This was a V3 Surveillance audit that reviewed both management and operational activities for ISO 14001-2015.

There were two non-conformances raised during the audit and a satisfactory corrective action plan was discussed.

These are summarised within the report.

The sites were generally of a high standard with excellent record and documented evidence provided.

The Health Boards have challenging times and the EMS continues to improve and with the drive of the Sustainability agenda it will be interesting to see how this is integrated into the EMS at the next audit (Visit1 Re certification).

The overall integration of the EMS across sites could be more consistent its approach to daily housekeeping inspections and EMS, communication methods.

Good examples of this were viewed at the Princess of Wales site.

Based upon the evidence viewed the auditor's recommendation is that certification is continued.

Congratulations!

SGS DELIVERING OFFICE:	SGS United Kingdom Ltd.
ORGANIZATION NAME:	Cwm Taf Morgannwg University Health Board
HEAD OFFICE:	Prince Charles Hospital Mountain Ash, Merthyr Tydfil, CF47 9DT, United Kingdom
REPRESENTATIVE:	Russell Hoare

AUDIT CRITERIA

STANDARD	ACCREDITATION	ACCREDITED SGS OFFICE	NO. OF EFFECTIVE EMPLOYEES /STANDARD
ISO 14001:2015	UKAS	SGS United Kingdom Ltd.	13035

CERTIFICATION SCOPE

The management of environmental aspects associated with the provision of healthcare and clinical services at the following sites:

- Prince Charles Hospital
- Royal Glamorgan Hospital
- Community Hospitals, Health Centres & Clinics

Rheoli agweddau amgylcheddol mewn perthynas â darparu gofal iechyd a gwasanaethau clinigol yn y safleoedd canlynol:

- Ysbyty'r Tywysog Siarl
- Ysbyty Brenhinol Morgannwg
- Ysbytai cymunedol, canolfannau iechyd a clinigau

SITES COVERED BY CERTIFICATION SCOPE

ADDRESS SITE 1	NO. OF STAFF	NO. OF SHIFTS
Aberfan Clinic Cotteral Street, Aberfan, CF48 4QU, United Kingdom	10	1
ADDRESS SITE 2	NO. OF STAFF	NO. OF SHIFTS
Ysbyty Cwm Rhondda , Partridge Road , Lwynypia, CF40 2LU, United Kingdom	600	1

ADDRESS SITE 3	NO. OF STAFF	NO. OF SHIFTS
Dewi Sant Hospital Albert Road, Pontypridd, CF37 1LB, United Kingdom	50	1
ADDRESS SITE 4	NO. OF STAFF	NO. OF SHIFTS
Pontypridd H.C. Bridge Street, Pontypridd, CF37 4PF, United Kingdom	15	1
ADDRESS SITE 5	NO. OF STAFF	NO. OF SHIFTS
Porth Dental Teaching Unit Leith House, Pontypridd Road, Porth, CF39 9PH, United Kingdom	30	1
ADDRESS SITE 6	NO. OF STAFF	NO. OF SHIFTS
Ystrad Clinic Trefalgar Terrace, Ystrad, CF41 7RG, United Kingdom	15	1
ADDRESS SITE 7	NO. OF STAFF	NO. OF SHIFTS
Princess of Wales Hospital Coity Road, Bridgend, CF31 1RQ , United Kingdom	2195	1
ADDRESS SITE 8	NO. OF STAFF	NO. OF SHIFTS
Royal Glamorgan Hospital Ynysmaerdy, Llantrisant, CF72 8XR, United Kingdom	3000	1
ADDRESS SITE 9	NO. OF STAFF	NO. OF SHIFTS
Ysbyty Cwm Cynon New Road, Mountain Ash, CF45 4BZ, United Kingdom	600	1
ADDRESS SITE 10	NO. OF STAFF	NO. OF SHIFTS
Tonypandy H.C. , DeWinton Field, CF40 2LE, United Kingdom	6	1
ADDRESS SITE 11	NO. OF STAFF	NO. OF SHIFTS
Hirwaun Medical Centre High Street, Aberdare, Hirwaun, CF44 9SL, United Kingdom	4	1
ADDRESS SITE 12	NO. OF STAFF	NO. OF SHIFTS
Central Processing Unit , Units 21-22, Caemawr Industrial Estate, Treorchy, CF42 6EJ, United Kingdom	50	1
ADDRESS SITE 13	NO. OF STAFF	NO. OF SHIFTS
Pine Wood House High Street, Treorchy, CF42 6AE, United Kingdom	20	1
ADDRESS SITE 14	NO. OF STAFF	NO. OF SHIFTS
Ynyswen Clinic Ynsywen Road, Treorchy, CF42 6ED, United Kingdom	15	1
ADDRESS SITE 15	NO. OF STAFF	NO. OF SHIFTS
Cwm Gwyrdd Medical Centre , High Street, Gilfach Goch, CF39 8TJ, United Kingdom	10	1

ADDRESS SITE 16	NO. OF STAFF	NO. OF SHIFTS
Rhondda Mental Health Clinical Day Services (Trealaw) Brynteg Terrace, Trealaw, CF40 2PD, United Kingdom	25	1
ADDRESS SITE 17	NO. OF STAFF	NO. OF SHIFTS
Ysbyty George Thomas Cwmparc Road, Treorchy, Rhondda, CF42 6YG, United Kingdom	300	1
ADDRESS SITE 18	NO. OF STAFF	NO. OF SHIFTS
Glanrhyd Hospital Tondy Road, Bridgend, CF31 4LN, United Kingdom	210	1
ADDRESS SITE 19	NO. OF STAFF	NO. OF SHIFTS
Aberdare Health Centre High Street, Aberdare, CF44 7DD, United Kingdom	10	1
ADDRESS SITE 20	NO. OF STAFF	NO. OF SHIFTS
Pontypridd & District Hospital Y Bwthyn, Hospital Road, Pontypridd, CF37 4AL, United Kingdom	25	1
ADDRESS SITE 21	NO. OF STAFF	NO. OF SHIFTS
Carnegie Clinic Brithwaunydd Road, Trealaw, CF40 2UH, United Kingdom	35	1
ADDRESS SITE 22	NO. OF STAFF	NO. OF SHIFTS
Treharris Primary Care Resource Centre Fox Street, Treharris, CF46 5HE, United Kingdom	10	1
ADDRESS SITE 23	NO. OF STAFF	NO. OF SHIFTS
Tonteg Church Road, Tonteg, Pontypridd, CF38 1HE, United Kingdom	50	1
ADDRESS SITE 24	NO. OF STAFF	NO. OF SHIFTS
Ynysmuerig House Unit 3 Navigation Park, Abercynon, CF45 4SN, United Kingdom	150	1
ADDRESS SITE 25	NO. OF STAFF	NO. OF SHIFTS
Pontypridd Mental Health Clinical Day Services (Maritime) Woodland Terrace, Maesycod, Pontypridd, CF37 1DZ, United Kingdom	25	1
ADDRESS SITE 26	NO. OF STAFF	NO. OF SHIFTS
Dinas Isaf Industrial Estate West Williamstown, Rhondda, CF40 1PY, United Kingdom	50	1
ADDRESS SITE 27	NO. OF STAFF	NO. OF SHIFTS
Keir Hardy Health Park , Aberdare Road, Merthyr Tydfil, CF48 1BZ, United Kingdom	100	1

ADDRESS SITE 28	NO. OF STAFF	NO. OF SHIFTS
Ferndale Medical Centre High Street, Ferndale, CF43 4XX, United Kingdom	6	1
ADDRESS SITE 29	NO. OF STAFF	NO. OF SHIFTS
Maesteg Hospital Neath Road, Maesteg, CF34 9PW, United Kingdom	83	1
ADDRESS SITE 31	NO. OF STAFF	NO. OF SHIFTS
Tylorstown Surgery Ferndale Road, Tylorstown, CF43 3HB, United Kingdom	10	1
ADDRESS SITE 32	NO. OF STAFF	NO. OF SHIFTS
Llwyn-Yr-Eos Clinic Main Road, Church Village, Pontypridd, CF38 1RN, United Kingdom	10	1
ADDRESS SITE 33	NO. OF STAFF	NO. OF SHIFTS
Prince Charles Hospital Mountain Ash, Merthyr Tydfil, CF47 9DT, United Kingdom	3000	1
ADDRESS SITE 34	NO. OF STAFF	NO. OF SHIFTS
Linen Services , Heol Draw, Upper Church Village, Pontypridd, CF38 1UR, United Kingdom	90	1
ADDRESS SITE 35	NO. OF STAFF	NO. OF SHIFTS
Talbot Green H.C. , Heol-y-Gyffraith, Talbot Green, CF72 8AJ, United Kingdom	6	1

AUDIT TEAM COMPOSITION AND AUDIT INFORMATION	
AUDIT TEAM LEADER	Nick Johnson
ANY OTHER ACCOMPANYING PERSON (NAMES & ROLES)	None
AUDIT DATE(S)	19 Jul 2021

1. AUDIT OBJECTIVES

The objectives of this audit/visit are, for the scope of certification:

Determination of the conformity of the client's management system, or parts of it, with audit criteria;

Determination of the ability of the management system to ensure the client meets applicable statutory, regulatory and contractual requirements (NOTE: A management system certification audit is not a legal compliance audit.);

Determination of the effectiveness of the management system to ensure the client can reasonably expect to achieving its specified objectives;

As applicable, identification of areas for potential improvement of the management system.

CONSIDERATIONS:

The scope of the audit, dates and places where audit activities were conducted are identified in the audit plan (any changes are identified in the audit report).

This audit report contains a summary of the capability of the management system to meet applicable requirements and expected outcomes.

This report is confidential, and distribution is limited to the audit team, audit attendees, client representative, the SGS office and may be subject to Accreditation Body, Certification Scheme owners or any other Regulatory Body sampling in line with our online Privacy Statement which can be accessed at www.sgs.com/en/privacy-at-sgs.

Audits use a sampling process, based on the information available at the time of the audit. The audit methods shall include, but are not limited to, interviews, observation of activities and review of documentation and records.

2. SUMMARY AND CONCLUSIONS

CONCLUSIONS

The audit team recommends that, based on the results of this audit, the management system certification be :

Continued.

Continued certification is conditional to satisfactory processing of non conformities.

AUDIT SUMMARY

- The organization has demonstrated effective implementation of a management system and documentation that conforms with audit criteria.
- The management system is effective with regard to achieving the organization's objectives and the intended results of the applicable standard(s).

Number of nonconformities identified: 2 minor(s)

- Nonconformance was not identified at the previous audit.
- Certification scope is appropriate.
- Audit objectives have been fulfilled.
- Audit plan was followed.
- Audit programme is adequate.
- Any issues resolved.

N/A

3. PREVIOUS FINDINGS

The results of the last audit of this system have been reviewed, in particular to assure appropriate correction and corrective action has been implemented when non-conformities (or Stage 1 findings) were identified. When the management system has not adequately addressed non-conformity (or Stage 1 finding) identified during previous audit activities, the specific issue has been raised in the non-conformity section of this report.

4. NON-CONFORMITIES

NON-CONFORMITY	Nº 1 / 2	Minor	
PROCESS	Operational Control-Prince Charles	DATE RAISED	19 Jul 2021
STANDARD	ISO 14001:2015	CLAUSE	7.5.3
DESCRIPTION	The EMS Document control log has not been maintained in full. Log is currently at Version 5 for the OCP (Operating Control Procedures) and the Operating Control Procedure is at Version 7 verified by log entry and hard copy procedure. Documented information required by the environmental management system shall be controlled to ensure control of changes (e.g. version control).		

NON-CONFORMITY	Nº 2 / 2	Minor	
PROCESS	Operational Control-Prince Charles	DATE RAISED	19 Jul 2021
STANDARD	ISO 14001:2015	CLAUSE	8.1
DESCRIPTION	During the Site Tour of external areas and Waste containers it was observed that litter and an unmarked plastic bottle containing fluid next to a surface water drain had not been cleared up. Unused paint pots were also observed not locked away in external lock up stacked on the top of the lock up.		

FOR MINOR NON-CONFORMITIES	
Corrective Actions to address identified minor non-conformities including a cause analysis shall be documented on an action plan. Where actions are deemed to be satisfactory, they will be followed up at the next scheduled visit.	
Action plan reviewed by the Auditor and are satisfactory, To follow up at the next scheduled visit. (or)	<input checked="" type="checkbox"/>
Send Action plan to SGS for review (within 90 days). To follow up at the next scheduled visit. (or)	<input type="checkbox"/>
To follow at the next scheduled visit. No need to send action plan.	<input type="checkbox"/>

Non-conformities detailed here shall be addressed through the organization's corrective action process, in accordance with the relevant corrective action requirements of the audit standard and shall include actions to analyse the cause of the non-conformity and prevent recurrence, and complete records maintained.

Deadlines indicated may need to be reduced when there is a more restrictive requirement, e.g. certificate expiry.

5. OBSERVATIONS AND IMPROVEMENT OPPORTUNITIES

Not applicable

6. SPECIFIC REQUIREMENTS

Any significant changes?

No

No changes since last audit which was delayed due to COVID

Are certification claims accurate and in accordance with SGS guidance and is the organisation effectively controlling the use of certification documents and marks?

Yes

7. AUDIT TRAILS

SITE 33		
PROCESS	PROCESS OWNER	AUDITOR
Context of the Organisation	D Williams	Nick Johnson
SUMMARY		
The organisation has determined their internal and external issues, their interested parties and their needs and expectations. The scope includes the applicability of the management system and the boundaries. the organisation has established, implemented, maintained and continually improved its management system.No change since last audit.		
PROCESS	PROCESS OWNER	AUDITOR
Aspects and Impacts	D Williams	Nick Johnson
SUMMARY		
All aspects and reasonably foreseeable hazards have been identified, with the aspects and consequential risks evaluated.Appropriate control measures are in place, together with suitable monitoring.		
PROCESS	PROCESS OWNER	AUDITOR
Internal Audit/Non Conformance and Corrective Action	D Williams	Nick Johnson
SUMMARY		
An audit programme is in place with audits conducted on time. The reports are completed satisfactorily showing objective evidence and impartiality.Spoke about continual improvement of the EMS with own departmental auditors being internally trained. Non Conformance and Corrective action monitored and actioned quickly.		
PROCESS	PROCESS OWNER	AUDITOR
Management Review	D Williams/R Hoare	Nick Johnson
SUMMARY		
The Management Review is carried out at defined intervals, is attended by Top Management and addresses all inputs and outputs of the standard viewed at previous audit.		
PROCESS	PROCESS OWNER	AUDITOR
Compliance Obligations and Evaluation	D Williams	Nick Johnson
SUMMARY		
The organisation has demonstrated awareness of all compliance and applicable legislation and have arrangements in place to monitor any amendments.Full evaluation of compliance takes place at periodic intervals and the results recorded with any actions identified.		
PROCESS	PROCESS OWNER	AUDITOR
Operational Control-Prince Charles	D Williams	Nick Johnson
SUMMARY		
Operational Control at the site was generally seen to be generally effective.It was noted that waste areas have been moved due to busy contractor works were being carried out and this has contributed to some housekeeping issues and risk of pollution to the environment-See NCR1.		
PROCESS	PROCESS OWNER	AUDITOR
Objectives	D Williams	Nick Johnson

PROCESS	PROCESS OWNER	AUDITOR
Objectives	D Williams	Nick Johnson
SUMMARY		
The organisation has in place measurable objectives, established for all functions and levels, with programmes and action plans that are being adhered to.		
PROCESS	PROCESS OWNER	AUDITOR
Communication/internal and external	D Williams	Nick Johnson
SUMMARY		
Internal Communications methods are in place and effective, and where they are received from interested parties they are reported, reviewed and investigated. Actions identified are suitably addressed and actioned within defined timescales.		

SITE 27		
PROCESS	PROCESS OWNER	AUDITOR
Operational Control and Key Processes-Kier Hardy	D Williams	Nick Johnson
SUMMARY		
Operational Control was seen to be effective at Kier Hardie with excellent housekeeping and and a sound knowledge of Waste Management processes internally and externally shown by Gaynor Davies.		

SITE 2		
PROCESS	PROCESS OWNER	AUDITOR
Operational Control-YCR Key Processes	D Williams	Nick Johnson
SUMMARY		
Operational Control was carried out remotely and records and documents were sent in good order and compliant. All records sampled and processes seen were found to effectively trained and controlled.		

SITE 12		
PROCESS	PROCESS OWNER	AUDITOR
Operational Control-Central Processing Unit	D Williams	Nick Johnson
SUMMARY		
Operational Control and Key Processes on site were seen to be very effective. CPU has an excellent standard and upkeep of minimal environmental impact.Process approach and Leadership and Commitment to initiatives to continually improve the EMS were sampled throughout.		

SITE 25		
PROCESS	PROCESS OWNER	AUDITOR
Operational Control-Pontyprydd-MHC	D Williams	Nick Johnson
SUMMARY		
Operational Control was seen to be effective at the site.The has low impact potential and everything including documentation and records sampled were compliant.One incident in 2018 showed EMS effective in controlling spillage and Emergency Preparedness.		

SITE 13		
PROCESS	PROCESS OWNER	AUDITOR
Operational Control-Pinewood House	D Williams	Nick Johnson
SUMMARY		
All areas sampled were effectively controlled in a low impact potential site.Awareness shown of maintenance schedule by estates during tour.All records of servicing obtained beforehand with no issues.		

SITE 7		
PROCESS	PROCESS OWNER	AUDITOR
Operational Control-Princess of Wales	Gareth Brown	Nick Johnson
SUMMARY		
Operational Control at the site was seen to be of excellent standard with areas of positive Biodiversity.The site has many good initiatives and is a fine example of how the EMS is continuing to improve.		

8. ADDITIONAL COMMENTS

Not applicable

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WHEN YOU NEED TO BE SURE