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Management Review — September 2026 (Annual) · Minuted Record

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About this record

Held 22 September 2026, chaired and minuted by the HSQE Consultant, with both Directors and the Site Supervisor present. Written up on the standard **Management Review Agenda & Minutes** form: each topic carries a Discussion, a Conclusion and its own action items. Minuted over the following week and issued on 29 September 2026 with the Directors' approval.

The inputs considered are listed at **Agenda considered** below, each against the register or record it was drawn from. The Clause 9.3.2 inputs and the Clause 9.3.3 outputs are both held in this document.

Summary for the Directors

The clause-by-clause record follows. This is the position it establishes.

Certification is maintained and every part of it is evidenced. 16 internal audits delivered across the 2026 cycle, 0 non-conformities. 81 legal and regulatory requirements evaluated, 0 assessed as not compliant. 41 corrective actions on the register, 32 closed, 0 overdue. 32 suppliers reviewed against 4 checks on 22/09/2026, 0 failures. 40 first-aid inspections recorded, every one passed with seals intact, and 10 of 10 emergency equipment items in date. 30 COSHH assessments current. 13 interested parties reviewed and scored. 18 risk assessments reissued. The first HSQE culture audit cycle run on 22/09/2026.

The safety and environmental record is exceptional, and it is benchmarked rather than self-assessed. 0 RIDDOR-reportable injuries, 0 lost-time injuries, 0 dangerous occurrences, 0 road traffic accidents and 0 environmental incidents across 4 years — against sector rates of 0.45 RIDDOR per 100,000 hours, an LTIFR of 1.2 and a TRIR of 2.8 per million. Delivered by crews working in trenches, on live carriageways and around live mains, with first-time pass rates above 95%.

What changed this year is the standard of proof, not the level of ambition. Each register was taken back to the question *can this be evidenced on the day it is asked for*, and rebuilt to answer yes:

- **Objectives** now each carry a measurement method and a source that produces a figure. The set moved from 13 to 7 because 6 of the 13 measured an intention that generated no data — a set of 7 that all report is worth more than a set of 13 where 6 cannot.
- **Supplier assurance** replaced a 5-point star rating, 6 rating criteria and an 8-question self-assessment that were not being run, with 4 checks that are. All 32 suppliers were put through them at a dated review for the first time, with the result recorded.
- **Environmental aspects** moved from 14 actions, most carrying a single default date, to 8 that each have a statute or a certification requirement behind them and a date set from the work. The aspects themselves were re-scored, and 4 moved band.
- **Compliance grading** retired "Substantially Compliant" and "Partially Compliant" — grades that answer nothing. Each of the 13 entries holding them was tested against one question, does it apply and is it met, and all 13 are met. 27 of the 81 requirements now carry a live improvement action.
- **Risk assessments** were rewritten to remove controls the previous version claimed but AMWS does not operate. A risk assessment that names a control the business does not have is worse than one that names fewer.

The system now claims less and proves more. Where a count fell, the assurance behind it rose: 32 suppliers actually reviewed where none had been graded, 81 requirements each given a binary answer, 8 aspect actions each with a legal driver where 14 had shared one date.

The system found its own faults. The 2026 internal audit cycle raised 0 non-conformities. The management system reviews of September then raised 3 — statutory certificates that had lapsed after an earlier corrective action closed, 2 office administrators absent from every register that records people, and 12 forms in live use outside document control. All 3 are recorded, owned and dated. The conclusion the Directors drew is that the 2026 sample tested documents against their own wording, so the 2027 cycle is rescoped to test records against registers.

Capacity is the material strategic issue, and it is measured from this week. APP_03 records the decisive weakness as "*capacity, not capability*" and the decisive threat as a compounded compliance load — the Water (Special Measures) Act, the Employment Rights Act in staged commencement, the Worker Protection duty from 30 October 2026, 3 ISO transitions and Cyber Essentials, inside 18 months, landing on the same people who run the work. Resources are adequate for the system as it stands; the Directors did not extend that to the period ahead, and the position is now measured weekly rather than assessed once in 2027.

One figure the Directors did not accept. Near misses and close calls stand at 0 across 3 years. Crews working in trenches, on live carriageways and around live mains generate near misses, so that is an absence of data rather than an absence of events. No count target is set on the crews, because a count target produces reports written to hit a number.

Agenda considered

Each item below was taken with the input named against it. Together these are the Clause 9.3.2 inputs to this review.

#	Item	Input considered	Required by
1	Actions from Previous Meeting	APP_21 corrective action register; the May 2026 interim review record	9001 · 14001 · 45001 — 9.3.2 a)
2	Process Performance and Product Conformance Issues	APP_20 audit programme; APP_21; job and inspection records under SOP 5.5	9001 — 9.3.2 c) 3)
3	Internal and External QEHS Audits	APP_20; APP_21; the FORM_CAR001 reports CAR-2026-015 to 018	9001 · 14001 · 45001 — audit results · SSIP 6
4	Corrective/Preventive Actions	APP_21 corrective action register, all 41 records	9001 · 14001 · 45001 — nonconformities and corrective actions · SSIP 8
5	Customer Feedback and Complaints	Complaint records under SOP 7.1; client correspondence	9001 — 9.3.2 c) 1)
6	Customer Satisfaction	Client correspondence and repeat award; SOP 5.5 enquiry and delivery records	9001 — 9.1.2
7	Supplier Quality and Delivery	APP_19 supplier register and the 22/09/2026 supplier review	9001 — 9.3.2 c) 7) · SSIP 9
8	Training & Resources	APP_12 training matrix; APP_13 tickets and qualifications; APP_03 SWOT; FORM_WCC_01	9001 · 14001 · 45001 — adequacy of resources · SSIP 3, 4, 5
9	Continual Improvement Opportunities/Threats	APP_11; APP_19; APP_06; APP_10; APP_09	9001 · 14001 · 45001 — opportunities for continual improvement
10	Changes Affecting the EHQMS	APP_01 context; APP_03 SWOT; APP_04 PESTLE; APP_05 risk register; APP_10	9001 · 14001 · 45001 — changes in issues, interested parties, risks
11	Objectives & Targets	APP_11 objectives and KPIs; APP_15; APP_22	9001 · 14001 · 45001 — extent to which objectives are met
12	Policy	POL_HSQE_00 and the policy set; APP_24 document control register	45001 — extent to which the policy is met · SSIP 1
13	Monitoring and Measurement Results	APP_18 emergency equipment register and its inspection record	9001 · 14001 · 45001
14	Evaluation of Compliance	APP_10 legal and compliance requirements register, all 81 entries	14001 · 45001 — results of the evaluation of compliance
15	Communications from Interested Parties	APP_01 interested parties; complaint records under SOP 7.1; FORM_WCC_01	14001 9.3 f) · 45001 9.3 e)
16	Significant Environmental Aspects	APP_06 environmental aspects and impacts; APP_05; APP_15	14001 — changes in significant aspects
17	Incidents, Hazards, Risks and Opportunities	APP_22 accident statistics; APP_05 risk register; CAR-2026-009	45001 — OH&S performance · SSIP 10
18	Consultation and Participation of Workers	FORM_WCC_01 weekly call records; toolbox talk attendance; APP_27 culture audit	45001 5.4 and 9.3 · SSIP 7
19	SSIP Core Criteria	The SSIP Core Criteria against POL_HSQE_00, APP_12, APP_13, APP_20 and APP_18	SSIP — assessed on the ISO 45001 certificate

Attendees

Role	Name	Present	Apologies
Managing Director	Aaron Mason	☒	☐
Director — Finance / Admin	Leanne Mason	☒	☐
HSQE Consultant (Onyx Operations)	Sean Ashton	☒	☐
Site Supervisor (<i>by invitation</i>)	Jason May	☒	☐

Absent with apologies: none.

Review written by: Sean Ashton, HSQE Consultant **Review approved by:** Aaron Mason, Managing Director and Leanne Mason, Director

The review was chaired and minuted by the HSQE Consultant, who prepared the input pack. **The conclusions and decisions recorded below were taken by the Directors**, who hold the authority to accept or reject them. Quorum is both Directors; both were present throughout.

1. Actions from Previous Meeting

DISCUSSION

The May 2026 interim review left four actions. Three were converted to corrective actions on 01/06/2026 rather than carried as review actions, which is why they now appear on APP_21 with owners and dates: CAR-2026-012 plant QR coding, CAR-2026-013 training modules, CAR-2026-014 SMSTS for the Managing Director. Each was re-dated at that conversion against what the work requires — 31/12/2026, 31/03/2027 and 31/12/2026 respectively. The fourth, WIRS accreditation, was withdrawn at that review as a strategic decision.

The September 2025 review's actions are closed. Of the 23 corrective actions raised in the 2025 cycle, **all 23 are closed** — 18 on 13/05/2026 and 5 on 09/09/2026.

The register's own position on transferred findings was put to the meeting: *"A finding transferred to a later cycle without its underlying position changing is being deferred rather than corrected."* CAR-2026-009 near-miss reporting is the worked example — re-scoped to objective H4 in APP_11, measured through the weekly review, rather than re-dated.

CONCLUSION

The previous review's actions are accounted for and none has been lost. The Directors noted that the three interim-review actions now carry named owners and target dates set against what the work requires, and that progress against them is reviewed at the standing weekly compliance call. **The test applied from this review forward is that an action transferred a second time is either delivered, re-scoped to something that can be delivered, or closed with a stated reason — it is not re-dated a third time.**

ACTION ITEMS

None arising. The three carried items run to their APP_21 dates.

2. Process Performance and Product Conformance Issues

DISCUSSION

First-time pass rates are recorded in APP_03 at **greater than 95%**. No non-conforming output was raised through SOP 7.1 in the period, and the operational NCR register held on site by Leanne Mason — which is the master record for operational and equipment nonconformities, separate from APP_21 — records none attributable to process failure.

The 2026 internal audit cycle sampled operations at IA202604 on 01/05/2026 against ISO 9001 8.1, 8.4 and 8.7 and 14001/45001 8.1–8.2, and raised **no non-conformity**.

The material change in the period is SOP 5.5 Enquiry to Handover, issued 08/09/2026, which describes the sequence from enquiry through acceptance review, mobilisation, service provision, release, handover and invoicing end to end. Before it, the sequence was run correctly but was not written down as one process. It has not yet been audited; **IA202619 is scheduled for April 2027** to test it against a sampled job file.

CONCLUSION

Process performance is sound and the Directors accepted it. The gap the review identified is not in performance but in evidence: the end-to-end process was only documented three weeks ago and has never been tested. That test is scheduled rather than assumed.

ACTION ITEMS

None arising. IA202619 is already scheduled in APP_20 for April 2027.

3. Internal and External QEHS Audits

DISCUSSION

Internal. Sixteen audits were delivered between 28/04/2026 and 19/05/2026 by the HSQE Consultant, covering clauses 4 to 10 across all three standards plus six subject audits — environmental management, health and safety management, legal compliance, customer satisfaction, document control, risk management, training and competence, and emergency preparedness. The cycle raised **no non-conformity and fourteen observations**. Twelve of the sixteen audits raised a finding; four raised none.

The point the Directors examined. The audit cycle found no nonconformity. The management system reviews of September 2026 then raised **three** — CAR-2026-015, where statutory certificates closed out on an earlier corrective action had since lapsed; CAR-2026-016, where two office administrators were absent from every register that records people, and eight controlled documents asserted a vacancy that did not exist; and CAR-2026-017, where twelve forms were in live use outside document control. All three are real, and none was reached by a sixteen-audit cycle two months earlier.

External. Certification was granted by Alcumus ISOQAR on 23/11/2024 following the initial audit of 19–22 November 2024, with one observation, OBS1, on racking loading and inspection. Surveillance visit 1 was held in September 2025. Achilles UVDB Verify Category B2 was assessed 3–4 June 2026. OBS1 is recorded and closed at CAR-2026-018 — the first external finding brought onto APP_21. Surveillance visit 2 runs 6–8 October 2026.

CONCLUSION

The Directors accepted the internal cycle as delivered to programme, and drew the conclusion that matters from it: **a clean internal audit result and a system with three real nonconformities in it are both true, which means the 2026 sample did not reach where the faults were.** The 2027 cycle is therefore to sample records against registers — whether the people, forms and certificates the system claims exist actually do — rather than testing documents against their own wording.

External findings will in future be raised on APP_21 in the same way as internal ones, using the Certification Review type on FORM_CAR001, which until CAR-2026-018 had never been used.

ACTION ITEMS

Ref	Action	Person responsible	Deadline
MR-01	2027 internal audit cycle to test records against registers, not documents against their own wording. Scope written into APP_20 before the cycle is issued	Sean Ashton	31/03/2027

4. Corrective/Preventive Actions

DISCUSSION

APP_21 holds **41 records across two cycles — 32 closed, 9 open, none overdue** at the date of this review. All nine open records are in the 2026 cycle. Three of the 41 were raised as nonconformities; the remaining 38 are observations.

The 2025 cycle is fully closed at 23 of 23. The 2026 cycle stands at 18 raised, 9 closed, 9 open.

The nine open records and their targets: CAR-2026-008 environmental drill (30/09/2026), CAR-2026-016 office administrators (30/09/2026), CAR-2026-015 lapsed statutory certificates (31/10/2026), CAR-2026-017 forms outside document control (31/10/2026), CAR-2026-009 near-miss capture (30/11/2026), CAR-2026-012 plant QR coding (31/12/2026), CAR-2026-014 SMSTS (31/12/2026), CAR-2026-013 training modules (31/03/2027), CAR-2026-011 right-to-work sweep (30/04/2027).

Nine records carried a target of 30/09/2026 into this review. The Directors tested whether that date came from the work or from the quarter-end, and took each individually. **CAR-2026-004 and CAR-2026-006 were closed on 29/09/2026 on the basis that each was raised on an observation that identified no nonconformity**, and clause 10.2 corrective action responds to a nonconformity: clause 7.2 competence is evidenced by APP_12, APP_13 and APP_14 as they stand, and clause 9.1.2 by the customer-perception methods already determined at SOP 2.1. **CAR-2026-008 keeps the date** — the environmental drill is booked for it. The remainder sit at their own CAR-level targets of 31/10/2026.

CONCLUSION

The corrective action position is under control: nothing is overdue, the previous cycle is fully closed, and the three genuine nonconformities are dated and owned. **The principle the Directors recorded is that a target date is set from what the action requires, and the next convenient quarter-end is not a target date.**

They further concluded that raising a corrective action against an observation, which the register has done 38 times out of 41, creates a target date where no obligation exists and can make the register read as though corrective actions are running late when nothing is actually owed. The register is not restructured now; the position is recorded so the 2027 cycle can be raised differently.

ACTION ITEMS

Ref	Action	Person responsible	Deadline
MR-02	Observations from the 2027 cycle recorded without a corrective action form and without a target date, unless a nonconformity is identified	Sean Ashton	With the 2027 cycle

5. Customer Feedback and Complaints

DISCUSSION

Two customer records were received in the period and are retained: a written commendation from **Harpole Bowls Club dated 13/08/2026**, which names Jason May and Aaron Mason and closes "*I would recommend AM Water for any future projects*", and a recorded message from **Duncan and James D dated 13/01/2026**. Both were produced at the 22/09/2026 site visit; before that no customer satisfaction evidence was held at all.

No complaint is recorded under SOP 7.1 for the period, and no complaint is attributed to AMWS on APP_21.

CONCLUSION

The Directors noted that both records are unsolicited, and that unsolicited praise is evidence but not a monitoring method — it arrives when it arrives, and its absence would tell AMWS nothing. It is retained as evidence and the monitoring method is dealt with at section 6.

ACTION ITEMS

None arising.

6. Customer Satisfaction

DISCUSSION

Clause 9.1.2 requires AMWS to monitor customers' perceptions and to **determine the methods** for obtaining, monitoring and reviewing that information. A survey is one of the examples the standard offers, not the requirement.

SOP 2.1 Customer Focus & Satisfaction, Issue 3 of 01/05/2026, already determines the methods and names the channels that count, including **trends in repeat-business KPIs**. The methods and the evidence against each:

Method determined at SOP 2.1	Position in the period
Trends in repeat business	Framework work with Clancy Docwra sustained across the period. The September 2025 review minuted that major clients including Clancy Docwra continue to demonstrate satisfaction with AMWS performance
Client meetings and correspondence	Managed directly by the Directors; enquiry-to-handover contact recorded through SOP 5.5
Feedback on delivered work	Harpole Bowls Club 13/08/2026; Duncan and James D 13/01/2026
Formal complaints	None recorded under SOP 7.1
Defect call-backs in the guarantee period	None recorded. SOP 5.5 Stage 8 covers the SROH guarantee period
Annual analysis	This review, under SOP 6.4

A three-question close-out feedback set had been drafted for the next five framework jobs. The Directors considered it and did not adopt it.

CONCLUSION

AMWS does not run customer satisfaction surveys, and that is a determination rather than an omission. A generic survey issued to a customer base of two framework clients and a small number of others returns little and tells AMWS less than the award of the next contract does. The methods at SOP 2.1 are confirmed as the methods AMWS uses and as sufficient for clause 9.1.2. Where a framework client issues a contractor performance score, that document is filed as clause 9.1.2 evidence on receipt.

The wording of SOP 2.1 lists client surveys among the channels that count. That is accurate as a list of what would count and is not a commitment to run one; it is picked up at the SOP review already scheduled for 31/10/2026.

ACTION ITEMS

None arising. The SOP wording is covered by the scheduled review.

7. Supplier Quality and Delivery

DISCUSSION

APP_19 holds **32 suppliers — 18 active, 13 inactive with the account retained, and 1 merged** (Sixfields Aggregates into the Storefield group), across 14 categories. Leanne Mason reviewed all 32 on **22 September 2026** against four checks: used in the last twelve months, supplied what was ordered when the job needed it, any quality, safety or environmental issue attributed to them on APP_21, and any unresolved invoicing dispute. **No supplier failed a check.**

Issue 9 of the register withdrew the performance grading entirely — six rating criteria with three bands each, a five-point star rating, a risk band and an eight-question supplier self-assessment. A supplier is now Active or Inactive.

Labour-supply subcontractors are held separately on Leanne Mason's live register: **62 in total, 46 active or available and 16 not to be re-engaged**, reviewed each January.

CONCLUSION

The Directors accepted external provider performance for the period and endorsed the withdrawal of the rating regime. **A rating nobody applied was worse than no rating: the four checks are what the business actually does, and a register should record the check that is made rather than the one that sounds thorough.**

Observation. The live subcontractor spreadsheet still carries Excellent / Good / Do Not Use columns, which the register has stopped using. The two are not required to match. APP_19 is the controlled register and records the four checks; the spreadsheet is the office working tool, and Leanne Mason's comments against each subcontractor carry the reasoning behind the position held. Those comments are the retained evidence of evaluation that Clause 8.4.1 asks for, so the columns are supported rather than asserted. No action is raised.

ACTION ITEMS

None arising.

8. Training & Resources

DISCUSSION

APP_12 at Issue 5 maps **61 training requirements across five roles** — 31 required for a Field Operative, 39 Senior Operative, 48 Supervisor, 29 Manager, 15 Office Staff. APP_13 is the controlled reference to ComplianceTrack, which holds current status per person.

Certificate currency was confirmed at the 22/09/2026 site visit. Jason May's Fire Warden / Fire Marshal now runs to 21/07/2029, restoring second-marshal cover absent since 24/07/2026, and his Emergency First Aid at Work to 29/11/2028. Leanne Mason's Emergency First Aid at Work runs to 16/06/2029. Five certificates expire within the next eight weeks and are booked or in hand: Jason May Fire Safety Awareness 22/10/2026 and Mental Health First-Aider 07/11/2026; Leanne Mason Fire Safety Awareness 28/10/2026, Mental Health First-Aider 13/11/2026 and Fire Marshal 15/11/2026.

On resources, the Directors took the assessment in APP_03 rather than a general statement. The register records the decisive weakness as *"Capacity, not capability. Compliance, mobilisation and improvement all land on the same handful of people"*, and the decisive threat as *"Compounded compliance load hitting a fixed capacity — Water (Special Measures) Act, Employment Rights Act staged commencement, the Worker Protection duty on 30/10/2026, three ISO transitions and Cyber Essentials inside eighteen months."*

HSQE support is retained through Onyx Operations under a standing arrangement: a weekly Director and HSQE call on FORM_WCC_01 and a monthly site visit. Training is funded on approval by the Managing Director. No action on APP_21 is held up for want of resource.

CONCLUSION

Resources are **adequate to operate the system as it stands**, and the Directors said so without qualification for the period under review. They did not extend that to the period ahead. The compliance load identified in APP_03 lands on the same people who run the work, and the system's own analysis calls that the decisive threat. That is recorded here as a resourcing position rather than left as an observation in a context register, and it is the matter carried to the strategic-direction output.

The Directors declined to leave it as a single decision in mid-2027. The Worker Protection duty commences on 30/10/2026 and the Employment Rights Act commencements run through the intervening period; a threat the review calls decisive cannot sit unmanaged for nine months while the legislation that causes it arrives. It is therefore broken into a measurement, an interim review and a weekly check, with the decision itself taken on that evidence.

How each step works, in the order they run. No figure exists for what this work costs in hours, so a decision taken now and a decision taken in mid-2027 on the same absence of evidence are the same decision. The four steps produce that evidence.

MR-04a is the weekly reading. One line on FORM_WCC_01 recording whether the week's compliance load was absorbable or pushed other work out, asked in the forum that already meets, so an eighteen-month position is monitored rather than assessed once.

MR-04b is the measurement. The Worker Protection duty is the first of the five loads to land, so the hours it costs across the Directors and the consultant — policy, risk assessment, briefing, training and the complaint route — are logged as the work happens. That gives a worked figure for one of them, against which the four that follow can be estimated.

MR-04c is the checkpoint. In March 2027 the Directors read the measurement and the accumulated weekly lines at a minuted session, early enough to act before the remaining commencements and the transition work arrive rather than after.

MR-04d is the decision, taken on those three and taken ahead of the September 2027 review rather than at it.

The competence findings of September 2026 — two administrators unrecorded, certificates lapsed — are record-keeping and booking failures rather than resource failures, and are actioned through CAR-2026-015 and CAR-2026-016.

ACTION ITEMS

Ref	Action	Person responsible	Deadline
MR-04a	Standing capacity item on the weekly Director and HSQE call , recorded on FORM_WCC_01, so the position is monitored weekly rather than assessed once	Sean Ashton	From the next call
MR-04b	Capacity check on the Worker Protection duty rollout — record what the 30/10/2026 commencement actually costs in hours across the Directors and the consultant, as it happens rather than afterwards	Sean Ashton	31/12/2026
MR-04c	Interim resourcing review , before the remaining Employment Rights Act commencements and the transition work land	Aaron Mason and Leanne Mason	31/03/2027
MR-04d	Directors to decide whether the compliance load is met by the current arrangement or requires additional capacity, on the evidence of MR-04a to MR-04c rather than on judgement alone	Aaron Mason and Leanne Mason	30/06/2027

9. Continual Improvement Opportunities/Threats

DISCUSSION

What the system actually did this year. The Directors were shown the change rather than a claim of improvement:

What changed	Where	Effect
Eighteen home-and-office risk assessments rewritten and reissued 04/09/2026	RA_HO_01-18	The rewrite removed controls the previous version claimed but AMWS does not operate
The policy set reviewed on the 1 July annual cycle	32 policies	POL_HSQE_10 reissued Rev 4 on 03/09/2026
Thirty COSHH assessments rebuilt as single-page sheets	APP_09 Issue 6	Hazards in plain English, signal word and pictograms on the sheet the operative sees
Objectives cut from thirteen to seven	APP_11 Issue 3	Measures nobody could produce a figure for were withdrawn rather than reported as zero
Supplier grading withdrawn	APP_19 Issue 9	Four checks that are applied, in place of a rating that was not
Environmental aspect actions cut to legal and regulatory drivers	APP_06 Issue 4	Fourteen actions reduced to eight, each with a statute or a certification requirement behind it
Thirteen middle compliance grades resolved	APP_10 Issue 5	Substantially and Partially Compliant retired; each of the thirteen tested against does it apply and is it met
Life-cycle analysis simplified	APP_15 Issue 4	The 14 × 7 grid restating APP_06 scores withdrawn; six stages with control or influence stated

Threats, from APP_03 and APP_04. The 2026 scan recorded 30 PESTLE categories, 11 rated high impact and 10 judged critical. The compounding ones are the Water (Special Measures) Act 2025 strengthening Ofwat enforcement with scrutiny passing down the supply chain; the Employment Rights Act 2025 in staged commencement; the Worker Protection proactive harassment duty commencing 30/10/2026; and a triple ISO transition stack — 14001:2026 published April 2026, 9001:2026 published September 2026, 45001 expected 2027.

Opportunities. AMP8 is active 2025–2030 with £104bn determined at PR24. Two opportunities sit High after controls on APP_05 and both are owned to 01/12/2026: O-02, completing the digital IMS and moving toward ISO 27001-aligned information security, and O-08, a formal health and wellbeing programme linked to expanded health surveillance.

CONCLUSION

The Directors concluded that the year's improvement has been **subtractive rather than additive, and deliberately so**. Objectives, supplier ratings, aspect actions, compliance grades and life-cycle scoring were all reduced. In every case what was removed was something the business did not do, and what remains is something it does. A management system that claims less and evidences all of it is the improvement.

On threats, the Directors accepted that the compliance load is the material one and that it is a capacity question rather than a compliance question — carried to section 8 and to the strategic-direction output.

ACTION ITEMS

None arising. The improvement programme runs under objective B1; O-02 and O-08 carry owners and dates on APP_05.

10. Changes Affecting the EHQMS

DISCUSSION

Interested parties. APP_01 at Issue 5 holds **13 interested parties — 2 critical, 7 high, 3 medium, 1 low** — scored relevance × power. All 13 were reviewed on 09/09/2026. One was added: **Kier, as a prospective principal-contractor client**, scored 12 and recorded as *"Not yet known in detail"*, with requirements to be confirmed within 14 days of commencement. Operations are anticipated from late October 2026; no terms and no assurance pack have been received, and it is recorded as business development under consideration rather than as a committed contract.

The 09/09/2026 review of the HSE entry surfaced three gaps the register had not previously shown — no fire risk assessment, no documented DSE assessment, no first aid needs assessment — all three now carried as legal-register entries with owners and dates.

Risks and opportunities. APP_05 at Issue 4 holds **26 entries — 22 risks and 4 opportunities**. Twenty-two of 26 are reduced by the controls in place. **No risk remains above Medium after controls**; the two High residuals are both opportunities. Thirteen entries that had been carried as Moderate, Watch or Plan were re-banded to the Low / Medium / High / Very High scale the scoring key already set.

Compliance obligations. APP_10 moved to Issue 5 with nine 2025–26 legislative entries added, and stands at 81 requirements.

Context. APP_03 moved to Issue 5 and APP_04 to Issue 6, both on 27/09/2026. Both had their scope narrowed: commercial matters — pricing, AMP8 framework positioning, recruitment, the succession bench — were withdrawn as decisions for the Directors rather than context for the management system.

CONCLUSION

The Directors accepted the changes recorded and noted two points of substance. First, **the Kier position is correctly recorded as a prospect and not as a contract**; the management system is not to reflect it as anything more until terms exist, and APP_01, APP_05 and APP_06 are updated on commencement rather

than in anticipation. Second, the September review of interested parties found three absent assessments that the register had not surfaced in two previous cycles, which is the register working as intended.

Two document-control decisions settled after the meeting are minuted at section 21.

ACTION ITEMS

Ref	Action	Person responsible	Deadline
MR-05	Kier requirements confirmed and reflected in APP_01, APP_05 and APP_06	Sean Ashton	Within 14 days of contract commencement

11. Objectives & Targets

DISCUSSION

APP_11 at Issue 3 carries **seven objectives — six on track, one on watch, none off track**, reduced from thirteen at that issue.

Ref	What it measures	Target	Position
Q2	Major non-conformities at external audit; certification status	Zero majors, maximum two minors	On track. Surveillance 6–8 October 2026
H1	RIDDOR reportables and lost-time injuries	Zero	On track. Zero in 2026 and in each of 2023, 2024 and 2025
H4	The Works group and the operational NCR register reviewed weekly, anything reportable recorded	Both reviewed; no count target set on the crews	On track as a process. The report count remains zero
E1	Spills, breaches and regulator contacts	Zero	On track. Zero in 2026 and in each of the three preceding years
E3	tCO ₂ e Scope 1 + 2 against the 288.7 baseline	Reduction against baseline; two pre-Euro 6 vehicles replaced by 01/12/2026	Watch. Measured at year end
B2	Notifiable data breaches; Cyber Essentials	Zero breaches; certified by 31/12/2026	On track. Zero breaches
B1	HSQE culture audit cycles run to programme	Each scheduled cycle run and written up	On track. First cycle run 22/09/2026

E3 is the only objective on watch. The 2025 baseline of **288.7 tCO₂e Scope 1 + 2** was set in May 2026 and the 2026 figure is a year-end measurement, so it cannot be reported now. APP_15 records that **diesel is 97% of the AMWS carbon footprint**, which is why the objective's action is fleet replacement rather than a general reduction target.

CONCLUSION

No objective has been missed. E3 is correctly on watch rather than off track: it has a baseline, a mechanism and a dated action, and the measurement point has not arrived. The Directors confirmed the 01/12/2026 vehicle replacement as the action that delivers it.

On H4 the Directors restated the position deliberately. The objective measures whether the capture routes are live, not how many reports arrive. The previous count targets — more than ten near misses and more than twenty close calls a month — were withdrawn at APP_22 Issue 4 because a count target produces reports written to hit a number. That remains the position.

ACTION ITEMS

None arising. E3 is carried by the 01/12/2026 fleet action; B2 by the 31/12/2026 Cyber Essentials target.

12. Policy

DISCUSSION

The policy set runs on a **1 July annual cycle**, and the **policy framework** records that all 32 policies were reviewed against current legislation and regulation on that cycle. POL_HSQE_10 Environmental Policy was reissued at Revision 4 on 03/09/2026. POL_HSQE_29 Mental Health was reissued at Revision 2 on 29/09/2026 to carry the employee assistance decision recorded at section 21.

ISO 45001 asks for the extent to which the **policy** has been met, not only the objectives. The commitments in POL_HSQE_16 Health & Safety and POL_HSQE_00 Integrated HSQE are tested by the reactive record — zero RIDDOR-reportable injuries, zero lost-time injuries and zero dangerous occurrences across 2023 to 2026 — and by the internal audit cycle, which raised no non-conformity against a policy commitment across sixteen audits.

One policy claim was withdrawn during the year rather than defended: POL_HSQE_05 had stated that external support was available through an employee assistance programme, which the rest of the system did not support. The claim was removed at its last revision.

CONCLUSION

The policies are confirmed as met and as remaining appropriate to the purpose, scale and context of AMWS. **No change of policy was agreed.** The Directors noted the POL_HSQE_05 correction approvingly: a policy that claims a provision the business does not have is worse than one that claims less, and withdrawing the claim was the right correction.

ACTION ITEMS

None arising.

13. Monitoring and Measurement Results

DISCUSSION

APP_18 at Issue 4 tracks ten items of emergency equipment. At the date of this review **all ten are in date and none is overdue**. The first aid kits — one burns kit and two HSE 20-person kits — are inspected quarterly and carry **40 recorded inspections to this date, every one a pass with the seal intact**, the most recent on 04/08/2026. No interval in the record runs longer than 92 days. Inspectors recorded include L Mason, A Mason and the HSQE Consultant. The five fire extinguishers, the fire blanket and the fire alarm control panel are serviced annually by Oxford Fire Solutions, last on 14/09/2026 and 06/05/2026 respectively.

Inspection frequencies are set against their basis: first aid kits quarterly with no frequency set in law; spill kits weekly under the environmental policy; fire extinguishers annually to BS 5306; emergency lighting monthly test and annual service to BS 5266; gas monitors pre-use with six-monthly calibration to the manufacturer's specification.

The stated first aid inspection frequency was aligned during the year. No law or standard sets one, and the record evidences quarterly inspection with no interval longer than 92 days, so the controlled documents state quarterly.

CONCLUSION

Monitoring is operating without a break and the Directors accepted it. They endorsed the correction of the stated frequency to the actual one: **a system that claims monthly and does quarterly fails its own document at every inspection, while a system that claims quarterly and does quarterly passes.** Neither is less safe; only one is true.

ACTION ITEMS

None arising.

14. Evaluation of Compliance

DISCUSSION

This is a separate input from changes in compliance obligations: it asks whether AMWS complies, not what changed. Compliance is evaluated through APP_10 at Issue 5, which holds **81 requirements across nine domains** — 25 health and safety, 14 data protection and business, 9 water industry, 9 quality and standards, 8 environmental, 5 highway and street works, 5 vehicle and transport, 4 sector standards, 2 building safety. It is tested independently by internal audit **IA202615 Legal Compliance**, delivered 12/05/2026 against clauses 6.1.3 and 9.1.2 of 14001 and 45001.

The position: 72 compliant, 0 not compliant, 7 not yet in force, 2 not applicable. Twenty-seven of the 81 carry an improvement action; those run against requirements that are already met and are how the register feeds continual improvement. The compliance position is evaluated independently of them.

Issue 5 removed the middle grades. Seven entries had been carried as Substantially Compliant and six as Partially Compliant, both displayed as "Compliant". Each of the thirteen was tested against the binary question — does the requirement apply, and is it met — and all thirteen are met, each with an improvement action that continues to run.

The dated legal actions closest at hand: the **harassment risk assessment under the Worker Protection duty, brought forward to 23/10/2026** so that it lands before the duty commences on 30/10/2026 rather than after it; the six cabinet safety data sheets under COSHH at 30/09/2026; and Leanne Mason's Fire Marshal renewal before the 15/11/2026 expiry.

No enforcement contact, notice or prosecution is recorded in the management system for the period.

CONCLUSION

Compliance obligations are evaluated as met, on the evidence of the register and of an independent audit of it. The Directors particularly noted the removal of the middle grades: **a grade of "substantially compliant" is a way of not answering the question, and the register now answers it.** They also noted that

the harassment assessment was brought forward specifically so it precedes the duty, which is the behaviour the register exists to produce.

ACTION ITEMS

None arising. The 27 improvement actions carry owners and dates on APP_10.

15. Communications from Interested Parties

DISCUSSION

Interested parties and their requirements are held at APP_01. Communications received in the period: the two customer records at section 5; framework and contract correspondence with the water companies, managed by the Directors and recorded through SOP 5.5; and the Alcumus ISOQAR audit plan of 16/10/2025 setting the October 2026 visit.

No complaint is recorded under SOP 7.1. No communication from a regulator is recorded in the management system for the period.

The Directors examined how a communication would reach the system if one arrived. A complaint has a route — SOP 7.1. A regulator contact, a neighbour complaint about noise or working hours, or a request from a water company's environmental team reaches a Director directly. Widening the recorded route to take those in was identified as the improvement worth making here.

CONCLUSION

No communication recorded in the period required action, and none identified a concern with AMWS performance. **The Directors did not take a nil return as proof in itself.** The recorded route is widened beyond the complaints procedure so that an external contact of any kind lands in the system as a matter of course.

They rejected the obvious fix. Adding a route to a procedure asks two people running a business to stop mid-job and open an SOP, and a control that depends on that will produce the same finding next year. **The capture has to cost the Directors nothing.** A regulator or neighbour contact is forwarded or mentioned, and the logging is done by the consultant.

The capture address is the HSQE consultant's own, so nothing had to be created and the route is live from the date it was agreed. It is recorded at section 21 and is documented in SOP 7.1 under MR-06.

ACTION ITEMS

Ref	Action	Person responsible	Deadline
MR-06b	External contact question added to the weekly Director and HSQE call — asked each week, answered verbally, recorded on FORM_WCC_01 by the consultant	Sean Ashton	From the next call
MR-06	SOP 7.1 updated to document both capture routes — the forwarding address settled at section 21 and the weekly question above — and where the record is held	Sean Ashton	31/10/2026

16. Significant Environmental Aspects

DISCUSSION

APP_06 at Issue 4 holds **14 aspects — 1 Very High, 5 High, 7 Medium, 1 Low** — scored as impact plus legal requirement plus quantity × frequency, the same method as APP_05. Four aspects moved band at the re-score.

Waste is the single Very High aspect at 23 of 24 — excavated materials, old pipes and construction waste from water main installation and grab works, with a target of zero waste to landfill and goals of 95% diversion and 100% segregation under the Simpler Recycling rules. The five High aspects are emissions (17), energy use (16), material storage (15), noise (14) and traffic impact (14).

Each aspect is classed Control, Monitor or Improve, and the class follows the record rather than an opinion: an aspect carrying an open action against an obligation already in force is Improve, one held by the controls in place is Control, and one whose obligation has not yet arrived is Monitor. **Seven are Improve, six Control, one Monitor.** The Issue 4 action list was cut from fourteen actions to eight, each with a statute, a regulation or a certification requirement behind it.

Two aspects were added: climate adaptation, and PFAS and emerging contaminants — the latter classed Monitor with no fixed date, the trigger being publication of a UK REACH restriction.

APP_15 records that construction and transport carry almost all of AMWS's controllable environmental impact, and that control at both is total rather than partial. Design, raw materials and the asset in use are influence only.

CONCLUSION

The aspects register is accepted as current. No new significant aspect arose in the period beyond the two added, and no change of scoring was agreed. The Directors endorsed the reduction of the action list: **an aspect register with fourteen actions and no driver behind half of them is a list of good intentions; eight with a legal or certification driver is a programme.**

They accepted the life-cycle conclusion that effort belongs at construction and transport, and that PFAS is watched rather than acted on until a requirement exists.

ACTION ITEMS

None arising. The eight aspect actions carry owners and dates on APP_06; the earliest, the six cabinet safety data sheets, falls due 30/09/2026.

17. Incidents, Hazards, Risks and Opportunities

DISCUSSION

The reactive record. APP_22 at Issue 4 holds zero across every category for 2023, 2024, 2025 and 2026 to date: fatalities, RIDDOR over-seven-day injuries, RIDDOR dangerous occurrences, lost time under seven days, non-lost-time injuries and road traffic accidents without injury. Benchmarked, AMWS stands at a RIDDOR rate of 0.0 against an industry average of 0.45 per 100,000 hours, an LTIFR of 0.0 against 1.2 per million hours, and a TRIR of 0.0 against 2.8 per million hours. All eight hazard categories — excavation and confined spaces, working near live mains, highway working, manual handling, chlorination and chemicals, plant and machinery, slips trips and falls, and vehicle operations — record zero for 2025 and 2026.

The one figure the Directors did not accept at face value. Near misses and close calls also stand at zero across three years. The register states the position plainly: *"Crews working in trenches, on live carriageways and around live mains generate near misses, so zero is an absence of data rather than an absence of events."*

Hazards and risks. APP_05 holds 22 risks, of which **none remains above Medium after controls.** The highest residuals at 9 are NUAR migration, transport, and the Kier commercial and operational exposure. The eighteen home-and-office risk assessments were rewritten and reissued on 04/09/2026; the rewrite removed controls the previous version claimed but AMWS does not operate.

Decisions taken. Two matters were settled: **no AED is purchased,** with the nearest public-access defibrillator located and recorded as part of the first aid needs assessment due 31/12/2026, on the basis that the duty under the First-Aid Regulations 1981 is to assess need and provide accordingly rather than to hold an AED; and **PPE is provided by AMWS to everyone working on an AMWS job whatever their engagement status,** one rule without exception, following the extension of the PPE duty to limb (b) workers on 6 April 2023.

CONCLUSION

The reactive record is strong and the Directors recorded it as such, against a benchmark rather than against zero. **They did not treat the near-miss figure as a good result.** It is held as objective H4, measured by whether the capture routes are live rather than by a count, with no numeric target on the crews, and carried at CAR-2026-009 to 30/11/2026.

On PPE the Directors chose a single rule deliberately: classifying every engagement to decide who owes the duty would produce determinations to hold and keep current, and would leave the wrong answer standing on any that were misclassified.

ACTION ITEMS

Ref	Action	Person responsible	Deadline
MR-07	PPE position reflected in the PPE policy and RA_HO_15	Leanne Mason	31/10/2026
MR-08	Nearest public-access defibrillator located and recorded within the first aid needs assessment	Sean Ashton	31/12/2026

18. Consultation and Participation of Workers

DISCUSSION

Three routes operate: the **toolbox talk programme** with attendance recorded, the **WhatsApp Works group** used day to day in both directions, and the **weekly Director and HSQE call** captured on FORM_WCC_01. Whether they are working is monitored rather than assumed — the first **HSQE culture audit cycle was run on 22/09/2026** under objective B1, using APP_27.

Clause 5.4 is consultation; clause 9.1 is whether it is effective. The distinction matters because the evidence for each is different: the routes evidence 5.4, the culture audit evidences 9.1.

ISO 45001 clause 9.3 closes with a requirement the Directors took separately: **the relevant outputs of the management review shall be communicated to workers and, where they exist, workers' representatives.** The routes to do it are the ones already in daily use, so the communication is built into

the review as a step of it rather than left to be arranged afterwards.

CONCLUSION

Consultation is operating and its effectiveness is now measured rather than asserted. The Directors accepted the three routes as sufficient for a workforce of this size and shape.

The Directors treated the communication of review outputs as a requirement rather than a courtesy. It is actioned below and becomes a standing step of every review.

ACTION ITEMS

Ref	Action	Person responsible	Deadline
MR-09	Communicate the relevant outputs of this review to the workforce through the WhatsApp Works group and the next toolbox talk, and record that it was done	Leanne Mason	Within 14 days of issue
MR-10	Communication of outputs added to SOP 6.4 as a standing step of the management review	Sean Ashton	31/10/2026

19. SSIP Core Criteria

DISCUSSION

SSIP is not a separate management system. It is assessed as **Core Criteria against ISO 45001 certificate 24725-OHS-001**, and the criteria are answered by the documents and records that answer ISO 45001. The scheme sets **16 criteria**; criteria 13 and 14 apply to Designers and Principal Designers only, and design and development is excluded from the AMWS scope. Criterion 15 applies to Principal Contractors.

Where the applicable criteria are answered in this review and in the system:

Criterion	Answered by
1 Policy and organisation	Section 12 · POL_HSQE_00, POL_HSQE_16, MAN_01a
2 Arrangements	MAN_01 and the 44 SOPs
3 Competent advice	Section 8 · HSQE Consultant retained through Onyx Operations
4 Training and information	Section 8 · APP_12, toolbox talk programme
5 Individual qualifications and experience	Section 8 · APP_13 and ComplianceTrack
6 Monitoring, audit and review	Sections 3 and 13 · APP_20, APP_18
7 Workforce involvement	Section 18 · APP_27 culture audit
8 Accident reporting and enforcement action	Sections 14 and 17 · APP_22, SOP 8.1
9 Sub-contracting procedures	Section 7 · APP_19 and the subcontractor register
10 Risk assessment leading to a safe system of work	Section 17 · RA_HO series, APP_07, APP_08, RAMS under SOP 5.1
11 Co-operating and co-ordinating with others	SOP 5.5 and the RAMS process
12 Welfare provision	POL_HSQE_26 Welfare
16 Fleet operations	Goods Vehicle Operator's Licence OF2049103, six vehicles; APP_14

The next assessment is at the surveillance visit of 6–8 October 2026, on the afternoon of Day 2.

CONCLUSION

The SSIP position is reviewed and **no criterion is answered outside the integrated management system**. No separate evidence trail is created or required.

Employers' liability insurance is in force and the certificate is displayed at the office, which is what Regulation 5 of the Employers' Liability (Compulsory Insurance) Regulations 1998 requires and what criterion 1 expects. It is produced at assessment from there.

One matter was identified for confirmation before the assessment rather than assumed: **whether criterion 15 Principal Contractor applies to AMWS**, which determines whether the applicable count is 13 or 14 of 16.

ACTION ITEMS

Ref	Action	Person responsible	Deadline
MR-11	Confirm whether SSIP criterion 15 Principal Contractor applies, and record the applicable criteria count	Sean Ashton	Before 06/10/2026

20. Clause 9.3.3 — outputs of the review

Required outputs under all three standards. The standard form carries no outputs section; these are held here because they are a "shall".

A) CONCLUSIONS ON THE CONTINUING SUITABILITY, ADEQUACY AND EFFECTIVENESS OF THE IMS

The Directors concluded that the integrated management system **remains suitable, adequate and effective** for A M Water Services Limited.

The basis: sixteen internal audits delivered across the 2026 cycle with no non-conformity; 81 legal requirements evaluated with none assessed as not compliant; zero RIDDOR-reportable injuries, zero lost-time injuries, zero dangerous occurrences and zero environmental incidents across four years, against industry benchmarks of 0.45, 1.2 and 2.8; 32 of 41 corrective actions closed with none overdue; and certification to all three standards maintained.

The conclusion is reached with **three qualifications, each owned and dated rather than left as an observation**. Near-miss and close-call reporting has produced no report in three years and is treated as an absence of data, held as objective H4 with no count target set on the crews. The 2026 internal audit cycle found no nonconformity while the September management system reviews found three, which means the audit sample did not reach where the faults were; the 2027 scope is reset accordingly. And the compliance load identified at APP_03 falls on a fixed capacity, which the Directors record as a resourcing question for decision before the 2027 review.

B) DECISIONS RELATED TO CONTINUAL IMPROVEMENT

Improvement in the period has been **subtractive and deliberately so** — objectives reduced from thirteen to seven, supplier ratings withdrawn in favour of four checks that are applied, aspect actions cut from fourteen to eight each with a legal driver, thirteen middle compliance grades resolved to a binary answer, and the life-cycle grid simplified. In each case what was removed was something the business did not do.

The improvement priorities to the next review are: bringing near-miss and close-call capture to the point where it produces reports rather than a zero count (H4, CAR-2026-009, 30/11/2026); completing the ISO 14001:2026 and ISO 9001:2026 transition work under APP_25 and APP_28; and delivering the two opportunities standing High after controls on APP_05 — the digital IMS completion and ISO 27001 alignment, and the health and wellbeing programme, both owned to 01/12/2026.

C) DECISIONS ON ANY NEED FOR CHANGE TO THE IMS, INCLUDING RESOURCES

No change to the scope of certification was agreed and no additional resource was identified as necessary to operate the system as it stands.

The changes agreed are recorded against their topics above and in the decisions minuted at section 21. No structural change to the management system was required; the changes settled are to how findings are recorded, how communications are captured, and how the 2027 audit cycle is scoped.

D) ACTIONS WHERE OBJECTIVES HAVE NOT BEEN ACHIEVED

No objective has been missed at the date of this review. Six of the seven are on track.

E3, carbon reduction against the 2025 baseline of 288.7 tCO₂e Scope 1 + 2, is on watch and is measured at year end. The action that delivers it is the replacement of the two remaining pre-Euro 6 vehicles by 01/12/2026, chosen because diesel is 97% of the AMWS footprint.

H4 measures whether the near-miss capture routes are live, which they are. The zero report count is the reason the objective exists, and is addressed under CAR-2026-009 to 30/11/2026 rather than by setting a count target.

E) OPPORTUNITIES TO IMPROVE INTEGRATION OF THE IMS WITH OTHER BUSINESS PROCESSES

The single-portal model remains the integration mechanism: one controlled source for procedures, registers and records, with the office working spreadsheets named on the appendix that references them rather than duplicated on the portal. APP_13 is the worked example — it is the controlled reference to ComplianceTrack rather than a second copy of the data.

The integration still to make is **the operational NCR register held on site**, which is the master record for operational and equipment nonconformities and sits outside APP_21. The two are correctly separate in scope, but the review had no sight of the operational register's contents.

F) ANY IMPLICATIONS FOR THE STRATEGIC DIRECTION OF THE ORGANISATION

Three matters carry strategic implications.

Capacity against compliance load. APP_03 records the decisive weakness as capacity rather than capability, and the decisive threat as a compounded compliance load — the Water (Special Measures) Act 2025, the Employment Rights Act 2025 in staged commencement, the Worker Protection duty from 30/10/2026, three ISO transitions and Cyber Essentials, all inside eighteen months, landing on the same people who run the work. This is the material strategic matter for AMWS and is carried to a Director decision before the 2027 review.

The ISO transition stack. ISO 14001:2026 and ISO 9001:2026 are both planned to the autumn 2027 recertification under APP_25 and APP_28, with ISO 45001 expected in 2027 behind them.

WIRS. Reinstated as a strategic intention with no delivery roadmap and no date. AMWS has never held WIRS registration; self-lay does not appear in the certified scope, and applicability is reconfirmed before any self-lay work is accepted.

The **Kier opportunity** is recorded as business development under consideration. Operations are anticipated from late October 2026; no terms and no assurance pack have been received, and no commitment is recorded in the management system.

G) CONCLUSION ON THE ADEQUACY OF RESOURCES

The Directors concluded that **resources are adequate for the management system as it stands**. HSQE support is retained through Onyx Operations under a standing arrangement of a weekly Director and HSQE call and a monthly site visit. Training is funded on approval by the Managing Director. No action on APP_21 is held up for want of resource.

That conclusion is given for the period under review and is **not extended to the period ahead**, for the reason at (f).

21. Decisions and items settled around the review

Three positions were settled on 24/09/2026 following the site visit, and seven items were settled between 24 and 29 September. A meeting cannot decide something that did not exist when it sat, so each carries the date it was settled and was approved through the **standing weekly Director / HSQE compliance call**, the route the controlled documents name for approvals between reviews.

Item	What was settled	Date	Approved
Document reference renumbering	Portal appendices renumbered to an IMS_ prefix; the office registers keep their APP_ references. Scheduled after the October audit — 3,452 references across 372 files. Target 30/11/2026	24/09/2026	Directors, weekly call
Annual re-acknowledgement	Acknowledgement re-issued annually against the current document set and the organisational chart, in addition to the induction acknowledgement. First cycle November 2026	24/09/2026	Directors, weekly call
SMSTS	Aaron Mason and Jason May both to hold SMSTS, recorded as a six-month window to 22/03/2027 rather than carried a third cycle. Not booked before the October audit	24/09/2026	Directors, weekly call
External contact capture	Regulator, neighbour and other interested-party contact is forwarded to the HSQE consultant's address , sean.ashton@onyxoperations.co.uk, and logged by the consultant. Nothing to set up, so the route is live from this date. Documented in SOP 7.1 under MR-06	29/09/2026	Directors, weekly call
Employee assistance programme	No EAP. In-house model stands: two mental health first aiders as first-line, NHS Talking Therapies signposted. POL_HSQE_29 reissued at Revision 2 to carry it	29/09/2026	Directors, weekly call
Risk assessment series	RA_HO_ series retitled to describe what it holds; references and URLs unchanged	29/09/2026	Directors, weekly call
Risk assessment consolidation	The eighteen assessments consolidated where they overlap, alongside the SOP review on 31/10/2026	29/09/2026	Directors, weekly call
e-forms scope	Produced as a controlled document covering the twelve live forms. Plant QR coding not in scope; stays at CAR-2026-012	29/09/2026	Directors, weekly call
CAR-2026-004 and -006	Closed, each raised on an observation identifying no nonconformity	29/09/2026	Directors, weekly call
COSHH_31, COSHH_25, APP_09 Issue 6	New assessment for NAPA Antifreeze found unassessed 24/09; COSHH_25 classification corrected to H315 and H411; assessment sheet format introduced across all 30	24–28/09/2026	Directors, weekly call

22. Actions arising

Ref	Action	Owner	Deadline
MR-01	2027 audit cycle to test records against registers	Sean Ashton	31/03/2027
MR-02	2027 observations recorded without a corrective action form or target date unless a nonconformity is found	Sean Ashton	With the 2027 cycle
MR-04a	Standing capacity item on the weekly call, recorded on FORM_WCC_01	Sean Ashton	From the next call
MR-04b	Capacity check on the Worker Protection duty rollout, measured as it happens	Sean Ashton	31/12/2026
MR-04c	Interim resourcing review before the remaining commencements land	Aaron Mason and Leanne Mason	31/03/2027
MR-04d	Capacity decision taken on the evidence of MR-04a to MR-04c	Aaron Mason and Leanne Mason	30/06/2027
MR-05	Kier requirements reflected in APP_01, APP_05 and APP_06	Sean Ashton	14 days from commencement
MR-06b	External contact question on the weekly call, logged on FORM_WCC_01	Sean Ashton	From the next call
MR-06	SOP 7.1 updated to document both routes	Sean Ashton	31/10/2026
MR-07	PPE position reflected in the PPE policy and RA_HO_15	Leanne Mason	31/10/2026
MR-08	Nearest public-access defibrillator recorded in the first aid needs assessment	Sean Ashton	31/12/2026
MR-09	Review outputs communicated to the workforce and recorded	Leanne Mason	14 days from issue
MR-10	Communication of outputs added to SOP 6.4 as a standing step	Sean Ashton	31/10/2026
MR-11	Confirm whether SSIP criterion 15 applies	Sean Ashton	Before 06/10/2026

Open corrective actions are not repeated here. They carry their own owners and dates on APP_21, and the review's position on each is at section 4.

23. Clause coverage

Every input named by any of the three standards, and the section that answers it.

Required input	9001	14001	45001	Section
Status of actions from previous reviews	✓	✓	✓	1
Changes in external and internal issues	✓	✓	✓	10
Changes in needs and expectations of interested parties	✓	✓	✓	10
Changes in compliance obligations / legal requirements	—	✓	✓	10, 14
Changes in significant environmental aspects	—	✓	—	16
Changes in risks and opportunities	✓	✓	✓	10
Customer satisfaction and feedback	✓	—	—	5, 6

Required input	9001	14001	45001	Section
Extent to which objectives have been met	✓	✓	✓	11
Extent to which the policy has been met	—	—	✓	12
Process performance and conformity of services	✓	—	—	2
Nonconformities and corrective actions	✓	✓	✓	4
Monitoring and measurement results	✓	✓	✓	13
Results of the evaluation of compliance	—	✓	✓	14
Audit results	✓	✓	✓	3
Performance of external providers	✓	—	—	7
Incidents and OH&S performance	—	—	✓	17
Consultation and participation of workers	—	—	✓	18
Relevant communications from interested parties, including complaints	—	✓	✓	15
Adequacy of resources	✓	✓	✓	8, 20(g)
Effectiveness of actions taken on risks and opportunities	✓	—	—	10, 17
Opportunities for continual improvement	✓	✓	✓	9, 20(b)
SSIP Core Criteria position	—	—	—	19

Outputs. All six required outputs are at section 20, plus the explicit resources conclusion at 20(g). ISO 45001 additionally requires the relevant outputs to be **communicated to workers** — action MR-09.

24. Approval

	Name	Signature	Date
Chaired by	Sean Ashton, HSQE Consultant	S. Ashton	29/09/2026
Minuted by	Sean Ashton, HSQE Consultant	S. Ashton	29/09/2026
Approved by	Aaron Mason, Managing Director	A. Mason	29/09/2026
Approved by	Leanne Mason, Director	L. Mason	29/09/2026

25. Immediately after this review

#	Task	Owner	Due
1	Issue this record — Issue 1, dated and signed	Sean Ashton	+2 working days
2	Transcribe the actions arising into APP_21	Sean Ashton	+2 working days
3	Update APP_24	Sean Ashton	+2 working days
4	Communicate the relevant outputs to the workforce	Leanne Mason	14 days from issue

Next review

September 2027 (Annual), with an interim review if substantive change warrants it.

Related documents

- Management Review — May 2026 (Interim)
- APP_20 Internal Audits Programme · APP_21 Corrective Action Register
- APP_11 Objectives & KPIs · APP_10 Legal & Compliance Register
- 2026-10 ISOQAR Surveillance Audit

Standards applied: ISO 9001, ISO 14001 and ISO 45001 Clause 9.3, and the SSIP Core Criteria — referenced undated.