

Environmental Management System - Internal Audit Report

Scope of Audit: Arts University Bournemouth

Audit Date: 31/08/2022 Auditors: Alex Hobbins

EcoCampus Requirements	Clause Audited
Bronze Phase -Planning	
1.1 Leadership & Commitment	⊠
1.2 Context of the Institution	×
Silver Phase - Implementing	
2.1 Compliance Obligations	⊠
2.2 Environmental Aspects	⊠
2.3 Planning Action	⊠
2.4 Environmental Objectives	
2.5 Environmental Policy	⊠
Gold Phase - Operating	
3.1 Institutional Roles, Responsibilities & Authorities	\boxtimes
3.2 Competence & Awareness	\boxtimes
3.3 Communication	\boxtimes
3.4 Documented Information	\boxtimes
3.5 Operational Planning & Control	\boxtimes
3.6 Emergency Preparedness & Response	\boxtimes
Platinum Phase — Checking & Correcting	
4.1 Monitoring, Measuring, Analysis & Evaluation	\boxtimes
4.2 Evaluation of Compliance	\boxtimes
4.3 Non-Conformity & Corrective Action	
4.4 Internal Audit	\boxtimes
4.5 Management Review	\boxtimes

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Internal Audit Report Form - Executive Summary

Audit Outcome:

Major N/Cs: 0 Minor N/Cs: | Opportunities for 4 improvement:

Comments of the assessment team:

An internal audit of the Arts University Bournemouth's (AUB) environmental management system (EMS) was conducted to determine the extent to which it conforms with the requirements of ISO14001:2015. The system continues to provide an effective level of control of environmental risk and meets the clause requirements.

Signature:

Title: EcoCampus Project Manager Date: 01.09.22



Internal Audit Report Form – Audit Findings Summary

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Ref No	Clause No	Details of non-conformances or OFIs raised	Туре
OFI I	2.1	It is recommended that the future legislation and other requirements includes voluntary commitments such as: - Being a 'Champion' for the Dorset Sustainable Palm Oil Community project. - Participating in Hedgehog Friendly Campus - Fairtrade status.	OFI
OFI 2	2.5	It is recommended that when the Environment Policy is next reviewed it includes the university's commitment to achieve Net zero emissions by 2030.	OFI
OFI 3	3.1	The Roles and responsibilities spreadsheet is fully up to date. However, it is recommended that it is updated to include the 'Net Zero Task Group'.	OFI
Min NC I		Containers of waste chemicals (dyes) were stored on the ground within the hazardous waste compound, with no secondary containment such as a bund or drip tray. The bund was full of waste paint tins.	Min NC
OFI 4		It is recommended that the hazardous waste store is emptied, and the container for waste paint tins reinstated. In addition, the flammables cupboard should also be emptied.	OFI

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Review of findings from previous EcoCampus audits:

Closure of	Findings from EcoCampus Gold Audit AUB – 03 on the 05/09/2019	•
OFI I	The university should ensure that all WTN's include the relevant SIC code – 85.42/I Higher education. The July '21 WTN from ECS for empty toner cartridges did not include a SIC code for the university which should be 85.42/I.	Open
Evidence	The WTN for toner cartridges from FEDEX still do not include the SIC code for the university 85.42/1.	
OFI 2	The 'Roles and responsibilities register' should be updated to remove reference to the Chief Operating Officer.	Closed
Evidence	The register has been updated.	
OFI 3	An OFI has been raised to update the training register and training matrix to include: - Carbon literacy training scheduled for students in Oct/Nov 21 and staff in 2022. - C21 into the training register – SDGs are being incorporated into the curriculum. - Update the training matrix: o to replace the heading for 'toolbox talks' with 'staff induction' which includes Environmental Awareness, Emergency response and reporting, energy and waste awareness. o To demonstrate that toolbox talks to cover 'Use, transport and disposal of hazardous substances' and 'Emergency spill response'.	Closed
Evidence	The training matrix has been updated.	
OFI 4	Derwent FM have ISO14001 certification however, it would be useful for the SCSO to review the operational control and training provided to staff.	Closed
Evidence	The Environment Manager has requested copies of operational controls from Derwent FM which were provided.	
OFI 5	The waste inventory within procedure 3.5.3 Hazardous waste management should be updated to include J&G Environmental who take photographic chemical waste from the photography department.	Closed
Evidence	The waste inventory has been updated.	
OFI 6	It was noted that there were several containers of chemical and several drums, some of which were stored in drip trays, however, some were stored on the floor within the waste store. In addition, there was a large amount of WEEE waste. It is recommended that the waste is removed prior to the external ISO I 400 I audit.	Closed
Evidence	The corrective action relating to this OFI suggests that the hazardous waste stored was tidied up. However, during this audit a separate NC was raised due to the same issue.	
OFI 7	As spill training was last conducted in 2019, refresher training should be conducted once the university is fully open and operational in Oct/Nov 2021.	Closed
Evidence	Spill training was conducted in Nov 2021.	
OFI 8	The Non-conformance log does not fully satisfy the requirements of the clause in that:	Closed

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	- The root cause of the NC should be identified and document - Corrective actions should be checked for effectiveness. It is suggested that the NC log is amended to include a section for document the 'root cause' of the NC (column before the corrective action) and an additional section entitled 'Check for effectiveness of corrective action' (column after corrective action).	
Evidence	The NC log has been updated to include these requirements.	

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Audit Trace Record Form

Clause	Audit Findings and Comments	Туре
No	Landaushin and samusitus ant	
1.1 4.5	Leadership and commitment	
4.3	Management Review	
	Document(s) audited:	
	Governance for Environmental Sustainability	
	Minutes from Environmental Committee meeting 07/05/2021	
	ENV 07 05 21 Agenda and papers	
	Comments:	
	An opening meeting was conducted with the Environment and Sustainability	
	Manager to discuss any changes, relevant to the EMS, since the last internal	
	audit in August 2021. The changes discussed include:	
	- The Environment and Sustainability Manager has been promoted	
	from the SCSO.	
	- The previous Sustainability Plan 2015-2020 has come top an end and	
	has been replaced with the Sustainability and Net Zero Programme.	
	This confirms the university's carbon target to achieve Net Zero	
	emissions by 2030.	
	- A Net Zero Task force has been established to make decisions on	
	how to achieve the net zero target.	
	- Maintained the 3 star Fairtrade award.	
	- Recently started participation with Hedgehog friendly campus.	
	Also discussed potential which align with the Sustainability and Net Zero	
	Programme:	
	- Salix funding is being sought to install heat pumps on the North	
	Building.	
	- Looking into an electricity network around the campus with plant	
	rooms which will feed multiple buildings – early stages Planning permission has been granted to replace the North Light	
	Studios with a 2 storey building with heat pumps.	
	- Applied for skill funding for a heat decarbonisation plan however,	
	was unsuccessful. Re-applying in next round.	
	The substitution of the su	
	The governance structure has remained the same since the last audit.	
	Commitment for the EMS continues to be demonstrated through Senior	
	Management membership of the Environment Committee and the new Net	
	Zero Task Force, and approval of the Sustainability and Net Zero	
	Programme. The task force members include the VC, Finance Director,	
	Head of Estates and Campus Services, Marketing Manager, Environment	
	Manager, 2x academics and a Student Union representative.	

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Management review The Environment Committee continues to conduct management reviews. The EMS Annual report was presented to the Environment Committee on the 15th October 2021. The report covers the requirements of the clause including: ١. Actions from previous management reviews 2. Environmental performance a. Findings from internal audits Findings from evaluation of compliance including compliance b. status Findings from external audits c. Status of corrective actions d. 3. Changes in external and internal issues relevant to the EMS, the needs and expectations of interested parties, compliance obligations, significant environmental aspects and risks and opportunities. 4. Communications including complaints 5. Resources for the EMS. Opportunities for improvement The evidence provided confirms continuing commitment for the EMS. 1.2 Context of the institution Document(s) audited: Governance for Environmental Sustainability **PESTLE** analysis Log of interested parties EMS Index Comments: Since the last audit: the PESTLE analysis has been updated to include reference to global conflicts. Other risks of note include energy price changes, global pandemic, social engagement and availability of funding. The log of interested parties has been updated but the list of interested parties remains the same. Interested parties that are managed closely include students, staff, Board of Governors, Suez, BCP, Local business and residents, Morebus and others. Both registers are reviewed by 2 members of the Environment Committee annually and sent back to the Environment Manager who makes any changes. **2.** I **Compliance Obligations** Document(s) audited: Compliance Obligations Register AUB asset register Waste transfer and consignment notes Comments: The Compliance Obligations register was last updated in August 2022 and is

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fully up to date. The Environment Act 2021 is the only significant change since the last audit. The register format remains the same and covers

legislation under the following categories:

- Air and climate change
- Construction and buildings
- Water
- Nuisance
- Hazardous substances
- Conservation and biodiversity
- Waste
- Future legislation and other requirements.

It is recommended that the future legislation and other requirements includes voluntary commitments such as:

- Being a 'Champion' for the Dorset Sustainable Palm Oil Community project.
- Participating in Hedgehog Friendly Campus
- Fairtrade status.

Evidence of compliance was provided for the waste, energy and F-gas regulations.

Waste

Waste transfer notes were provided for various waste streams:

Annual WTN for non-hazardous waste streams collected by Suez:

- Date 21/12/21 to 21/12/22
- SIC code 85.42/I
- Wastes include general, DMR and food
- WCL CBDU93554
- Signed by both parties

Waste transfer notes for a general waste skip from Suez:

- Dates 22/06/22,
- WCL CBDU34064600.
- EWC code 200301
- Signed by both parties.

Consignment note for waste collected by Haztech

- date 22/04/22
- Cons no. ARTSUN/28913
- SIC code 85.42/1,
- WCL CBDU350039
- EWC codes for fluorescent tubes 200121, WEEE 200135, Paints and solvents 080111 and paints 200135.
- Part E completed Permit no. WEX249264.

WTN for waste toner cartridges collected by FEDEX:

- Date 12/01/22
- EWC codes 080318
- WCL CBDU366553
- No SIC code present.

Additional consignment notes and quarterly hazardous waste returns were viewed for J&G Environmental who collect hazardous wast5e from photography.

OFI I

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DEC's

Display energy certificates are due to be re-issued at the end of September. A valid DEC was viewed in South House. It was noted that the DEC in University House has been removed whilst the wall was painted and not replaced.

F-Gas

Air-conditioning maintenance is conducted by Accolade Building Care. They maintain an asset register as part of a report which details the equipment asset number, model, and type and quantity of refrigerant gas. The report also provides information on the works carried out, including leak testing and the date of the works.

Evidence was provided for the following units:

- Asset 01335 containing 4kg of R410a
 - Leak tested November 2021
- Asset 01336 containing 4kg of R410a
 - Leak tested November 2021
- Asset 223 containing 3.7kg of R410a
 - Leak tested May 2022
- Asset 371 containing 3.8kg of R410a
 - Leak tested May 2022

The evidence provided confirmed compliance with waste and F-gas regulations.

2.2 Environmental Aspects

2.3 Planning action

Document(s) audited:

Environmental Aspects Register

Comments:

The environmental aspects register was reviewed by the Environment Manager in August 2022 and by the Interim Heads of Technical Services. Aspects have been identified and assessed for significance against the following aspect areas:

- Emissions to air
- Transport
- Use and storage of chemicals and oils
- Energy use
- Water use
- Construction
- Waste
- Campus grounds
- Purchasing

Significant aspects remain relevant to the university's operations. Risks and opportunities associated with aspects have been determined and do not appear to have changed since the last audit. They include:

 energy price fluctuations, pollution of water course, loss of biodiversity, breach of legal requirements, exceed emissions levels set through objectives, land / water contamination and others.

The register lists actions to address risks and opportunities associated with environmental aspects.

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2.4 Environmental Objectives

4.1 Monitoring, Measuring, Analysis and Evaluation

Document(s) audited:

Environmental Objectives, KPI's and action planner Environment, Sustainability and Net Zero: Annual Report 2021-2022

Comments:

Progress towards objectives and targets set within the Sustainability Plan 2015-20 are reported within the Environment, Sustainability and Net Zero: Annual Report 2021-2022.

Progress towards objectives the previous objectives is as follows:

- to reduce emissions per head by 40% against 2005/6 level (from 0.56 tonnes to 0.336 tonnes per person) achieved 0.171T in 2019/20 and 0.209T in 2020/21.
- Reduce water consumption and emissions associated with water consumption by 2020 – achieved a year-on-year reduction in water consumption from 201/15 to 2020/21.
- Send 0% to landfill by 2020 and increase recycling by 40% by 2020 achieved a recycling rate of 57% in 2019/20 and 60% in 2020/21.
- Reduce carbon associated with university transport per person against 2015/16 baseline by 2020 – achieved significant reductions in tCO2e associated with staff commuting in 2019/20 and 2020/21 due to Covid-19.

Current environmental objectives and KPI's are listed within the 'Environmental Objectives, KPI's and Action Planner are as follows:

Net Zero by 2030	Reduce site electricity consumption
	by 2030 in line with Heat
	Decarbonisation Plan and
	Sustainability and Net Zero
	Programme
	Transition from gas boilers to heat
	pumps (or other technology) by
	2030
Reduce water use by 18% by 2030	Reduce water consumption and
	emissions associated with water
	consumption by 2030.
25% waste reduction (weight) and	Reduce waste through waste
increase recycling rate to 65%	hierarchy.
(allowing for adjustment for	Increase recycling
accommodation and year-on-year	, -
fluctuations)	
Zero emissions from transport	Reduction through Sustainability
2030 (inclusive of minimized off-	and Net Zero Programme
setting)	reporting
Enhance the sustainability of the	Ensure construction projects are
campus	sustainable and increase healthy
-	eating options

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	Enhance biodiversity via net-gain matrix	Increase biodiversity via Sustainability and Net Zero Programme	
	Increase social justice through internal practices and up and downstream	Annual reporting tracks progress	
	 Highlight, record, and address Maintain renewable energy the seduce emissions by 8% through the space Increase PV provision input the space Investigate battery technologe Investigate ISO5001 implements Reduce printers by 40% through the space Migrate 15% of AUB systems AUB computer base to be at the system of the sys	include: e Sustainability and Net Zero thin Heat Decarbonisation Plan es scope 3 supply chain emissions through REGO or PPA bugh behaviour change by 50% and across all available roof ey storage in buildings entation bughout campus es to cloud storage e least 60% laptops monitoring technology tion potential e.g. large PPA	
2.5	Environmental Policy		
	Document(s) audited: AUB Environment Policy		
		was reviewed by the Environment by the VC. The Policy continues to meet candard in that it includes commitments	
	 the protection of the environment, fulfil its compliance obligations continual improvement of the environmental performance The policy is communicated through It is recommended that when the 	ronmental management system to . the university's website.	OFI 2
3. I 3. 2	Institutional Roles, Responsibilit Competence and Awareness	ies and Authorities	

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	2. L. Lastinusia nel Deles Deservacibilità e and Ausberities	
	3.1.1 Institutional Roles, Responsibilities and Authorities Roles, Responsibilities & Training Register	
	Comments: The Roles and responsibilities spreadsheet is fully up to date. However, it is recommended that it is updated to include the 'Net Zero Task Group'.	OFI 3
	Training requirements are identified and documented within the Roles, Responsibilities and Training Register. Spill training was conducted in 2019 and 2021 by the Environment Manager. The spill procedure was amended in 2021 so that only small number of staff have responsibility for addressing spillages. The staff include technicians from photography and the workshops, Facilities Technicians, Campus Services Team and Technician Demonstrators who conduct their own training. — The Environment Manager conducted training on 10/11/21 as a mock spill scenario.	
3.3	Communication	
	Document(s) audited: 3.3.1 Internal and External Communications AUB website Minutes from Environmental Committee meeting 07/05/2021 ENV 07 05 21 Agenda and papers External Environmental Sustainability Communications Log	
	 Comments: Procedure '3.3.1 Internal and External Communications' was last updated on the 11/08/22. Communications discussed include: University website which has been updated to provide more information about the university's sustainability practices and ambitions. Webinar to staff and students delivered by the Environment Manager in May 2022. – communicated through marketing – approx. 90 participants. The webinar covered the Sustainability and Net zero programme, relevant projects, science-based targets, capital projects, offsetting, communications and academic and technician demonstrator projects. Public interview with the VC, Paul Gogh on sustainability. Starting up a campus services Instagram account – to be used to promote items such as hedgehog friendly campus. In addition, minutes from the Environment Committee were provided as 	
	evidence of communications with staff and senior management.	
3.4	Documented Information	
	Document(s) audited: 3.4.1 Documented information EMS folder structure	
	Comments:	

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Procedure '3.4.1 Documented Information' states that the SCSO is responsible for maintaining the EMS document system. The EMS documents are stored on a OneDrive system. Procedures include details of the author, approver, review date and a separate table for version control. All procedures viewed included version control, the author and approver. 3.5 **Operational Planning and Control** 3.6 **Emergency Preparedness and Response** Document(s) audited: Operational control procedures AUB Chemical Spill Response Guide Comments: A site tour was conducted to assess operational control relating to waste, hazardous substances and energy. Waste and hazardous waste management The external waste compound includes two sections for non-hazardous waste and hazardous waste streams. The non-hazardous waste streams are general waste and recycling which are stored in 1100L wheelie bins. There was no evidence of contamination. The Campus Halls bin area also includes wheelie bins for both waste streams. The hazardous waste store is used for waste chemicals, paints, WEEE and batteries. Min NC I Containers of waste chemicals (dyes) were stored on the ground within the hazardous waste compound, with no secondary containment such as a bund or drip tray. The bund was full of waste paint tins. It is recommended that the hazardous waste store is emptied, and OFI 4 the container for waste paint tins reinstated. In addition, the

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flammables cupboard should also be emptied.



Workshops, textiles and photography

The workshops were viewed and there were limited hazardous substances stored. A spill kit was available. Separate external stores for hazardous substance are located outside the workshops.

Textiles use various chemicals which are managed by the technicians. COSSHH safety data sheets were available for a sample of chemicals viewed e.g. Magnaprint Binder. Hazardous waste from textiles is stored in containers within the textiles lab areas prior to being moved to the external hazardous waste compound for disposal.

Photography manage their own hazardous waste which is disposed of by J&G Environmental. The waste is collected directly from the photography hazardous waste stores.

Discharges to water

The SCSO highlighted that the wastewater provider Aquacare do not require the university to apply for a trade effluent discharge consent.

Additional observations

Several areas of interest were viewed during the site tour including:

- Dye garden planters that are used to grow plants used for natural dyes
- Air-source heat pumps outside Innovation House.
- Various green spaces left to go wild.

Spill response

AUB Chemical Spill Response Guide explains how a spillage should be addressed:

- Obtain PPE
- Make area safe,
- Use spill kit to prevent spread
- Clean up the spilt material using spill kit
- Dispose of in bags provided and put into hazardous waste store.
- Report incident.

There have been no spills recorded to date.

The operational control and emergency procedures appear effective however, it is recommended that the hazardous waste compound is tidied up.

4.3 Nonconformity and Corrective Action 4.4 Internal audit

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Document(s) audited:

4.3 Nonconformity and Corrective Action ISO14001:2015 Audit Schedule

Comments:

Procedure 4.3.1 Nonconformity & corrective action describes the process for identifying, assessing and taking action to address non-conformances. Incidents are to be reported to the Environment Manager using the Environmental Incident report form however no incidents have been reported to date.

The 'Non-conformance log' lists all the non-conformances and corrective actions raised during internal and external audits. The log contains the NC's from audits since 2017. As recommended in the previous audit, the log has been updated to include a column for the root cause of the NC and checks for the effectiveness of corrective action. The findings from the last external audit have been documented including the root cause and check for effectiveness of corrective actions.

This audit is the fourth internal audit of the EMS. The last was conducted in August 2021 and the report identified non-conformance and OFI's which are listed in the non-conformance log.

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