



# NQA MANAGEMENT SYSTEMS RECERTIFICATION PROCESS AUDIT REPORT

## Bath Spa University

**VISIT NUMBER:**

623785

**DATE OF OPENING  
MEETING:**

19/02/2024

**THIS REPORT HAS  
BEEN PREPARED BY:**

**REGIONAL ASSESSOR:**

Richard K. Meddings  
BSc (Hons) MSc MIEMA CEnv

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**APPLICABLE STANDARD(S):**

ISO 14001:2015

ISO 50001:2018





# AUDIT REPORT PART A - EXECUTIVE SUMMARY

## Client Information

**Primary Contact:** Emma Jakins

**Address:** Newton Park, Newton St. Loe, Bath, BA2 9BN

**Contact Tel:** 01225 875846

**Contact Email:** e.jakins@bathspa.ac.uk

**Billing Contact:** As above

**Billing Tel:** As above

**Billing Email:** As above

<b>Audit Conducted at:</b>	Head Office (multi-site certification) <input type="checkbox"/>	Participating / Temporary Site (multi-site certification) <input type="checkbox"/>	Single Site Certification <input checked="" type="checkbox"/>
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<b>Audit Conducted as:</b>	Fully On-Site <input type="checkbox"/>	Blended (On-Site / Remote) <input checked="" type="checkbox"/>	Fully Remote <input type="checkbox"/>
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**System integration  
(integrated audits only):** Full

**Additional information on integration  
(if required):** N/A

**Certificate expiry date(s):** 4/3/24

**Required changes to EAC  
or NQA Codes applied:** No changes required

	At this location	Across all locations (Multisite)
Total employees	850	
Repetitive or parallel workers	Large number of repetitive workers / Facilities management / Grounds / Admin / Academic etc.	
Energy engaged employees	10	
Energy consumption	12,028,550 kwh (3.3% decrease on previous year)	
Energy uses	10	
Energy sources	4 (Gas, Electricity, Biomass, Diesel Fuel)	

Energy data only applicable for ISO 50001 audits. Further guidance available in ASR 47:2.1

**The date of the next audit is:** TBD to TBD



# AUDIT REPORT PART A - EXECUTIVE SUMMARY

## Audit Information

<b>Total audit duration (in days):</b>	6	<b>Duration conducted remotely (in days):</b>	3
<b>Scope of certification:</b>	Provision of Education, Research and related support services including maintenance of historic buildings and landscapes at Newton Park site and several other sites within Bath and surrounding locations Scope is appropriate.		

### Confirmation that audit objectives have been fulfilled: All objectives met.

*If no, which objectives have not been met including if remote auditing issues prevented the full completion of audit. Note that customers with installation/service activities within their scope must receive a minimum of one on-site visit once per cycle. Failure to achieve this may result in this activity being removed from the client's scope of certification.*

NQA Audit Team		Client	Position	Attendance
<b>Lead Assessor</b>	Richard Meddings	Emma Jakins	Sustainability Coordinator	Opening and Closing
<b>Member 1</b>		Eve Winwood	Energy Performance Officer	Opening and Closing
<b>Member 2</b>		Richard Jordan	Director of Estates	<i>Choose an item.</i>
		Becky Shaff	Pro Vice Chancellor	<i>Choose an item.</i>
		Jo Stocks	Chief Financial Officer	<i>Choose an item.</i>
				<i>Choose an item.</i>

*\* Mandatory attendance at OHSAS18001 / ISO45001 Audits. If these mandatory positions are not present at closing meeting, record and justify reasons in the Executive Summary.*

## Details of Changes

Type of action or change required	Action Required	Notes
Client Name Change:	<input type="checkbox"/>	
Change of Address:	<input type="checkbox"/>	
Scope Change:	<input type="checkbox"/>	
Contact Change:	<input type="checkbox"/>	
Number of Employees Change:	<input type="checkbox"/>	
Major NCs Raised:	<input type="checkbox"/>	
Special Visit Recommended:	<input type="checkbox"/>	
Remote Audit Issue:	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	



# AUDIT REPORT PART A - EXECUTIVE SUMMARY

## Executive Summary

This audit was undertaken partly remotely. The ICT used in carrying out the Assessment was as follows:

- MS Teams was used for video conferencing and screen sharing facilities throughout. Telephone and email systems were also used
- Assessment objectives were fully achieved via these means
- ICT systems used were fully effective in achieving the Assessment objectives

The system continues to provide the required level of control at Bath Spa University. The organisation’s context is well defined, leadership has been effectively demonstrated and commitment levels are evident.

This is reflected in the high levels of legal compliance and operational control evident at the organisation which are appropriate to the risks and opportunities identified.

This audit has involved a review of system administration activities, a review and sample of site activities at Locksbrook Campus, Corsham Court and Newton Park as well as review of job related records.

Evidence remains clearly available to demonstrate that the key policy commitments and frameworks are being adhered to, ie: setting of objectives; relevance to the purpose and context of the organisation and support of strategic direction; the protection of the environment including prevention of pollution and other relevant specific commitments, continual improvement to enhance performance; compliance with environmental/energy obligations; and procurement/design considerations related to energy efficient products and services.

Findings are as detailed on the following page.

Thanks are passed to Emma Jakins and Eve Winwood for their assistance during this audit.

Recertification to ISO14001 and ISO 50001 is recommended.

It should be noted that this audit report is based on a sample basis,  
a fully comprehensive audit has not been undertake

<b>Major NCs</b>	<b>0</b>	<b>Minor NCs</b>	<b>4</b>	<b>OFIs</b>	<b>0</b>	<b>AoCs</b>	<b>0</b>
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Is there any conflict of interest which exists between the Auditor(s) and the client, and are there any situations known to them that present themselves, or NQA, with a potential conflict of interest in respect to the audit undertaken.	No.
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## AUDIT REPORT PART A - EXECUTIVE SUMMARY

### Audit Conclusion

- This visit was Satisfactory: Continuation or granting of certification is recommended, however Non-Conformances have been identified. You must take action as detailed below
- Minor Non-Conformances have been identified
- Any findings are as detailed on the following page(s).

### Audit Follow-up Actions

The following post-audit action(s) shall be taken by the client: CAPs to be completed and sent by the client to caps@nqa.com within 10 working days and actions to address Major NCs completed with 3-months. Evidence to be provided to NQA when action has been taken.

**Please note that certification will not be granted, reissued or revised until all outstanding Non-Conformance responses have been submitted, and in the case of Major Non-Conformances, the evidence of corrective action has been provided to, and accepted by, NQA.**

**For further information, useful guidance and further support for responding to audit findings, please visit <https://www.nqa.com/en-gb/clients/non-conformities>**

### Management system performance, such as trends in audit findings that require further investigation at the next recertification audit.

Mandatory completion at the Head Office Audit of Surveillance Year 2

*Detail that the previous Recertification (or Stage 2), Surveillance 1 and Surveillance 2 results have been reviewed and whether there are any trends in non-conformities or other issues which require further investigation at the next Recertification audit.*

## Audit Findings

Ref No.	Clause No.	Details of any finding(s) raised.	Type (Major NC, Minor NC, OFI or AoC)
01	9.2.1	<p>Internal Audit: Internal Audits are not always being undertaken to plan. Peer audits are carried out each year by colleagues from other universities. These audits cover all the clauses of the ISO 14001 and ISO 50001 standards. These audits were scheduled in for October 2023 but there were no audit records available to evidence completion of these internal audits.</p> <p>Requirement: The organization shall conduct internal audits at planned intervals to provide information on whether the environmental management system: a) conforms to: 2) the requirements of this International Standard (ISO 14001/50001)</p>	Minor NC
02	7.5.3 a)	<p>Documented Information: The procedure available in the waste disposal file in etching was an old version of the procedure. Procedure dated 5/12/11, author Olivia Preston and approval by Ola Bankole. This procedure has been superceded by OP8.10 Controls of Emissions to air and water.</p> <p>Requirement: Documented information required by the environmental management system and by this International Standard shall be controlled to ensure: a) it is available and suitable for use, where and when it is needed;</p>	Minor NC
03	8.2	<p>Emergency Preparedness &amp; Response: There was no evidence available at the time of the audit to demonstrate controls for spillage response had been tested.</p> <p>Requirement: The organization shall establish, implement and maintain the process(es) needed to prepare for and respond to potential emergency situations identified The organisation shall d) periodically test the planned response actions, where practicable;</p>	Minor NC
04	9.1.2c	<p>Compliance -Display Energy Certificate: DEC on display in Morton Building had an issue date 15/8/12 and expiry date of 1/10/13 however as the floor area is below 1000m<sup>2</sup>, the certificate has a 10 year life. On review of the gov.uk website the certificate was found to be expired (valid until 1/10/2022).</p> <p>Requirement: The organization shall establish, implement and maintain the process(es) needed to evaluate fulfilment of its compliance obligations. The organization shall: c) maintain knowledge and understanding of its compliance status.</p>	Minor NC
<b>End of Findings</b>			



# AUDIT REPORT PART B – AUDIT REPORT

Ref No.	Clause No.	Details of any finding(s) raised.	Type (Major NC, Minor NC, OFI or AoC)
<p><b>Note: Responses to findings must be sent using the Corrective Action Plan form, as applicable, to <a href="mailto:caps@nqa.com">caps@nqa.com</a> within the timeframes stated on Page 5.</b></p>			



# AUDIT REPORT PART B – AUDIT REPORT

## Closure of Findings from Previous Audit:

Report No. 580563, Dated 19/10/2023

Ref No.	Detail of finding and client action:			Outcome (Closed or Escalated)
	Clause	Summarise Action(s) Taken to Prevnt Recurrence	Category	
1 TF	9.1.2 (14)	Procedure 6.1.3 does not define the frequency of evaluation of compliance as required by the standard – there is no procedure other than 6.1.3. referring to the Evaluation of Compliance in the system manual. The Environmental Compliance Register does however indicate Annual evaluations so the procedure would benefit from review to reflect operational practice.	OFI	Closed
2 TF	9.2.1	It may be beneficial to clarify and confirm the collation of energy data during the internal audit process as documented in the audit template.	OFI	Closed
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## AUDIT REPORT PART B – AUDIT REPORT

### Opening and Closing Meetings

Opening and closing meetings were performed in accordance with Form 335. The objective of the audit was to confirm that the management system had been established and implemented in accordance with the requirements of the audit standards.

Discussed approach to audit and availability of personnel. Confirmed system scope, discussed and clarified business operations occurring on and off site and within the system scope.

Reviewed certificates.

No changes of significance to management structure since previous audit.

Reviewed previous report.

Findings closed out as per previous page(s).

Process/audit area:	Organisational Context (External / Internal issues /interested parties / boundaries and scope / process identification)
<b>Auditees:</b>	EJ/EW
<b>Auditor (if applicable):</b>	RM
<b>Method of Audit</b>	On-site
<b>Evidence to support audit conclusion:</b>	
<p><b><u>External / internal issues to strategic direction</u></b></p> <p>Bath Spa University have established processes to determine external and internal issues that are relevant to its purpose and that affect its ability to achieve the intended outcomes of the EMS/EnMS.</p> <p>Context processes have been documented in:</p> <ul style="list-style-type: none"> <li>-Appendix 4 BSU Risks and Opportunities PESTLE Analysis 2021</li> <li>-Environmental considerations included: Climate change/resource availability detailed</li> </ul> <p>Information is monitored and reviewed periodically via management review</p> <p>The issues identified are considered to be relevant to the organisation’s purpose and strategic direction.</p> <p><b><u>Interested parties and their requirements</u></b></p> <p>Bath Spa University have established processes to determine interested parties, establish their requirements (needs/expectations) and where appropriate determine where these become compliance obligations.</p> <p>Processes to understand the needs and expectations of interested parties have been documented in Interested Parties register (Version 7, 3/10/23 last reviewed)</p> <p>The following items were reviewed as part of the audit:</p> <ul style="list-style-type: none"> <li>-Wessex Water</li> <li>-HESA</li> </ul> <p>Information is monitored and reviewed periodically via management review</p> <p>The Interested parties and their requirements identified are considered to be relevant and comprehensive.</p> <p><b><u>Boundaries and scope</u></b></p> <p>The system boundaries and applicability have been determined and documented in EMS Manual.</p> <p>Provision of Education, Research and related support services including maintenance of historic buildings and landscapes at Newton Park site and several other sites within Bath and surrounding locations</p> <p>The system boundaries and applicability have been accurately determined and correctly used to determine the system scope.</p>	



## AUDIT REPORT PART B – AUDIT REPORT

### **QMs, process determination and sequence**

Bath Spa University have determined the processes needed for the EMS/EnMS and their application throughout the business. Sequences/interactions of processes, required inputs, expected outputs, criteria and methods, resource requirements and roles, responsibilities and authorities have been appropriately established.

The IMS documentation comprises: Manual-Documented Procedures-Records

Processes have been documented in: Bath Spa University EMS/EnMS Manual V.2.1 (Updated 11/23)

The system processes and their sequence have been accurately determined.

**Conclusion of the overall effectiveness of the process:** Process / Audit Area is satisfactory

# AUDIT REPORT PART B – AUDIT REPORT

<b>Process/audit area:</b>	<b>Leadership (Process based approach, risk based thinking, policy, identification of roles and responsibilities)</b>
<b>Auditees:</b>	BS/JS
<b>Auditor (if applicable):</b>	RM
<b>Method of Audit</b>	On-site
<b>Evidence to support audit conclusion:</b>	

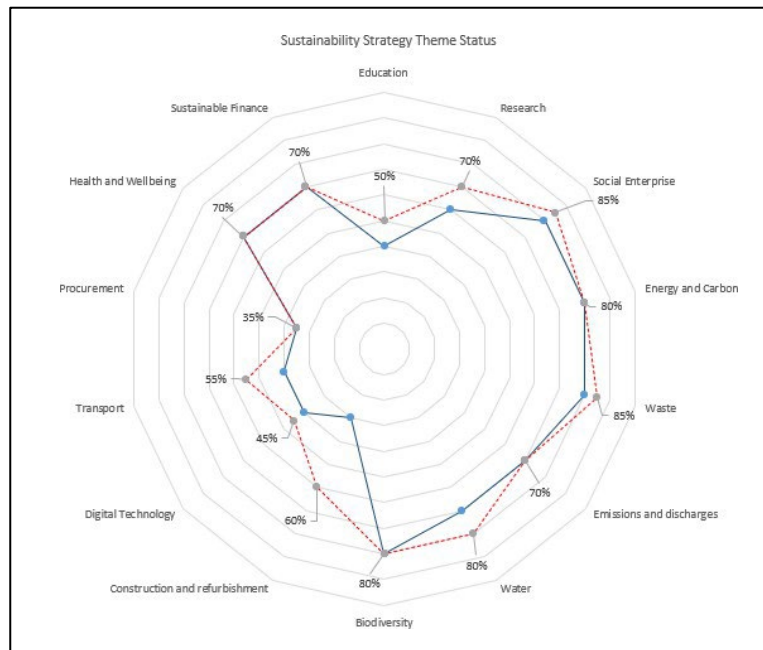
**Leadership**

Top management commitment reviewed with Becky Schaff (Pro-Vice Chancellor for Estates) /Jo Stocks (Chief Financial Officer). BS/JS detailed how senior management take accountability for the effectiveness of the EMS/EnMS and detailed the processes ensuring that the Policy and objectives are established and are compatible with the context and strategic direction. BS detailed the processes for review of performance - the SSG (Sustainability Steering Group) held on quarterly basis and is chaired by Jo Stocks.

Performance against objectives discussed -the University has key themes that are tracked via the maturity matrix. These cover:

- Education and research for sustainability
- Digital Technology
- Energy & Carbon
- Waste Management
- Emissions & Discharges
- Water
- Biodiversity
- Sustainable Transport
- Sustainable Procurement

Performance reviewed at last SGS with agreed positions against targets:



# AUDIT REPORT PART B – AUDIT REPORT

Resources allocated to EMS/EnMS discussed. The University is currently recruiting to appoint sustainability manager post. Approved Senior Vice Chancellor (F&I). Recent additions to the team Energy Performance Officer/Sustainability Coordinator.

Continual improvements discussed:

- Carbon management plan (decarbonisation) appointed consultant
- Installing PV/District heating network (Turner and Townsend)
- Work with SU carbon zero following climate emergency by 2030 (scope 1/2)

## Policy

Bath Spa University have established and documented a BSU Sustainability Policy 2023 – approved by Prof. Susan Rigby / Vice Chancellor (June 2022).

Relevant policy commitments have been addressed, policies are appropriate to the context and strategic direction of the business and provide a suitable framework for setting objectives.

Policies are communicated internally on staff notice boards and externally on website (<https://www.bathspa.ac.uk/about-us/governance/policies/sustainability-policy/>)

## Roles, Responsibilities & Authorities

Roles and responsibilities have been assigned, communicated by senior management.

The following roles were sampled including competence requirements and training plans:

- Pro Vice Chancellor
- Energy Performance Officer
- Sustainability Coordinator

These are documented in ‘Roles\_Responsibility\_competence and training 2023’:

Roles and Responsibilities EnMS				Roles and Responsibilities EMS				
SG Group	Name	Contact Details	Roles and Responsibilities	Competency requirements	Competence / records	Training/Awareness/Learning required	Relevant Environmental Aspects	Legal responsibilities (ref. Legal Register)
EnMS/EnMS	Eve Winwood	e.winwood@bathspa.ac.uk	Energy performance management Energy metering Water metering Energy Review maintenance Convening energy performance meetings	Knowledge of energy metering, monitoring and targeting EnMS knowledge BEMS knowledge	Energy Monitoring and Targeting training with Veama Trend training, CBSE Building Services Explained course	Continued TREND development ISO50001 training	Energy & water related	N/A
	Emma Jakins	e.jakins@bathspa.ac.uk	Support for EMS Manager. Deputise for EMS Manager in case of absence. Lead officer for Sustainable transport, food, Fairtrade, communications, awareness raising and student liaison.	Knowledge of BSU Sustainability Policy and how this is implemented. Wide breadth of knowledge of environmental issues, with emphasis on the HE sector. Good communication skills. Good understanding Environmental Management Systems and auditing. Good understanding of legislation relevant to the University and how to achieve compliance. Ability to collaborate and network with colleagues within and outside the institution Understanding of SDGs	Broad knowledge of environmental issues. Excellent communicator. Good awareness of BSU Environmental policy content and implementation. ISO 14001 EMS and environmental auditing training. Web development skills training. Environmental legislation training. Sustainable procurement training.	IEMA Practitioner membership exam Annual Environmental legislation update.	All	N/A

**Conclusion of the overall effectiveness of the process:** Process / Audit Area is satisfactory

Process/audit area:	Performance Evaluation and Improvement Processes
Auditees:	EW/EJ
Auditor (if applicable):	RM
Method of Audit	On-site
<b>Evidence to support audit conclusion:</b>	
<p><b><u>Management Review</u></b></p> <p>Undertook review of Management Review processes. Sampled:</p> <ul style="list-style-type: none"> <li>- The EMS/EnMS is reviewed periodically by SSG, which sits at quarterly intervals. All areas of the EMS/EnMS that require review under the Standards are covered by a Standing Agenda Items document. Audit findings are reported and actions to promote continual improvement are agreed by SSG. Implementation is carried out or overseen by the EMS Manager.</li> <li>- Minutes of most recent meeting, held 23/11/23. Attended by:</li> <li>- Jo Stocks (CFO), Julian Greaves (Sustainability Manager), Rebecca Schaaf (PVC Student Exp), Richard Jordan (Director of E&amp;F), Sara Gallagher (Head of Student Wellbeing), John Strachan (PVC Research), Victoria Johnson (Head of Proc), Jasmine Raymond-Barker (SU President), Hannah Whiting, Colin Brestrich-Scoinnes (Procurement Specialist), Emma Jakins, Jonathan Offler (IT Service desk analyst/ TU Rep), Mike Hannis, Rachael Johnson (CIO)</li> </ul> <p>Confirmed that all mandatory input and output requirements have not been achieved at the meeting.</p> <p>Energy Meeting:            Energy Management Team meet quarterly            Last meeting 22<sup>nd</sup> Jan 24 -minutes reviewed            Adrian Blake (Maintenance Manager), Craig Smith (Head of Maintenance &amp; Grounds), James Turvey (Head of Estates Management) and Eve Winwood.            Energy Management Issues discussed:            -Storage heaters to electric heaters with local timeclocks            -Library Lighting Project (Replacement of T5 to LED lighting)            -CISCO Spaces (occupancy measure through Wifi)            -TEC forecasting on energy price</p> <p><b><u>Internal Audits</u></b></p> <p>Reviewed internal audit processes, sampled as follows:</p> <ul style="list-style-type: none"> <li>- EMS manual states Internal audits of operations are carried out periodically by the EMS Manager with support from competent colleagues. Peer audits are carried out annually by partner organisation (University of Worcester -Scheduled 50001/14001 booked for Apr 24/25).</li> <li>- Audit Plan [Internal Audit Programme dated 18/10/23]: Programmes internal audits against procedural requirements and system arrangements</li> <li>- Confirmed that the Audit Plan suitably ensures internal audit against the requirements of the ISO standard(s)</li> <li>- Confirmed that the Audit Plan covers all sites including suitable risk based sampling of operational sites</li> </ul> <p>Audits sampled:</p> <ul style="list-style-type: none"> <li>• Newton Park -Waste and grounds (Scope Operational Control) on 12/1/23 -No findings raised</li> </ul>	

# AUDIT REPORT PART B – AUDIT REPORT

- Locksbrook Road on 12-1-2023 – conducted by Julian C & Emma J. – Report also includes Energy usage data and SEU information.
- BSULab (Scope Operational Control) on 26/1/23 -no findings raised

Ref No. 1 -Internal Audits are not always being undertaken to plan.  
Peer audits are carried out each year by colleagues from other universities. These audits cover all the clauses of the ISO 14001 and ISO 50001 standards. These audits were scheduled in for October 2023 but there were no audit records available to evidence completion of these internal audits.

**Requirement:**

The organization shall conduct internal audits at planned intervals to provide information on whether the environmental management system:

- a) conforms to:
- 2) the requirements of this International Standard (ISO 14001/50001)

Audits sampled undertaken by Emma Jakins  
Competence reviewed -IRCA ISO14001 EMS Internal Auditor on 10/11/22 certificate reviewed)  
All Audit Reports sampled have been comprehensively undertaken with suitable presentation of the required level of objective evidence to determine conformity

**Non Conformity and Corrective Action**

Reviewed Non Conformity and Corrective Action processes, sampled as follows:

- Procedure Appendix 7: Management Procedure 10.2: – Non-conformity, corrective action and preventative action
- Non Conformity and Corrective Action Report
- Iprotectu -long term plan for recording NCs

Ref	Non Conformity	Corrective/Preventive Action	Closure
2023/01 -EMS (raised Jan 23)	Missing safety data sheets	New electronic centralised data management system is being implemented	Open

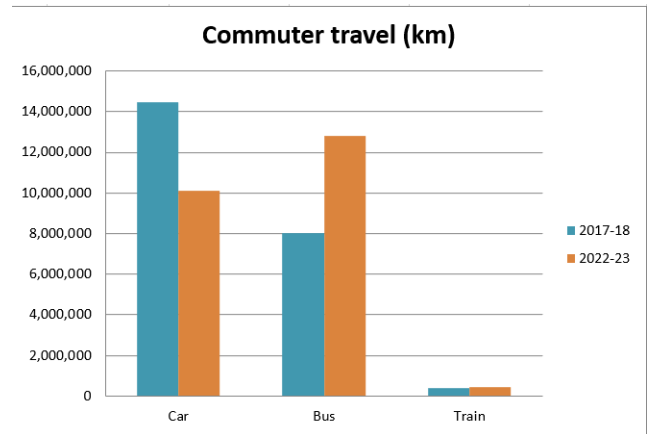
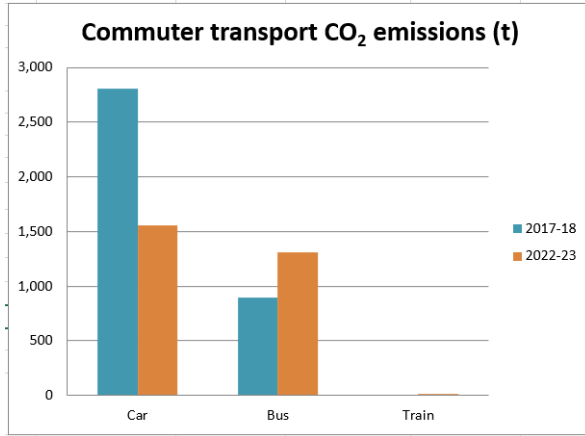
**Monitoring, Measurement, Analysis & Evaluation**

Processes in place for monitoring EMS/EnMS performance established.  
The following documented information was reviewed as evidence of the monitoring, measurement, analysis and evaluation results:

**Evidence Observed:**

- Travel survey
- Waste and recycling records master
- Monthly report from Hills waste contractor
- Sustainability Strategy 2023

**Travel performance:**



**Waste Performance:**

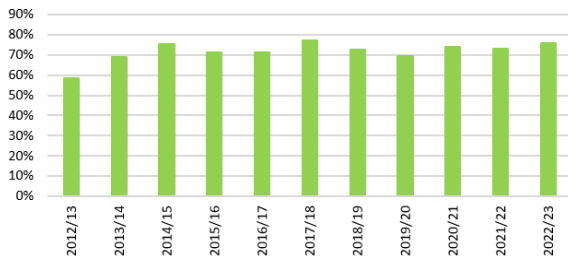


Figure 6. Recycling as a %age of total waste, showing rates of consistently above 70% since the implementation of our new, simplified strategy in 2014

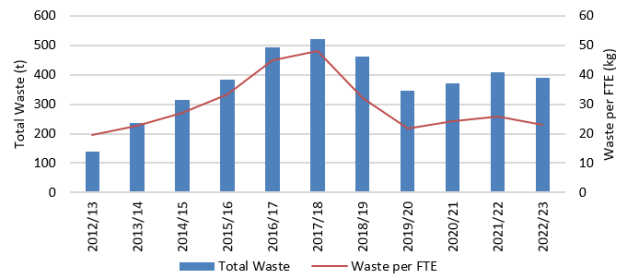


Figure 5. Total waste (t) and waste per FTE (kg; staff and students) since 2012-13

**Conclusion of the overall effectiveness of the process: Process / Audit Area is satisfactory**



<b>Process/audit area:</b>	<b>Planning and Support Processes</b>
<b>Auditees:</b>	EJ/EW
<b>Auditor (if applicable):</b>	RM
<b>Method of Audit</b>	Remote
<b>Evidence to support audit conclusion:</b>	

## Risks and Opportunities

Discussed and reviewed Risks and Opportunities identification processes, sampled as follows:

- Risks and Opportunities have been identified with due consideration to internal and external influences and interested parties, via:
  - PESTLE Analysis (Appendix 4 BSU Risks and Opportunities PESTLE Analysis 2021) completed and risks/opportunities identified within aspects register/Energy Review -detailing and assessing relevant risks and opportunities, as well as related mitigation and contingency
- Actions to address the Risks and Opportunities have been planned and are detailed and controlled within the wider management system, for example via resourcing and operational control:

Risks and opportunities checked in relation to significant aspects:

Rank	Aspect	Business Risks and Opportunities
1	Burning of fossil fuels for space and water heating	<p><b>Risks:</b>            Burning of fossil fuels has an economic cost for the business and the associated carbon emissions impact upon our reputation.            Paris Agreement and UK decarbonisation measures could increase costs of fossil fuel use or result in further legislation, which could in turn increase the reputational risks associated with continued carbon emissions.            Brexit could increase cost of gas procurement through European pipelines.            It is also possible that the continued expansion of fracking technology across the globe could reduce the wholesale cost of gas.            Once we have achieved ISO50001 certification, failing to demonstrate continual improvement in energy efficiency will risk losing certification, which could risk reputational damage.</p> <p><b>Opportunities:</b>            Continued efficiency measures and displacement of gas with biomass could reduce business operating costs and carbon emissions.            Reducing carbon emissions from these activities could result in</p>
2	Waste production and disposal (commercial and domestic)	<p><b>Risks:</b>            Potential increasing costs and reduction in the materials accepted by recycling contractors as a result of China's decision to stop imports of low-value recyclable materials over the coming few years.            Possible legislative changes following Brexit.</p> <p><b>Opportunities:</b>            Reduced operating costs and improved PR and peer standing from waste-reduction policies.</p>

## Environmental Aspects and Impacts

Discussed and reviewed Environmental Aspects and Impacts identification and evaluation, sampled as follows:

Environmental aspects are considered against normal operating conditions and against emergency conditions, which are defined in the Aspects Register (last updated 2/9/21 -no changes observed since this date). Significant aspects are also considered from a lifecycle perspective, where appropriate.

A detailed description of the procedure is given in Appendix 2: Management Procedure 6.1.2.

Criteria for significance evaluation has been established and documented within aspects register.

	Environmental	Legal / Obligatory	Business - Financial / PR	Social / Community							
Scale of Environmental/social impact	Severe	Major pollution, long-term impacts reversible in >1 year. Impacts health/ toxic etc	Actual breach of regulations / Loss of certification / Litigation likely	Potential for major financial costs / widespread public or sector condemnation / major loss of reputation		1	0.25	0.5	0.75	1	Avoid
	Moderate	Moderate pollution, short term implications not reversible in 1 year, complaints	Potential breach of regulations / Major non-conformance	Potential for moderate financial costs / external complaints		0.75	0.1875	0.375	0.5625	0.75	Manage
	Minor	Minor pollution, short-term localised impact reversible in 1 year.	Policy/performance standard aspiration / Minor non-conformance	Potential for minor financial costs / Potential for internal complains.		0.5	0.125	0.25	0.375	0.5	Watch
	Mimimal	Minimal reversible pollution, Reversible in 1 month	None / Advisory issue	No costs or PR damage		0.25	0.0625	0.125	0.1875	0.25	Proceed
	Positive	Net positive impact on environment e.g. increased biodiversity, carbon positive, increased environmental awareness	Improves situation to remove any possibility of litigation. Goes beyond legal requirements / removes the need for regulatory control	Improves business bottom line, public perception and peer standing	Provides tangible benefits to society and local communities	-1	-0.25	-0.5	-0.75	-1	

Significant aspects reviewed with appropriate mitigation/controls provided as sampled:

Category	Rank	Aspect	Environmental Impact	Abnormal and emergency conditions	Relevant legislation	Responsibility	Likelihood	Severity	Risk exposure	Likelihood	Severity	Risk exposure	Likelihood	Severity	Risk exposure	Legal obligations permitted activity/ other	Policy requirement	Stakeholder opinion	Legal score	Policy score	Score
11	1	Burning of fossil fuels for space and water heating	Natural resource depletion, climate change, atmospheric pollution	<p><b>Abnormal conditions considered:</b> Unusually hot, cold or wet weather, short of causing severe disruption to business operations Abnormally cold conditions will cause an increase in the consumption of gas during the heating season</p> <p><b>Emergency conditions considered:</b> Fire in building(s), explosion, flood, extreme cold weather, such that business was severely disrupted • It is unlikely that emergency conditions would have a material effect on the overall impact of this aspect. In the event of a fire or explosion, gas supply would be turned off. Flooding would not increase gas use but extreme cold weather would cause an increase in gas and electricity consumption in the short term but this is unlikely to materially increase total annual consumption Covid has had little effect on overall gas consumption</p>	<ul style="list-style-type: none"> <li>Climate Change Act 2008</li> <li>Energy Performance of Buildings (England and Wales) (Amendment) Regulations SI 2019/609</li> <li>Energy Savings Opportunity Scheme Regulations SI 2019/1643 (ESOS)</li> </ul>	EMS manager	100	0.75	0.75	100	0.75	0.75	100	0.75	0.75	Yes	Yes	TBC	3	2	24.50
5.2	2	Waste production and disposal (commercial and domestic)	Waste of recoverable resources. Use of land for landfill, production of methane and CO2, contributing to atmospheric pollution and climate change.	<p><b>Abnormal operating conditions:</b> Sudden, unplanned increase in operations may overwhelm our current waste management facilities and processes, leading to a reduction in materials recovery. Strike action or wide-spread sickness amongst domestic services personnel would disrupt operations and reduce effectiveness of materials recovery.</p> <p><b>Emergency conditions considered:</b> Fire or explosion in our waste facility or a skip/compactor would add atmospheric pollution to the impacts and temporarily reduce the quantity/quantity of materials recovered.</p>	<ul style="list-style-type: none"> <li>Waste (England and Wales) Regulations 2011 No. 398 (Amended by The Waste (England and Wales) (Amendment) Regulations 2014 No. 656)</li> </ul>	Assistant Portage Manager	100	0.50	0.50	100	0.50	0.50	100	0.75	0.75	Yes	Yes	TBC	3	2	20.75

## Compliance Obligations and Evaluation of Compliance

Discussed and reviewed Compliance Obligations and Compliance Evaluation processes, sampled as follows:

- Procedure - Appendix 3: Management Procedure 6.1.3: Compliance Obligations
- Compliance Obligations/Legal requirements are identified and maintained via a system involving annual review of legislation, for which EMS holds responsibility

- Bath Spa University keep up to date with relevant legislation via barbour consolidated (formely known as CEDREC) -access demonstrated by EW.
- Environmental Compliance Register 2023, V1.5, Oct 2023. As sampled, does comprehensively identify compliance obligations. Applicability is listed in the aspects register under relevant legislation, and detailed for each. Sampled for aspects/hazards reviewed during the site visit, eg:
  - Waste (England and Wales) Regulations 2011
  - The Control of Pollution (Oil Storage) Regs 2001
  - The Hazardous Waste Regs
  - The Environmental Permitting Regs
  - Other requirements: HESA Data Submission
- Mechanisms in place for the evaluation of compliance found to be effective.
- Compliance Evaluations are undertaken using periodic inspections and recorded under 'evidence of compliance 2023' in the environmental compliance register.

## **Objectives**

EMS Manual details -BSU's objectives and targets over the medium and long-term are captured in our Sustainability Strategy. Actions and responsibilities are recorded on Bath Spa's Environmental Planner. Plans and short-term targets to achieve our objectives are recorded in the Environmental Planner. Detailed energy performance targets are recorded in our Energy Review spreadsheet. Performance against objectives detailed in maturity matrix.

Evidence observed:

- Sustainability Strategy 2023 Draft 3
- BSU Sustainability objectives planner 2023
- Maturity Matrix

Objectives planner details the following: Strategic theme/Environmental Policy Statements/Objectives/Targets/Tasks/Target completion date/Task manager/monitoring/aspects covered by objectives and targets

The following objectives and associated progress we discussed with EJ/EW:

- Manage and where possible, reduce the number of car journeys to and from the university campuses

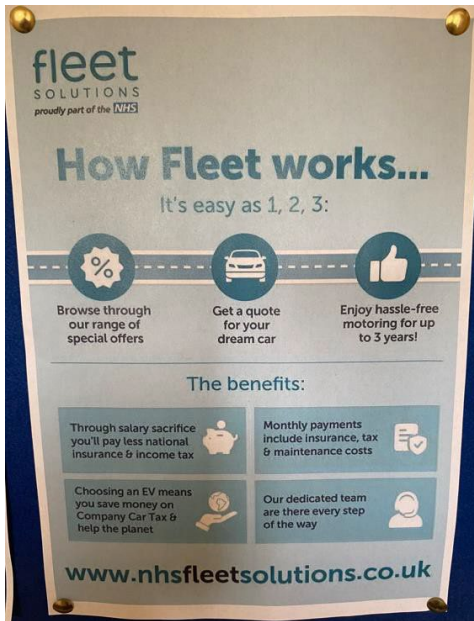
*Table 2. Car driver daily commute distance, number of journeys and CO<sub>2</sub> split by staff and students for 2017/18 and 2022/23.*

Car Driver daily commute	2017/18			2022/23		
	Distance (km)	Car journeys	CO <sub>2</sub> emissions	Distance (km)	Car journeys	CO <sub>2</sub> emissions
<b>Staff</b>	5,314,133	305,335	1,033	4,470,161	188,413	688
<b>Students</b>	9,142,828	423,996	1,777	5,620,496	290,718	865
<b>Total</b>	<b>14,456,961</b>	<b>729,331</b>	<b>2,810</b>	<b>10,090,657</b>	<b>479,131</b>	<b>1,552</b>

Tasks included:

-Implement EV Salary Sacrifice Scheme

-Task complete:



Resource, responsibilities and timescales have been determined for planning to achieve these objectives as appropriate.

Evaluation and progress against objectives observed -SSG via maturity matrix.

### Competence/Awareness

The procedure for assessing, providing and recording appropriate competence, training and awareness is described in Appendix 4: Management Procedure 7.2 & 7.3 – Competence, Training and Awareness. The competence of each staff member to carry out the roles and responsibilities identified in the Roles and Responsibilities Register is assessed in consultation with staff. Where gaps in skills, knowledge or qualifications are identified, appropriate training is provided. Relevant training, development and awareness-raising is recorded in the Roles Responsibility, Competence and Training log, or by individual teams.

General awareness regarding BSU's environmental aspects, impacts and Policy is provided during induction and by periodic communications to both staff and students.

Processes in place for competence, training and awareness checked -as sampled during the process audits (see site tours covering spill response, grounds pesticide application and BMS systems). General awareness training reviewed with EJ: Sustainability At Bath Spa reviewed:



### Our Commitment

- We are committed to becoming carbon-neutral by 2030
- We are recognised by the internationally acclaimed environmental standard ISO14001
- We are a Gold Award Hedgehog Friendly Campus
- Regaining our Fairtrade University status
- We are a gold level Social Enterprise
- We were recently ranked 18th out of 153 UK Universities in the People and Planet University League
- We are committed to removing single-use plastic



### Recycling

- All of our waste is handled on-site
- We have a bagless system, meaning recycling and general waste does NOT need to be bagged
- We have a three-stream waste system:



Please only use bags for Food Waste, and ensure these are specified as food waste bags

To confirm, **disposable coffee cups**, wooden spoons/ forks, cardboard food containers and paper straws can only go in the general waste  
**Only food in the food bin!**

### Communications

Discussed and reviewed communication processes, sampled as follows:

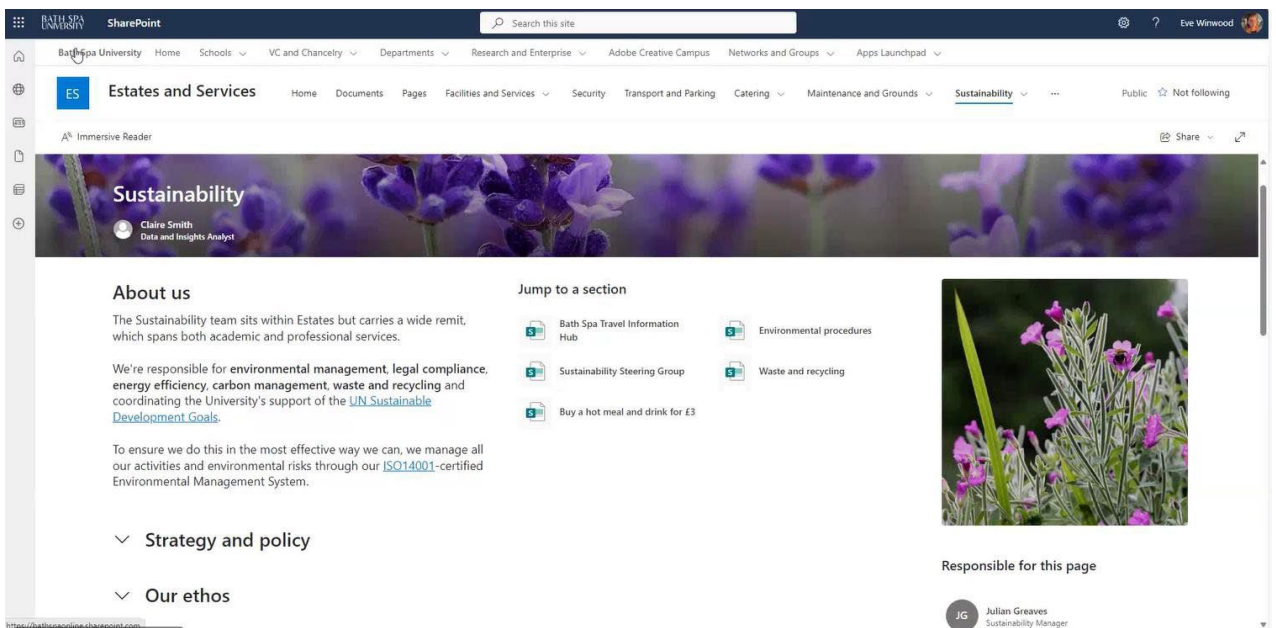
- Procedure Appendix 5: Management Procedure 7.4 – Communication
- Evidence observed:
  - Communications & Engagement Strategy (version 1.4, last reviewed 08/2023)
  - The strategy details communications plan (see below)

# AUDIT REPORT PART B – AUDIT REPORT

*Table 1. Communications Plan*

Interested Parties	Topics	Communication Methods	Responsibility
Prospective Students	<ul style="list-style-type: none"> <li>• BSU’s Culture, values, vision and environmental performance</li> <li>• Sustainable transport</li> <li>• BSU Sustainability Policy, strategy and plans</li> </ul>	<ul style="list-style-type: none"> <li>– Website</li> <li>– Prospectuses</li> <li>– Open Days</li> </ul>	<ul style="list-style-type: none"> <li>– Marketing Team</li> <li>– Student Support Services -Admissions</li> <li>– Sustainability Team</li> </ul>
New and current students	<ul style="list-style-type: none"> <li>• Core values – expected behaviours, progress &amp; successes to date.</li> <li>• Sustainable transport</li> <li>• BSU Sustainability Policy, strategy and plans</li> </ul>	<ul style="list-style-type: none"> <li>– Curriculum</li> <li>– <a href="#">Student handbook</a></li> <li>– Website &amp; Sharepoint</li> <li>– Social media</li> <li>– Staff Training</li> <li>– Processional student induction</li> <li>– Green Communicators</li> <li>– Students Union</li> <li>– Direct engagement</li> <li>– Sustainability campaigns and events</li> </ul>	<ul style="list-style-type: none"> <li>– Sustainability Team</li> <li>– Student Housing</li> <li>– Resident Life Advisors</li> <li>– Students’ Union</li> </ul>

- External communication reviewed -website details sustainability policy, sustainability strategy and annual report
- Checks made on HESA return with EW -section 5 (Environment, Energy, Emissions and waste) data compiled and submitted as appropriate.
- Internal Intranet system comms provided as planned arrangements.



## Documented Information

# AUDIT REPORT PART B – AUDIT REPORT

Discussed and reviewed Documented Information processes, sampled as follows:

- EMS Manual section 7.5 outlines how requirements, creating and updating and version control is maintained for IMS documents.
- Controlled documents and their storage and distribution locations shall be recorded on the EMS Document Register
- Mandatory documents required by ISO 14001/50001 found to be established and appropriate
- Effective document controls processes observed during audit

**Conclusion of the overall effectiveness of the process:** Process / Audit Area is satisfactory

<b>Process/audit area:</b>	<b>Site Tour and Records (Operational Control/Emergency Preparedness &amp; Response) -Corsham Court/Lockbrook Road</b>
<b>Auditees:</b>	EW, EJ, Manny (Head Caretaker), David Tinkham (Technical Manager), Edward Poulson, Jane Shaw
<b>Auditor (if applicable):</b>	RM
<b>Method of Audit</b>	On-site

**Evidence to support audit conclusion:**

Site tours undertaken at Corsham Court/Lockbrook Road campuses to review environmental aspects, operational controls and emergency preparedness and response. As observed:

Spill containment and waste segregation at Corsham Court:



LEV controls and hazardous/liquid waste storage at Lockbrook Road:



Records checked for both locations checked:

EPC/DECs checked:

On display at locations:

Produced by 1<sup>st</sup> for Energy consultant:

Corsham Court  
Operational rating C  
Exp. 30/9/24

Locksbridge  
Operational rating C  
Exp. 30/9/24

EPC checked: B (37)  
Main heating fuel: Nat gas  
Building env. Air conditioning  
Primary energy use (kWh/m2 per year) 159.05  
26/9/19 exp. 25/9/29

Air Conditioning:  
Evidence observed:  
-BSU FGas Register  
-Roles & Responsibility -Competence & Training 2023

No FGas containing equipment at Corsham Court

Locksbridge:  
X2 Chillers maintained Air Dale





## AUDIT REPORT PART B – AUDIT REPORT

X5 Air handling units

X7 units

Model: Mitsubishi Electric PUZ-ZM100VKA

S/N: 9A00133/9A00132/9A00136

Type: R32

Qty: 4kg

Leak check frequency: 16/8/23

No leaks detected

Next examination 16/8/24

Next air con inspection -1/3/25

Leak checks undertaken by MFM

Service report checked: 10/8/23 Kye Nightingale and labour Terry Davies

Terry Davies Cat 1 Leak check 4/10/10

REFCOM registered -REF1010033 exp. 4/7/26

Airdale chillers:

X2 Airedale Turbochill units

Chillers serviced on 12/2/24 by Dean Matthews

FGas checks carried out.

REF1009629 exp. 18/2/26

TM44:

-No HVAC systems used comfort cooling on either site.

Boiler servicing:

Annual servicing of boilers checked:

Locksbrooke -Plant room boilers (Ideal Imax 470 boiler) serviced on 4/8/23 (next inspection 9/6/24)

AP Brown GAS Safe 5419549

Corsham Court Campus

70kw Bentone Natural gas boiler

9/6/23 next inspection due 9/6/24

LEV:

Locksbrooke

LEV tested 21/11/23 by Duscovent (Andrew Hassall)

-LEV06 Acid etch bath fume extraction system

-LEV08 Woodwaste extraction system

-LEV 13A Kiln room fume extraction system -hood A

-LEV 13B Kiln room fume extraction system -hood B

-LEV 13C Kiln room fume extraction system -hood C

Pass

Weekly visual inspections by technicians  
Regular maintenance log book

'Water Drainage Lockbrook Road' plan reviewed  
-Surface water drainage to the river Avon

Jane Shaw demonstrated the controls around etching and lithography workshop acids (10:1 and 12:1) and the completion of waste records (disposal of unwanted materials or empty containers in red chemical store)  
-records complete.

Process giving rise to effluent -washing of aqueous art materials covered by procedure:

OP8.1.10 Controls of Emissions to air and water (last updated 18/2/21) covers controls for emissions to water for etching/lithography solutions and washing from laboratories are diluted to a further 20-1 ration with water, the spent acid is diluted with running tap water for up to 20min and flushed to drain under email agreement with Wessex Water.

Date of email agreement  
-trade effluent discharge agreement application form 13/3/17 (Locksbrook Road)

Ref No. 2– The procedure available in the waste disposal file in etching was an old version of the procedure. Procedure dated 5/12/11, author Olivia Preston and approval by Ola Bankole.  
This procedure has been superceded by OP8.10 Controls of Emissions to air and water.

7.5.3 a) Documented information required by the environmental management system and by this International

Standard shall be controlled to ensure:

a) it is available and suitable for use, where and when it is needed;

Waste:

-Waste Transfer Notes/Consignment notes/Waste Carriers Registrations

Hills

Dry Non Hazardous

16/1/23

EWC 20 03 01

CBDU79226 exp. 20/3/25

EPR/BU5801ID

Spill Training:

Estates health and safety folder:

Spill training academy

Theory/Practical:

-Edward Poulson -1/2/23 (exp. 1/2/26)



## AUDIT REPORT PART B – AUDIT REPORT

-Chris Cousins -11/10/22 exp. 11/10/25)

-David Tinkham 2/2/23 (exp. 2/2/26)

Ref No.3 –There were no evidence available at the time of the audit to demonstrate controls for spillage response had been tested.

Requirement: The organization shall establish, implement and maintain the process(es) needed to prepare for and

respond to potential emergency situations identified

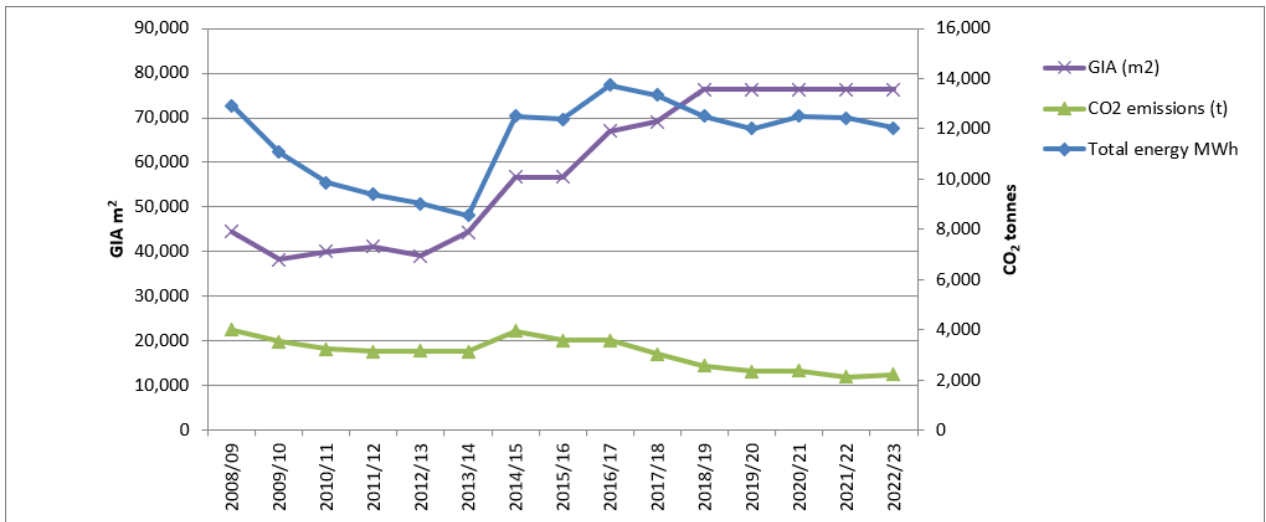
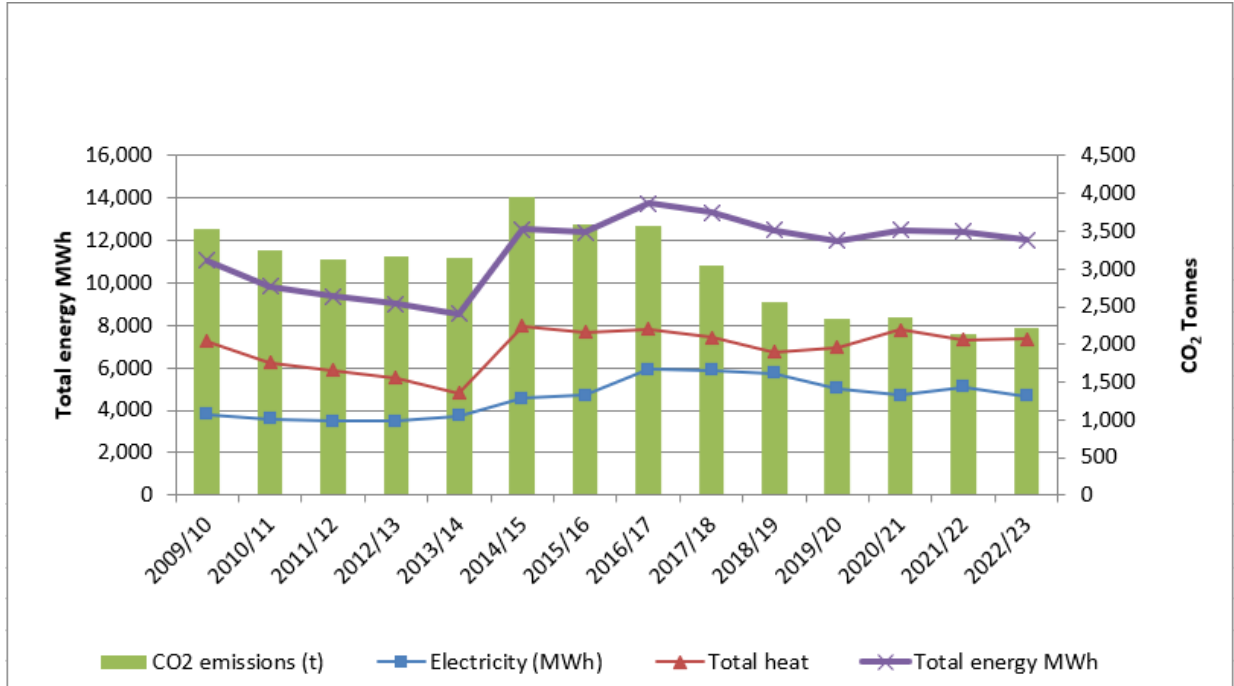
The organisation shall

d) periodically test the planned response actions, where practicable;

**Conclusion of the overall effectiveness of the process:** Process / Audit Area is satisfactory

Process/audit area:	Energy Management														
Auditees:	EW														
Auditor (if applicable):	RM														
Method of Audit	On-site														
<b>Evidence to support audit conclusion:</b>															
Energy Review, Baseline, ENPIs, Purchasing, Design, Maintenance															
<p>Evidence observed:</p> <ul style="list-style-type: none"> <li>-BSU energy master - 2023</li> <li>- CRMP - Energy Strategy from Sept 2020</li> <li>- Energy Data Collection Plan V2019-1.1</li> <li>- Energy Review Oct 2023</li> <li>-Estates and Spaces Collated Projects</li> </ul> <p>Discussed and reviewed Energy Review, Baseline, EnPIs, Purchasing, Design and Maintenance processes, sampled as follows:</p> <p>Energy Review, Baseline and EnPIs:</p> <ul style="list-style-type: none"> <li>- Energy Review document, October 2023</li> <li>- The Energy Review process is documented and does identify:               <ul style="list-style-type: none"> <li>- Energy sources</li> <li>- Past and present energy users and consumption</li> <li>- Significant energy users (eg lighting, IT equipment, plant)</li> <li>- Estimated future energy users and consumption</li> <li>- Opportunities for improvement</li> <li>- The document is complete and up to date</li> </ul> </li> <li>- The energy baseline is established as follows:               <ul style="list-style-type: none"> <li>2017 baseline year</li> <li>- There has not been any change which would require an adjustment to the energy baseline.</li> </ul> </li> <li>- EnPIs are recorded, established and reviewed as follows:               <ul style="list-style-type: none"> <li>• Heating/Gas data (relative to heating degree days)</li> <li>• Electricity (relative to m2)</li> </ul> </li> </ul> <p>The following graphs / tables provide data on energy sources, users and consumption, and provide a comparison of EnPIs against the energy baseline for the period 2017 to last academic year:</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Bath Spa University (Total Energy MWh)</th> </tr> </thead> <tbody> <tr> <td>2017/18</td> <td>13,341,865</td> </tr> <tr> <td>2018/19</td> <td>12,528,106</td> </tr> <tr> <td>2019/20</td> <td>12,002,986</td> </tr> <tr> <td>2020/21</td> <td>12,515,977</td> </tr> <tr> <td>2021/22</td> <td>12,439,530</td> </tr> <tr> <td>2022/23</td> <td>12,028,550</td> </tr> </tbody> </table>		Year	Bath Spa University (Total Energy MWh)	2017/18	13,341,865	2018/19	12,528,106	2019/20	12,002,986	2020/21	12,515,977	2021/22	12,439,530	2022/23	12,028,550
Year	Bath Spa University (Total Energy MWh)														
2017/18	13,341,865														
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2020/21	12,515,977														
2021/22	12,439,530														
2022/23	12,028,550														

# AUDIT REPORT PART B – AUDIT REPORT



It can therefore be stated that energy performance improvement is occurring.

**Energy Procurement/Design:**

Energy performance is considered during the design phase of modification, renovation and construction of facilities and during the procurement of plant and equipment that may have a significant impact on energy performance.

Where such assessment has taken place, records of the calculation methodology and other considerations leading to a procurement decision will be retained in the Energy section of the Estates and Services team drive.

As sampled for cooling system refurbishment in Commons:

# AUDIT REPORT PART B – AUDIT REPORT

Ferguson Brown

15/11/23 feasibility report options

Option F chosen based on energy performance considerations.

As detailed -F) Full degass of building. Partial replacement of existing chilled water system with ambient loop, upgrade of WC ventilation with heat recovery.

Carbon emission% (over base =100%)

As sampled:

SBEM Main Calculation outputs and BRUKL output

Commons Ambient Loop Degass:

Target CO <sub>2</sub> emission rate (TER), kgCO <sub>2</sub> /m <sup>2</sup> :annum	3.19
Building CO <sub>2</sub> emission rate (BER), kgCO <sub>2</sub> /m <sup>2</sup> :annum	2.83
Target primary energy rate (TPER), kWh <sub>pe</sub> /m <sup>2</sup> :annum	33.99
Building primary energy rate (BPER), kWh <sub>pe</sub> /m <sup>2</sup> :annum	30.16

Commons existing:

Target CO <sub>2</sub> emission rate (TER), kgCO <sub>2</sub> /m <sup>2</sup> :annum	4.12
Building CO <sub>2</sub> emission rate (BER), kgCO <sub>2</sub> /m <sup>2</sup> :annum	6.29
Target primary energy rate (TPER), kWh <sub>pe</sub> /m <sup>2</sup> :annum	45.87
Building primary energy rate (BPER), kWh <sub>pe</sub> /m <sup>2</sup> :annum	64.33

Energy Procurement discussed -renewable sourcing evident as per planned arrangements.

Certificate expiry March 2024:



Monitoring:

Evidence Observed:

# AUDIT REPORT PART B – AUDIT REPORT

-Energy Data Collection Plan (last reviewed 19/12/19)

AMR data for HH and some non-HH fiscal electricity and gas meters is available via both the Schneider Resource Advisor (RA) platform and the IMServ Energy Data Vision (EDV) Platform.

Data is sent via FTP from EDV to the RA platform.

- Data validity checks are performed automatically in Resource Advisor, however, manual data validity checks can be performed by comparing consumption in EDV and RA

Tech -bill validation service observed

All data types listed above shall be collected on at least a monthly basis in order to conduct the monthly energy review update and performance report.

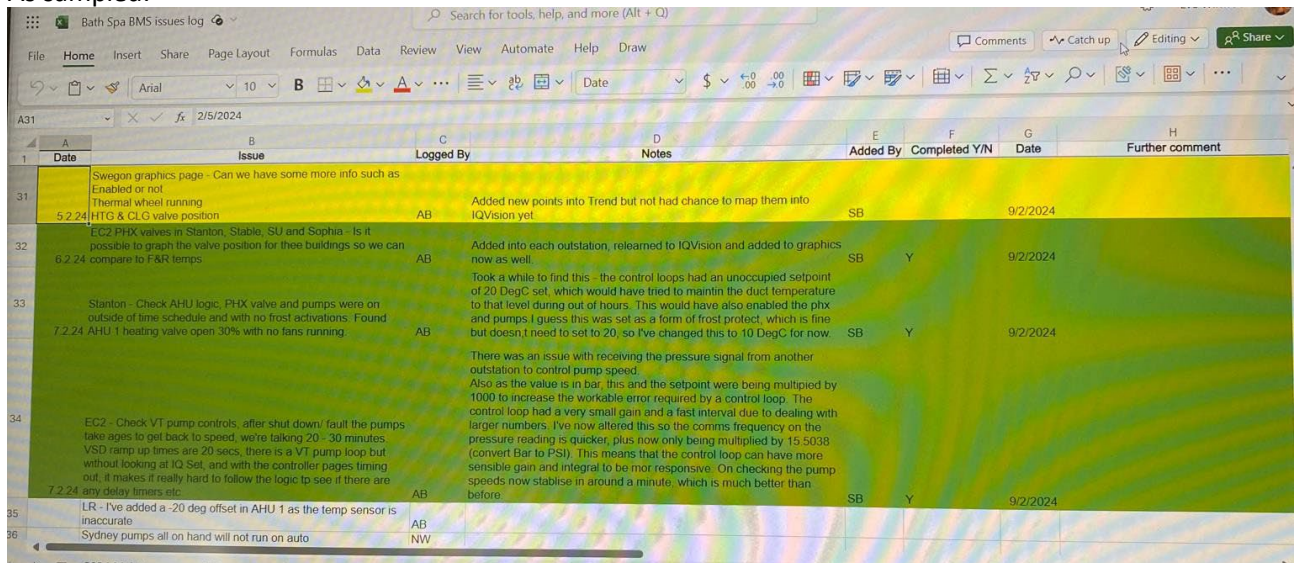
BMS:

- All sub meters with AMR capabilities are connected either to the multi-site building management system (BMS) or directly to the RA platform.
- Meters connected to the BMS are logged at 15 minute intervals and data is stored in the BMS database and uploaded to the incumbent BMS contractor metering portal (<http://gbcserver.com/portal2.php>).
- Consumption data from the GBC portal is then sent to the RA platform via FTP at regular intervals.
- Where any gaps in contiguous data are detected in RA (due to communication issues) estimated data is applied using the total register reads.

-Trend (IQ Version) -log spreadsheet BMS engineer looks every two weeks.

BMS issues are recorded in the BMS Issues Log.

As sampled:



A	B	C	D	E	F	G	H	
1	Date	Issue	Logged By	Notes	Added By	Completed Y/N	Date	Further comment
31	5.2.24	Swegon graphics page - Can we have some more info such as Enabled or not Thermal wheel running HTG & GL3 valve position	AB	Added new points into Trend but not had chance to map them into IQVision yet	SB		9/2/2024	
32	6.2.24	EC2 PHX valves in Stanton, Stable, SU and Sophia - Is it possible to graph the valve position for these buildings so we can compare to F&R temps	AB	Added into each outstation, relearned to IQVision and added to graphics now as well.	SB	Y	9/2/2024	
33	7.2.24	Stanton - Check AHU logic, PHX valve and pumps were on outside of time schedule and with no frost activations. Found AHU 1 heating valve open 30% with no fans running.	AB	Took a while to find this - the control loops had an unoccupied setpoint of 20 DegC set, which would have tried to maintain the duct temperature to that level during out of hours. This would have also enabled the phx and pumps I guess this was set as a form of frost protect, which is fine but doesn't need to set to 20, so I've changed this to 10 DegC for now.	SB	Y	9/2/2024	
34	7.2.24	EC2 - Check VT pump controls, after shut down! fault the pumps take ages to get back to speed, were talking 20 - 30 minutes VSD ramp up times are 20 secs, there is a VT pump loop but without looking at IQ Set, and with the controller pages timing out, it makes it really hard to follow the logic to see if there are any delay timers etc	AB	There was an issue with receiving the pressure signal from another outstation to control pump speed. Also as the value is in bar, this and the setpoint were being multiplied by 1000 to increase the workable error required by a control loop. The control loop had a very small gain and a fast interval due to dealing with larger numbers. I've now altered this so the comm's frequency on the pressure reading is quicker, plus now only being multiplied by 15.5038 (convert Bar to PSI). This means that the control loop can have more sensible gain and integral to be more responsive. On checking the pump speeds now stabilise in around a minute, which is much better than before.	SB	Y	9/2/2024	
35		LR - I've added a -20 deg offset in AHU 1 as the temp sensor is inaccurate	AB					
36		Sydney pumps all on hand will not run on auto	NW					

Roles and Responsibilities discussed:

Simon Britton (BMS Engineer) -contractor from Global Building Controls.

Nigel Westlake (Maintenance)

Training records for BMS operators reviewed:

-Adrian Blake Energy Monitoring and targeting 22/10/15



## AUDIT REPORT PART B – AUDIT REPORT

-Nigel Westlake Energy Monitoring and targeting 22/10/15  
Eve Trend CPD 2 Building on your BMS 21/8/23

BMS Controls reviewed for Commons -ok

Continual Improvement/Action Plans:

CRMP (Carbon Reduction Management Plan) Energy Strategy Sept 2020

Projects:

Yr 14:

Turner and Townsend -efficiency of DHN (Improvements to building management system) -awaiting projects following survey.

Individual projects Estates and spaces group (Richard Jordan) updated annually as evidenced in 'Estates and Spaces Collated Projects'. The following checked:

-T5 Lighting Replacement Phase 1 (A202316)

-Helvar Lighting control system (A202314)

-Biomass boiler 1 rebuild (A202313)

**Conclusion of the overall effectiveness of the process:** Process / Audit Area is satisfactory



<b>Process/audit area:</b>	<b>Site Tour and Records (Operational Control/Emergency Preparedness &amp; Response) -Newton Park</b>
<b>Auditees:</b>	EW/EJ
<b>Auditor (if applicable):</b>	RM
<b>Method of Audit</b>	On-site

**Evidence to support audit conclusion:**

Site tour of Newton Park undertaken to review environmental aspects/SEUs, operational controls and emergency preparedness and response controls. Site tour focus covering waste storage compounds, grounds maintenance and Commons building and lab buildings (Twinhoe).



Spillage response/waste segregation found to be effective.  
 Diesel fuel store checked -locked with appropriate secondary containment.

Records reviewed following site tour:

Compliance records:

Waste:

Inorganic Waste Containing Dangerous Substances checked in the lab.

Waste transfer note reviewed for last collection:

Waste contractor -Hills

Date: 2/11/23

EWC 16 03 03\*

Waste carrier reg: CBDU79226 exp. 20/3/25

WEEE:

Waste carrier: Blackmore

Waste carrier reg. BATHSP/12965

Collection: 25/1/24

Waste carrier: CBDU53350 exp. 16/1/25

T11 exemption EXP/VP3983XT exp.7/11/26

Recovery of batteries, freezer, fridge and domestic appliances.



## AUDIT REPORT PART B – AUDIT REPORT

### Registered exemptions:

WEX316251:

D1/S1/S2/T23/U12/U13 exp. 29/5/25

WEX391949:

D7/S1/S2/T23/U12/U13 exp. 27/1/27

Waste Carrier Reg

CBDL38388

Charity -registered 2/3/15

### Spillage:

Last spill incident recorded Ceri Davies 21/1/22

OP8.1.16 Spill Management procedure reviewed

Grounds team spill training checked:

-Stan Rawlings 11/10/22 exp 11/10/25

-Simon Cooper 2/2/23 exp 2/2/26

-Deborah Davis 11/10/22 exp 11/10/25

Gulley cleaned annually by vacuum lorry.

### Interceptor:

Inspections on oil interceptors reviewed.

British Standard EN 858-2:2003 'Separator systems for light liquids (e.g., oil and petrol)' recommends that oil interceptors should be audited every six months and undergo a full integrity inspection every five years by experienced personnel.

6 monthly checks undertaken GPT Environmental Services inspected on 9/11/23 and 4/7/23

Oil Interceptor 1 - 4

-The oil interceptor appeared to be functioning correctly.

-The high oil alarm system functioned correctly after the high oil alarm probe was replaced.

Fuel tank in place with appropriate secondary containment built in.

Fuel tank inspection by Clearwater

Last certificate checked -9/10/23 next service due 9/10/24

Reviewed procedure OP8.1.5 Grounds Maintenance & Biodiversity

Annual monitoring report undertaken by Nicholas Pearson

Annual monitoring report checked

### Grounds Maintenance:

Pesticide Application log checked:

-6/2/24 Simon J -Stump Control -SBK Brushwood killer



## AUDIT REPORT PART B – AUDIT REPORT

-31/1/24 Stan R -Stump Control -Roundup proactive  
-24/1/24 Simon J -Stump Control -Roundup proactive  
Weather, date, time, application, area used, qty detailed as appropriate.

PA1 & PA6 training checked for pesticide application log  
-Simon Johnson undertaken 23/4/19  
-Stan Rawlings undertaken 23/4/19  
Undertaken by Training Express

### COSHH:

IprotectU system roll out underway provide SDS/COSHH assessment for substances used.

As sampled for:

-Hydrogen Peroxide Solution  
-Enforcer

### Lab:

Storage of waste found to be locked away accordingly.  
Hazardous waste bunker drop off sheet complete as appropriate.  
Spill kit available outside chemical store and storeroom contained bund floor to contain leaks/spills.

Discharge consent with Wessex Water on 22/3/22

Authorisation of trade effluent discharge to public foul sewer effluent arising from washing glassware and laboratory equipment.

### LEV checked in labs:

-Envair 2000 (C6911/FC1) 20/9/23 pass next due Sept 2024  
-Envair 2000 (C6911/FC2) 20/9/23 pass next due Sept 2024

### Energy:

Biomass boilers/Gas boilers

Both fed via biomass heating

Energy centre (gardens) x3 boilers

Energy Centre (commons) x4 boilers

Servicing and maintenance checked on all boilers -undertaken by MFM:

Energy Centre 1 -27/7/23

Energy Centre 2 -26/7/23

All next due July 2024

Checks on renewable sourced -bsl authorised

Woodchip for biomass

BSL0382421-0003

Moisture content: 28%

### TM44:

Report No. 0350-0859-0332-7600-2096



## AUDIT REPORT PART B – AUDIT REPORT

Exp. 7/10/26

Air Con:

Leak check reviewed

Commons -Media Hub Room

Type: R410a

Qty: 3.5kg

Last leak check reviewed -17/11/23

DECs:

Commons:

Operational Rating B

Exp. 30 September 2024

Certificate number

9297-2240-0160-1715-5854

Twinhoe:

Operational Rating D

Exp. 31 July 2025

Certificate number

0253-0815-0339-7696-2302

Moreton:

Operational Rating G

Exp. 1 October 2022

Certificate number

0654-0812-0339-7623-2106

Ref No. 4 -DEC on display in Morton Building had an issue date 15/8/12 and expiry date of 1/10/13 however as the floor area is below 1000m<sup>2</sup>, the certificate has a 10 year life. On review of the gov.uk website the certificate was found to be expired (valid until 1/10/2022).

Requirement: The organization shall establish, implement and maintain the process(es) needed to evaluate fulfilment of its compliance obligations.

The organization shall:

c) maintain knowledge and understanding of its compliance status.

**Conclusion of the overall effectiveness of the process:** Findings have been identified - Process / Audit Area remains satisfactory



# AUDIT REPORT PART B – AUDIT REPORT

Process/audit area:	Recertification
<b>Auditees:</b>	EW
<b>Auditor (if applicable):</b>	RM
<b>Method of Audit</b>	Remote

**Evidence to support audit conclusion:**

**ISO14001:2015/ISO50001:2018 RECERTIFICATION AUDIT**

Undertook recertification audit for ISO14001/ISO50001 as follows (current certificate expires 04/03/2024):

Reviewed previous 3 years' reports as follows:

- Visit 580559, 01/02/2021, Recertification Audit
- Visit 580561, 02/02/2022, Surveillance 1
- Visit 580563, 19/10/2023, Surveillance 2

Clause	No of Major NCs	No of Minor NCs	No of OFIs
4.1		1	
4.2			
4.3			
4.4			
5.1			
5.2			
5.3		1	
6.1			
6.2			
6.3			
7.1			
7.2			
7.3		3	
7.4			
7.5		1	
8.1			
8.2			
8.3			
8.4			
8.5			
8.6			
8.7			
9.1			1
9.2		1	1



# AUDIT REPORT PART B – AUDIT REPORT

9.3			
10.1			
10.2			
10.3			

Confirmed that all clauses of the standard have been addressed over the three year period.

Reviewed NCs and OFIs above. Confirmed that all findings have been addressed and closed out. No trends of significant concern noted.

Confirmed that the company’s commitment to maintain the effectiveness and improvement of the management system in order to enhance overall performance is evident and that the operation of the management system continues to contribute to the achievement of the company’s policy and objectives.

Confirmed that all planned visits have been completed to plan.

Confirmed that the system in its entirety is considered to remain relevant and effective and applicable to the scope of registration.

**Conclusion of the overall effectiveness of the process:** Process / Audit Area is satisfactory

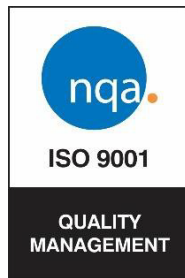
# AUDIT REPORT PART B – AUDIT REPORT

## Use of Registration Marks and Logos

Use of Registration Mark (if used) is in accordance with the Rules of Registration	Yes
<i>Detail if required</i>	

**Example of the current NQA logos:**

ISO 9001 (UKAS Accredited)



ISO 9001 (UKAS Accredited) with 'UKAS Tick and Crown'



More information can be found at: <https://www.nqa.com/en-gb/clients/logo-library>

If there are inaccuracies, errors or queries regarding this report or audit findings, please contact NQA Head Office on 0800 052 2424 within five working days of the closing meeting.

End of Audit



# AUDIT REPORT PART C – AUDIT PLAN

Date	Day 1	Method	Day 2	Method	
Time	Location / Department / Function	On-site	Location / Department / Function	On-site	Indicative Records / People Required
09.00	Opening Meeting		Opening Meeting		
09:30					
10.00	Site Visit Newton Park Campus Operational Controls Facilities, Grounds Maintenance, Energy Management		Leadership: Meeting with Vice Chancellor Leadership / Strategic Directions		
10:30					
11.00	Locations TBD (SEUs/Significant Aspects)		Context processes, Policy & Objectives		
11:30					
12.00			Management Review		
12:30					
<b>13.00</b>	<b>Lunch</b>	<b>On-site</b>	<b>Lunch</b>	<b>On-site</b>	
14:00	Follow up documentation from operational site visits				
14:30			Internal Audit		
15:00			NC and CA		
16.00	Report writing		Report writing		
16:30	Closing Meeting		Closing Meeting		
<b>17:00</b>	<b>End of Audit</b>		<b>End of Audit</b>		





# AUDIT REPORT PART C – AUDIT PLAN

	<b>Day 3</b>	<b>Method</b>	<b>Team Member</b>	<b>Method</b>	
<b>Time</b>	<b>Location / Department / Function</b>	<b>Remote</b>	<b>Location / Department / Function</b>	<b>On-site</b>	<b>Indicative Records / People Required</b>
09.00	Opening Meeting				
09:30					
10.00	Compliance Processes				
10:30					
11.00	Planning Processes				
11:30	-Aspects				
12.00	-Energy Review, SEUs, EnPIs and baselines				
12:30					
<b>13.00</b>	<b>Lunch</b>	<b>Remote</b>	<b>Lunch</b>	<b>On-site</b>	
14:00	Support Processes				
14:30	-Competence				
15:00	-Comms				
16.00	Report writing				
16:30	Closing Meeting				
<b>17:00</b>	<b>End of Audit</b>		<b>End of Audit</b>		

The objectives of the audit will be:

- To confirm that the management system had been established implemented and maintained in accordance with the requirements of the audit standard.



## AUDIT REPORT PART C – AUDIT PLAN

- To evaluate the ability of the management system to ensure the client organisation meets applicable statutory, regulatory and contractual requirements. Note: A management system certification audit is not a legal compliance audit.
- To evaluate the effectiveness of the management system to ensure it is continually meeting its specified objectives
- To identify as applicable, areas of the management system for potential improvement.

The audit scope describes the extent and boundaries of the audit, such as physical locations, organisational units, activities and processes to be audited.

Where the initial or re-certification process consists of more than one audit (e.g. covering different locations), the scope of an individual audit may not cover the full certification scope, but the totality of audits shall be consistent with the scope in the certification document.

### Rescheduling

In the event that rescheduling cannot be avoided, or unforeseen circumstances arise, please contact NQA as soon as possible. Please note that cancellation fees may apply. Rescheduling may also result in the suspension or expiry of certification if audits are not undertaken within prescribed timeframes. Information related to rescheduling is detailed on your audit confirmation and in the NQA Rules Related to Registration available on the NQA website.

### Remote Audits

Where elements of the audit are to be conducted remotely this is detailed on the audit plan. NQA will plan to deliver the audit using the tools outlined below. If you anticipate issues facilitating an audit using the listed tools, please contact your auditor at your soonest convenience.

- Video conferencing via Microsoft Teams (hosted by NQA)
- Document transmittal via email or screen share using Microsoft Teams
- Video calls using either Microsoft Teams or equivalent technology (such as Zoom, WhatsApp, FaceTime)
- Alternative platforms can be supported subject to prior arrangement with the NQA Lead Auditor and technology compatibility



# AUDIT REPORT PART D – AUDIT MATRIX

<b>Relevant Standard/Supporting Documentation:</b>	<b>ISO 14001:2015, ISO 50001:2018;</b>
<ul style="list-style-type: none"> <li>This audit programme is to be prepared by the Lead Auditor at the completion of the Stage 2 audit or the Recertification audit. It should be replicated in all subsequent surveillance visit reports.</li> <li>Where an element(s) of the programme cannot be completed at a given visit the programme shall be amended and up-issued accordingly to ensure coverage at the following visit.</li> <li>Site visits are to be included in the programme with a clear indication as to the processes intended to be sampled.</li> </ul>	

Type of visit	Stage 1	Stage 2	Surveillance 1	Surveillance 2	Recertification
Visit Due Date (MM/YY)			Feb 25	Feb 26	Feb27
<b>Mandatory Elements / Selected Processes</b>	<b>Processes / elements to be audited are to be indicated as to be conducted either Remotely or Onsite. All processes are to be audited during a three-year certification cycle excluding the re-certification visit.</b>				
Context of the organization	<i>Choose an item.</i>	<i>Choose an item.</i>	Planned, on-site	Planned, on-site	Planned, on-site
Leadership	<i>Choose an item.</i>	<i>Choose an item.</i>	Planned, on-site	Planned, on-site	Planned, on-site
Planning	<i>Choose an item.</i>	<i>Choose an item.</i>	Planned, on-site	Planned, on-site	Planned, on-site
Support	<i>Choose an item.</i>	<i>Choose an item.</i>	Planned, on-site	Planned, on-site	Planned, on-site
Performance evaluation	<i>Choose an item.</i>	<i>Choose an item.</i>	Planned, on-site	Planned, on-site	Planned, on-site
Improvement	<i>Choose an item.</i>	<i>Choose an item.</i>	Planned, on-site	Planned, on-site	Planned, on-site
Use of marks and references to certification / Client website	<i>Choose an item.</i>	<i>Choose an item.</i>	Planned, on-site	Planned, on-site	Planned, on-site
<b>Site Tour</b>	<i>Choose an item.</i>	<i>Choose an item.</i>	Planned, on-site	Planned, on-site	Planned, on-site
<b>Operations Processes (specify detail from scope)</b>					
• Env Op Controls	<i>Choose an item.</i>	<i>Choose an item.</i>	Planned, on-site	Planned, on-site	Planned, on-site
• Energy Management Controls	<i>Choose an item.</i>	<i>Choose an item.</i>	Planned, on-site	Planned, on-site	Planned, on-site
• Emergency Preparedness	<i>Choose an item.</i>	<i>Choose an item.</i>	Planned, on-site	Planned, on-site	Planned, on-site
<b>Processes for review at work sites (Specify)</b>					
•	<i>Choose an item.</i>	<i>Choose an item.</i>	<i>Choose an item.</i>	<i>Choose an item.</i>	<i>Choose an item.</i>
<b>Client Locations to be visited (Specify)</b>					
• Newton Park	<i>Choose an item.</i>	<i>Choose an item.</i>	Planned, on-site	Planned, on-site	Planned, on-site
• Locksbrook Campus					Planned, on-site
• Corsham Court	<i>Choose an item.</i>	<i>Choose an item.</i>	<i>Choose an item.</i>	<i>Choose an item.</i>	Planned, on-site
Audit trails will be developed based upon identified risk throughout the audit and as such timings and content may be subject to change. Where the client operates shifts, the activities that take place during shift working shall be considered when developing the audit programme					

# ONGOING SUPPORT SERVICES



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APPROVED TRAINING PARTNER



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Registration to a monthly e-zine from NQA. Translating the language of standards, management systems and certification through articles covering best practices, tools and techniques and alerts on latest environmental and health & safety legislation.



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Our Associate Partner Programme is designed to put you in touch with third party independent consultants and software providers that can support you through every step of your certification journey.



NQA certified clients are authorized and encouraged to use NQA logos to promote their certification achievements.

**Access all NQA logos here:**

<https://www.nqa.com/en-gb/clients/logo-library>



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