

Policy Scan

Executive Brief

Group X

A synthetic example of how Policy Scan reads a group's published governance for workplace health, and how the findings are set against the benchmark in The Requirement That Turns Inward.

Prepared for

Group X

Illustrative group profile · board, group management, HR, health and safety, data protection and compliance

Executive summary

The governance tools Group X uses for climate and suppliers can also be applied to workplace health.

Owner, standard and management review are published for climate and suppliers. For the workplace health of the group's own employees, the same elements are spread across several documents.

Method note

Group X is an illustrative group profile composed from patterns in Sydera's benchmark of 65 organisations. The documents in the manifest were constructed for this example.

This brief is an initial, document-based assessment of publicly available governance signals. It does not draw on interviews, internal systems or individual personal data. Absence from public sources is not evidence of absence in the organisation's practice. Actual practice and legal assessment sit with the organisation's own functions, and each finding is a question they can answer. The brief is not a legal assessment or an audit opinion.

Three findings

- 1 The procurement policy offers a governance template the health and safety policy can use.** For the group's own employees, the policy stops at the manager's responsibility.
Finding 01
- 2 The data boundary for individual follow-up can be described.** The principle already exists in the customer privacy notice.
Finding 02
- 3 The sustainability report can be linked to a visible control loop.** The measurement is reported. The path to decisions and learning is hard to follow from outside.
Finding 03

Group profile

Nordic services group with 5,000 to 10,000 employees in several legal entities. Reports under ESRS. illustrative profile

Source universe

22 documents in six document types, published 2024–2026.
manifest SYD-PS-EKS-M1 · synthetic

Benchmark

65 organisations, 1,193 sources, cut-off date 16.08.2026.
SYD-GB-01-EN · edition 1.1

Direction

Apply the procurement policy template to workplace health: one owner, one routine, one data boundary and a regular management review.

What is already visible

Group X has already published the principles that verifiable governance of workplace health needs.

The sources show governance with an owner, a standard and regular review in several areas. The table sorts each matter into three levels: documented in a source, reasonably read as a governance signal, and matters that cannot be verified from public material.

*“The Chief Procurement Officer owns the follow-up of supplier requirements. The requirements are designed with reference to ISO 45001 and **are reviewed annually by group management.**”*

D9 · Group policy on procurement and supplier follow-up 2025, para. 2 · synthetic source · emphasis added

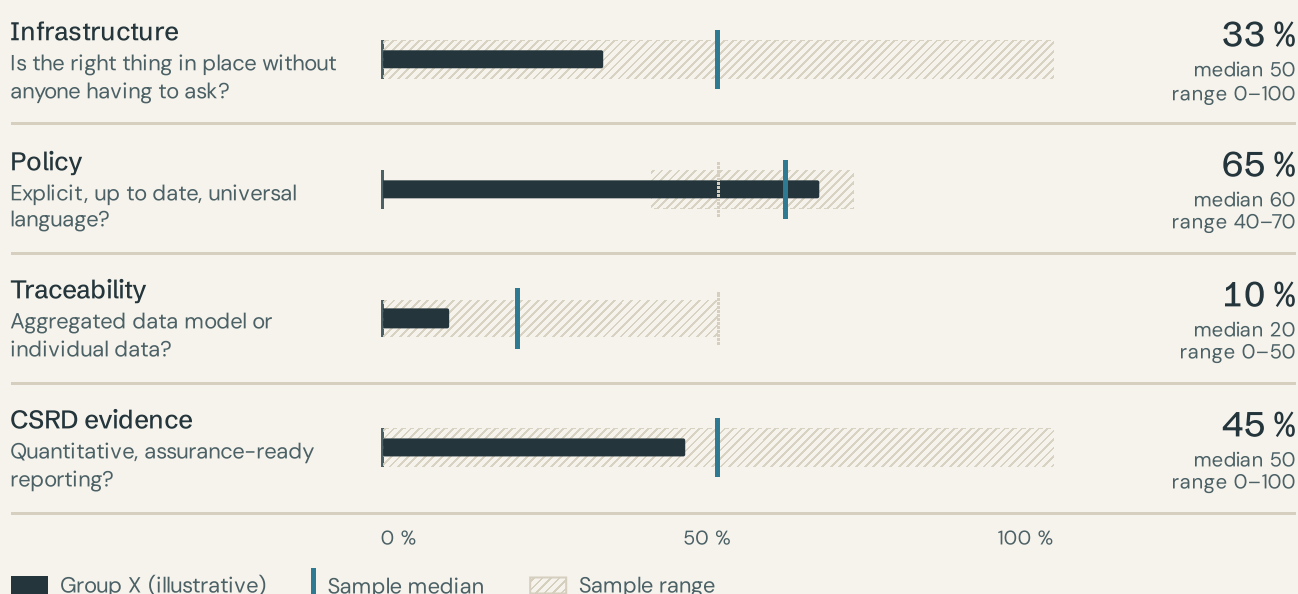
Matter in the material	Status	Source
The board’s responsibility for sustainability and risk management is described in the annual report	Documented in a source	D1 p. 34
Climate targets with an owner, a standard reference and annual review	Documented in a source	D5 para. 3
Requirements for suppliers to have a health and safety policy and a psychosocial risk assessment	Documented in a source	D9 para. 4
Information security governed with reference to ISO/IEC 27001	Documented in a source	D11 para. 1
Whistleblowing channel with external intake and an annual report to the audit committee	Documented in a source	D14 para. 5
Health and safety ambition of prevention and a good psychosocial working environment	Documented in a source	D3 para. 1
The group-level working environment committee as a possible owner of improvement work	Reasonably read as a governance signal	D1 p. 61
Quarterly reporting of sickness absence to group management	Reasonably read as a governance signal	D1 p. 62
How line managers follow up predictable needs in practice	Cannot be verified from public material	no source

What is documented makes the rest of this brief easier. Group X can already name owners, refer to standards and require regular management review. The findings are about applying the same discipline inward.

Benchmark against 65 organisations

Group X follows the sample's pattern of clear policy and low published traceability.

The benchmark's four dimensions in per cent, set against the sample's median and range. The sample figures come from The Requirement That Turns Inward. The figures for Group X are illustrative.



The measurement-control ladder: few publish control over their measurement

Rung	Sample	Group X
Workplace health mentioned in the human-rights policy map	63 of 65	Mentioned
Psychosocial risk recognised in risk management	41 of 65	Mentioned
Sickness absence or injury rate, with breakdown	35 of 65	Published
Method for psychosocial mapping with a named owner	7 of 65	Not identified
Aggregation floor on working-environment data	1 of 65	Not identified
Data boundary for individual follow-up	0 of 65	Not identified
Re-identification assessment of employee data	0 of 65	Not identified

Reading the figure

The table below the figure is the measurement-control ladder from the blueprint. The ink bar is Group X. The petrol line is the median. The hatched area shows where the 65 organisations sit. Policy has the narrowest range. Traceability is the weakest dimension.

Reference point

The benchmark is a Sydera reference point drawn from 65 selected organisations, used to put the findings in context.

SYD-GB-01-EN ed. 1.1, figures 3 and 4 · Group X: illustrative figures

03

Three findings where Group X can make workplace health verifiable with principles it already has.

Each finding follows the same order: observation in the source, context, significance for verifiability, one validation question and a solution anchor in the group's own principles.

Finding 01

When policy stops before routine

Finding 02

The data boundary in individual follow-up

Finding 03

Traceability to board and management

Finding 01 · when policy stops before routine

The procurement policy provides a ready template for owning the follow-up of workplace health

Outward: **PE** · inward: **06**

Evidence level A

Benchmark: 59 of 65 set working-environment requirements for suppliers' employees. 3 of 65 document the same five requirements for their own employees

● Observation

"Each manager is responsible for the working environment in their own unit and shall follow up with employees as needed."

D3 · Group policy on health, safety and environment 2025, para. 3 · synthetic source

The health and safety policy sets a prevention target and places follow-up with the individual manager. Which routine applies, who owns it, and how predictable needs are handled before they become individual cases were not identified in the material reviewed.

○ Context

The procurement policy names an owner, refers to ISO 45001, commits resources to supplier audits and places the requirements under annual review by group management. Suppliers must document a psychosocial risk assessment. Five governance requirements are therefore published for the supply chain: owner, standard, resources, review and preventive requirements.

D9 · Procurement policy 2025, paras. 2-4

○ Significance

An external reader can follow the governance of suppliers' working environment from requirement to review. For the group's own employees, the trail stops at the manager's responsibility. When policy stops before routine, follow-up can rest on each manager's discretion and on conversations that start once a need is already visible.

● Question

Which routine determines how line managers handle predictable needs in practice, and who owns it?

To: HSE Director · HR Director

● Solution anchor

The procurement policy already has all five elements: owner, standard reference, resources, management review and preventive requirements. A possible control point: the health and safety policy refers to one follow-up routine with the same structure, reporting through the working environment committee.

○ Sources

D1 Annual report 2025 p. 61

D3 Health and safety policy 2025 para. 3

D9 Procurement policy 2025 paras. 2-4

Finding 02 · the data boundary

Code **IL**

Evidence level A

Benchmark: 0 of 65 have
published such a data boundary

The customer privacy notice shows how a data boundary for following up employees can be worded

● Observation

"We only collect information that is necessary for the purpose, and analyses are carried out at an aggregated level."

D12 · Customer privacy notice 2026, para. 3 · synthetic source

The customer privacy notice describes purpose limitation and aggregation. The sickness absence follow-up routine states that the manager shall hold and document follow-up conversations. The public sources do not show how the data boundary is put into practice: what is recorded, where it is stored, who has access and for how long.

○ Context

The employee privacy notice refers to the GDPR, describes the legal basis for processing in general terms and names the data protection officer, who can advise on the boundary.

D13 · Employee privacy notice 2025 · D16 · Sickness absence follow-up routine 2024

○ Significance

When the organisation follows up workplace health, absence or psychosocial conditions, line management can come to depend on information that sits close to the individual. Data minimisation means that information is limited to what is necessary for the purpose (GDPR Article 5(1)(c)). A data boundary makes this visible in advance. Governance can then happen at system level, through arrangements and aggregated measures, while the individual level is limited to what the specific situation requires. This may be a relevant control question.

● Question

Where is the line between necessary follow-up and the collection of individual health information, and who owns that line?

To: Data Protection Officer · Legal · HR

● Solution anchor

The principle in the customer notice can be applied inward. A policy update could reduce the need for line managers to request or store individual health information. Section 9-1 of the Norwegian Working Environment Act on control measures, and GDPR Articles 5 and 9, are relevant frameworks when the boundary is worded.

○ Sources

D12 Customer privacy notice para. 3

D13 Employee privacy notice

D16 Absence routine para. 2

Finding 03 · traceability to board and management

The sustainability report on the group’s own workforce can be linked to a visible control loop

Code **06**
Evidence level B
Benchmark: traceability has a median of 20 %, and no organisation scores above 50 %

● Observation

The sustainability report (ESRS S1) publishes sickness absence by business area and mentions psychosocial risk as a material topic. Several data points are reported under transitional provisions. The report shows what is measured. Who holds decision rights when the measurement shows an unwanted trend, and how learning is fed back into the policy, were not identified in the material reviewed.

Policy	Routine	Decision rights	Implementation evidence	Learning
Documented D3	Not identified	Not identified	Partly: absence D1	Not identified

○ Context

The board considers a risk report every quarter, and the audit committee receives an annual report on whistleblowing cases. The reporting lines exist. Whether they cover workplace health cannot be verified from public sources.

D1 · Annual report 2025, pp. 34 and 58-63 · D2 · Risk management policy 2025 · D14 · Whistleblowing routine 2025

○ Significance

An external reader sees the result of the measurement. How the result shapes decisions is hard to follow. Without a visible link, reporting becomes a snapshot, and it is hard to show that prevention works over time.

● Question

Who in group management holds decision rights when aggregated reporting on workplace health shows an unwanted trend, and where is this documented?

To: Group management · audit committee

● Solution anchor

Risk reporting to the board already runs every quarter. Psychosocial risk can be added there as a named category, with an owner, a threshold and regular review, and reported at aggregated level.

○ Sources

D1 Annual report 2025 pp. 58-63

D2 Risk management policy

D3 Health and safety policy

D14 Whistleblowing routine

Validation agenda

Six questions decide the next step, and each can be put to a function that already exists.

The questions can be answered with documents, systems and roles already in place. An answer confirming that a matter is covered internally narrows the next step to what should be published or referenced.

-
- 1** Which policy determines how line managers handle predictable needs in practice?
To: HSE Director · HR Director

 - 2** Where is the line between necessary follow-up and the collection of individual health information?
To: Data Protection Officer · Legal

 - 3** What role do HR, health and safety, legal, data protection and line management each play in the same routine?
To: Group management

 - 4** What evidence shows that the routine is practised consistently across the group's legal entities?
To: Internal audit · HSE Director

 - 5** How are systemic patterns raised to management or the board without exposing individuals?
To: Audit committee · HSE Director

 - 6** Which document owns the update if the current policy gives too little direction?
To: Owner of the management system · Compliance

Next control point

The six questions can be answered through three control points in existing reporting lines.

The table suggests an order. The organisation decides the owner and timing.

Control point	Suggested owner	Clarification	Horizon
Follow-up routine for predictable needs	HSE Director	Questions 1 and 3	Next management meeting
Data boundary for individual follow-up	HR Director, advised by the data protection officer	Question 2	Before the next data protection impact assessment
Traceability to management and board	Group management	Questions 4, 5 and 6, reported to the audit committee	Before the next sustainability report

What a Policy Scan Enterprise can include

A full Policy Scan Enterprise reviews the whole published governance framework. Depending on the organisation and its needs, it can include:

- mapping of relevant governance documents
- prioritised governance findings and control questions
- proposed policy updates
- the link from policy to routine, action and evidence
- a proposed data boundary and privacy-aware handling
- material for internal validation and dialogue with management and the board
- a possible structure for ESRS S1 evidence, where relevant
- possible material for a board paper or decision note

The scope is agreed with the organisation and can provide a basis for further work within the organisation.

First step

Work through the six questions with your own specialist functions.

Contact

Questions about the brief or the benchmark: hello@sydera.io

About the analysis

Sources, method and limitations

Synthetic example and evidence boundary	Group X is an illustrative group profile composed from general patterns across the benchmark. The brief is not built on any single organisation. Names, document titles, quotations, combinations of figures and events are constructed, and the Group X figures are illustrative. The sample figures are taken from The Requirement That Turns Inward (SYD-GB-01-EN, edition 1.1). The findings describe how verifiable governance is to an external reader of the 22 documents in the synthetic manifest. Implementation, control performance, actual practice, legal assessment and unpublished documentation sit with the organisation's own functions. This document-based governance analysis is not an audit, certification or legal assessment, and it contains no claim that any requirement has been breached. All findings are hypotheses framed for internal control.		
Method and benchmark	The codes are published and explicit (PE), mention without the necessary level of detail (OG), not located (IL), not assessable (IV) and not relevant (IR). Evidence level A is coded directly in the source, B interprets several sources, C is a benchmark position. The benchmark draws on 1,193 public sources from 65 selected large organisations with a substantial Norwegian workforce, with a cut-off date of 16.08.2026. The sample was not drawn at random. The benchmark is a reference point, neither statistically representative nor a ranking. ISO 45001, ISO 45003 and ISO 45010 are standards and guidance, and the brief does not treat them as legal requirements.		
Synthetic manifest	ID	Document	Year
	D1	Annual report with sustainability statement (ESRS)	2025
	D2-D3	Risk management policy · group health and safety policy	2025
	D9	Group policy on procurement and supplier follow-up	2025
	D12-D16	Privacy notices · whistleblowing routine · absence routine	2024-26
	Extract from manifest SYD-PS-EKS-M1. Synthetic documents, no URL. A real brief lists title, URL, year, retrieval date and SHA-256.		
Use and responsibility	This example may be shared freely. The analysis is designed to stay at system level and reduce the need to process personal data. Sydera's drafts and proposals are for internal development. Final quality assurance and adoption lie with the organisation's own legal advisers and compliance function. If this edition and the Norwegian edition differ, the Norwegian edition applies.		
Limitations	This brief is designed to identify relevant questions at policy and system level. It draws no conclusions about actual practice, legal compliance or individual circumstances.		