Highways Agency
Audit Report HA DN 53
M40 UK Highways M40 Ltd DBFO
21 June 2012



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Distribution

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Approvals

Name	Signature	Title	Date	Version
Paul Undrell		SoS Representative	July 2012	1.0
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Audit Details

Audited Organisation	UKH M40 Ltd
Audit Date	21 June 2012
Audit Number	HA M40 UKH DN 53

Auditors	Name	Role	Organisation		
		Lead Auditor / NDD National DBFO Contract Team	Highways Agency		
		Auditor	Highways Agency		
1		Observer	Highways Agency		
Other participants	Steve Field	Operations Director	UK Highways (M40) Ltd		
	Clare Fionda	Quality Director	UK Highways (M40) Ltd		
	Chris Evans	Contract Manager	Carillion		
		H&S	Carillion		
		Observing	UK Highways (M40) Ltd		
Audit area	Management of	Health and Safety			
	management of	reality and Salety			
Non-compliance	Nil				
Observations	Three minor				
Good Practice	Nil				



1 Introduction

- 1.1 The audit was carried out on M40 UKH to evaluate compliance with the DBFO Contract and their Quality Management System processes.
- 1.2 A suggested template was followed at the request of the DR, this included:

QMS - Management of Health and Safety procedure looking at the Health and Safety Policy Statement – reviewing where appropriate.

Speaking with the Quality Manager regarding Advice on changes to legislation, Compliance with legislation and Health and Safety audits.

Inviting explanations as to how reviews of legislation happen (Quality Director input and overview)

Reviewing how

- Health and Safety advice is available to staff.
- Induction.
- Reporting incidents (log and procedure).
- Review Health and Safety competence of contractors.
- How the DBFO Co covers Compliance with CDM procedure and the reporting of RIDDOR accidents to principal contractor.
- Control of asbestos regulations 2012 reviewing the Asbestos management plan, procedures (presuming presence of asbestos; if asbestos found -scheme/fly tipping). Risk assessments where asbestos present and management of those risks. (See observations)

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2 Review of Corrective Actions from previous audits

2.1 Corrective actions were not provided by the DR nor offered by UKH. A knowledge of current outstanding corrective actions if any would have been helpful as it would assist any audit and should not require any requests.



3 Audit Findings

3.1	The audit opened at 1035 am and the purpose of the audit was
	explained to everyone. Everyone was present throughout except for
	. Terms of Reference were explained and expectations outlined to
	the Project Company and its second tier deliverers. The audit was
	conducted in a friendly, convivial and cooperative atmosphere where
	requests were met positively.

3.2 Policy. A dedicated policy statement for the M40 UKH was examined and questions asked around it. A policy statement signed by was presented and the appointment of a safety director and their roles discussed. Objective statements for commitment through board meetings, a key objective of zero RIDDOR reportable incidents and the communication of the policy were tested for practical application.

There was evidence demonstrated of senior management application of the policy. One example presented was how senior managers display their commitment to H&S by having a standing agenda item on board meetings.

3.3 Organisation & Arrangements. These are incorporated into the overarching business management system through a hierarchy of documents with clear line of sight for example the H&S management procedure (UKH–P-01) is clearly referenced in the quality manual.

ISO 9001 certification was in place and UKH do not feel it necessary to have the H&S management system certified in its own right. The replication of H&S requirements from UKH as the tier 1 supplier through Tier 2 etc suppliers in the contract documents was not readily discoverable.

This reference will be provided separately by UKH.

- 3.4 <u>Planning</u>. The plan for implementation of the H&S management system was evidenced at UKH-P-01 which details with it adequately.
- 3.5 <u>System Implementation</u>. A number of aspects of the management system were demonstrated as active at all levels in the organisation, for example: hazard identification with follow up specialist support connected to the recent incident with failure of the grab handle in one of the fleet vehicles. This caused a national response from the manufacturer to prevent injury nationally.

Induction records were examined and it was found that the Quality Director's record needed updating. An induction record was kept for each employee giving details of subsequent training. was seen from 13 April 2012 and it was also mentioned that he had



undergone a driving assessment to train entering and leaving the hard shoulder and visiting sites. All newcomers undertake a weeks induction.

The Operational Managers site visit sheet was requested but it was pointed out that he rarely goes out on site; perhaps some 18 months since a previous visit. Instead, the Clerk of Works' records, who goes out most days was presented showing a full record of training and site inductions to a very deep level. All records were available as the induction sheets were stored.

Prior to commencing works on the ground a "scouting" visit is made to the works site to discover hazards not already documented in the generic risk assessments.

- 3.6 <u>Performance Measurement</u>. The quality manual calls up a number of approaches to performance measurement ranging from RIDDOR AFR to audit findings, both of these measures were examined and shown to be active and producing reliable data.
- 3.7 <u>Audit</u>. A recent audit report was viewed post fieldwork and was seen to score the audit areas performance. Within the report there was a consolidated list of findings requiring action was noted.
- 3.8 <u>Management Review</u>. The record of a recent management review meeting demonstrated that H&S was high on the agenda and reviewed the measurement outputs described above.
- 3.9 Compliance with CDM 2007. A Management review had noted the update of H&S files, a sample F10 was viewed and testing of the delivery of the clients duties which on this contract UKH are accountable for was also tested.

It was considered that assurance relating to the delivery of the clients duties could be improved as no consolidated record demonstrated this, although there was no adverse evidence relating to non fulfilment of the duties that were apparent.

Both UKH and their Tier 2 partner Carillion had dedicated CDM C appointed. It was not demonstrated that both companies had formally evaluated these appointments for competence however their was no adverse evidence regards the individuals fitness to deliver the CDM C requirements. It might have inspired more confidence had the question of competence and assessment responsibilities been answered as being at the back of the ACoP.



Conclusion

- 3.10 The audit identified no non-conformities, and have three minor observations for areas of improvement and no areas of best practice.
- 3.11 UKH and Carillion demonstrated the level of importance they attach to the Management of Health and Safety in the workplace. The issue of the Asbestos Management Plan will require a further meeting in the spirit of cooperation in order to fully demonstrate UKH compliance with the legislation.

END



ANNEX A - Audit meeting attendance record

	Audit	Meeting Atte	ndance Record					
Organisation		UKH Ltd	UKH Ltd					
Audit No.		HA M40 UK	H DN 53					
Entry meeting	Date	21 Jun 12	Exit meeting Da		te 21 Ju 2012			
	Time	1035 am		Time	me 1500			
		Attend	ees					
Name	Title		Organisation		In	tial		
				E	ntry	Exit		
Steve Field	Operations Director		M40 UKH		035	1500		
Clare Fionda	Quality Director		UK Highways (M Ltd	140)	035	1500		
Chris Evans			Carillion	1	035	1500		
			Carillion		035	1500		
,	Observing		UK Highways (M40) Ltd		035	1200		
	Lead Auditor / Operational Support Manager NDD National DBFO Contract Team		Highways Agency		035	1500		
	Auditor		Highways Agency		1035			
			Highways Agency		035	1500		



ANNEX B - Audit Observation and NCR for UKH

Audit Non-Conformance Report							
Audit No.	HA M40 UKI	H DN 53	Date	- 12	21 June 2012		
Item			NCR No.				
	*	Sta	atement				
You are here	eby notified of	the following	Non-Conford	mance:			
You are hereby notified of the following Non-Conformance: No non-conformances found							
Category (N	Major/Minor)						
Signature (Auditor)			Date			
			sponse				
Proposed in	nmediate Corre	ective Action:					
Proposed Pr	Proposed Preventive Action (Long Term):						
Cause of de	viation:						
Cause of deviation.							
Scheduled c	completion/imp	olementation:					
Signature (Auditee)			Date			
		Ver	ification				
Signature				Date			



	<u> </u>	Audit Obse	rvation Rep	ort			
Audit No.	HA M40 UKI	H DN 53	Date		21 June 2012		
Item			Observation	n No.			
			atement				
You are here	eby notified of	the following	Observation	*			
The replication of H&S requirements from UKH as the tier 1 supplier through Tier 2 etc suppliers in the contract documents was not readily discoverable and should be supplied by UKH.							
Signature (/	Auditor)			Date			
		Re	sponse				
Proposed ac	ction (if any):						
This re	ference will be	e provided sep	parately by U	JKH.			
Cause of de	viation:						
n/k							
Scheduled c	ompletion/imp	elementation:					
UKH to provide information; upgrade to NCR after 31 Aug 12							
Signature (/	Auditee)			Date			
Verification							
Signature				Date			



	98	Audit Obse	rvation Rep	ort	·			
Audit No.	HA M40 UKI	JKH DN 53 Date			21 June 2012			
Item	Induction		Observation	on No.	Minor verbal			
Statement								
You are here	eby notified of	the following	Observation	:				
	You are hereby notified of the following Observation: Update induction for Technical Director.							
Signature (Auditor)			Date				
		Re	sponse					
Proposed ac	ction (if any):							
Left with rec	Left with records management – minor admin matter							
Cause of de	viation:							
N/A								
Scheduled c	ompletion/imp	olementation:						
Signature (Auditee)			Date				
		Ver	rification	107				
Signature				Date				

Audit Observation Report					
Audit No.	HA M40 UK	H DN 53	Date		21 June 2012
Item		Observation No.			Minor 2
Statement					
You are hereby notified of the following Observation:					
Previous non conformities are best presented at the start of the audit.					
Signature (Auditor)			Date	
	- 1110-	Re	sponse		
Proposed action (if any):					
Present non conformances register at start of audit					
Cause of deviation:					
Not known					
Scheduled completion/implementation:					
This should be good practice in all audits for comparison alone					
Signature (Auditee)			Date	
Verification					
Signature					
Signature				Date	

End