

Gap Analysis

Report for:

Natural Resource Services Holding Company Ltd

LRQA reference:	LRQ00003797 / 4902714
Assessment dates:	11-January-2022
Reporting date:	13-January-2022
Client address:	NRS House Site 7, Meriden Park, Cornets End Lane, Meriden, Coventry CV7 7LG, GB
Assessment criteria:	ISO 14001:2015
Assessment team:	Stella Smith
LRQA client facing office:	LRQ United Kingdom OU

LRQA Group Limited, its affiliates and subsidiaries and their respective officers, employees or agents are, individually and collectively, referred to in this clause as 'LRQA'. LRQA assumes no responsibility and shall not be liable to any person for any loss, damage or expense caused by reliance on the information or advice in this document or howsoever provided, unless that person has signed a contract with the relevant LRQA entity for the provision of this information or advice and in that case any responsibility or liability is exclusively on the terms and conditions set out in that contract.



Contents

Page

01. Executive report	3
02. Assessment findings	4
03. Assessment summary	6
04. Next visit details	13
05. Appendix	14

Attachments:

LRQ00003797_APP_RC_Gap_EMS.doc

This report was presented to and accepted by:

Name: Laura Hands

Job title: Compliance Administrator

01. Executive report

Assessment outcome:

This visit was to assess the compliance of the management system of Natural Resource Services Holding Company Ltd against ISO 14001:2015 as defined in the audit planning documentation. The outcome of the visit is recorded below.

This was a one day, Gap Analysis of Natural Resource Services Holding Company Ltd, conducted against the requirements of ISO14001: 2015.

The purpose of the audit was to review the EMS to determine whether it fulfils the requirements of the assessment criteria, to identify any gaps in the system against the standard; and that the EMS covers activities detailed within the scope.

Thirteen potential Major non-conformance's, and four potential Minor non-conformance's have been identified. All of the Major NC's were identified for the central management system (including training/awareness).

This was a remote audit using MS Teams, in line with LRQA and UKAS requirements.

Continual improvement:

Not evaluated as part of a Gap Analysis



Areas for senior management attention:

Ensure appropriate actions are implemented to address any system weaknesses identified, in order to ensure that an effective EMS is implemented prior to the initial assessment.

The next Stage 1 audit has been planned for the 3rd and 4th February 2022.

02. Assessment findings

Where scheme requirement differs to the standard definition below, the scheme definition will take preference

Major Nonconformity

The absence of, or the failure to implement and maintain, one or more management system elements, or a situation which would, on the basis of the available objective evidence, raise significant doubt of the management to achieve: The policy, objectives or public commitments of the organisation, compliance with the applicable regulatory requirements, conformance to applicable customer requirements, conformance with the audit criteria deliverables.

Minor Nonconformity

A finding indicative of a weakness in the implemented and maintained system, which has not significantly impacted on the capability of the management system or put at risk the system deliverables, but needs to be addressed to assure the future capability of the system.

Reference number	4902714_COVSSZ01	Assessment Criteria (Clause)	ISO 14001:2015 (4.4)
Grade	Major NC	Issue Date	12-January-2022
Status	New	Process / Aspect	Management System Planning
Location(s)	19 Woodcote Hill, Shifnal, GB NRS House Site 7, Coventry, GB		
Statement of Non Conformity	A number of potential Major Non-conformance's and Minor Non-conformance's have been identified in the planning for, and establishment of the EMS.		
Requirement	To ensure compliance with clause 4.4: 'To achieve the intended outcomes, including enhancing its environmental performance, the organization shall establish, implement, maintain and continually improve an environmental management system, including the processes needed and their interactions, in accordance with the requirements of this International Standard'		
Evidence	Potential Major Non-Conformities raised in relation to: <ul style="list-style-type: none"> - clause 4.3 EMS Scope is not documented - clause 6.1.2. Environmental Aspects Register - requires completion including for significance evaluation; significance criteria to be documented - clause 6.1.3 Environmental Compliance Obligations - Compliance obligations applicable to company activities require identification, and how these apply to company activities - clause 9.1.2 Compliance Evaluation - Process to periodically evaluate compliance/fulfilment of applicable applicable compliance obligations has not been planned for - clauses 4.2/4.2 - Internal / external issues, and needs and expectations of interested parties have not been identified - clause 6.1.1 - risks and opportunities have not been identified - clause 6.1.4 - 'actions' to address significant environmental aspects; compliance obligations; and risks and opportunities, and to implement and integrated these into the EMS have not been planned 		

Evidence	for - clause 5.3 - Assigned responsibilities and authorities are not defined in the EMS - clauses 6.2.1 /6.2.2 - Environmental objectives, and actions to achieve them, have not been established and documented - clause 10.2 - processes for reporting various system non-conformities requires clarification; there is no clear provision for identification of non-conformity cause, determination if similar non-conformities exist/occur, and the effectiveness of corrective actions - clause 7.2/7.3 - Environmental awareness training has not yet been planned for. Processes for the identification of potential 'other' EMS training needs have not been planned for e.g for spills training, fuel deliveries - clause 9.2.2 - There is no documented internal EMS audit plan - clause 9.3 - There are no plans in place to conducted the EMS management review Potential Minor Non-conformities raised in relation to: - clause 5.2 the Environmental Policy does not have a clear commitment to the protection of the environment, including prevention of pollution; and for continual improvement of the EMS - clause 7.4.1 - Processes for internal and external communications have not been defined in the EMS - clause 7.5.3 - There are no plans to identify and control documented information of an external origin - clause 8.1/6.1.3 - 'Procedure 006 Handling of Waste' requires that waste carrier registration and site checks are required, however it was reported these are not conducted, Procedure 006 requires amending to state 'hazardous' waste instead of 'special' and to include site permit checks.	
Proposed correction, corrective action and timescales	- ensure effective corrective actions are identified and implemented prior to the initial assessment	
Correction		
Root Cause analysis		
Corrective action		
LRQA has reviewed and verified the implementation of actions taken.	Date of closure	

03. Assessment summary

Visit generic objective:

This was a Gap Analysis visit, conducted against objectives previously notified to the client. The objectives of the next visit, including any applicable visit specific objective (theme / focus), are confirmed in the audit plan attached to this report.

Client attendees at the opening and closing meeting:

Opening meeting 9am, Closing Meeting 3pm

Laura Hands - Compliance Administrator / Training / Health & Safety

David Albrighton - Transport Manager / Compliance Co-ordinator

Sophie Hughes - Aggregate and Concrete Technician

Paul Lagram - Woodcote Quarry Manager (Shifnal)

Stella Smith (LRQA)

Visit specific objective:

The primary objective of any LRQA visit is to verify compliance or continued compliance to the Standard, but for Gap Analysis the auditor reviews the system to determine that it fulfils the requirements of the assessment criteria, to identify any gaps in the system against the standard; and that the EMS covers the activities detailed within the assessment scope.

Introduction:

This report represents the findings and evaluations of a one day Gap Analysis conducted against the requirements of ISO14001: 2015 on the 11th January 2022.

Due to Covid-19 restrictions, this assessment was conducted as a remote video-conference assessment using Microsoft Teams and conference call for interviews and sharing of documented information. This is in line with LR and UKAS requirements.

The audit plan was completed in full. The EMS scope was confirmed as 'Extraction, processing and supply of aggregate'.



Assessment of:	Company overview, activities, policy and EMS scope	Assessor:	Stella Smith
Auditee(s):	Laura Hands David Albrighton Sophie Hughes Paul Lagram		

Audit trails and sources of evidence:

Opening discussions

N.R.S Group of Companies - 316NREPS.01A Environmental Policy Statement signed by Mr M Ketcher, Director

Evaluation and conclusions:

Natural Resource Services Holding Company Ltd operates 3 aggregate quarries and a recycling facility. The proposed EMS scope is to include 2 quarries - Woodcote located at Shifnal, and Cornets End Lane Quarry located at Meriden, operating under NRS Waste Care Limited. Following approval NRS plan to role ISO14001 out to the remaining operational sites. NRS operate a fleet of 50 haulage vehicles and also use additional hauliers.

The EMS scope was confirmed as 'Extraction, processing and supply of aggregate'.

There are 14 personnel based at each quarry.

An operational EMS system has previously been implemented, with a central EMS system currently under development. Both quarries operate under planning consents, with relevant management plans in place. Woodcote has an EA groundwater abstraction license, and neither sites have a discharge consents.

No environmental compliance issues or incidents were reported for either of the quarries.

Areas for attention:

Scope: The EMS Scope requires documenting in the EMS, the documented EMS scope needs to be made available to 'interested parties' - clause 4. 3 potential Major NC

Policy: The Environmental Policy Statement does not have a clear commitment to the protection of the environment, including prevention of pollution; and for continual improvement of the EMS. The revised policy requires re-communicating to all personnel - clause 5.2 potential Minor NC

Assessment of:	Aspects, Compliance Obligations, Compliance Evaluation, Interested Parties, Issues, Risks and Opportunities, and Planning Actions	Assessor:	Stella Smith
Auditee(s):	Laura Hands David Albrighton Sophie Hughes Paul Lagram		

Audit trails and sources of evidence:

Environmental Aspects Register
 Overview of compliance obligations
 Overview of interested parties, internal and external issues, risks and opportunities

Evaluation and conclusions:

Environmental Aspects: A draft Environmental Aspects Register has been documented. This identified most applicable environmental aspects, however the following issues were identified:

- Life Cycle consideration aspects have not been identified for 1) product end of life e.g re-use; and 2) Depletion of natural resources e.g. from quarry extraction activities
- The significance of all aspects has not yet been evaluated, and the criteria to determine significance is not documented
- Aspects relating to groundwater abstraction, ecology (fauna/flora) & invasive species, and wastes have been broadly evaluated, however further detail on these is required e.g. identify each waste stream, where GW is abstracted, what species have been identified/surveys. Aspects related to small quantities of gas/chemicals used have not been identified - see below

Compliance Obligations: A register of 'Compliance Obligations' was not seen as in place. This is required to identify all applicable legal and other requirements that are applicable to company activities, and how these requirements apply e.g. planning regulations/consents, waste regulations, codes of practise, industry sector standards. Access to all compliance obligations is required. It is believed that the company does not come into ESOS and SECR group regulations, however it would be beneficial to check this - see below

Evaluation of Compliance: A process to periodically evaluate compliance/fulfilment of applicable applicable compliance obligations has not been planned for. The frequency of this is to be determined, and documented information of this to be retained. Noted this is to include for planning consents, waste, oil storage compliance etc - see below

Context: Relevant internal and external issues, and needs/expectations of interested parties & those that become compliance obligations have not been identified - see below

Risks and Opportunities: Risks and opportunities related to environmental aspects, compliance obligations, and other issues and requirements (interested parties) have not been determined and documented - see below

Planning Actions: A process to identify 'actions' to address significant environmental aspects; compliance obligations; and risks and opportunities, and to implement and integrated these into the EMS have not been planned for - see below

Areas for attention:

Environmental Aspects - clause 6.1.2 potential Major NC
 Register of 'Compliance Obligations'- clause 6.1.3 potential Major NC
 Evaluation of Compliance - clause 9.1.2 potential Major NC
 Internal/external issues, interested parties - clauses 4.1 and 4.2 potential Major NC
 Risk and Opportunities - clause 6.1.1 potential Major NC
 Planning Actions - clause 6.1.4 potential Major NC

Assessment of:	Roles & responsibilities, leadership/commitment, objectives and actions to achieve them	Assessor:	Stella Smith
Auditee(s):	Laura Hands David Albrighton Sophie Hughes Paul Lagram		

Audit trails and sources of evidence:

169NRSOC-01A Organisation Chart

Evaluation and conclusions:

Leadership & Commitment - Interview(s) with leadership team (Directors) is to be conducted at Stage1/Stage 2 audits to determine fulfilment of this clause.

Roles, responsibilities and authorities - An appropriate organisation charts identifies relevant job roles/personnel. Mark Ketcher and Kieran Montgomery are designated company directors.

Assigned responsibilities and authorities are not defined in the EMS, these are to include for ensuring that the EMS conforms to the requirements of the standard; for reporting on the performance of the EMS (including environmental performance, to top management), and for other environmental responsibilities e.g. planning consent compliance, fuel management, waste etc - see below

Environmental Objectives / Actions - Environmental objectives have not been established and documented.

These are to be set for relevant functions and levels, taking into account the organization's significant environmental aspects and associated compliance obligations, and considering risks and opportunities. Actions to achieve objectives have not been determined and documented. These are to include what will be done, resources needed, when they will be completed, and who will be responsible - see below

Areas for attention:

Roles, responsibilities and authorities - clause 5.3 potential Major NC
 Objectives and actions to achieve them - clauses 6.2.1 and 6.2.2 potential Major NC

Assessment of:	Resource, Competence, Awareness, Communication, Documented Information, Management Review, Internal Audit and non-conformity and corrective action	Assessor:	Stella Smith
Auditee(s):	Laura Hands David Albrighton Sophie Hughes Paul Lagram		

Audit trails and sources of evidence:

30030NRSCR-01A Complaints Register
 980NRS TM01A NRS Training Matrix
 Tool Box Talks: 04 Walk Around Checks; 22 Waste Storage Control; Noise Document Register
 Overview of Management Review, Non-conformity
 Internal Audit Report: Wash Plant and Stores Meriden Aggregates dated 13/10/2021

Evaluation and conclusions:

External Communications: Effective processes for dealing and recording external complaints/incidents were viewed as implemented for both quarries using the Complaints Register. It was noted at white substances on the water incident was reported for Meriden Aggregates (8/12/2021).

Internal Communications: Various internal communication processes were reported e.g. meetings, tool box talks

Competence/awareness: Where sampled effective processes for the identification and delivery of relevant technical competencies were noted to be in place (records to be reviewed at Stage 1/Stage 2) Processes for identifying and conducting awareness/training tool box talks was viewed as implemented, and noted to include for waste storage

EMS Induction was reported as having relevant EMS information (to be viewed at Stage1/Stage 2)

Documented Information: Where sampled effective processes for the creating, updating protection, and control of internal documents was demonstrated - see below

Internal Audit: Regular combined operational control audits are conducted and reported - see below

Management Review: there are currently no plans in place for management review - see below

Non-conformity and corrective actions: environmental incidents and complaints are raised on the Communications Log, audit findings are reported on audit reports, and near miss/incident report forms are in place - see below

Continual Improvement: the EMS is currently not fully implemented to demonstrate this

Areas for attention:

Communication: Processes for internal and external communications have not been defined in the EMS, these are to include on what is communicated; when it is communicated; whom it is communicated; and how it is communicated - clause 7.4.1 potential Minor NC

Training/awareness: Environmental awareness training meeting the requirements of clause 7.3 has not yet been planned for. This should include awareness of the environmental policy; significant environmental aspects and related actual or potential environmental impacts associated with their work; contribution to the effectiveness of the

EMS, including the benefits of enhanced environmental performance; and the implications of not conforming with the EMS requirements.

Processes for the identification of potential 'other' EMS training needs have not been planned for e.g for spills training, fuel deliveries - clause 7.2 and 7.3 potential Major NC

Internal Audit: There no documented internal EMS audit plan, this is required to demonstrates when EMS system /operational control audits are planned to be conducted, ensure this adequately covers all clauses and operational controls (it would be prudent to develop the plan prior to Stage 1; progress with the plan to be demonstrated at Stage 2) - clause 9.2.2 potential new Major NC

Management Review: There are no plans in place to conducted the EMS management review. Ensure this is attended by top management and covers all requirements of clause 9.3 (it would be beneficial to document the management review agenda, and plan the management review prior to Stage 1) - clause 9.3 potential new Major NC

Non-conformity and corrective actions: the processes for reporting various system non-conformities requires clarification in the EMS processes. For EMS non-conformances there is no clear provision for identification of the non-conformity cause, determination if similar non-conformities exist/occur, and for the effectiveness of corrective actions - clause 10.2 potential new Major NC

Documents of an External Origin: There are no plans to identify and control documented information of an external origin, determined to be necessary within the EMS e.g. planning consents, abstraction license etc - clause 7.5.3 potential Minor NC

Although not required, it would be prudent to document an 'EMS Manual' which could potentially fulfil many standard documentation / defining requirements (e.g roles/responsibilities, communication plans, non-conformity reporting, criteria for determining aspects significance, scope/context), and would be a useful tool for navigating the EMS - Opportunity for Improvement

Assessment of:	Operational control, emergency preparedness and general monitoring and measurement	Assessor:	Stella Smith
Auditee(s):	Laura Hands Sophie Hughes Paul Lagram		

Audit trails and sources of evidence:

40-NRSEC: FT Fuel Tank Inspections Sheet - monthly
Noise Monitoring 2021

46NRSEC-01A Environmental Checks (monthly)- including for spill kits, environmental emergency planning, haul road/wheel wash, dust on site, signage, stock piles, silt lagoon, leaks/spillages, gas oil tanks, material spill, water, oil

44NRSECB-01A Environmental Log Book (daily) - including for spills

54NRS -01a Spill kit Inspection Sheet (monthly)

Procedure 006 Handling Waste Materials

Procedure 012 Environmental Impacts from Emergencies

Procedure 010 Site Storage, Stripping and Restoration of Soil
EMS All Site General Site Operations
Procedure 297 EMS Site Vehicles
Procedure 01 Air Emissions - including for conveyors, crushers, stockpiles, roads etc
84NRSECVHSE1- 01A Contractor, Visitor Induction
Overview of site water management, drainage
Procedure 006 Handling Waste Materials

Evaluation and conclusions:

Where sampled effective site EMS operational procedures and processes are in place/reported. Both quarries operate under planning consents and relevant management plans. It was reported that the Woodcote plan has been amended/updated for changes. Stock measurements are taken for planning purposes. Procedures for site storage, stripping and restoration of soil are in place.

It was noted that there is no dust monitoring requirements, with noise monitoring conducted at sample locations, and water abstraction monitoring. A daily log book is in place, with monthly environmental checks, spill kit checks and fuel tank inspections conducted.

It was reported that there are no outsourced processes.

Maintenance is conducted by the internal team and using contractors.

The HSE and local site inductions are given to contractors.

Groundwater and rainwater (from yard collected in pit/ pumped for re-use) is used as process water, and there is effluent to drain/site drains (except for cottage cess pit)

Appropriate emergency and spillage procedures are documented.

Only small quantities of waste generation at site was reported, with this been general and metal waste. Waste transfer notes were reported as retained.

Suppliers are managed by group and an approved supplier was reported as implemented.

Customer requirements include for ISO14001 and material specifications.

Completed check sheets, monitoring forms and logs (including for groundwater abstractions, stock measurements) to be reviewed at Stage 1 and 2.

Site Planning Consents and Management Plans to be reviewed at Stage 1 and 2.

Waste, contractor induction, and maintenance records to be reviewed at Stage 1 and 2.

Haulage operations and Approved Supplier List to be reviewed at Stage 1 and 2.

Areas for attention:

Waste Management: Procedure 006 Handling of Waste requires that waste carrier registration and site checks are required, however it was reported these are not conducted when required to do so. Procedure 006 requires amending to state 'hazardous' waste instead of 'special' and to include site permit checks (as well as exemptions and waste management licenses) - clause 8.1/6.1.3 potential Minor NC

Monitoring & Measurement: Currently there is no waste or energy monitoring conducted. It may be beneficial to conduct these and incorporate into the Environmental Objectives - Opportunity for Improvement

04. Next visit details

Theme(s) for Next Visit

Stage 1 the auditor shall review the system to determine that it fulfils the requirements of the assessment criteria and covers the activities detailed within the assessment scope. The assessor will then use the information gathered to review the design of the system to determine if the client has addressed the potential risk within the system and to determine if the needs of their stakeholders have been addressed.

Standard(s) / Scheme(s)	ISO 14001:2015	Visit type			Stage 1
Audit days	2.00 DAY	Visit start / end dates			03-February-2022 / 04-February-2022
Team	Stella Smith				
Site		Audit days	Delivery Method	Remote Effort	Activity codes
19 Woodcote Hill, Shifnal, GB		1.00 DAY	Onsite	0 DAY	101103
NRS House Site 7, Coventry, GB		1.00 DAY	Remote	1.0 DAY	101103



05. Appendix



Audit Planning Programme and Visit Assessment plans

Audit Planning Programme and visit Assessment plans are contained within the excel document LRQ00003797_APP_MS.xlsm

Report Considerations

There has been no deviation from the original assessment plan or any significant issues impacting on the audit programme. There have been no significant changes that affect the management system of the client since the last audit and the scope of certification continues to be appropriate to the activities/products/services of organisation. The organisation was effectively controlling the use of the certification documents and not misleading in their (online) certification statements. No previously identified nonconformities.

Stage 1 or Focus Visit

This visit was not a Stage One or a focus visit (Certificate Renewal Planning)

Remote Audits

ICT use was assessed, confirmed before the visit and effectively used during the audit using TEAMS.

Outside of Regular Working Hours

All processes can be effectively audited during normal office hours. This will be reviewed at the focus visit or if it changes.

Occupational Health and Safety

This audit scope did not include Occupational Health and Safety



Additional information

Opportunities for improvement

If we identify opportunities to improve your already compliant system, we will either record them in the process table applicable to the area being assessed or in the Executive summary of the report if they can deliver improvement at a strategic level.

Confidentiality

We will treat the contents of this report, together with any notes made during the visit, in the strictest confidence and will not disclose them to any third party without written client consent, except as required by the accreditation authorities.

Sampling

The assessment process relies on taking a sample of the activities of the business. This is not statistically based but uses representative examples. Not all of the detailed nature of a business may be sampled so, if no issues are raised in a particular process, it does not necessarily mean that there are no issues, and if issues are raised, it does not necessarily mean that these are the only issues.

Legal entity

The accredited legal entity and client facing office that has provided the assessment service in this report is referenced in the applicable agreement for this service.

Generic audit objectives and team responsibilities

The generic audit objectives and team responsibilities are included in the Client Information Note 'Assessment Process'. Any visit specific objectives for the next visit will be recorded in the report of the previous visit and will be addressed through the visit plan for that visit. The assessment standard and roles of the audit team are defined in the assessment visit confirmation sent to the client.

Audit Criteria

The audit criteria consist of the assessment standard and the client's management system processes and documentation.

Additional observers

Any additional observers will be as formally communicated to the client.

Note

Information on the objectives of the various visits can be found in the Client Information included in the report or on our website www.lrqa.com. Furthermore, on the website there are Client Information Notes available for the various visit types. The audit criteria and team members date and locations are also stated on the front page of the report. Scope of certification and roles and responsibilities of the audit team members are expressed in the Audit Program Plan.