

Assessment Report

Galliford Try Holdings PLC

Assessment dates	14/10/2022 to 14/10/2022 (Please refer to Appendix for details)
Assessment Location(s)	Uxbridge (002)
Report author	Darren Lacey
Assessment Standard(s)	ISO 45001:2018 (SSIP)



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Executive summary

Thanks are extended to all persons seen throughout the course of this assessment for the time and hospitality afforded to the writer.

As detailed within the strategic review element of this report, clear leadership was demonstrated during this assessment and both progress versus previous objectives was demonstrated along with the forward business strategy and targets for Galliford Try Construction and Investment Holdings Limited.

Overall performance has been positive and a clear ethos of continual improvement was demonstrated.

Re certification is hereby recommended, subject to the receipt and acceptance of a corrective action plan to cover the minor NCR raised.

Changes in the organization since last assessment

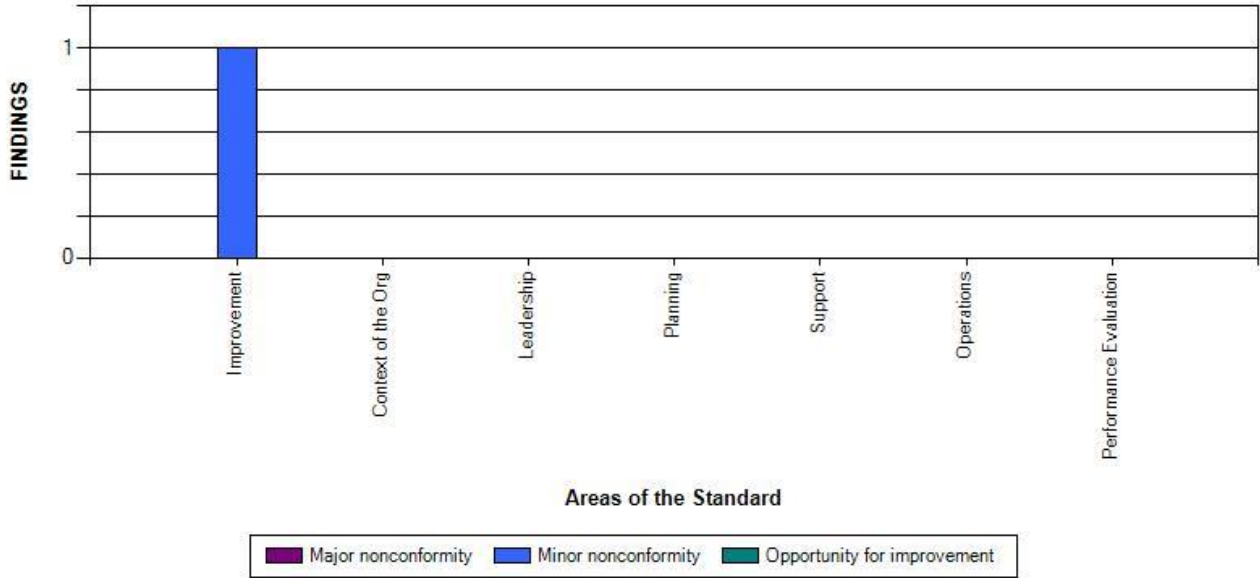
There is no significant change of the organization structure and key personnel involved in the audited management system.

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

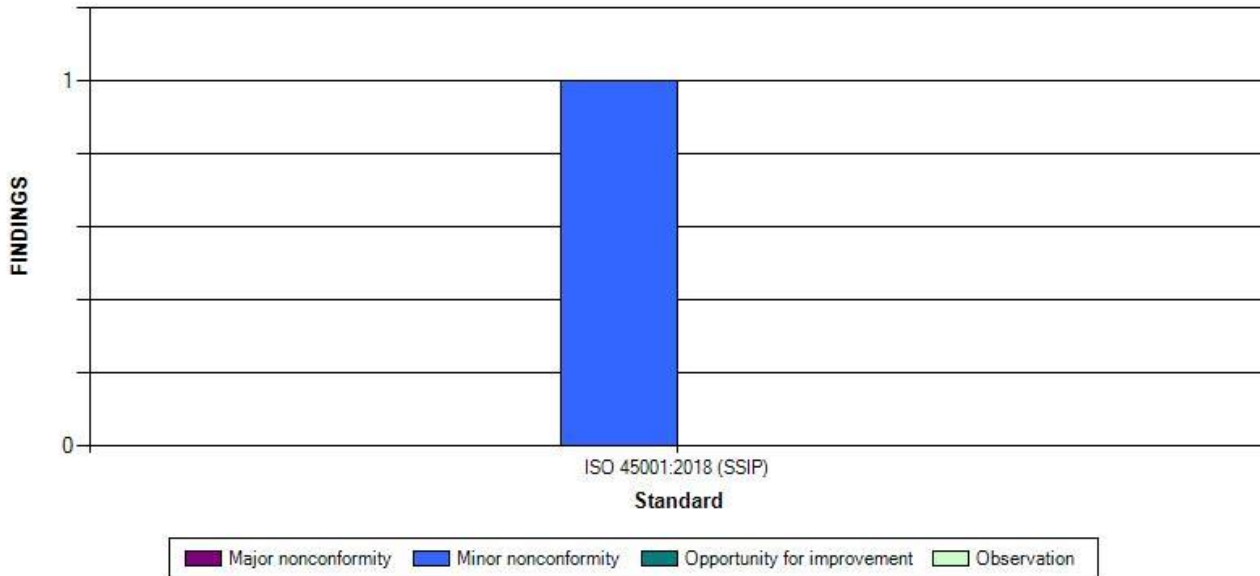
There was no change to the reference or normative documents which is related to the scope of certification.

NCR summary graphs

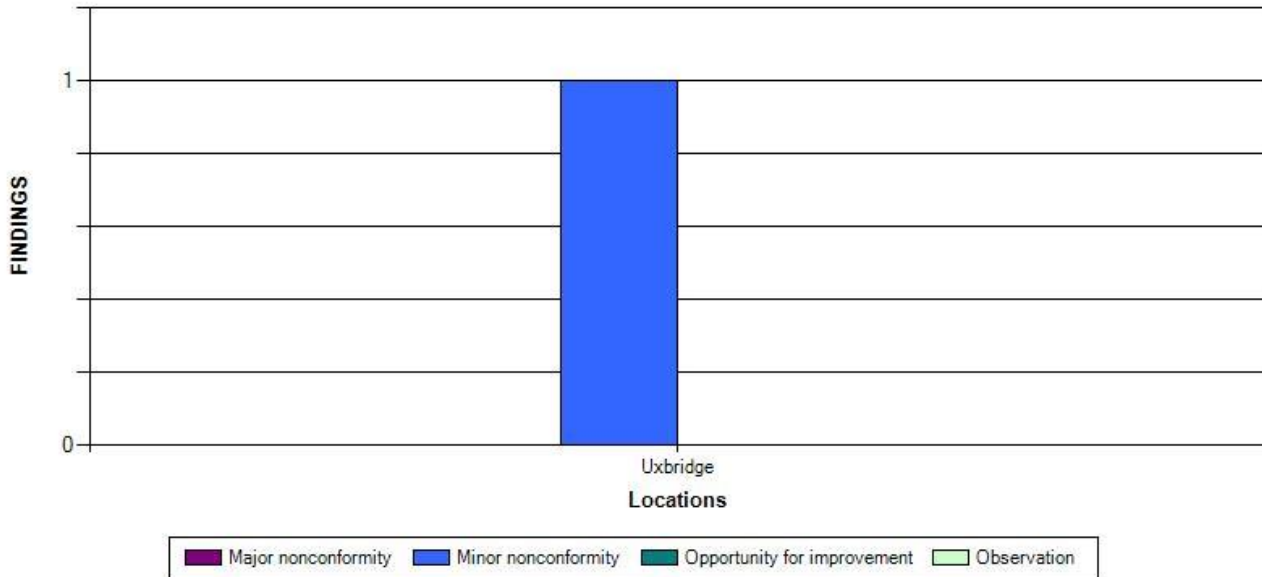
Areas of the standard(s) where BSI recorded findings



Which standard(s) BSI recorded findings against



Where BSI recorded findings



Your next steps

NCR close out process

Corrective actions with respect to nonconformities raised at the last assessment have been reviewed and found to be effectively implemented.

A minor nonconformity requiring attention was identified. This, along with other findings, is contained within subsequent sections of the report.

A minor nonconformity relates to a single identified lapse, which in itself would not indicate a breakdown in the management system's ability to effectively control the processes for which it was intended. It is necessary to investigate the underlying cause of any issue to determine corrective action. The proposed action will be reviewed for effective implementation at the next assessment.

Please refer to Assessment Conclusion and Recommendation section for the required submission and the defined timeline.

Assessment objective, scope and criteria

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

The scope of the assessment is the documented management system with relation to the requirements of ISO 45001, SSiP and the defined assessment plan provided in terms of locations and areas of the system and organization to be assessed.

ISO 45001, SSiP

The Galliford Try H,S&E management system documentation (BMS and SHE Standards)

Statutory and regulatory requirements

Galliford Try have various methods of identifying relevant statutory and regulatory requirements, including those detailed below. Effectiveness is confirmed via internal risk audit, internal audit, internal management review, Board Reviews, project controls, external audit, SSER scored inspections, for example.

GT Legal Department (contractual, Supply Chain)

Group HR (employment of people legislation)

GT IT department

Group Risk department

Head of Information Security & Compliance

Development of Inspection & Test Plans

Group Secretary (Insurance, Risk, Bribery, Corruption)

Group H,S & E Director (Legislative compliance with H,S & E)

Contract & Commercial review

Operations Management (project level)

Industry Bodies, ie; CIOB, ICE, CECA, Constructing Excellence, RIBA, Build UK, CIRIA etc...

Corporate access to 'Technical Standards Online' and IHS Subscriptions (monitors of documents downloaded, viewed monitored)

Members of BSI (Standards)

H&S Legal requirements are detailed within the various GT SHE Standards and Guidance Notes.

Performance monitoring and evaluation of compliance therewith is undertaken via the Group H&S Audits and SSER scored inspections, with enhanced detail included within later sections of this report. In addition, Legal compliance is reviewed as part of incident and HiPo investigations and reviews. All as summarised at BU Management Review.

Assessment participants

Name	Position	Role	Opening meeting	Closing meeting	Interviewed (processes)	Justification
Mike Webb	Group H,S & E Director	Top management (legal responsibility for H&S)	X	X	X	
Sylvia Bates	Group H,S & E Systems Manager and National Investigator	Manager or employee (H&S role)	X	X	X	
Graham Summersgill	Head of H,S & E - Building & Lead of Occupational Health Working Group	Responsible for health monitoring		X		
	Safety Coaches on projects Employee Engagement Group Representatives	Employee H&S representative				Based within Business Units. Included within surveillance programme assessments

Assessment conclusion

BSI assessment team

Name	Position
Darren Lacey	Team Leader

Assessment conclusion and recommendation

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

RECOMMENDED - Corrective Action Plan Required ('Minor' findings only): The audited organization may be recommended for re certification, based upon the acceptance of a satisfactory corrective action plan for all 'Minor' findings as shown in this report. Effective implementation of corrective actions will be reviewed during the next surveillance audit.

Please submit a plan through the BSI Connect Portal detailing the nonconformity, the root cause, correction and your proposed corrective action, with responsibilities and timescales allocated. The plan is to be submitted no later than 04/11/2022. If the corrective action plan is not received by this date you may be putting your certification status at risk.

For any questions please contact your local BSI office, referencing the report number 3677322.

Use of certification documents, mark / logo or report

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

Findings from previous assessments

Finding Reference	2036863-202103-N1	Certificate Reference	OHS 71287
Certificate Standard	ISO 45001:2018 (SSIP)	Clause	9.3
Location reference	0047135899-002		
Category	Minor		
Area/process:	Performance Monitoring, Measurement & Improvement		
Details:	The requirement to complete the management review agenda was fully implemented.		
Objective Evidence:	It was noted that the management review agenda items was not fully covered at all Business Unit Management Reviews. For example, the Highways & Rock Alluvium Business Unit Management reviews dated 21.01.2021 & 05.02.2021 respectively did not address or record any information relating to consultation & participation.		
Cause			
<p>Raised on internal CAP (FM HSS M02-07)</p> <p>Not all supporting Management Review documentation issued to head office, as managed locally within the BU (some back up evidence supporting the MR minutes held locally).</p>			
Correction/containment			
Review and update Management Review template (FM HSS M02-11) providing additional guidance on requirements and a specific section covering Communication & Consultation.			
Corrective action			
Management Review template (FM HSS M02-11) updated to include a section covering Communication & Consultation - Section D5 of the template minutes. Evidenced as completed in practice, ie; Management Review undertaken by Highways, dated 27/01/22.			
Closed?:			
Yes			
Justification	Closed.		

Findings from this assessment

Overview:

During this last 3 year strategic cycle, the Group has undergone a significant restructure selling the Galliford Try Partnerships and Linden Homes businesses in 2019 and pre Covid. This cash injection enabled the business to close out some legacy projects and set out a new, strong position to re focus on stand alone construction and civils projects.

As a result of the above restructuring, Mr Bill Hocking took over the role of Chief Executive, in addition to other senior leadership appointments.

In 2021, the Galliford Try business acquired selected parts of the NMNC business, following the wider NMNC business going into receivership. This included for a number of new Water frameworks, enhanced design capability and a fabrication works. In essence, this has circa trebled the size of the GT Water Business and overall, this has led to an increase in size of the Environment Business Unit. At this current stage, the ex NMNC business is operating under its existing BSI certifications and so this BSI certification has yet to be fully affected. It is planned to move the ex NMNC operations over to this GT Group BSI certification over the coming months, with associated discussions taking place between GT and Mark Stokes of BSI.

It was confirmed that no significant changes to the BMS / OHS management system apply, however continual improvement related amendments have been made in a controlled manner, in line with the business' ethos of continual improvement.

This strategic review assessment included for discussions with Mr Mike Webb and Mrs Sylvia Bates. Enhanced detail is included within the Strategic Review element this report.

Accidents, Incidents & Liaison with Regulators:

It was confirmed that throughout this last 3 years strategic cycle no Health & Safety related Enforcement Actions or Prosecutions apply. Discussion confirmed the ongoing Costain / Galliford Try JV incident resulting in a fatality is due to be heard in Crown Court w/c Monday 14th November. Galliford Try management confirmed that they will update BSI with the outcome, as necessary.

Regulator visits and communications with Regulators are recorded within the ActivSHEQ database. Review confirmed nothing was outstanding and several examples of positive feedback were discussed, ie; ActivSHEQ ref; 30916, dated 04/10/22, Build SW Business Unit, no follow up actions, following HSE visit to review incident reported.

2022, YTD, there have been 10 RIDDORs and 20 Lost Time Incidents reported throughout the Group

- reported on ActivSHEQ
- sampled, ie; RIDDOR incident refs; 30860 (August 2022), 30891 (September 2022), LTI incident ref; 30904 (September 2022)
- confirmed investigations undertaken with associated detail recorded

Summary;

- assessment criteria included for discussion and document / records review
- good overall compliance demonstrated from the discussions held and for the samples reviewed

Management Review, Internal Audit and SSER SHE Scored Inspections:

Management Review is undertaken at Business Unit level as per the BMS requirements

- copies issued to Group, ie; all reviews undertaken in January 2022 and collated at Group level
- examples reviewed included for Build East Midlands, Build WM & SW and Highways - all dated January 2022 (associated action plans in place stemming therefrom)
- Group internal analysis undertaken of all Management Reviews - top level reporting, trending and analysis demonstrated by Mrs Bates

Group Internal OHS Audits for 2022 have been scheduled covering the full scope of the business. Internal Audit reports were sampled and seen to be completed in good detail.

Evidence reviewed included for;

- Building, North East & Yorkshire - Audit Report dated 09/08/22
- Building East Midlands, Office Audit - Audit Report dated 22/06/22
- Building, Southern - Audit Report dated 07/07/22

Associated corrective action management was sampled and seen to be generally well managed through the internal Corrective Action Plans, uploaded to the system, ie;

- GT CAP (FM HSS M02-07), Building, North East & Yorkshire , dated 16 August 2022

- no CAP in place however for the NCRs raised at the Build East Midlands Internal Audit, dated 22/06/22, or the Building Southern Internal Audit, dated 07/07/22 - please see combined Corrective Action related NCR

Monthly SSER scored inspections continue to be undertaken, per project, and recorded on the ActivSHEQ system - evidence reviewed, ie; ActivSHEQ reference numbers 96855, 96848, 94954...

Associated corrective actions raised on ActivSHEQ. Good overall compliance demonstrated in terms of corrective action management, however some examples were seen where actions have not been addressed in a timely manner, or reviewed internally in order to fully close them out on the system - please see combined Corrective Action related NCR.

Reporting;

- Internal monitoring and analysis from the 2021 Group Internal Audits undertaken and reported internally
- Internal monitoring and analysis from the SSER scored inspections undertaken and reported internally
- Trends include for Housekeeping, Edge / Fall Protection, Slips, Trips, Falls, Hazard & Risk Management and Monitoring

Summary;

- assessment criteria included for discussion and document / records review
- good overall compliance demonstrated from the discussions held and for the samples reviewed, however please note minor NCR raised

Forward Visit Cycle:

The 2023 forward visit cycle was reviewed against current staffing numbers and confirmed to be 9 days per year for the OHS certification, as per the MD5 document and BSI durations calculator;

- circa 2300 staff
- circa 3000 subcontractors, on average at any one time
- circa 3395 'Effective' staff numbers, on average
- T03, Construction (High Risk Industry)
- Minus deductions calculated for the mature management system and integrated approach (30% reduction in assessment time)

Assessments will be undertaken at local Business Unit offices and on live projects. Where possible an integrated approach will be used covering both OHS and EMS Standards in line with the Assessor Guidance Notes.

BSI Technical Expert reviews have been scheduled, identified with (BSI TE assessment) against the applicable booking references below.

The next annual planning meeting is scheduled to be undertaken in April 2023, with a view to booking the 2024 surveillance assessment programme.

2023 Assessment Programme:

BSI Location 005 - Rock & Alluvium - 12/01/23 (1 day site & 1 day office combined with EMS, to include for new office verification, 4 Swan Court, High Street, Leatherhead, Surrey, KT22 8AH)

BSI Location 022 - Building, East Midlands, Enderby - 06/09/23 - (combined with EMS assessment - 1 day site & 1 day office)

BSI Location 000 - GT Environment, Warrington (to be undertaken at Scottish Water framework) - 20/09/23 (combined with EMS assessment - 1 day site & 1 day office)

BSI Location 037 - Building, Central Scotland, Glasgow - 04/10/23 - (combined with EMS assessment - 1 day site & 1 day office)

BSI Location 059 - Building, Guildford - 11/10/23 (combined with EMS assessment - 1 day site & 1 day office)

BSI Location 054 - GT Rail, Warrington - 18/10/23 (1 day site & 1 day office combined with EMS)

BSI Location 061 - Building, WM & SW, Solihull - 15/11/23 - (combined with EMS assessment - 1 day site & 1 day office)

BSI Location 060 - Building NE, Gateshead - 22/11/23 (1 day site & 1 day office combined with EMS)

BSI Location 087 - GT Highways (BSI TE assessment, Melton Mowbray site) - 29/11/23

Assessment Planning:

Where possible, the following assessment visit plans will be used during the forward visit cycle by all assessors. Any change or amendment will be managed on an individual basis by Mrs Bates of Galliford Try and Mark Stokes / the BSI CCM. In line with the Assessor Guidance Notes, the focus covering top level system and strategic elements will be covered at the HQ assessments only with Business Unit and project based assessments covering 'local' issues only.

Business Unit Office Assessments - OHS

- Opening Mtg, Business Unit Update & Changes
- Regulator Communications / Legal Notices. Accidents / Incidents Management
- Senior Management Review - Business Unit level - Context, Roles & Responsibilities, Interested Parties, Strategy, Risk & Opportunity, Objectives & Targets, Improvement...
- Business Unit Management Review
- Business Unit Internal Audit, SSER & Corrective Action
- Communication, Consultation, Engagement
- Office OHS Controls - planning and office premises plan, operational controls, emergency planning, risk assessment, document & record controls
- Procurement & Outsourcing
- Resource, HR, Training & Occupational Health
- SSiP throughout and follow up during corresponding site visit
- Report Write Up
- Closing Mtg

Site Visit - OHS

- Opening Mtg
- Introduction to the project
- Local monitoring (SSER, site management inspections, corrective actions...)
- Site Tour - planning, operational controls, welfare, emergency planning, risk assessment, s/c management, legal requirements, plant & materials etc...
- Planning & Construction Phase Plan, F10, Interested Parties, Roles, Responsibilities, Change Management
- Follow up records
- Communication & Consultation with Workers
- Resource, Training & Competence (local, site based)
- SSiP checklist
- Report Write Up
- Closing Mtg

Assessment of any required Head Office function during the BSI Technical Expert assessments can be covered via MS Teams during the applicable assessment.

Minor (1) nonconformities arising from this assessment.

Finding Reference	2261850-202210-N1	Certificate Reference	OHS 71287
Certificate Standard	ISO 45001:2018 (SSIP)	Clause	10.2
Location reference	0047135899-002		
Assessment Number	3677322		
Category	Minor		
Area/process:	Management Review, Internal Audit and SSER SHE Scored Inspections		
Statement of non-conformance:	Lapses in corrective action management identified during the assessment.		
Clause requirements	<p>Incident, nonconformity and corrective action</p> <p>The organization shall establish, implement and maintain a process(es), that include(s) reporting, investigating and taking action, to determine and manage incidents, and nonconformities.</p> <p>When an incident or a nonconformity occurs, the organization shall:</p> <ol style="list-style-type: none"> a) react in a timely manner to the incident or nonconformity, and, as applicable: <ol style="list-style-type: none"> 1) take action to control and correct it; 2) deal with the consequences; b) evaluate, with the participation of workers (see 5.4) and the involvement of other relevant interested parties, the need for corrective action to eliminate the root cause(s) of the incident or nonconformity, in order that it does not recur or occur elsewhere, by: <ol style="list-style-type: none"> 1) investigating the incident or reviewing the nonconformity; 2) determining the cause(s) of the incident or nonconformity; 3) determining if similar incidents have occurred, nonconformities exist, or if either could potentially occur; c) review existing assessments of OH&S risks and other risks, as appropriate (see 6.1); d) determine and implement any action needed, including corrective action, in accordance with the hierarchy of controls (see 8.1.2) and the management of change (see 8.1.3); e) assess OH&S risks that relate to new or changed hazards, prior to taking action; f) review the effectiveness of any action taken, including corrective action; g) make changes to the OH&S management system, if necessary. <p>Corrective actions shall be appropriate to the effects or potential effects of the incidents or nonconformities encountered.</p> <p>The organization shall retain documented information as evidence of:</p> <ul style="list-style-type: none"> — the nature of the incidents or nonconformities and any subsequent actions taken; — the results of any action and corrective action, including their effectiveness. 		

	<p>The organization shall communicate this documented information to relevant workers, and where they exist, workers' representatives, and other relevant interested parties.</p>
<p>Objective Evidence</p>	<p>No CAP could be evidenced as being in place for the NCRs raised at the Build East Midlands Internal Audit, dated 22/06/22, or the Building Southern Internal Audit, dated 07/07/22.</p> <p>Corrective actions due stemming from SSERs could not be evidenced as being reviewed for effectiveness in a timely manner, in all instances, ie; in relation to SSERs references 96855, 96848, 94958, 94954, 94956, for example.</p> <p>In the month of September 2022, 41 corrective actions due stemming from SSERs were seen to have been closed out late.</p>
<p>Cause</p>	
<p></p>	
<p>Correction/containment</p>	
<p></p>	
<p>Corrective action</p>	
<p></p>	

Next visit objectives, scope and criteria

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

The scope of the assessment is the documented management system with relation to the requirements of ISO 45001, SSiP and the defined assessment plan provided in terms of locations and areas of the system and organization to be assessed.

ISO 45001, SSiP

The Galliford Try H,S&E management system documentation (BMS and SHE Standards)

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

Next visit plan

Date	Auditor	Time	Area/process	Clause
			As per account plan and annual planning mtg	

Appendix: Your certification structure & ongoing assessment programme

Scope of certification

OHS 71287 (ISO 45001:2018 (SSIP))

The design, construction and maintenance of building, civil engineering and infrastructure projects including working as part of a joint venture. The provision of facilities management services. Full validation of this certificate should be made via SSIP Portal www.ssiportal.org.uk [Previously certified to BS OHSAS 18001:2007 since 2005-01-19]

Assessed location(s)

The audit has been performed at Central Office.

Uxbridge / OHS 71287 (ISO 45001:2018 (SSIP))

Location reference	0047135899-002
Address	Galliford Try Construction & Holdings Limited Blake House 3 Frayswater Place Uxbridge UB8 2AD United Kingdom
Visit type	Re-certification Audit (SR Opt 1)
Assessment number	3677322
Assessment dates	14/10/2022
Audit plan (revision date)	01/10/2022
Deviation from audit plan	No
Total number of Employees	2300
Effective number of Employees	3395
Scope of activities at the site	The design, construction and maintenance of building, civil engineering and infrastructure projects including working as part of a joint venture.
Assessment duration	1 day(s)

Certification assessment programme

Certificate number - OHS 71287

Location reference - 0047135899-002

		Audit1	Audit2	Audit3
Business area/location	Date (mm/yy):	2023	2024	2025
	Duration (days):	9	9	9
BSi H&S Specialists will be used throughout this assessment cycle on at least an annual basis. This will be confirmed through the more detailed planning held with the client on an annual basis.		X	X	X
Assessment of any required Head Office function during the BSI Technical Expert assessments can be covered via MS Teams during the applicable assessment.				
Group PLC - Uxbridge (BSi Specialist Assessment to be held at Enderby. To include review of OH&S MS, Legal, Review with SHE Director and office H&S management...)			X	
GT Building, Inverness			X	
GT Building, Glasgow		X		
GT Building, Aberdeen			X	
GT Building, Uxbridge				X
GT Building, Guildford		X		X
GT Building, Enderby		X		X
GT Building, Solihull		X		X
GT Building, Gateshead		X		X
GT Building, Leeds			X	
GT Building, Warrington			X	
GT Rail, Warrington		X	X	X
GT Environment Division		X	X	X
GT Infrastructure, Grangemouth			X	
Rock & Alluvium (inc for plant depot)		X		
Facilities Management			X	
Highways		X		X
Strategic Review				X

Mandatory requirements – recertification

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

All requirements of the standard have been implemented.

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

The certificate structure and location activities have been reviewed.

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

Technical Expert(s) have been used in the certification cycle.

One TE assessment per annum undertaken by Messrs Vince Harte, Scott Maddison, Lance Dinnall and Kevan Alderton respectively.

Complaints received by BSI

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

Strategic review pack summary

Over the course of the last 3 year strategic cycle 28.5 days surveillance assessments have been completed, along with 4 days ISO 45001 migration assessments, 2 days Stage 2 assessments and half a day NCR close out assessment.

A number of assessments scheduled in the current 2022 programme have been postponed and re scheduled for later in the year / Q1 of 2023, as approved by Mark Stokes, BSI Head of Key Accounts.

Over the course of this last 3 year Strategic cycle's assessments, the following findings apply;

- 1 Major NCR has been identified
- 67 Minor NCR's identified
- a number of Opportunities For Improvement identified

The Major NCR was Corrective Action related.

Of the Minor NCR's and Opportunities for Improvement, a number of trends have been highlighted. These are as follows;

- 14 minor NCRs - Operational Control
- 9 NCRs - Site Induction / Competence Records / Training Records related
- 7 NCRs - S/C Management / Control related
- 7 NCRs - RAMS / RAMS Review related
- 6 NCRs - Roles & Responsibilities related
- 5 NCRs - Corrective Action related
- 5 NCRs - Emergency Planning / Fire Management related

All NCRs have either been addressed and closed out within the BSI system, or a corrective action plan has been received by BSI, with nothing hereby confirmed as outstanding.

Progress in relation to management system objectives.

Discussion was held with Mr Mike Webb from the Group Directorate and Mrs Bates from the SHE senior management team covering Strategy, Policy, Performance, Objectives and Continual Improvement.

Good overall progress has been made in relation to the targets set over the course of this last 3 years strategic cycle, reported formally through the Business Unit level Management Reviews and via monthly Board Packs / Meetings.

Targets have been set at Group level and then cascaded down to BU level. Targets reviewed during the last 3 year cycle were evidenced as being linked to the top level Group pillars of People, H&S, Sustainability, Customers and Supply Chain. Details of the objective, target, measurement & method to achieve, champion and progress were all recorded, as evidenced during the BU level assessments.

Further discussions held around the SHE targets set including those relating to;

- review of wellbeing strategy and works surrounding both female and mental health
- discussions around design and the benefits of CDM and designing out risk along
- review of HiPo incidents across the Divisions and associated communications and learnings. Examples include for those relating to Nano MEWPs and site security (July 2022)
- review of 'lunch & learn' sessions across the business units covering a range of SHE related topics

Monitoring methods include for;

- Leading Indicators covering Director Safety Tours, SSER close out of actions, HiPos, Quarterly HSS Forums, Annual Supply Chain Conference, Competence, Culture, Contractors, Planning...
- the Leading Indicators are reviewed formally at both Group level on a six monthly basis, and locally at BU level

Leadership, commitment and strategy

Discussion with Mr Webb and Mrs Bates confirmed strong senior management commitment in relation to the OHS, compliance therewith and continual improvement. Topics and areas covered included for;

- Monthly HS&E Forums take place with the Exec Board and Business Unit MDs / Operations Directors where performance, change, progress versus targets etc is all covered.
- HSE Structure and associated roles & responsibilities. Succession planning and investment from the Group Board into the SHE resource and development..
- The upcoming SHE and Wellbeing Conference to be held at St George's Park - November 2022. Key agenda items to cover the current theme linked to the Group Objectives of 'Thinking Differently'. Elements to be reviewed will include for plans of improved engagement with the workforce and subcontract workers, the effectiveness of toolbox talks and communications, any potential improvements in relation to the NAB teams and CBAB, ways to improve the effectiveness of SSERs via risk based thinking, learnings from incidents HiPo's and alerts, reviews of health and well-being issues being linked to accidents, incidents & HiPo's and Occupational Health improvements. The full HSE and Well Being Team and Exec will be in attendance.
- Discussion around Aligned Supply Chain partners and subcontractors, along with associated communications regarding their performance and contribution to GT achieving their targets.

- The Occupational Health Working Group.
- Discussion around the trends identified from internal audit and SSERs and ongoing actions to address, ie; through induction, CBAB communications, site management & enhanced monitoring... - trends include for edge protection / fall protection, slips, trips & falls, site order / housekeeping, hazard & risk management, pedestrian walkways and monitoring...
- Exec Board approval for the development of the 'Choose the Safe Path' training.
- Suite of Core Competencies for the SHE Team - to drive continued development and CPD, Leadership, Core HSE Learning, Behaviours, Train the Trainer...

Group Targets seen to include for;

- Minimum Plant Standards - to enhance in built safety features
- Occupational Health - focus on treating health like safety and elimination of hazards
- Inductions - Target to improve and make them more meaningful
- Continued roll out of the VR training across projects / Business Units

Cascaded down to BU level where enhanced plans of how to achieve set. Further communications via the CEO Roadshows, delivered across the business by Group CEO, Mr Bill Hocking.

Effectiveness of the Management System

No concerns have been raised during this last strategic period in relation to the inter action of elements of the management system.

No significant changes have applied which have required additional re assessment, however as noted earlier within this review, extension to scope assessments have been successfully undertaken under this certification, and further verification assessments are scheduled in relation to the acquisition of the NMCN business.

The Business Management System has been instrumental in helping the business work through the period affected by Covid and as noted earlier within this report, planned future improvements are scheduled.

Impartiality review

During this last 3 year strategic cycle 15 BSI Assessors have been utilised, including for the writer and Messrs Maddison, Dinnall, Stanton, Harte, Wright, Eagle, Morris, Alderton, Lavin, Foki, Dawson and Musk, and Mrs Davidson and Mrs Higgins. This clearly demonstrates assessor impartiality.

No conflicts of interest apply or have been reported.

BSI are to appoint a new CCM to help in managing the Galliford Try account, via Mr Mark Stokes.

Continue with the current total assessment days/cycle – Yes

Expected outcomes for accredited certification

What accredited management system certification means?

To achieve an organization's objectives related to the Expected Outcomes intended by the management systems standard, the accredited management system certification is expected to provide confidence that the organization has a management system that conforms to the applicable requirements of the specific ISO standard.

In particular, it is to be expected that the organization

- has a system which is appropriate for its organizational context and certification scope, a defined policy appropriate for the intent of the specific management system standard and to the nature, scale and impacts of its activities, products and services over their lifecycles, is addressing risks and opportunities associated with its context and objectives;
- analyses and understands customer needs and expectations, as well as the relevant statutory and regulatory requirements related to its products, processes and services;
- ensures that product, process and service characteristics have been specified in order to meet customer and applicable statutory/regulatory requirements;
- has determined and is managing the processes needed to achieve the Expected Outcomes intended by the management system standard;
- has ensured the availability of resources necessary to support the operation and monitoring of these products, processes and services;
- monitors and controls the defined product process and service characteristics;
- aims to prevent nonconformities, and has systematic improvement processes in place including the addressing of complaints from interested parties;
- has implemented an effective internal audit and management review process;
- is monitoring, measuring, analysing, evaluating and improving the effectiveness of its management system and has implemented processes for communicating internally, as well as responding to and communicating with interested external parties.

What accredited management systems certification does not mean?

It is important to recognize that management system standards define requirements for an organization's management system, and not the specific performance criteria that are to be achieved (such as product or service standards, environmental performance criteria etc).

Accredited management systems certification should provide confidence in the organization's ability to meet its objectives related to the intent of the management system standard. A management systems audit is not a full legal compliance audit, and does not necessarily ensure ethical behaviour or that the organization will always achieve 100% conformity and legal compliance, though this should of course be a permanent goal.

Within its scope of certification, accredited management systems certification does not imply or ensure, for example:

- that the organization is providing a superior product and service, or
- that the organization's product and service itself is certified as meeting the requirements of an ISO (or any other) standard or specification.

Definitions of findings:

Nonconformity:

Non-fulfilment of a requirement.

Major nonconformity:

Nonconformity that affects the capability of the management system to achieve the intended results.

Nonconformities could be classified as major in the following circumstances:

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

Minor nonconformity:

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

Opportunity for improvement:

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

How to contact BSI

Visit the BSI Connect Portal, our web-based self-service tool to access all your BSI assessment and testing data at a time that's convenient to you. View future audit schedules, submit your corrective action plans and download your reports and Mark of Trust logos to promote your achievement. Plus, you can benchmark your performance using our dashboards to help with your continual improvement journey.

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

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

Notes

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

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

Regulatory compliance

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