System Management

MWH Treatment Limited

QUALITY MANAGEMENT MANUAL

Review	Revision 6 August 2023	Zoe Robertson	Simon Cox
	Issue / amendment details	*Reviewed by*	*Authorised by*

NOTE:
1. This Manual may be revised from time to time. The current issue is available on IFS and the company intranet.
2. This manual is the property of MWH Treatment Limited and is confidential. It must not be copied or lent to a third party without prior permission from a SHEQ Manager or a Director.

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REVISION HISTORY

Issue	Date	Amendments / Comments
1	May 2013	First Issue - Complete revision of previous Quality Management System and supersedes QMM MWHT Quality Management Manual issue 12 and QM Asset Management Quality Management Manual revision 5.
2	June 2016	Formatting and document references updated to align with new IMS. Amended scope to include Energy from Waste activities and exclude plant department. Amended organisation, responsibilities and meeting structure based on new organizational structure. Added definitions section.
3	January 2018	Amended to include reference to Stantec Treatment IMS Scope document. Hyperlinks to IFS added. Reference to District 2 Managing Director removed. Included reference to Stantec in Section 3.1. Reference to President removed and replaced with Director (responsible for SHEQ). Section 3.3 updated to reference HSPD36. Branding updated to Stantec Treatment.
4	March 2018	Amended to include the intended outcomes of the Stantec Treatment Quality Management System. Updated section 4.2.2 to include information on the determination of resources.
5	April 2019	Rebranded (MWHT).
6	August 2023	Amended to align with business strategies and scope. Amended company ownership to RSK. Amended Integrated System Diagram and updated all procedure references to process references. Amended ExCOM to SLG and to reflect new meeting structure.

DEFINITIONS

ISO 9001 BS EN ISO 9001

SLG Senior Leadership Group

IFS The company's Enterprise Management Information System.

MAP Management Administration Plan. A Plan describing the management arrangements for each Framework / Alliance / Joint Venture.

PMP Project Management Plan

PXP Project Execution Plan

SHEQ Safety, Health, Environment and Quality.

Yammer the Company's internal social network.

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1 INTRODUCTION

1.1 Scope

The Quality Management Manual (Quality Manual) defines the quality policy, organisation and responsibilities for MWH Treatment Limited and describes the management arrangements which are adopted to ensure the company's activities are carried out in accordance with business needs and the requirements of ISO9001 for the scope of work defined in the MWH Treatment IMS Scope (SYRE/1646055).

MWH Treatment is also working towards including the following scope of work:

The Quality Manual is intended to provide employees, clients and interested parties with an explanation of the arrangements operated by MWH Treatment.

All employees of MWH Treatment are required to implement the Quality Policy through adherence to the principles and practices defined by this Quality Manual, Company Processes and other supporting documentation.

Exclusion	ISO 9001 Clause	Justification
8.5.1f	Control of production and service provision	The company does not carry out any processes where the resulting output cannot be verified by subsequent monitoring or measurement.

1.2 Intended outcome of the Quality Management System

For MWH Treatment the intended outcomes of implementing an QMS (as part of the Integrated Management System – IMS) are:

- Alignment with Company strategy
- Identifying, managing and mitigating / realising Quality risks and opportunities to increase business efficiency and enhance client satisfaction
- Operation of an effective IMS with demonstrable continual improvement.

1.3 Issue and control of the manual

The Quality Manual is initially reviewed by the National Quality Manager and authorised for use by the SHEQ Director on behalf of the SLG. Uncontrolled copies are issued on IFS and the company intranet and are available to all Company employees for reference purposes. Uncontrolled copies may also be made available to clients or others as required for information at the discretion of the National Quality Manager or a Director.

The Manual is revised as necessary and re-authorised by the SHEQ Director prior to use.

1.4 Review

The Manual is subject to a review following any significant changes and will be revised and re-issued accordingly. Comments regarding any required amendments can be submitted to the National Quality Manager.

2 QUALITY POLICY STATEMENT

The latest revision of the Quality Policy Statement is made available to all employees either on office or site notice boards, on IFS (Doc No: MP/1334957) and on the company intranet.

3 ORGANISATION AND RESPONSIBILITIES

3.1 Organisation

MWH Treatment Limited is an operating business within RSK as part of their Global division. MWH Treatment operates its own Integrated Management System and SHEQ organisational structure with the incorporation of specific RSK requirements on an autonomous basis within the guidelines of corporate policy. The organisation structure for quality management in MWH Treatment is illustrated by the organisation chart in Guidance Note SYGD01-04 (IFS Doc No: SYGD/1361392).

3.2 Responsibilities

Responsibilities for the Quality Management System are outlined in process HSPD36 and guidance notes HSGD36. **Each applicable guidance note should be reviewed by the relevant employees.**

3.3 Reporting structure

Management of the quality policy is directed by means of the following committees.

SLG (Senior Leadership Group)

The function of the SLG is to provide insight and leadership for the business, developing company strategy, oversight of company operation and policies (for further details see BPGD04-05 SLG Functional Meeting - Terms of Reference).

The Chief Executive Office, Head of Operations, and Director of SHEQ will complete a SHEQ Annual Review as per SYGD02-03 Annual SHEQ Review Meeting Agenda to review the quality policy and objectives in line with the Company's strategic plan and to carry out a high-level management review of the performance and effectiveness of quality management system (and Environmental, Health & Safety management systems).

Head of SHEQ Meetings

The function of the Head of SHEQ Meeting is to measure and monitor the SHEQ objectives, including Quality and provide feedback on the performance and effectiveness of the quality management system (and Environmental, Health & Safety management systems) and to share best practice.

This committee comprises of the SHEQ Director, Head of SHEQ, National Quality Manager, Regional SHEQ Managers and other members of the team as required.

Quality Managers Meetings

The function of the Quality Managers Meetings is to review the implementation and operation of the Quality element of the IMS.

This committee comprises of the Head of SHEQ, National Quality Manager, Regional Quality Managers and other members of the team as required.

Departmental Senior Management Teams

The function of senior management teams is to address regional Quality issues.

The teams comprise of Operations Directors, Operations Managers, Programme Managers and / or Departmental Managers.

The departmental teams review key issues monthly and where applicable liaise with the National Quality Manager to address specific Quality issues i.e. analyse and identify risks, opportunities and corrective actions and review audit / inspection findings and identify improvements. The team also identify changes required due to better working practices. Departmental Management Teams are also responsible for the allocation of resources.

4 QUALITY MANAGEMENT SYSTEM

4.1 General requirements

The quality management system (QMS) has been developed in conjunction with the environmental and safety management systems to create an Integrated Management System (IMS), and to comply with the requirements of ISO 9001.

Continual improvement

The IMS has been based on the principles of **Plan** - **Do** - **Check** - **Act**, as indicated below, in order to ensure that the organisation can use feedback to achieve continual improvement.

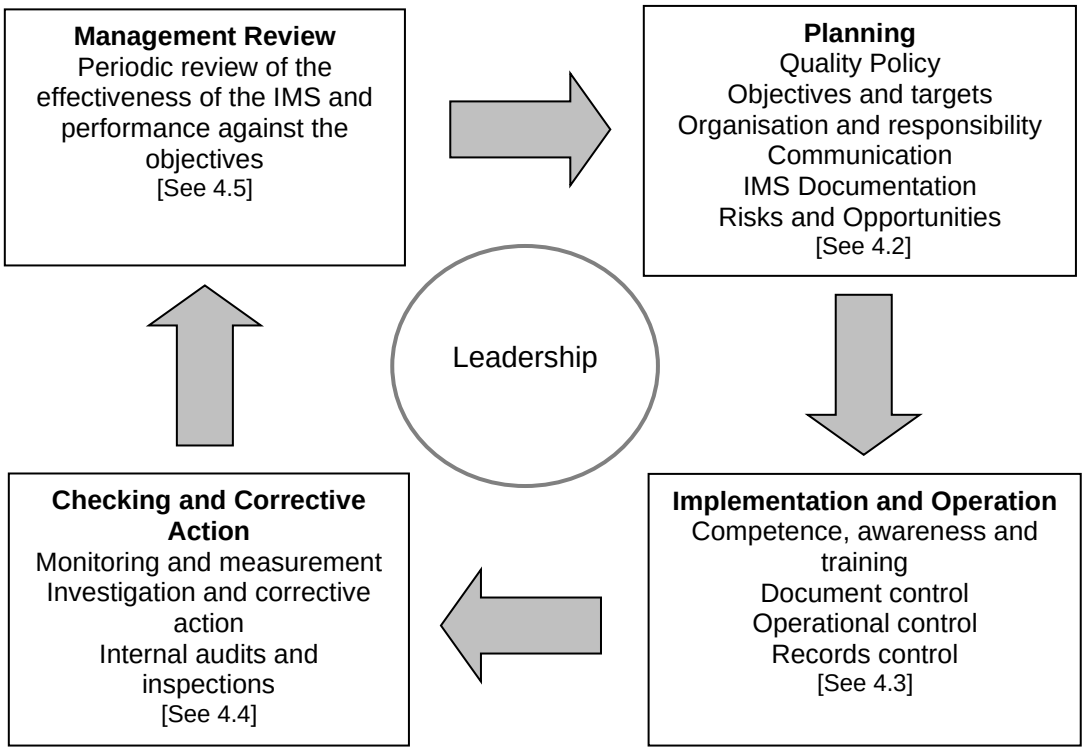
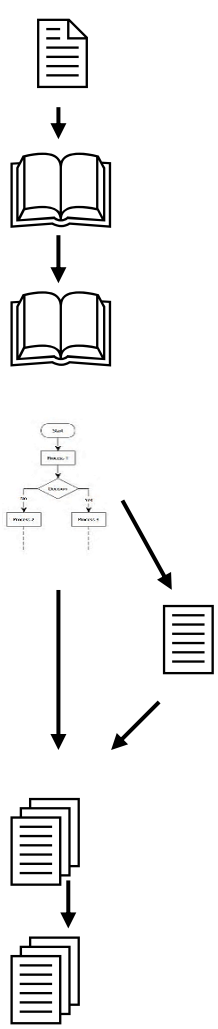


Figure 1: Interaction of the elements of the IMS

4.2 Documentation requirements

The QMS documentation structure is as shown in Figure 2.



Policy (MP)
Defines our policy and commitment to achieving business excellence

Quality Management Manual (MA)
Describes the elements of the Quality Management System

Procedures (PR)
Describe how to manage activities that comprise of the elements of the Quality Management System where the detail required cannot be covered in a Process Diagram.

Process Diagrams (PD)
Flow charts that graphically represent each procedure.

Management Administration Plan (MAP) / Project Management Plan (PMP) / Project Execution Plan (PXP)
Defines the specific quality and management arrangements and requirements to be implemented for a Project, Framework, Region or Joint Venture.

Guidance Notes (GD)
Provide further detail and information on processes.

Forms / Records (FR)
Provide evidence of implementation of the Quality Management System

Figure 2: Principal QMS Documentation

4.2.1 Quality Policy

The company quality policy statement giving the overall objectives of the QMS is referred to in Section 2. This is posted at all office locations and made publicly available via our web site. The policy is reviewed annually.

Top management demonstrate their commitment to the policy through:

- Ensuring that the SHEQ policies and objectives are established for the IMS and are compatible with the context and strategic direction of the organization;
- Ensuring the integration of the IMS requirements into the organization's business processes;
- Promoting the use of the process approach and risk-based thinking;
- Ensuring that the resources (including human, specialised skills, organisational infrastructure, technological and financial) needed for the IMS are available;
- Communicating the importance of effective SHEQ management and of conforming to the IMS requirements;
- Ensuring that the IMS achieves its intended results / outcomes;
- Engaging, directing and supporting persons to contribute to the effectiveness of the IMS;
- Promoting continual improvement
- Supporting other relevant management roles to demonstrate their leadership as it applies to their areas of responsibility
- Demonstrating leadership and commitment with respect to customer focus
- Ensuring that the responsibilities and authorities for relevant roles are assigned, communicated and understood within the organization.
- Reviewing the organization's IMS, at planned intervals, to ensure its continuing suitability, adequacy, effectiveness and alignment with the strategic direction of the organization.

4.2.2 Resources, roles, responsibility and authority

The organisation and responsibilities are shown in Section 3.

Resources for the effective implementation of the IMS and for the operation and control of processes are determined, provided, and maintained.

The requirements for determining and providing the persons necessary are defined in HRPD01-01 Recruitment. Further information is provided in CDPD02-01 Project Planning.

The requirements for determining, providing, and maintaining the required infrastructure and the environment for the operation of processes is defined in FSPD03-01 Office SHEQ Management, FSPD04-01 Office Safety Emergency Arrangements and CDPD20-01 Site Set-up and Administration.

4.2.3 Communication

Internal communication of IMS information, including Quality Objectives and Targets, is achieved by a number of methods, as detailed in SYPD09-01 Communication, including:

- Posting information on company Notice boards / ScreenCloud.
- Posting information on Viva Engage and the company intranet.
- Issue of bulletins (alerts and Best Practice)
- Meetings e.g. Operations management meetings, Departmental monthly meetings, Committees
- During the bi-monthly SHEQ Conference Call
- Issue of IMS documentation, etc.

Communication with relevant external parties, such as clients, shall be established prior to the start of activities and handled by the Operations Managers, Departmental Managers, Project Manager or other appropriate person, in liaison with the National Quality Manager as appropriate.

In general, information concerning significant quality aspects shall be communicated in writing with external parties if requested, but this shall be at the discretion of the National Quality Manager.

4.2.4 Documentation

Documentation shall be reviewed for suitability and effectiveness on a regular basis, or when significant changes occur. Revisions shall be issued as and when necessary. Strict version control shall be maintained.

4.2.5 Risks and Opportunities

Actions to address Risk and Opportunity may be identified at SLG, SHEQ, Operational and Project Management Meetings. These matters shall be discussed and recommendations for modifications of the IMS should be forwarded to the National Quality Manager. Any member of staff can also make suggestions for modifications to the IMS through Company Intranet, by raising an Improve IT! on ActivSHEQ, or by contacting the National Quality Manager.

4.3 Implementation and operation

4.3.1 Competence, awareness and training (Process HR06 / HR18)

The training and development requirements are defined by the Job Descriptions / Job Roles and in the HRGD06-01 SHEQ Matrix (IFS Document Number HRGD/1475462).

All personnel need to have a general awareness of quality related issues and have received adequate training to undertake their job function.

All personnel with a direct responsibility for Quality assessment are required to have appropriate training, e.g. National Quality Manager, Internal Auditors.

All staff are to undergo induction training and toolbox talks on quality issues that affect their work, where appropriate. This training is given to both staff and subcontractors' personnel.

Competence is verified by means of HandsHQ, internal assessments and observations.

4.3.2 Control of documents (Process SY01)

The latest version of the IMS documentation is available for reference via the company intranet or on IFS.

Personnel who have a direct responsibility for implementing the IMS shall either have access to the relevant documentation via the company intranet and / or IFS. Changes to documentation shall be advised through company intranet.

Superseded or obsolete documents shall be destroyed, or marked as such, to avoid unintended use.

4.3.3 Operational control

Quality Management starts at the tender or pre-tender phase at which the requirements of the project will be identified. Suitable allowance shall be made in the tender for managing any residual risk. Where required, a Risk and Opportunity Register will be prepared.

Management Administration Plans, Project Management Plans and Project Execution Plans are prepared for operational activities as appropriate. Operations Managers, Project Managers and Project Engineers are to ensure compliance with these Project Plans and relevant company processes.

4.3.4 Control of records (Process SY01)

Quality records are maintained to provide evidence of implementation of the IMS and to demonstrate compliance with the requirements of ISO 9001. Key records are kept for the retention period defined in the processes and the Records Retention Schedule on Company Intranet for reference purposes and / or to comply with statutory requirements.

4.4 Checking and corrective action

4.4.1 Monitoring and measurement

The Project Manager shall carry out regular checks to ensure that work is being carried out in accordance with the requirements of the Management Administration Plans, Project Management Plans and Project Execution Plan.

The findings are reviewed at the Operations Management meetings and actions required are communicated to the operational team.

4.4.2 Internal audit (Process SY03)

Routine audits are carried out by the audit team as per SYPD03-01 Management Systems Audits and Inspections to ensure that good practices are being operated and the requirements of the IMS are being followed and to ensure continuing effectiveness.

4.4.3 Non-conformity and corrective action

Where deficiencies are identified as a result of checks or audits, a corrective action may be raised depending on the significance of the finding. The person responsible for the activity, action to be taken and the date for implementation shall be identified. In addition, the root cause of the problem will be determined. The finding will not be closed out until the Auditor is satisfied that the actions have been completed.

4.5 Management review (Process SY02)

The performance of the company is reviewed monthly and reported to the SLG, who report to the Statutory Board. Reports are saved on the Network Drive and on the SLG Teams Group as per BPGD04-06 SLG Strategy Meeting - Terms of Reference.

There will be an annual review as per SYPD02-01 Management Review and Actions Plans to evaluate the overall performance of all aspects of the IMS during the previous year and to set the objectives for the next. A report will be generated and saved on IFS under document class SHEQREP. The content of the review will be as per SYGD02-03 Annual SHEQ Review Meeting Agenda and will include:

- Findings from audits (internal and external)
- Process Measurements and Performance
- Product and Service Conformity
- Customer Satisfaction and feedback from relevant interested parties
- Performance against objectives and targets
- Non-conforming Outputs and corrective actions
- Monitoring and Measurement Results
- Effectiveness of actions taken to address Risks and Opportunities
- Resource requirements
- Effectiveness of the QMS
- Performance of external providers

- Need for improvements or changes to the QMS, e.g. due to changes to our scope of activity, legislation, client requirements, best practice, feedback and suggestions

5 MANAGEMENT SYSTEM PROCESSES

The quality system processes are defined in Guidance Note SYGD01-01 High Level Arrangement Diagram for Integrated Management System.

The overall structure of the Integrated Management System is shown in Figure 3. The IMS splits up relevant areas of the business into Workstreams, Functions and Compliance:

Workstreams are relevant to particular streams of work, for example Construction Delivery processes relate to all the work completed to construct a project, including the planning and onsite activities. The workstream processes cover all Quality, Environment and H&S requirements.

Functions are support functions such as HR or Procurement

Compliance is business level management, i.e. the management of H&S and not the implementation of H&S on site or in offices.

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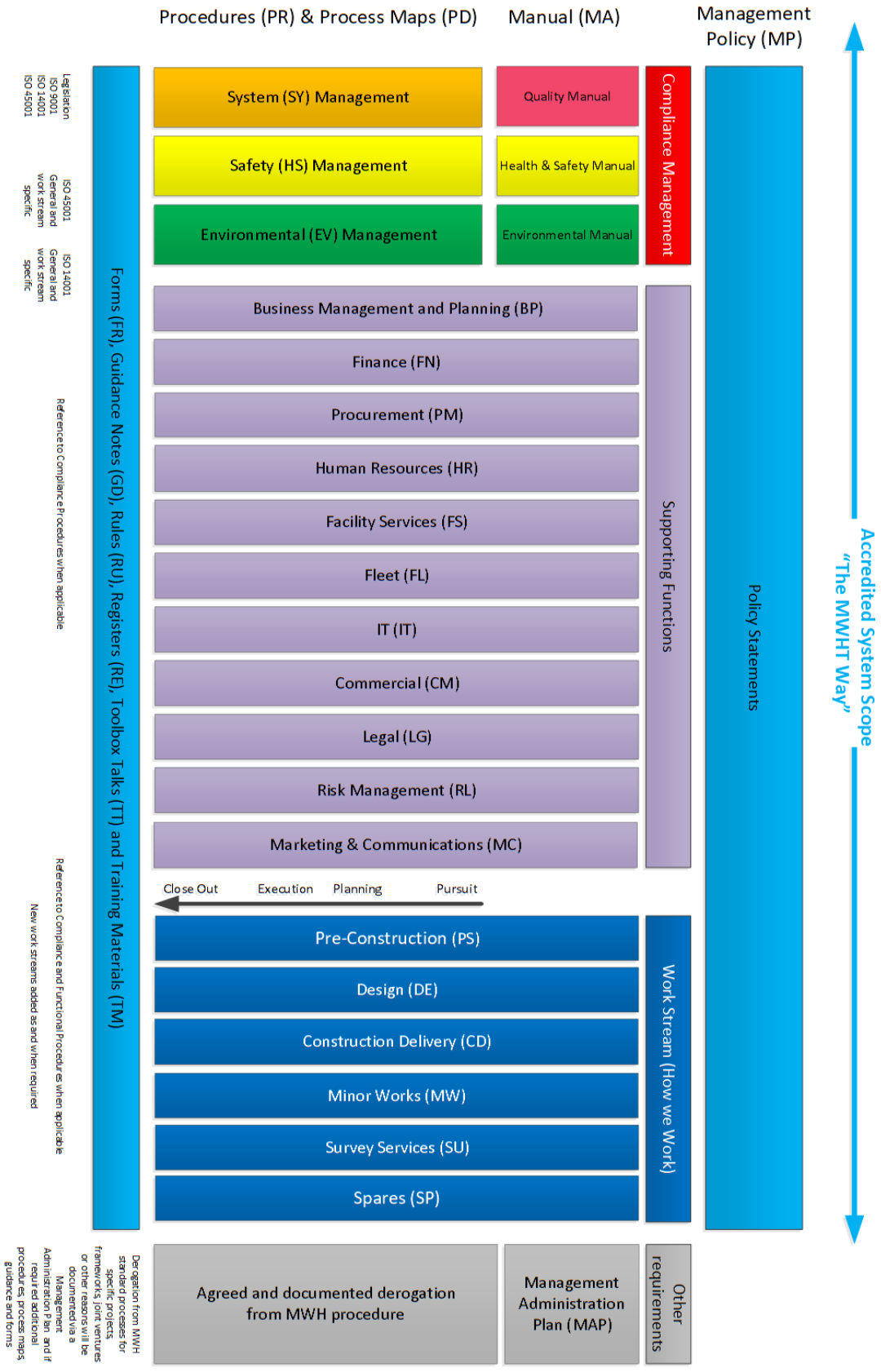

Figure 3: Integrated Management System Documentation

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6 CUSTOMER PROPERTY

The company exercises care with all customer property while it is under the company's control or being used by the company. The company will identify, verify, protect and safeguard customer property and keep records of any lost, damaged or property unsuitable for use, and inform the customer.