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| **No. 1. Planning & Review Procedure** |
| **Document History:** |
| Issuelevel | Page No(s) | Date  | Brief details of amendment(s) to procedure |
| 1 | All  | 01/02/2022 | First issue of procedure |
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1. **Purpose:**
	1. To detail how Prestige BB Ltd reviews and evaluates the Management System and ensure its continued suitability and effectiveness.
	2. To ensure all elements aspects of the Management System are internally audited and evaluated on a regular basis.
	3. To provide a framework for constant evaluation, assessment and improvement.
2. **Related Documents:**
	1. ISO 9001 Paragraphs 5.1, 5.2, 5.2.1, 5.2.2, 6.1, 6.2, 6.3, 7.1,7.4, 8.2, 9.1, 9.2 & 9.3
	2. ISO14001 Paragraphs 5.1, 5.2, 6.1, 6.2, 6.3, 7.1, 7.4, 8.2, 9.1, 9.2 & 9.3
	3. OHSAS18001 Paragraphs 4.3.1, 4.3.2, 4.3.3, 4.4.1, 4.5.1, 4.5.3, 4.5.4, 4.5.5 & 4.6
	4. Annex 1 Interested Parties & Context
	5. Audit Schedule
	6. Management Programme
	7. Management Review Template
	8. Register of Legal & Other Requirements
3. **Responsibility:**
	1. It is the responsibility of Top Management to ensure that Company Audits and Management Reviews are carried out in compliance with this Procedure.
	2. Top Management are responsible for ensuring all risks are assessed and that adequate control measures are identified.
	3. Any changes to this procedure will be authorised and issued by the FS Administrator.
	4. **Internal Audit Programme:**

The Internal Audit Schedule will ensure:

1. The management system conforms to the requirements of ISO9001.
2. All Company personnel understand and effectively follow the documentation
3. Procedural documentation is effective in controlling the processes involved.
4. Objective evidence is obtained to demonstrate compliance/non-compliance with the procedure(s)
5. Independence and impartiality of the auditor allocated.
6. Internal audits must be carried out within the month specified on the Audit Schedule.
	1. **The Internal Audit:**

On receipt of the Audit Report form the Auditor will:

**DEVELOP AUDIT SCHEDULE**

**IDENTIFY & AGREE ANY PROBLEMS OR IMPROVEMENTS**

**ARRANGE OPENING MEETING**

**RECORD EVIDENCE OF COMPLIANCE**

**AGREE ACTIONS & FOLLOW UP DATE**

**CONDUCT FOLLOW UP AND CHECK ACTIONS**

**RETURN REPORT TO FILE**

**REVIEW & CLOSE REPORT**

**REVIEW ALL REPORTS AT MGT REVIEW MEETING**

**PRODUCE CHECKLIST**

1. Perform the Audit within the month specified.
2. Produce a Checklist of questions to be asked during the Audit. The Checklist will be used to record details of evidence reviewed during the Audit. A copy of the procedure may be used as the checklist.
3. Agree any points of non-conformance at a closing meeting with the Auditee and, where necessary document the non-conformances on the Audit Report form also detailing any action required.
4. The Auditee will sign in agreement where non-conformances are raised and complete the Corrective Action section of the Audit Report, detailing the required actions to solve the issue and prevent recurrence, dates for the completion, with the date of the Follow-up audit, will be agreed and recorded, this information will also be entered onto the Problem Register.
5. On completion of the Audit, the Auditor will return the Audit Report as well as all other audit documentation, to the FS Administrator, who will file the Report in the 'live' section of the Audit File. The Auditee may retain a copy of the audit report for reference purposes when completing corrective action.
6. At the appropriate time, the Report will be returned to the Auditor who will perform a Follow-up audit to ensure the necessary corrective actions have been taken and are effective. The Auditor will sign the Report indicating so.
7. The Auditor will then return the audit report to the Audit File when all corrective actions have been completed.
8. The Audit Report will be reviewed and if satisfied the Report will

be filed in the ‘Closed’ section of the File.

* 1. **Desk Review/Compliance Audit:**

Once a year, the FS Administrator will arrange for a Desk Review of Operating Procedures to ensure that they meet the requirements of ISO9001. The Review will be recorded on an Audit Report Form and will be scheduled on the Audit Schedule.

* 1. **Management Review of the Management System.**

At least once every twelve months the FS Administrator will arrange and hold a formal meeting with Top Management of the Company, as deemed necessary. The object of the meeting is to ensure that the Management System, the related processes and services are continually assessed and improved. The agenda will be set with links to KPI’s and information sources and responsibilities for providing this information will be allocated.

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| 1. **Actions from this meeting**
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| 1. **Progress on actions from previous meeting(s)**
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| 1. **Review & changes to Interested parties & Context**
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| **KPI:** No KPI | **Measure/data source:** Annex 1  | **Responsible:** Top Management  |
| 1. **Internal & Third Party Audits:**
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| **KPI:** On time schedule up to date 0 Non-conformances  | **Measure/data source:** Audit schedule & ReportsExternal Audit Reports  | **Responsible:** FS Administrator FS Administrator |
| 1. **Review of Risk**
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| **KPI:** Registers assessed and updated  | **Measure/data source:** Annex 1Environmental Aspects & Impacts Register  | **Responsible:** Top Management  |
| 1. **Customer Satisfaction & Complaints (communication with interested parties & enforcement agencies)**
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| **KPI:** No of days to close complaints Customer satisfaction 0 enforcement issues  | **Measure/data source:** Problem Register Excel spreadsheet/radar graphCommunication with enforcement agencies  | **Responsible:** FS AdministratorTop Management  |
| 1. **Review of Legislation & Compliance**
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| **KPI:** 0 enforcement issues 0 internal issues Review of legal register  | **Measure/data source:** Problem RegisterFindings of legal compliance audit Register of legal & Other Requirements  | **Responsible:** FS AdministratorFS Administrator |
| 1. **Policies:**
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| No KPI – review of policies discussion  |
| 1. **Improvement Objectives (Management Programme)**
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| **KPI:** Progress towards objectives  | **Measure/data source:** Management Programme  | **Responsible:** Top Management |
| 1. **Review of Incidents**
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| **KPI:** All incidents controlled & closed | **Measure/data source:** Problem Register  | **Responsible:** FS Administrator  |
| 1. **Status of Corrective & Preventive Actions**
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| **KPI** No of days to close reports Open & closed status  | **Measure/data source:** Problem Register Problem Register | **Responsible:** FS AdministratorFS Administrator |
| 1. **Supplier Performance**
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| **KPI** 0 issues with suppliers  | **Measure/data source:** Problem Register Supplier Evaluation FormsSupplier Audits  | **Responsible:** FS Administrator  |
| 1. **Process Performance**
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| **KPI** On time delivery Utility usage Vehicle fuel usage  | **Measure/data source:** implementation stats   | **Responsible:** FS Administrator |
| 1. **Training**
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| **KPI** Mandatory training up to date  | **Measure/data source:** Training Plan  | **Responsible:** FS Administrator |
| 1. **Infrastructure/Work Environment**
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| **KPI** Identification of energy saving opportunities  | **Measure/data source:** Environmental Performance Data  | **Responsible:** Top Management  |
| 1. **Changes which could affect the Management System**
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| No KPI – discussion on any changes  |

* 1. **Environmental Planning:**
		1. Top Management will ensure that all company activities are evaluated to identify aspects of operations that have an environmental impact both negative and positive.
		2. When performing environmental aspects and impacts assessment the following will be taken into consideration:
* Current and pending legislation
* Non-regulatory guidelines that may have an effect on the company’s activities
* Impact of the service / product lifecycle
	+ 1. The results of the assessment will be recorded on the Environmental Aspects & Impacts Register. Individual Operating Procedures will detail the appropriate controls applied to ensure environmental impacts are kept to a minimum. Environmental aspects and impacts will be communicated to all personnel together with relevant control measures.
		2. The management review meeting is the main vehicle for environmental planning, the company has established operational procedures to contain control over the processes and contain specific information relating to environmental controls. The company performs environmental aspects and impacts assessment, the method of these assessments can be found below: the results can be found in the Environmental Aspects and Impacts Register.

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| **Rating** |  |  |
| **Severity**  |  | **Likelihood**  | **Impact Rating**  |  |
| 1 Vey Low  |  | 1 Very unlikely to occur | 0 - 10  | Low  |
| 2 Minor  |  | 2 Unlikely to occur | 11 – 19 | Moderate  |
| 3 Moderate  |  | 3 Fairly likely - occurs but not often | 20 - 25 | Significant  |
| 4 Fairly High  |  | 4 Likely - occurs fairly often |  |  |
| 5 Major  |  | 1. Very likely - occurs often
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| **INSTRUCTIONS** |  | **PROCESS** |  | **RESPONSIBILITY** |
|  |  |  |  |  |
| * Perform site examination of processes for emissions and discharges, use of resources and production of waste etc
* Evaluate normal, abnormal and emergency conditions
 |  | 1**ENVIRONMENTAL REVIEW**  |  | * FS Administrator
* HSE Manager
* External support
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|  |  | **IDENTIFICATION OF ENVIRONMENTAL ASPECTS AND IMPACTS** |  |  |
| * Produce a table of environmental aspects and their impacts from the information gathered above
 |  | 2 |  | * FS Administrator
* HSE Manager
* External support
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| * Add all relevant legislation to the table produced
* Check with known sources of information for updates of legislation
 |  | 3**IDENTIFICATION OF ASSOCIATED LEGISLATION** |  | * FS Administrator
* HSE Manager
* External support
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| * Each aspect is scored against the stakeholder concerns:

**Severity**1 Vey Low 2 Minor 3 Moderate 4 Fairly High **Likelihood**1 Very unlikely to occur2 Unlikely to occur3 Fairly likely - occurs but not often4 Likely - occurs fairly often5 Very likely - occurs often |  | 4**SCORING OF ENVIRONMENTAL ASPECTS** |  | * FS Administrator
* HSE Manager
* External support
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|  |  | **IDENTIFICATION OF SIGNIFICANT ASPECTS** |  |  |
| * Aspects that are allocated a score of **20** or above will be deemed as significant
* Any aspects deemed as significant shall be assessed at regular intervals and reported on at the management review meeting
 |  | 5 |  | * FS Administrator
* HSE Manager
* External support
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| * Once actions have been completed in respect of significant aspects & impacts then the aspect will be re-evaluated to determine the new score
 |  | 6**RE-EVALUATION OF IMPACTS AFTER COMPLETED ACTIONS** |  | * FS Administrator
* HSE Manager
* External support
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* + 1. A Management Programme will be established detailing objectives and targets for improvement. These objectives and targets will be allocated an individual reference number along with a responsible person for implementation and the target date(s) for completion.

**4.6 Health & Safety Planning:**

* + 1. Top Management will ensure that a suitable and sufficient risk assessment is performed on all company activities. Risk Assessments are an important part of the Company’s Health & Safety management and personnel must study the risks and control measures and ensure they understand and comply with them. Reference to the results of the Risk Assessments will be made during Induction. Full detailed copies of these risk assessments will be made available to all personnel.
		2. Top Management will ensure all activities are assessed to identify potential hazards and control measures, assessment results will be recorded. Risk Assessments shall be undertaken on:
* All office and site based activities.
* Substances Hazardous to Health (COSHH Regs)
* Whenever there is a significant change
	+ 1. Top Management will be responsible for ensuring that all Risk Assessments are regularly reviewed and for maintaining a detailed record of current assessments and review dates. Participation from Employees is encouraged during risk assessment of activities.
		2. A Management Programme will be established with detailing objectives and targets for improvement. These objectives and targets will be allocated an individual reference number along with the person responsible for implementation and the target date(s) for completion. Health & Safety issues will be discussed at Management Review Meetings and objectives and targets set for improvement.