

Assessment Report

Ordnance Survey Limited

Assessment dates 22-23/05/2024 & 13/06/2024 (Please refer to Appendix for details)
Assessment Location(s) Southampton (000)
Report author [REDACTED]
Assessment Standard(s) ISO 14001:2015



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Executive summary

I'd like to thank all who participated during the assessment process and for allowing the assessment to run as smoothly as possible.

This audit has been partially conducted using information and communication technologies including Microsoft Teams. The planned audit objectives have been achieved, there were no connectivity issues which had adversely affected the audit.

Overall this was an excellent re-certification assessment. Three minor non-conformances were raised in relation to waste documentation, checking and documentation of competence of contractors as well as documented environmental aspects and impacts.

Key improvements were noted throughout the assessment including the improved sustainability procurement process which has further enhanced the scrutiny of suppliers for environmental improvements. The biodiversity strategy was also observed to be going very well with a plethora of improvements made such as the wildflower meadow and new pond since the last assessment. Overall system conformance was effective across most of the clause requirements assessed.

It is clear that the environmental management system is achieving its intended outcomes and is contributing towards the strategic direction of the organisation and as such a positive recommendation for recertification has been made based on the acceptance plans required by no later than 21/06/24. The strategic direction of Ordnance Survey Limited is to achieve Net Zero Carbon by 2050 as confirmed during the top management interview.

Changes in the organization since last assessment

The following changes in relation to organization structure and key personnel involved in the certified management system were noted:

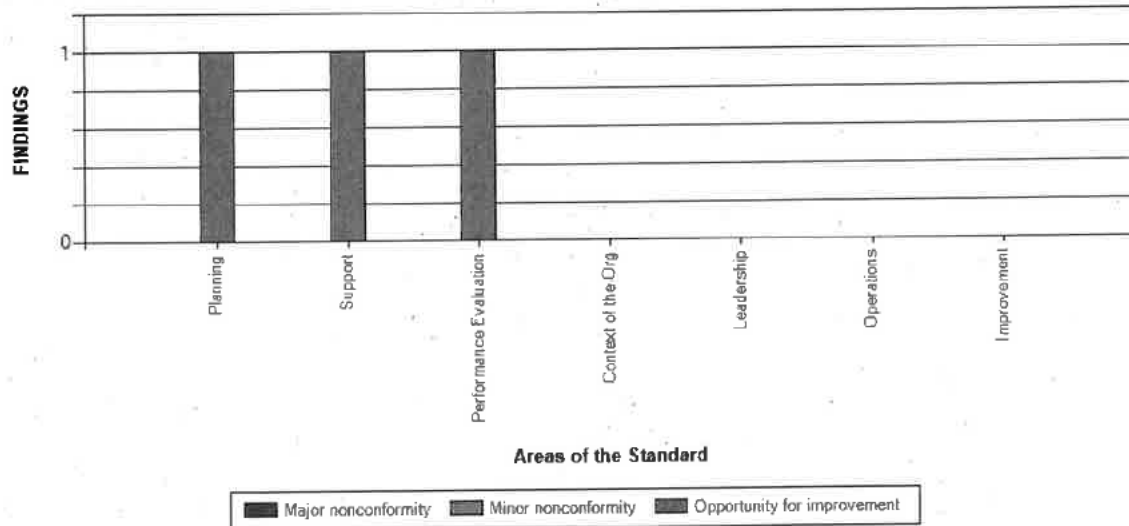
Change in Auditor. New CEO as of October 2023 - Nick Bolton. Currently going through reorganisation over the next 18-24 months.

No change in relation to the audited organization's activities, products or services covered by the scope of certification was identified.

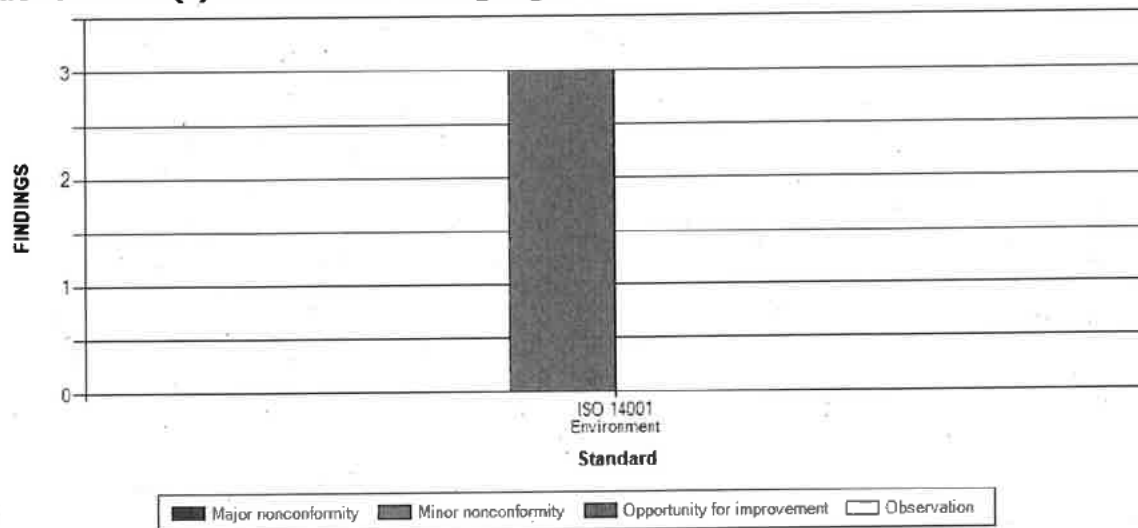
There was no change to the reference or normative documents which is related to the scope of certification.

NCR summary graphs

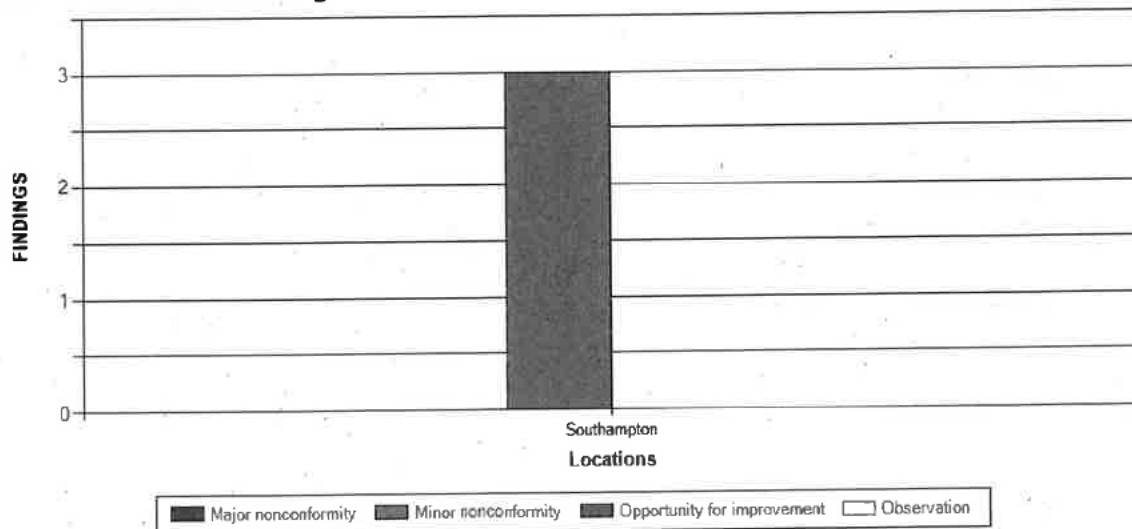
Areas of the standard(s) where BSI recorded findings



Which standard(s) BSI recorded findings against



Where BSI recorded findings



Your next steps

NCR close out process

There were no outstanding nonconformities to review from previous assessments.

3 minor nonconformities requiring attention were identified. These, along with other findings, are contained within subsequent sections of the report.

A minor nonconformity relates to a single identified lapse, which in itself would not indicate a breakdown in the management system's ability to effectively control the processes for which it was intended. It is necessary to investigate the underlying cause of any issue to determine corrective action. The proposed action will be reviewed for effective implementation at the next assessment.

Please refer to Assessment Conclusion and Recommendation section for the required submission and the defined timeline.

Assessment objective, scope and criteria

The objective of the assessment was to ascertain the integrity of the organization's management system over the current assessment cycle to enable recertification and confirm the forward strategic assessment plan.

The scope of the assessment was defined in the plan provided in terms of locations and areas of the system and organization to be assessed.

The criteria of the assessment was ISO 14001: 2015 and Ordnance Survey Limited management system documentation.

Statutory and regulatory requirements

Process assessed in findings.

Assessment participants

Name	Position	Opening meeting	Closing meeting	Interviewed (processes)
[REDACTED]	[REDACTED]	X		X
[REDACTED]	[REDACTED]	X	X	X
[REDACTED]	[REDACTED]	X	X	
[REDACTED]	[REDACTED]	X		
[REDACTED]	[REDACTED]	X	X	
[REDACTED]	[REDACTED]	X	X	
Kaesron MacDonald	Health & Safety Contractor	X		
[REDACTED]	[REDACTED]	X		X
Nick Bolton	CEO		X	X
Hazel Hendley	People Director (Chief People Officer)		X	X
Leanne Upson	Chief Marketing Officer			X
John Kimmance	Chief Customer Officer			X
[REDACTED]	[REDACTED]			X
[REDACTED]	[REDACTED]			X
[REDACTED]	[REDACTED]			X
[REDACTED]	[REDACTED]			X
[REDACTED]	[REDACTED]			X

Assessment conclusion

BSI assessment team

Name	Position
[REDACTED]	Team Leader

Assessment conclusion and recommendation

The audit objectives have been achieved and the certificate scope remains appropriate. The audit team concludes based on the results of this audit that the organization does fulfil the standards and audit criteria identified within the audit report and it is deemed that the management system continues to achieve its intended outcomes.

RECOMMENDED - Corrective Action Plan Required ('Minor' findings only): The audited organization may be recommended for recertification, based upon the acceptance of a satisfactory corrective action plan for all 'Minor' findings as shown in this report. Effective implementation of corrective actions will be reviewed during the next surveillance audit.

Please submit a plan through the BSI Connect Portal detailing the nonconformity, the root cause, correction and your proposed corrective action, with responsibilities and timescales allocated. The plan is to be submitted no later than 21/06/2024. If the corrective action plan is not received by this date you may be putting your certification status at risk.

For any questions please contact your local BSI office, referencing the report number 3802720.

Use of certification documents, mark / logo or report

The use of the BSI certification documents and mark / logo is effectively controlled.

Findings from this assessment

Opening Meeting:

An opening meeting was conducted with the Client, during which BSI's confidentiality protocols were confirmed.

The opening meeting confirmed the following;

- No changes to the scope of certification
- New CEO as of October 2023 - Nick Bolton. Currently going through reorganisation over the next 18-24 months. Change in Auditor - new start in June 2024.
- No changes to activities or services covered within the scope

Additionally, the opening meeting confirmed;

- No significant environmental complaints received
- No negative communications from statutory / regulatory bodies
- No breaches of legislative requirements in relation to environmental management noted.
- No enforcement action has been enacted

Employee Numbers were confirmed as;

Total: 1433

Effective: 965

Durations are to remain 5 days per year (2 days once every 6 months, then 3 days the next 6 months).

The T and BIAF codes remain relevant:

BIAF35 Services

T71F Business to Business Services

Top Level Management Interview - CEO:

Objective evidence and methods of determining process results:

- Top management interview with Nick Bolton - CEO and Hazel Hendley - People Director
- Discussion on risks and opportunities to the business
- Recent change in strategy with a restructure planned for the business to support this
- Understanding of business - geospatial data provider in a geospatial market space
- Sustainable issues and solutions discussed
- As a Public Corporation, OS are committed to achieving the government's target to reach Net Zero Carbon by 2050

Planned Processes – Fully Implemented

Process Results - The processes, from the samples reviewed, were seen to be effectively implemented and meet the requirements of the standard.

Methods for determining process results – Internal Audits / Objectives / KPIs / Management Review

Planned results – Achieved

Context of the Organisation

- **Issues**
- **Interested Parties**
- **Scope**
- **Management System:**

Objective evidence and methods of determining process results:

- Scope confirmed as "The provision of geographic surveying; data capture, processing, and delivery; design and product development; data storage solutions; and system and platform development."
- OSP 01 Introduction to the Environmental Management System - v2.8 16/02/24
- No changes to scope since last assessment
- Context of the Organisation
- Interested Parties - documented some however not all along with needs and expectations
- The RAID Log
- Interested Parties Register - 20/05/24
- Recently added Trade union
- Issues - tab - internal and external
- Aware of changes for standard through climate change
- Sustainability RAID Log v3.0
- I007 - Technological issues - changes to mapping technology and software - business needs to adapt to keep up
- I010 - Climate change - extreme weather causing topographical changes - impacting the surveyors
- I015- Stakeholder Management

Planned Processes – Fully Implemented

Process Results - The processes, from the samples reviewed, were seen to be effectively implemented and meet the requirements of the standard.

Methods for determining process results – Internal Audits / Objectives / KPIs / Management Review

Planned results – Achieved

Top Level Sustainability Steering Group Leadership interview:

Objective evidence and methods of determining process results:

- Discussion with
- Environment and Sustainability Home page
- Recycling plans
- Biodiversity plans
- Interview with John Kimmance
- Currently looking at vehicle fleet - moving towards an electric vehicle fleet
- Reducing flight plans and optimisation of flights to ensure reduction of carbon emissions - currently undergoing trials for sustainable aviation fuel - approx. three times cost of fuels
- Interview with [REDACTED] - biodiversity actions since last assessment
- Sustainability Steering Group
- Photographs seen of below
- New pond - construction
- Wildflower meadow
- Bat boxes and swift
- Bee Bombs - seed bombs to remote workers
- Breeding Bird Survey 2024 Summary
- Interactive Dashboard
- iNaturalist - plan to use data for analysis

Planned Processes – Fully Implemented

Process Results - The processes, from the samples reviewed, were seen to be effectively implemented and meet the requirements of the standard.

Methods for determining process results – Internal Audits / Objectives / KPIs / Management Review

Planned results – Achieved

Leadership:**- Policy****- Roles and Responsibilities:**

Objective evidence and methods of determining process results:

- Environment and Sustainability Policy - July 2023 - signed off by Hazel Hendley - annual review to be carried out in next month or so
- Net Zero Carbon by 2050 target - working on reducing this to have an individual OS target which is much shorter
- Greenwashing Policy V1 - 16/04/24 - high level policy to ensure that the organisation is as transparent as possible for external communications
- Carbon Offsetting Policy V1 - 16/04/24
- Policies - regularly communicated through the Intranet and on the environmental awareness training
- SSG Groups Policies
- Roles and Responsibilities
- GN OSP02-1 Responsible persons and Duties for OHSE Management v2.6
- OSP 02 EMS structure and Key Roles and Responsibilities - v2.5 - 16/02/24
- SSG group determined, Director of the People Team
- Internal Auditor Role
- CBRE Contract Manager

Planned Processes – Fully Implemented

Process Results - The processes, from the samples reviewed, were seen to be effectively implemented and meet the requirements of the standard.

Methods for determining process results – Internal Audits / Objectives / KPIs / Management Review

Planned results – Achieved

Planning:

- **Risks and Opportunities Management**
- **Aspects and Impacts**
- **Compliance Obligations and Evaluation of Compliance**
- **Objectives:**

Objective evidence and methods of determining process results:

- OSP 04 - Management of Env. Risks and Opportunities - v2.3 19/02/24
- Sustainability RAID Log v3.0
- Risks are expanded from the issues log within the RAID Log
- Core Risks and Opportunities Log - TCFD
- R006 - Neighbours - high volume of commuters, tenants on Explorer House - however only approx. 20 employees on site
- Looking to lease out second floor
- Business Staff Travel Survey - Southampton City Council Data - 24/04/23 to 09/6/23
- E-Scooter programme in Southampton
- Focus on car sharing
- OSP 09 Environmental Management v2.5 - 11/03/24
- Environmental Aspects and Impacts Register - 20/05/24
- Lifecycle considerations - procurement, use and disposal
- Severity x likelihood - 1 to 5 rating 25 total
- RSS - Remote sensing Services - emissions associated with this - 15 rating
- Actions - using Sustainable Aviation Fuel - second trial approved for in 2024
- Biodiversity at Explorer House - SA0605 - linked to objective targets 1 and 2
- Abnormal and emergency conditions
- SA 0204: Spillages in Car Park - low 4
- There is no documentation of the potential impacts of the potential emergency condition of fire in the Environmental Aspects and Impacts Register v3.7 - 20/05/24 nor in the Sustainability RAID Log v3.0 - 20/05/24
- Now have 30 charging points
- Sustainability RAID Log v3.0 documented spill drill took place on 28/02/24
- Compliance Obligations - through WSP (Capita) - monthly meeting to discuss new
- Legislation updates - evidenced Environmental April 2024 newsletter
- Legal Review Calendar - 2021 to 2024 - v1.0 - Section 1 to 3 legislation - depending on section this determines frequency of review
- Noted amendment to the ISO 14001:2015 standard from February 2024
- Legal Register - F-Gas Regs - 2015 - last updated 23/02/24 - evaluation of compliance
- Objectives and Targets v3.9 - 15/05/24 - Tracked via Sustainability Raid Log
- Financial Year monitoring
- Emissions - reduce overall greenhouse gas emissions for scope 1 and 2 by 2025 based on 2019-2020
- 61% reduction on previous 2022-23, 71% reduction for 2023-24 (77.12% for scope 1 and 2)
- Most targets green for emissions reduction - one amber - investigate means to increase use of imagery from flights, and increase efficiency of flights
- Fleet transition - 4 year contracts in place
- Current contract ends 2025 - moving towards ULEV fleet

Planned Processes – Not Fully Implemented (see 2498334-202405-N1)

Process Results - The processes, from the samples reviewed, were seen to be effectively implemented and meet the requirements of the standard.

Methods for determining process results – Internal Audits / Objectives / KPIs / Management Review

Planned results – Achieved

Performance Evaluation:

- **Performance Monitoring**
- **Internal Audit**
- **Management Review**
- **Incident Management:**

Objective evidence and methods of determining process results:

- Interview with [REDACTED] - main auditor for system
- OSP 14 Internal Audit and Corrective Action v2.3 15/04/24
- OSP 14-1 Guidance on Internal Auditing - v2.3 - 16/04/24
- EMS Internal Audit Programme v2.0 - 29/01/24
- Annual basis - Full audits carried out every beginning of calendar year determined by below
- Three Year Internal Audit Cycle v1.1 - based on risk e.g. context audited 3 yearly, objectives 2 yearly, operations 1 yearly
- Internal Audit Report - audit ref 07/23- 29/01/24 - carried out by [REDACTED]
- [REDACTED] - impartiality maintained - two non-conformances identified as "medium"
- Deep dive audits are carried out on top of full audits where necessary - these are optional however
- Reactive audit - based on corrective actions or where major findings raised in external audit
- Management Review - once per year
- OSP 16 Management Review - v2.3 - 15/04/24
- SSG Meeting - 2-3 months
- Management Review - Slide Deck and Meeting Minutes 03/05/24 - annual management review
- Attendees - good attendance across the SSG team and ELT
- Key requirements of standard have been met in MR
- Next meeting due 30th July 2024
- Trends & communication
- SSG - 22/03/24 Meeting minutes and agenda
- Latest SSG meeting covered the new policies implemented on greenwashing and carbon offsetting
- SSG Agenda - DRAFT plan for 30 July 2024
- RAID LOG NC Register

Planned Processes – Fully Implemented

Process Results - The processes, from the samples reviewed, were seen to be effectively implemented and meet the requirements of the standard.

Methods for determining process results – Internal Audits / Objectives / KPIs / Management Review

Planned results – Achieved

Improvement:

- **Non-conformance Management**
- **Complaints Management**
- **Improvement:**

Objective evidence and methods of determining process results:

- Low, medium and high actions - medium determined as a "minor"
- OSP 14-1 Guidance on Internal Auditing - v2.3 - 16/04/24 - grading reference to high, medium and low findings
- Sustainability RAID Log - Documentation of non-conformances
- NC035 & NC036
- Root cause, corrective action and verification of corrective actions
- This register would also be utilised for any complaints or incidents
- Improvement and recommendations moved to July 2024
- Improvements are driven through objectives and ongoing projects observed during the assessment process e.g. the biodiversity improvements on the grounds

Planned Processes – Fully Implemented

Process Results - The processes, from the samples reviewed, were seen to be effectively implemented and meet the requirements of the standard.

Methods for determining process results – Internal Audits / Objectives / KPIs / Management Review

Planned results – Achieved

Support Processes to be considered in conjunction:

- **Resource Management**
- **Competence Management**
- **Awareness**
- **Communication**
- **Document Control:**

Objective evidence and methods of determining process results:

- What can be done at home - Yammer communication
- SharePoint site - main communication platform
- Competence driven through environmental awareness
- Environmental Awareness training - Workday 40minute training course
- 91% completion rate for environmental awareness - improved from 85% earlier in year
- Environmental Training Matrix v1.7 - 07/03/24
- Auditor training - required - internal auditor training course
- Internal Auditor - Environmental Management System - 14001:2015 - ENR-01435558 - 08/02/24
- Document control monitored through version control and dating
- Document control seen to be well maintained throughout assessment
- OS Gardening Club - Engage MS
- OS Biodiversity Strategy v1.1 - 26/04/24
- Communications Plan 2024
- Planned National Bike Week in June
- Planned case studies of travelling in on bike for staff
- Resource management captured in management review as ongoing agenda item

Planned Processes – Fully Implemented

Process Results - The processes, from the samples reviewed, were seen to be effectively implemented and meet the requirements of the standard.

Methods for determining process results – Internal Audits / Objectives / KPIs / Management Review

Planned results – Achieved

Full Site Tour - Onsite

Operational Control: Facilities Management

- Considering Emergency Preparedness

- Fleet Management:

Objective evidence and methods of determining process results:

- Transferred from Biffa to Veolia for most waste streams
- No waste to landfill as previously this was not clear with Biffa
- A site tour of the building and grounds was carried out.
- CBRE - Cleaning chemicals
- Sygol - COSHH assessments
- The Pink Stuff - COSHH assessments 07/01/22
- LED lighting in building - PIR/lumen sensors
- Waste compound - cardboard, food waste, mixed recycling, general, mixed glass
- WEEE waste, batteries
- Spill kit
- Oil top up area, drip trays
- 34 charge points in main car park - dual output
- 2 EV charge points in visitors bay
- EV Vehicle in shed near diesel tank
- Grounds source heat pumps - f-gas leak tests - 19.4kg each unit - annual inspection - 18/03/24
- Zenner Limited
- HGV room
- Ground source heat pump - R410A no. 4
- FG16 System Log Sheet - leak test report Serv 3.2 - 22/08/23
- City & guilds - Peter Revell - cert no. 55001833440/60 - 05/03/11
- Johnson Controls - REF1011697 - Expiry 07/07/23 - service chillers - has not been checked or updated since this expired. No record of latest REFCOM certificate for Zeuner Limited. Lack of certification checks for gas safe registration for the latest boiler services.
- Johnson Controls REFCOM updated certificate was found - 07/07/26
- Rainwater harvest system
- Diesel 1100L storage - bund 120% capacity
- 600L in storage STM - fuel analysis
- Tank serviced recently - 28/09/23 - SDM Fuel Solutions
- HG diesel generator - test run monthly
- Vertiv service 16/11/23 - minor - no hazards identified
- Vertiv service 26/04/24 - major - no hazards identified
- Scutum - CCTV repair
- Bunded roof
- Site tour of offices - LED lighting controls
- Server room air con F gas serial no. 9XUO2111
- Boiler room - PPM schedule
- Looking to decarbonise boilers - domestic hot water
- Warning Notice - Boiler no. 2 - heating boiler 2 - corrosion to gas/air intake to burner - evidenced lock out
- JDS - 23/04/24 - Boiler 1 and 2 - Gas service
- Domestic hot water boiler systems no 1 and 2
- Backup chiller - F-Gas leak tested on 22/08/23
- Emergency Preparedness - Emergency Response Plan v3.7 - Feb 2024 - updated spill kit locations
- Spill kit training completed with drills - Accredited Spill Control Training Course - [REDACTED]

20240703-2 security 07/03/24

- 3 year expiry
- Severity levels of spillages - no incidents since last assessment
- Waste management
- Annual Waste Transfer Note - Veolia - 01/10/23 to 30/09/24 - SIC code 82990 - incorrect as on companies house 74909 - EWC codes include general, mixed recycling and cardboard and paper however there is no waste EWC code for food and glass waste - the container types for mixed recycling (if this incorporates food and glass) do not line up.
- General, paper and cardboard, mixed recycling, food waste
- No hazardous waste uplifts however one due imminent as WEEE waste

Planned Processes – Not Fully Implemented (see 2498334-202405-N2 & 2498334-202405-N3).

Process Results - The processes, from the samples reviewed, were seen to be effectively implemented and meet the requirements of the standard.

Methods for determining process results – Internal Audits / Objectives / KPIs / Management Review

Planned results – Achieved

**Operational Control / Control of Externally Provided Processes:
Sustainable Procurement:**

Objective evidence and methods of determining process results:

- Interview with Procurement Team
- Sustainability Supply & Procurement Policy - v2.0 March 2024
- Gold, Silver and Bronze tier of suppliers
- Scope Emissions - working with CDP
- SharePoint - Procurement Site
- Catering - sub-contracted with CBRE
- Blue Apple - sub-contracted as caterers
- Facilities Management - Monthly review - May 2024
- Blue Apple Team - sustainability - removed plastic drinks bottles, food waste low even with low footfall
- Review Meeting - 14/03/24
- Tender Response - Due Diligence - set of questions
- Sustainability - three pass/fail questions e.g. any breaches, enforcement action, self-certify policies and third-party supplier carbon emissions
- Gold/Silver contracts have to carry out the new due diligence - new process as of Feb 2024
- Zenith Vehicle Contracts Limited - vehicles tender - Part A - 01/05/24
- Question E9 - 01/05/24 - Zenith Vehicle Contracts Limited
- Sustainability Due Diligence Model Answers
- Excellent progress made on sustainable procurement

Planned Processes – Fully Implemented

Process Results - The processes, from the samples reviewed, were seen to be effectively implemented and meet the requirements of the standard.

Methods for determining process results – Internal Audits / Objectives / KPIs / Management Review

Planned results – Achieved

Biodiversity Grounds Tour:

Objective evidence and methods of determining process results:

- A site tour focussing on the biodiversity improvements since the last assessment
- OS Biodiversity Strategy - 26/04/24 v1.1
- Update for 2023-24 - fruit trees planted in ornamental areas, seven new bat boxes
- Honeysuckle planted
- iNaturalist project
- Grass Management Plan
- New wildlife pond now in place
- Excellent progress made since last assessed in May 2023

Planned Processes – Fully Implemented

Process Results - The processes, from the samples reviewed, were seen to be effectively implemented and meet the requirements of the standard.

Methods for determining process results – Internal Audits / Objectives / KPIs / Management Review

Planned results – Achieved

Minor (3) nonconformities arising from this assessment.

Finding Reference	2498989-202405-N1	Certificate Reference	EMS 741488
Certificate Standard	ISO 14001:2015	Clause	6.1.2
Location reference	0047798503-000		
Assessment Number	3802720		
Category	Minor		
Area/process:	Planning: - Risks and Opportunities Management - Aspects and Impacts - Compliance Obligations and Evaluation of Compliance - Objectives		
Statement of non-conformance:	The process for the documentation of environmental aspects and their associated environmental impacts is not fully effective.		
Clause requirements	Environmental aspects The organization shall maintain documented information of its: — environmental aspects and associated environmental impacts; — criteria used to determine its significant environmental aspects; — significant environmental aspects.		
Objective Evidence	There is no documentation of the potential impacts of the potential emergency condition of fire in the Environmental Aspects and Impacts Register v3.7 - 20/05/24 nor in the Sustainability RAID Log v3.0 - 20/05/24		
Cause			
Correction/containment			
Corrective action			

Finding Reference	2498989-202405-N2	Certificate Reference	EMS 741488
Certificate Standard	ISO 14001:2015	Clause	7.2
Location reference	0047798503-000		
Assessment Number	3802720		
Category	Minor		
Area/process:	Full Site Tour - Onsite Operational Control: Facilities Management - Considering Emergency Preparedness - Fleet Management		
Statement of non-conformance:	The process for ensuring the competence of contractors carrying out work under the organisations control is not fully effective.		
Clause requirements	Competence The organization shall: a) determine the necessary competence of person(s) doing work under its control that affects its environmental performance and its ability to fulfil its compliance obligations; b) ensure that these persons are competent on the basis of appropriate education, training or experience; c) determine training needs associated with its environmental aspects and its environmental management system; d) where applicable, take actions to acquire the necessary competence, and evaluate the effectiveness of the actions taken.		
Objective Evidence	Johnson Controls - REF1011697 - Expiry 07/07/23 - service chillers - has not been checked or updated since this expired. No record of latest REFCOM certificate for Zeuner Limited. Lack of certification checks for gas safe registration for the latest boiler services.		
Cause			
Correction/containment			
Corrective action			

Finding Reference	2498989-202405-N3	Certificate Reference	EMS 741488
Certificate Standard	ISO 14001:2015	Clause	9.1.2
Location reference	0047798503-000		
Assessment Number	3802720		
Category	Minor		
Area/process:	Full Site Tour - Onsite Operational Control: Facilities Management - Considering Emergency Preparedness - Fleet Management		
Statement of non-conformance:	The process for evaluation of compliance of waste documentation is not fully effective.		
Clause requirements	Evaluation of compliance The organization shall establish, implement and maintain the processes needed to evaluate fulfilment of its compliance obligations. The organization shall: a) determine the frequency that compliance will be evaluated; b) evaluate compliance and take action if needed; c) maintain knowledge and understanding of its compliance status. The organization shall retain documented information as evidence of the compliance evaluation result(s).		
Objective Evidence	Annual Waste Transfer Note - Veolia - 01/10/23 to 30/09/24 - SIC code 82990 - incorrect as on companies house 74909 - EWC codes include general, mixed recycling and cardboard and paper however there is no waste EWC code for food and glass waste - the container types for mixed recycling (if this incorporates food and glass) do not line up.		
Cause			
Correction/containment			
Corrective action			

Next visit objectives, scope and criteria

The objective of the assessment is to conduct a surveillance assessment and look for positive evidence to verify that elements of the scope of certification and the requirements of the management standard are effectively addressed by the organization's management system; that the system is demonstrating the ability to support the achievement of statutory, regulatory and contractual requirements and the organization's specified objectives as applicable with regard to the scope of the management standard; to confirm the ongoing achievement and applicability of the forward strategic plan.

The scope of the assessment is defined in the plan provided in terms of locations and areas of the system and organization to be assessed.

The criteria of the assessment was ISO 14001: 2015 and Ordnance Survey Limited management system documentation.

Please note that BSI reserves the right to apply a charge equivalent to the full daily rate for cancellation of the visit by the organization within 30 days of an agreed visit date. It is a condition of registration that a deputy management representative be nominated. It is expected that the deputy would stand in should the management representative find themselves unavailable to attend an agreed visit within 30 days of its conduct.

Next visit plan

Date	Auditor	Time	Area/process
17/12/2024			One Assessor Remote / One Onsite Below plan has two days, auditors can decide which day they carry out. Support Processes to be considered in conjunction: - Resource Management - Competence Management - Awareness - Communication - Document Control - Calibration of kit / equipment (as appropriate) - Roles and Responsibilities
17/12/2024	ASSESSOR 1	09.00	Opening Meeting, including consideration of business change, management systems change and development, review of open NCR's
		09.30	SNAPSHOT Check Up: - Risk Management - Objectives Performance - Internal Audit - Non-conformance & Corrective Action - Incident Management
		11.00	Leadership: - Policy - Roles and Responsibilities
		11.45	Improvement: - Non-conformance Management - Complaints Management - Improvement
		12.30	Lunch
		13.00	Support: Communication - Press Office, Content & Newsroom - SSG / Action Groups; review of meeting minutes and actions
		13.45	Operational Control: data storage solutions
		14.30	Report Preparation
		16.00-16.30	Closing Meeting
17/12/2024	ASSESSOR 2	09.00	Opening Meeting, including consideration of business change, management systems change and development, review of open NCR's

		09.30	Operational Control: geographic surveying; data capture, processing, and delivery Including SITE VISIT
		11.30	Operational Control: RSS
		12.30	Lunch
		13.00	Operational Control: Fleet Management / Monitoring
		14.30	Report Preparation
		16.00-16.30	Closing Meeting

Appendix: Your certification structure & ongoing assessment programme

Scope of certification

EMS 741488 (ISO 14001:2015)

The provision of geographic surveying; data capture, processing, and delivery; design and product development; data storage solutions; and system and platform development.

Assessed location(s)

The audit has been performed at Central Office.

Southampton / EMS 741488 (ISO 14001:2015)

Location reference	0047798503-000
Address	Ordnance Survey Limited Explorer House Adanac Drive Nursling Southampton SO16 0AS United Kingdom
Visit type	Re-certification Audit (SR Opt 1)
Assessment number	3802720
Assessment dates	22/05/2024
Deviation from audit plan	Yes
Reason for deviation from audit plan	Audit days changed due to assessor availability.
Total number of Employees	1433
Effective number of Employees	965
Scope of activities at the site	Main certificate scope applies.
Assessment duration	3 day(s)

Certification assessment programme

Certificate number - EMS 741488

Location reference - 0047798503-000

		Audit1	Audit2	Audit3	Audit4	Audit5	Audit6
Business area/location	Date (mm/yy):	12/24	06/25	12/25	06/26	12/26	06/27
	Duration (days):	2	3	2	3	2	3
STAGE 2		X					
Opening Meeting, including consideration of business change, management systems change and development, review of open NCR's		X	X	X	X	X	X
SNAPSHOT Check Up: - Risk Management - Objectives Performance - Internal Audit - Non-conformance & Corrective Action - Incident Management		X	X	X	X	X	X
Context of the Organisation - Issues - Interested Parties - Scope - Management System			X		X		X
Top Management: CEO Interview			X		X		X
SSG (Team / Member) Interview			X				X
Leadership: - Policy - Roles and Responsibilities		X		X		X	
Planning: - Risks and Opportunities Management - Aspects and Impacts - Compliance Obligations and Evaluation of Compliance - Objectives			X		X		X
Performance Evaluation: - Performance Monitoring - Internal Audit - Management Review - Incident Management			X		X		X
Improvement: - Non-conformance Management - Complaints Management - Improvement		X	X	X	X	X	X

Support: Central EMS Document Control		X		X		X
Support: Communication - Press Office, Content & Newsroom - SSG / Action Groups; review of meeting minutes and actions	X			X		X
OPERATIONAL PROCESSES	X	X	X	X	X	X
Operational Control: geographic surveying; data capture, processing, and delivery Including SITE VISIT	X				X	
Operational Control: design and product development		X			X	
Operational Control: data storage solutions	X					X
Operational Control: system and platform development			X			X
Operational Control: RSS	X				X	
Operational Control / Control of Externally Provided Processes: Sustainable Procurement		X			X	
Operational Control: Facilities Management - Considering Emergency Preparedness		X		X		X
Operational Control: Fleet Management / Monitoring	X				X	
Operational Control: Biodiversity Strategy		X		X		X
Support Processes to be considered in conjunction: - Resource Management - Competence Management - Awareness - Communication - Document Control - Calibration of kit / equipment (as appropriate) - Roles and Responsibilities	X	X	X	X	X	X
Recertification via Strategic Review						X

Mandatory requirements – recertification

The Recertification Review Pack has been reviewed prior to the assessment by the Client Manager.

All requirements of the standard have been implemented.

The entirety of scope / processes has been assessed during the current review period.

The certificate structure and location activities have been reviewed.

Based on the recertification process, the management system continues to demonstrate the ability to support the achievement of statutory, regulatory and contractual requirements.

Technical Expert(s) have been used in the certification cycle.

Yes however not required

Complaints received by BSI

There have been no complaints received by BSI during the certification period.

N/A

Strategic review pack summary

Number of Major nonconformities raised: 0

Corrective action effective: n/a

Trends: n/a

Number of Minor nonconformities raised: 10 (3 during this re-certification assessment)

Corrective action effective: Yes

Trend: Waste management has been a particular weakness with approx. 5 minor NCs raised against this in the last three years. The latest NC was only waste documentation and storage controls and segregation was seen to be well implemented on site.

Number of OFI raised: 1

Trend: No apparent trends.

The assessment plan and pack review was carried out with the client.

Progress in relation to management system objectives.

Objectives are tracked on an ongoing basis and are linked to the business strategy.

Leadership, commitment and strategy

Clearly there is strong leadership in place with a keen focus on improving sustainability within the organisation and influencing suppliers. Net Zero by 2050 strategy in place.

Effectiveness of the Management System

The EMS is deemed effective.

Impartiality review

Impartiality maintained.

Continue with the current total assessment days/cycle.

Expected outcomes for accredited certification**What accredited management system certification means?**

To achieve an organization's objectives related to the Expected Outcomes intended by the management systems standard, the accredited management system certification is expected to provide confidence that the organization has a management system that conforms to the applicable requirements of the specific ISO standard.

In particular, it is to be expected that the organization

- has a system which is appropriate for its organizational context and certification scope, a defined policy appropriate for the intent of the specific management system standard and to the nature, scale and impacts of its activities, products and services over their lifecycles, is addressing risks and opportunities associated with its context and objectives;
- analyses and understands customer needs and expectations, as well as the relevant statutory and regulatory requirements related to its products, processes and services;
- ensures that product, process and service characteristics have been specified in order to meet customer and applicable statutory/regulatory requirements;
- has determined and is managing the processes needed to achieve the Expected Outcomes intended by the management system standard;
- has ensured the availability of resources necessary to support the operation and monitoring of these products, processes and services;
- monitors and controls the defined product process and service characteristics;
- aims to prevent nonconformities, and has systematic improvement processes in place including the addressing of complaints from interested parties;
- has implemented an effective internal audit and management review process;
- is monitoring, measuring, analysing, evaluating and improving the effectiveness of its management system and has implemented processes for communicating internally, as well as responding to and communicating with interested external parties.

What accredited management systems certification does not mean?

It is important to recognize that management system standards define requirements for an organization's management system, and not the specific performance criteria that are to be achieved (such as product or service standards, environmental performance criteria etc).

Accredited management systems certification should provide confidence in the organization's ability to meet its objectives related to the intent of the management system standard. A management systems audit is not a full legal compliance audit, and does not necessarily ensure ethical behaviour or that the organization will always achieve 100% conformity and legal compliance, though this should of course be a permanent goal.

Within its scope of certification, accredited management systems certification does not imply or ensure, for example:

- that the organization is providing a superior product and service, or
- that the organization's product and service itself is certified as meeting the requirements of an ISO (or any other) standard or specification.

Definitions of findings:

Nonconformity:

Non-fulfilment of a requirement.

Major nonconformity:

Nonconformity that affects the capability of the management system to achieve the intended results. Nonconformities could be classified as major in the following circumstances:

- If there is a significant doubt that effective process control is in place, or that products or services will meet specified requirements;
- A number of minor nonconformities associated with the same requirement or issue could demonstrate a systemic failure and thus constitute a major nonconformity.

Minor nonconformity:

Nonconformity that does not affect the capability of the management system to achieve the intended results.

Opportunity for improvement:

It is a statement of fact made by an assessor during an assessment, and substantiated by objective evidence, referring to a weakness or potential deficiency in a management system which if not improved may lead to nonconformity in the future. We may provide generic information about industrial best practices but no specific solution shall be provided as a part of an opportunity for improvement.

How to contact BSI

Visit the BSI Connect Portal, our web-based self-service tool to access all your BSI assessment and testing data at a time that's convenient to you. View future audit schedules, submit your corrective action plans and download your reports and Mark of Trust logos to promote your achievement. Plus, you can benchmark your performance using our dashboards to help with your continual improvement journey.

Should you wish to speak with BSI in relation to your certification, please contact your local BSI office – contact details available from the BSI website:

<https://www.bsigroup.com/en-GB/UK-office-locations/>

Notes

This report and related documents are prepared for and only for BSI's client and for no other purpose. As such, BSI does not accept or assume any responsibility (legal or otherwise) or accept any liability for or in connection with any other purpose for which the Report may be used, or to any other person to whom the Report is shown or in to whose hands it may come, and no other persons shall be entitled to rely on the Report. If you wish to distribute copies of this report external to your organization, then all pages must be included.

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This audit was conducted through document reviews, interviews and observation of activities. The audit method used was based on sampling the organization's activities and it was aimed to evaluate the fulfilment of the audited requirements of the relevant management system standard or other normative document and confirm the conformity and effectiveness of the management system and its continued relevance and applicability for the scope of certification.

As this audit was based on a sample of the organization's activities, the findings reported do not imply to include all issues within the system.

Regulatory compliance

BSI conditions of contract for this visit require that BSI be informed of all relevant regulatory non-compliance or incidents that require notification to any regulatory authority. Acceptance of this report by the client signifies that all such issues have been disclosed as part of the assessment process and agreement that any such non-compliance or incidents occurring after this visit will be notified to the BSI client manager as soon as practical after the event.