

# Corrective/Preventative Action Procedure

PHX004

## Contents

Purpose.....	2
Scope.....	2
Responsibility.....	2
Corrective Actions.....	2
Lessons Learnt .....	3
Preventative Actions .....	3
Effectiveness Check .....	3
Chasing Process for Open Non-Conformities .....	3
Continual Improvement .....	4
Version Control .....	5
Document Approval.....	5

## Purpose

This procedure is designed to ensure that corrective and preventative actions are used by management as a tool for continual improvement. Preventive actions are incorporated in company ISO management systems that are implemented across the business as a method of planning to eliminate issues that affect service and potential weaknesses in our Management Systems.

## Scope

The scope covers Phoenix technology systems, departmental processes, controls, information, and operations in conjunction with ISO Management System requirements for documented information on Corrective and Preventative Actions.

## Responsibility

It is the responsibility of management and the relevant ISO committees to ensure that this procedure is followed and reviewed for its effectiveness.

## Corrective Actions

All non-conformances are documented, reviewed and the root cause investigated. The relevant documentation includes records of customer complaints, internal audits, management reviews and departmental feedback, process non-conformances and customer satisfaction feedback.

Appropriate corrective action shall be identified appropriate to the non-conformance. Analysis of the non-conformance is used as a tool to continually improve the company's performance. Corrective action may be discussed and agreed between the impacted department or process owner, and the relevant ISO Committee.

All relevant employees are included in the corrective action relating to their department. When actions are implemented, they are monitored to ensure that the necessary results are achieved, and recurrence is avoided. The degree of corrective action will depend on its projected impact within the ISO standard. The risk of non-action shall be assessed by the relevant ISO Committee and if deemed acceptable, the corrective action entry will be closed off.

## Lessons Learnt

In the event of a disruptive incident or significant event, lessons learnt will be conducted to help prevent reoccurrence. This will take place in the event of a business continuity incident and upon request from senior management. Lessons learnt exercises help to inform incident root cause and develop more appropriate and comprehensive preventative action plans in the event of more complex incidents.

## Preventative Actions

Preventative actions are documented if identified by reviewing processes, internal audits, departmental feedback, and development of system software or when prompted by corrective actions.

Preventative actions relating to development of the system software are recorded and approved to be included in a build by a Director following the Software Development Process. All other areas are analysed by the Governance Manager and escalated to director level to decide upon the possible course of action required.

The degree of preventive action will depend on its projected impact on the ISO Management System.

## Effectiveness Check

An effectiveness check is completed on preventative actions to ensure appropriate to the issue to ensure the root cause has been appropriately addressed. The time scale for a check back is dependent on the nature of the issue, the timescales, and the severity of the symptoms.

## Chasing Process for Open Non-Conformities

The Non-Conformity Log is reviewed on a weekly basis by the Governance Team.

When an entry on the Log passes its "Required By" date for either the Corrective Action Plan or the Preventative Action Plan, or if an entry has incomplete fields, the following procedure is followed to ascertain if an update is needed or if any dates need to be revised.

- 1) The Governance Team emails the owner of the plan with a summary of the requirement, including details of the areas/s that need completing or further updates.
- 2) If no response is received within a week, a chaser email is sent asking if the owner requires any support with providing an update.

- 3) If after a further week there is still no response, it is escalated to the Governance Manager and owner's Line Manager.
- 4) If no response after a further week, this is then escalated to the Operations Director.

In the event that a Major or Minor Non-Conformity fails to be corrected, and preventative action fails to be implemented within target timeframes, a final escalation shall be made to the Executive Committee:

NC Type	Corrective Action due	Preventative Action due	Escalation Point
Major NC	1 month	3 months	ExCo
Minor NC	3 months	12 months	ExCo

## Continual Improvement

When an Opportunity for Improvement (OFI) arises, Phoenix carries out the following:

- 1) The OFI is identified
  - These can be identified as part of an internal or external audit, arise from a non-conformity, customer feedback or addressing risks.
- 2) Once identified, the OFI is logged on the on the tab labelled "Continual Improvement Register" which is part of the ISO\_Measurement\_Log.
- 3) Once the OFI has been logged, the owner of the OFI is contacted to confirm if they are implementing the suggestion.
  - If the owner responds that they are **not** implementing the OFI, we record the reason for not adopting the suggestion. This will help us to identify the value of the Continual Improvement and how we can provide more helpful recommendations back to the business.
  - If the owner responds that they **are** going to implement the OFI, an action plan is then detailed in the Continual Improvement Register and the owners of specific actions are to be identified by the overall owner, including the due date.
- 4) The Governance department will ensure that the Continual Improvement register is up to date and will utilise the same procedure for chasing updates as for the Non-Conformity chasing process.

## Version Control

<u>Author</u>	<u>Version</u>	<u>Date</u>	<u>Description</u>
QMS	1.0	01/05/2016	Original Document
Trevor Hutchinson	1.0	30/12/2017	Reviewed / No Changes
Trevor Hutchinson	1.0	30/12/2018	Reviewed / No Changes
Trevor Hutchinson	1.0	15/12/2019	Reviewed / No Changes
Amy Trimble	2.0	11/11/2020	Annual Review
Amy Trimble	2.0	01/11/2021	Reviewed / No Changes
Clare Metcalfe	2.1	01/05/2022	Encompass all ISO standards not QMS on its own
Amy Trimble	2.2	01/06/2022	Addition of Lessons Learnt
Rebecca Tosler	3.0	31/08/2022	Addition of chasing processes and Continual Improvement
Geoff McGann	3.1	17/07/2023	General enhancement of wording

## Document Approval

<u>Name</u>	<u>Version</u>	<u>Date</u>	<u>Position</u>
Sam Mudd	1.0	01/05/2016	Managing Director
Sam Mudd	1.0	30/12/2017	Managing Director
Sam Mudd	1.0	30/12/2018	Managing Director
Sam Mudd	1.0	15/12/2019	Managing Director
Sam Mudd	2.0	11/11/2020	Managing Director
Sam Mudd	2.0	01/11/2021	Managing Director
Sam Mudd	2.1	01/05/2022	Managing Director
Sam Mudd	2.2	01/06/2022	Managing Director
Clare Metcalfe	3.0	30/09/2022	Operations Director
Clare Metcalfe	3.1	24/07/2023	Operations Director

Signed: *Clare Metcalfe* Clare Metcalfe, Operations Director

Dated: 24/07/2023