



AGENDA SAF18-A2

Notice of meeting

The next meeting of the Health, Safety and Environment Committee will take place at 2.00pm on Wednesday 6 June 2018 in BRI.2.08, 'The Space', in the Bridgeman Building.

Martine Ashby, Secretary

1 Apologies for Absence

2 Business of the Agenda

To give notice of intention to speak to any starred items, which otherwise will be taken without discussion. Any member wishing to speak to a starred item is asked to give notice to the Secretary by midday on Tuesday 5 June 2018.

3 Minutes

SAF18-M1

To confirm the Minutes of the meeting held on 7 February 2018.

4 Matters arising from previous meetings

SAF18-P21, SAF18-P22

- 4.1 To note actions arising from the Minutes.
- 4.2 Arising from M18/2.3 to receive an update from the School of the Arts, English and Drama on the process employed to embed health, safety and impact on the environment within the curriculum.
- 4.3 To note any other matters arising.

SECTION A – Items for Discussion

5 Health, Safety and Environment Update: School of Aeronautical, Automotive, Chemical and Materials Engineering

SAF18-P23

To receive a presentation by the Dean of School of Aeronautical, Automotive, Chemical and Materials Engineering on health, safety and environment arrangements in place in the School.

6 Health, Safety and Environment Update: Facilities Development

SAF18-P24

To receive a presentation by the Director of Facilities Development on health, safety and environment arrangements in place.

7 Report from Health, Safety and Risk Manager

SAF18-P25

- 7.1 To receive a report from the Health, Safety and Risk Manager.
- 7.2 To consider proposed arrangements for monitoring the progress of actions outlined within the Notice of Contravention.

8 Health and Safety Policy

SAF18-P26

To consider proposed amendments to the University Health and Safety Policy.

9 Open Source Use

SAF18-P27

On reference from the Radiological Protection Committee, to consider a proposal for open source use.

10 Strategy for Future Biological Safety Compliance

SAF18-P28

- *10.1 To receive a Biological/GM and Chemical Safety Update from the Strategic Scientific Development Officer.
- 10.2 To consider a draft strategy for future biological safety compliance.

11 Health, Safety and Environment Performance Review

SAF18-P29

To note an updated version of the new Health, Safety and Environment Performance Review summary.

12 Health and Safety Risk Register

SAF18-P30

- 12.1 To receive an update on progress in developing the Health and Safety Risk Register report
- 12.2 To consider key issues identified by the Register.

13 Stress/Mental Wellbeing Working Party Update

SAF18-P31

To receive an update on the work of the Stress and Mental Wellbeing Working Party and on the implementation of measures to support good mental wellbeing at the University.

14 Environmental Compliance

SAF18-P32

- 14.1 To consider a report on Environmental Compliance and to comment in particular on the F-Gas Compliance risk and the proposed course of action to address this.
- 14.2 To consider a proposal that completion of the Environmental Essentials course should be requirement for all staff.

15 Asset Inspection and Maintenance

SAF18-P33

On reference from the Health and Safety Statutory Compliance Sub-Committee, to consider a proposal for a University approach to improve/ensure legislative compliance relating to asset inspection and maintenance.

SECTION B – Starred Items for Approval

***16 Reports to Health, Safety and Environment Committee**

To receive the following reports:

- (i) **SAF18-P34**
Sustainability and Environment Report
- (ii) **SAF18-P35**
Radiation Protection Report
- (iii) **SAF18-P36**
Occupational Health Report
- (iv) **SAF18-P37**
University Fire Officer's Report
- (v) **SAF18-P38**
Incident Report
- (vi) **SAF18-P39**
Insurance Claims Report
- (vii) **SAF18-P40**
Annual Report of Ethics Approvals (Human Participants) Sub-Committee for 2017/18

***17 Minutes**

To receive minutes of the following groups and sub-committees:

- (i) **SAF18-P41**
Chemical Safety Committee (21 February 2018)
- (ii) **SAF18-P42**
Health, Safety and Environment Consultative Forum (2 May 2018)
- (iii) **SAF18-P43**
Health and Safety Statutory Compliance Sub-Committee (2 May 2018)

- (iv) **SAF18-P44**
Radiological Protection Sub-Committee (1 May 2018)
 - (v) **SAF18-P45**
Sustainability and Social Responsibility Sub-Committee (14 May 2018)
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SECTION C – Items for Information

18 Any Other Business

19 Valediction

***20 Dates of Meetings in 2018/19**

17 October 2018
6 February 2019
5 June 2019

Author – M Ashby
May 2018
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Minutes

SAF18-M1

Minutes of the Health, Safety and Environment Committee held on Wednesday 7 February 2018

Attendance

Members:

Rob Allan, Spencer Aryeetey, Neil Budworth, Andrew Burgess, Suzanne Dexter (ab), Sandy Edwards, Ann Greenwood, Matthew Inglis, James Jones (ab), Mark Lewis, Chris Linton (Chair), David Roomes, Jo Shields, Richard Taylor.

In attendance:

Robert Allison, Andrew Archer (for 18/3), Martine Ashby (Secretary), Mark Biggs (for 18/3), Mike Caine (for 18/4), Norma Carter (for 18/3), Chris Euden (for 18/4), James Stapleton (for 18/8), Julie Turner (for 18/5).

Apologies received from:

Suzanne Dexter

18/1 Minutes

SAF17-M3

The minutes of the previous meeting held on 27 September 2017 were CONFIRMED subject to an amendment to M17/49.2(i) as follows:

*'...The School was encouraged to consider ways in which it could **further** embed health, safety and impact upon the environment within the curriculum'.*

18/2 Matters Arising from Previous Meetings

SAF18-P1

- 2.1 Actions arising from previous minutes were NOTED and their current status confirmed.
- 2.2 Arising from 47.2 which noted gaps in compliance with the chemical purchase procedures, the Committee NOTED that the procedures were to be reviewed, and chemical safety training which referenced the procurement arrangements was being deployed progressively.
- 2.3 Arising from 49.2 (i) the Committee NOTED that the School of the Arts, English and Drama was in the process of embedding health, safety and impact on the environment within the curriculum. The School would be asked to provide an update for consideration at the Committee's June meeting.
ACTION: AED Dean and Operations Manager
- 2.4 Arising from 49.2 (ii) and (iii) a plan had been progressed for the University's estate on the Loughborough College site to become a smoke free zone and for Security to increase parking patrols around the School's buildings on the site.

- 2.5 Arising from 49.2 (iv) and (v) the hedge on stretches of the West side of Epinal Way had been reduced in height and warning signage had been erected. Facilities Management was continuing to encourage Leicestershire County Council to erect warning signage on the Epinal Way path itself.
- 2.6 The AED Operations Manager would be asked to ensure that the job descriptions of health and safety representatives also included an environmental remit. **ACTION: AED Operations Manager**

18/3 Health, Safety and Environment Update: School of Science

SAF18-P2

- 3.1 The Committee received a presentation by the Dean and Operations Manager on health, safety and environment arrangements in place in the School of Science.
- 3.2 The following points were NOTED in particular:
 - (i) The School had piloted a Mental Health First Aider Scheme which had been received well by staff. Mental health first aiders within the School had provided feedback to the Dean and Operations Manager on issues that they had identified and on the scheme itself. The introduction of the scheme had coincided with a decrease in staff absences due to mental health issues. The Health, Safety and Risk Manager would reflect on how the Mental Health First Aider Scheme could become part of the infrastructure and would submit a proposal to Operations Committee for funds to roll the scheme out to all parts of the University. **ACTION: Health, Safety and Risk Manager**
 - (ii) The presentation had noted that the School was taking steps to embed its health and safety structures within the School. It was encouraged to embed environmental structures at the same time where appropriate. **ACTION: Science Dean and Operations Manager**
 - (iii) Members noted that the School had identified as a high risk pedestrians crossing between the Schofield and Haslegrave Buildings without due care and attention. They noted that Facilities Management staff were seeking to make changes to the nearby crossing and were also planning work on the road outside the Library Building to improve pedestrian safety in that area also.
 - (iv) The School was commended on its schedule of health and safety-related events, which provided an oversight across the year. It was also commended on its documentation and dissemination of the ethics approval process and framework. These ideas would be shared with other areas of the University as examples of good practice. **ACTION: Health, Safety and Risk Manager**
 - (v) Members noted potential duplication between ethical approval and health and safety forms. The Director of the Research Office and the Health, Safety and Risk Manager would be asked to review the ethical approval form and relevant health and safety forms to remove duplication where possible. **ACTION: Director of Research Office and Health, Safety and Risk Manager**

18/4 Health, Safety and Environment Update: Loughborough University London

SAF18-P3

- 4.1 The Committee received a presentation by the Dean and Operations Director on health, safety and environment arrangements in place at Loughborough University London.
- 4.2 The following points were NOTED in particular:
 - (i) The Broadcast Centre Building was open to staff and students 24 hours a day throughout the year. Members noted that a lone working policy had been made available to staff and students and that there was an ongoing campaign to remind users of the building of their health, safety and environment responsibilities.
 - (ii) The Committee was informed by the presenters that the Loughborough University London campus was fully compliant with University health, safety and environment requirements and that compliance was reviewed on a regular basis.
 - (iii) The campus was working to improve methods for the disposal of its food waste.

- 4.3 The Committee reflected upon the presentations which it had received from Schools and Professional Services during the meeting and at its meeting in September 2017. It agreed that the presentations had worked well and had been effective in identifying issues. It confirmed that in future these presentations should include key performance indicators. **ACTION: Health, Safety and Risk Manager**

18/5 Annual Report of the Radiation Protection Officer

SAF18-P4

- 5.1 The annual report of the Radiation Protection Officer was RECEIVED.
- 5.2 The following points were NOTED in particular:
- (i) The new Ionising Radiation Regulations IRR17 were now in force, and the University needed to be compliant with the associated guidance.
 - (ii) Clarification was given on compliance requirements where staff and students were visiting other organisations that were affected by the regulations. In such circumstances the onus was on the visited organisations to ensure that they were compliant with the regulations.
 - (iii) The Health and Safety Office was confident that it would be able to manage an immediate response scenario as emergency procedures were in place for the University. In addition, the Office carried out regular tests across the University and was planning a large-scale test in the near future. Dr Roomes would share with the Health and Safety Office his experience of working with the emergency services in an emergency scenario. **ACTION: Dr Roomes**
 - (iv) The Committee wished to put on record its thanks to the Radiation Protection and Biological and Chemical Safety Officer for her considerable efforts in ensuring compliance with the new regulations.

18/6 Annual Report of the University's Occupational Health Service

SAF18-P5

- 6.1 The annual report of the University's Occupational Health Service was RECEIVED.
- 6.2 The following points were NOTED in particular:
- (i) Some managers were referring staff for health surveillance despite their staff not being exposed to hazardous chemicals in their roles. There was a need for better health and safety training for managers to prevent this happening in the future. **ACTION: Health, Safety and Risk Manager**
 - (ii) The University's sickness absence rates compared favourably with those of the rest of the HE sector. However, there were indications that its sickness absence rates had increased over the past five years. Sickness absence reports were monitored by Human Resources Partners who investigated any potential issues with managers in Schools and Professional Services to effect change. Human Resources were encouraged to normalise sickness absence rates in future reports to allow comparison over time. **ACTION: Director of HR**
 - (iii) The new Employee Assistance Programme (EAP) was seen to be a welcome service for staff. The current contract for the programme did not include counselling. If included in the programme, this element could play a part in reducing sickness absences. The Programme as currently offered was therefore unlikely to reduce demand for counselling provided by the University's Counselling Service, which currently had long waiting times. The Director of Student Services had been asked to investigate whether the waiting times for staff appointments with the Counselling Service could be reduced. If this was not possible, the University would need to explore alternative methods for providing counselling for its staff.
 - (iv) Members noted that the University may wish to engage clinical staff within the National Centre for Sport and Exercise Medicine to support staff where appropriate. The Health, Safety and Risk Manager would meet with relevant staff in the Centre to pursue this option. **ACTION: Health, Safety and Risk Manager**

18/7 Performance Review

SAF18-P6

The Committee NOTED a new Health, Safety and Environment summary report on School and Professional Services delivery against agreed plans. It noted that the report was a work in progress which would be refined further in coming months.

18/8 Risk Register

SAF18-P7

- 8.1 The Committee CONSIDERED an update on the development of the Health and Safety Risk Registers. It noted that the risk register process was a critical element of oversight of health and safety at the University. The process ensured that the same assessments of risk were carried out in all areas of the University and that the assessments were sufficiently rigorous and robust.
- 8.2 The Committee noted that the risk registers were a development from existing risk management activity and had therefore not being generated from a standing start. The Sustainability Team was investigating whether the registers could be refined further to include environmental risks.
- 8.3 The Committee noted that lone and out-of-hours working appeared regularly on risk registers. The Health and Safety Office intended to do a piece of work to provide advice for Schools and Professional Services to help them to manage risks. Risk registers also identified new initiatives as a common risk theme. The register would be extended to incorporate environmental matters in due course.
- 8.4 The risk registers had also noted risk where ownership of assets was unclear leading to the danger of assets not being maintained as a result. Schools and Professional Services were making use of an asset management computer programme to maintain an oversight of their assets and responsibility for them.

18/9 Stress/Mental Wellbeing Working Party Update

SAF18-P8

The Committee RECEIVED an update on the work of the Stress and Metal Wellbeing Working Party and on implementation of measures to support good mental wellbeing at the University. Early indications revealed promising results.

18/10 Sustainability Targets

SAF18-P9

- 10.1 The Committee CONSIDERED proposed targets for waste and recycling, travel, energy and carbon emissions, and water consumption.
- 10.2 The targets, which only applied to the Loughborough campus, had been considered and endorsed by the Sustainability and Social Responsibility Sub-Committee. The travel target was a restatement of an existing target whilst the other targets were new. All of the targets were normalised by the student population to aid comparison with other HEIs.
- 10.3 The Committee APPROVED the proposed targets.

18/11 Reports to Health, Safety and Environment Committee

The following reports were RECEIVED:

- (i) **SAF18-P10**
Report from the Health, Safety and Risk Manager
- (ii) **SAF18-P11**
Report from the Environmental and Sustainability Managers

- (iii) **SAF18-P12**
Report from the University Fire Officer
- (iv) **SAF18-P13**
Report on Accidents
- (v) **SAF18-P14**
Report on Insurance Claims

18/12 Health, Safety and Environment Consultative Forum

SAF18-P15

The Committee RECEIVED the minutes of the meeting of the Forum held on 17 January 2018. Members NOTED that the first meeting of the Forum had taken the form of a training session. However future meetings had the potential to be an effective means of consulting with key health, safety and environment contacts.

18/13 Chemical Safety Sub-Committee

SAF18-P16

The Committee RECEIVED the minutes of the meeting of the Sub-Committee held on 19 September 2017.

18/14 Health and Safety Statutory Compliance Sub-Committee

SAF18-P17

14.1 The Committee RECEIVED the minutes of the meeting held on 10 January 2018.

SAF18-P18

14.2 The Committee APPROVED the terms of reference of the Sub-Committee.

18/15 Radiological Protection Sub-Committee

SAF18-P19

The Committee RECEIVED the minutes of the Sub-Committee meeting held on 12 January 2018.

18/16 Sustainability and Social Responsibility Sub-Committee Minutes

SAF18-P20

The Committee RECEIVED the minutes of the Sub-Committee meeting held on 16 January 2018.

18/17 Dates of Remaining Meetings in 2017/18

6 June 2018

Paper Title: **Matters Arising from Previous Meetings**

Author: **Martine Ashby (Secretary)**

1. Specific Decision Required by Committee	To note the status of matters arising from previous meetings
2. Relevance to University Strategy	Means for the Sub-Committee to monitor agreed actions which may be associated with the University Strategy
3. Executive Summary	The table overleaf details the statuses of matters arising from previous meetings of the Health, Safety and Environment Committee
4. Essential Background Information	Previous minutes of HSE Meetings
5. Risks, Risk Mitigation and Governance/ Accountability	To ensure actions taken following HSE meetings
6. Implications for other activities	n/a
7. Resource and Cost	None
8. Alternative Options considered	None
9. Other Groups/Individuals consulted.	Name individuals
10. Future Actions, Timescales & Frequency of Review by this Committee.	Next opportunity for review: Meeting in October 2018
11. Success Criteria (KPIs)	None
12. University Executive comment (required for Council papers only)	n/a

	Completed
	Not yet Completed

Meeting	Minute	Description	Action	Status
SAF16-M3	47.2	Review of chemical procurement process in 2017 to also focus on existing training	HSR Manager	<p>Sept 17 Update from HSR Manager: The whole of the chemical safety process has been reviewed. A new policy and guidance has been produced and training will be rolled out in 2016/17. AED have been prioritised for this training. The guidance and training includes the purchasing requirements relating to hazardous substances Sept 17 Update: HSR Manager to discuss with School</p> <p>Jan 2018 update: New processes have been introduced to capture chemical purchases and chemical safety training is being progressively deployed – School of Arts was first to receive this training. The training also references the procurement arrangements. A recent trawl undertaken to allow us to complete our chemical weapon precursor declaration revealed significant gaps in compliance with the procedure. Deans and Ops manager are to be contacted specifically on this issue.</p> <p>May 2018 update – training has been rolled out and Ops Managers have been briefed Item closed</p>
SAF16-M3	47.3	Take lead, working with others, in developing a staff exit strategy.	Director of HR+ RPBCS Officer	<p>Sept 17 Meeting: Staff Exit Policy to come to Feb 2018 meeting</p> <p>Jan 18 Update: Report will be on next HSE Committee agenda under the Bio/Chemical safety section</p> <p>May 2018 update Ongoing still in development</p>
SAF16-M3	48.2 (ii)	Introduce permit process to ensure contractors aware of University requirements	Fire Officer	<p>Sept 17: Update included in Fire Officer Report (HSR Manager notes: This is the same as SAF17-M2 33.2 – still awaiting confirmation from Facilities services that the agreed process has been implemented)</p> <p>Sept 17 Meeting: Dir of Infrastructure & Comm Services to seek update</p> <p>Jan 18 update: Now in place – awaiting feedback on initial deployment</p> <p>May 2018 update Permit in place – close item</p>

Meeting	Minute	Description	Action	Status
SAF17-M2	33.2	Complete work to develop a workable control system to isolate fire alarms within a month of the June meeting	Facilities Services (Fire Officer to report back on progress)	Sept 17 Update: Update included in Fire Officer Report (HSR Manager notes: This is the same as SAF16-M3 48.2 (ii) – still awaiting confirmation from Facilities services that the agreed process has been implemented) Jan 18 Update Now in place – awaiting feedback on initial deployment. May 2018 update Permit in place – close item
SAF17-M1	15 9(i)	Liaise about communication strategy and approval process for the revised Stress Policy	Chair + Director of Human Resources	Sept 17 Update from HSR Manager: This will form part of the wider mental well-being communication strategy during 2017/18 Sept 17 Meeting: Further communications planned. Jan 18 Ongoing comms plan developed on Mental Wellbeing. May 2018 update Ongoing communications plan – close item
SAF17-M2	31.2	Provide HSE with details of new Ionising Radiation Regs requirements and implications for University once confirmed	RPBCS Officer	Sept 17 update: Update to be included in Radiation Report Sept 17 meeting decision: stay on list Jan 18 Update: Update in Radiological Protection Annual Report on agenda. Done close item
SAF17-M2	37.3	Training proposals to be used for duty holders for compliance purposes.	HSE Manager	Sept 17 Update from HSE Manager: A gap analysis has started, but this is at an early stage Jan 18 update: Training matrix updated
SAF17-M3	47.4	Remind Deans and Directors of Professional Services of Stress Policy name change	Director of HR	Confirmed completed at Feb 18 meeting
SAF17-M3	48.3	Weblinks to Campus Services and AED presentations to be circulated to members	Secretary	Completed October 2017
SAF17-M3	49.2(i)	Consider ways in which School can embed health, safety and impact on environment within curriculum	Dean of AED	June 18 Feedback received from Dean and on agenda
SAF17-M3	49.2(ii)	University's estate on Lough College site to become a smoke free zone	COO	Feb 18: Plan has been agreed with AED OPS Manager and is being progressed.

Meeting	Minute	Description	Action	Status
SAF17-M3	49.2(iii)	Brief COO on parking issue with a view to Security increasing patrols of area around School's buildings	AED OPs Manager + COO	Feb 18: Plan has been agreed with AED OPS Manager and is being progressed. Close item
SAF17-M3	49.2(iv)	Ask FM to erect warning signage on Univ side of Epinal Way hedge & ask Leics Co Council to erect signage on path itself	Dir of Infrastructure & Commercial Services	Feb 18: Signage has been erected. Leics Co Co has been asked to erect signage on path itself. FM continuing to pursue with them.
SAF17-M3	49.2(iv)	Consider whether height of Epinal Way hedge should be reduced or gaps in hedge increased in size.	Sustainability Manager	Confirmed completed at Feb 18 meeting
SAF17-M3 + SAF18-M1	49.2(v) + 2.6	Ensure job descriptions of H&S reps also include environmental remit	AED OPs Manager	
SAF17-M3	49.3	Future presentations to be made available to members before meetings	Secretary	Confirmed completed at Feb 18 meeting
SAF17-M3	49.4	Decide when HSE should hold meeting in London	DVC & HSR Manager	Feb 18 meeting held in London. Completed.
SAF17-M3	50.1	Amend Constitution to include DCOO new title & include name of UNISON rep	Secretary	Completed September 2017
SAF17-M3	50.2	Note changes to list of proposed business	Secretary	Completed September 2017
SAF17-M3	50.3	Minutes of HSE Consultative Forum meetings to be received by HSE as starred items	Secretary	Confirmed completed at Feb 18 meeting
SAF17-M3	55.2	Consolidated risk register report to be considered at Feb 2018 meeting	Deputy HSR Manager	Confirmed completed at Feb 18 meeting
SAF17-M3	56.1	Inform Council of proposed health and safety reporting arrangements	DVC	Jan 2018 update: Work ongoing to improve data and reporting – currently in transition between old paper/Excel based system and SHE reporting system. Report production should become easier and more accurate over the next 12 months. May 2018 Done

Meeting	Minute	Description	Action	Status
SAF17-M3	56.2	HSE summary reports to Council to be replaced by the monthly Health and Safety bulletins	HSR Manager	Confirmed completed at Feb 18 meeting
SAF18-M1	2.3	AED Presentation: Provide update for consideration at June 18 meeting.	AED Dean and OPs Manager	May 2018 – Report submitted – close item
SAF18-M1	3.2 (i)	Reflect on how Mental Health First Aider scheme could become part of infrastructure. Submit proposal to OPS for funding to roll out scheme across University	HSR Manager	May 2018 – Awaiting budget outcome proposals for roll out submitted
SAF18-M1	3.2 (ii)	Encouraged to embed environmental structures within the School at same time as embedding health and safety structures	Science Acting Dean + OPS Manager	
SAF18-M1	3.2(iv)	Share commended activities in School of Science with other areas of University as examples of good practice	HSR Manager	May 2018 – will be included in next H&S Forum
SAF18-M1	3.2(v)	Review ethical approval form and relevant health and safety forms to remove duplication where possible	Director of Research Office + HSR Manager	May 2018- Input given, outcome awaited
SAF18-M1	4.3	Future Schools and Professional Services presentations to HSE to include key performance indicators	HSR Manager	Done
SAF18-M1	5.2(iii)	Share with the Health and Safety Office experience of working with the emergency services in an emergency scenario.	Dr Roomes	May 18 Done – Dr Roomes visited 25 th May
SAF18-M1	6.2(i)	Need for better health and safety training for managers to prevent inappropriate referral of staff for health surveillance.	HSR Manager	May 18 – Item will be included in new training offerings – close action
SAF18-M1	6.2(ii)	HR encouraged to normalise sickness absence rates in future reports to allow comparison over time	Director of HR	

Meeting	Minute	Description	Action	Status
SAF18-M1	6.2(iv)	Meet with staff in the National Centre for Sport and Exercise Medicine to pursue possibility of engaging its clinical staff to support staff where appropriate.	HSR Manager	Ongoing – but close action

Health, Safety and Environment Committee



Loughborough
University

Paper Title: Health, Safety and Environment Arrangements in place in the School of the Arts, English and Drama

Origin: Professor Alison Yarrington, Secretary
2018

Date: 17th January

1. Decision Required by Committee	To consider a response from the School of the Arts, English and Drama to actions identified at the September 2017 HSE meeting.
2. Executive Summary	At its September 2017 meeting HSE received a presentation on health, safety and environment arrangements in place in the School of the Arts, English and Drama. There were several actions on the School arising from the presentation. The School has provided an update to HSE regarding these actions.
3. Committees/Groups previously considering item.	none

HSE Minute (Sept 2017)

17/49 Health, Safety and Environment Update: School of the Arts, English and Drama

[SAF17-P59 – Presentation given at meeting](#)

49.1 The Committee received a presentation by the Dean of the School of Arts, English and Drama on health, safety and environment arrangements in place within the School.

49.2 The following points were noted in particular:

- (i) The Committee considered that it was important for the School's academic staff to be mindful of health, safety and environmental issues for all aspects of their work. Health and safety processes should be integral to student activities and should be identified early on when student projects were being planned. The School was encouraged to consider ways in which it could further embed health, safety and impact upon the environment within the curriculum. **ACTION: Dean of AED**
- (ii) Whilst Loughborough College's campus was a smoking free zone, the School of the Arts, English and Drama was not. This led to staff and students from the College smoking on land adjacent to the School's buildings. The Committee agreed that the University's estate on that site should become a smoking free zone. **ACTION: COO**
- (iii) Parking restrictions on Loughborough College's campus were strictly enforced. This resulted in some individuals who were unable to park at the College parking on the University grounds, including in areas where no parking was permitted. The Operations Manager would brief the COO with a view to Security increasing its patrols of the area around the School's buildings. **ACTION: AED Operations Manager, COO**
- (iv) A recent incident where a pedestrian had been knocked over by a cyclist when joining the path running along the University side of Epinal Way had highlighted the need for signage to warn pedestrians to watch out for cyclists when going through gaps in the perimeter hedge. The Director of Infrastructure and Commercial Services would ask Facilities Management to erect warning signage on the University side of the hedge, and Leicestershire County Council would be asked to erect similar signage on the path itself. In addition the Sustainability Manager would consider whether the height of the hedge should be reduced or the gaps in the hedge increased in size. **ACTION: Director of Infrastructure and Commercial Services & Sustainability Manager**
- (v) The School should ensure that the job descriptions of its health and safety representatives also included an environmental remit. **ACTION: AED Operations Manager**

49.3 The Committee reflected upon the presentations given by Campus Services and School of the Arts, English and Drama representatives. The presentations were seen to be a helpful way for the Committee to receive assurance on HSE matters. The Secretary would arrange for future presentations to be made available to members before the meeting so that their content could be digested in advance of meetings. **ACTION: Secretary**

49.4 The Committee considered the proposed order in which presentations would take place at forthcoming meetings, as listed in SAF17-P39. It agreed that the meeting at which Loughborough University London would give its presentation should take place on the London campus. The Deputy Vice-Chancellor and Health, Safety and Risk Manager would decide when the meeting should take place. **ACTION: Deputy Vice-Chancellor, HSR Manager**

Response from AED (Jan 2018)

In specific response to 49:2 (1) "The School was encouraged to consider ways in which it could further embed health, safety and impact upon the environment within the curriculum. **ACTION: Dean of AED**

progress to date is as follows:

At the School's LTC held in December 2017, chaired by the ADT, a decision was taken to embed H&S into the curriculum in a systematic way as appropriate for the type of the programme. In order to implement this it was agreed that a working group would be set up with the following remit:

1. Identifying appropriate modules for which risk assessment could be an assessable component using Fine Art and Drama as pilot programmes.
2. Making the appropriate changes as part of the upcoming Annual Update.
3. Identifying key dates and training required for both staff and students
4. Making any necessary changes to the existing online risk assessment tool
5. Creating a timeline which identifies key stages of activity in readiness for the start of term October 2018.

The working group will comprise the School Safety Officer (RJ) University Deputy H&S manager (HW) Programme Directors for Drama and Fine Art, and a member of technical staff from each programme.

In addition to the above, for project and dissertation modules students' attention will be drawn to health and safety considerations in the module specification (this will be implemented as part of Annual Update).

This action was reported and discussed at the School's SMT (9 January).

Health, Safety and Environment Committee



Loughborough
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Paper Title: Health and Safety and Risk Manager's Report

Origin: Neil Budworth

Date: 21st May 2018

1. Decision Required by Committee	HSE Committee are asked to agree to the arrangements for monitoring the progress of the actions outlined within this notice (Via SLT)
2. Executive Summary	<p>Summary of activity and incidents since last HSE Committee meeting.</p> <p>One significant point of note is that the Health and Safety Executive have written to the University with a Notice of Contravention in relation to the alignment of a particular laser system.</p>
3. Committees/Groups previously considering item.	None

Review of Progress of the Health and Safety Service

Prepared by Neil Budworth, Health, Safety and Risk Manager 20th May 2018

Purpose of Report

The purpose of this report is to give an update on significant events and achievements to date.

Specialist HSE Inspector Visit Focussed on Laser Safety

As part of a programme of inspections targeted at examining the standards relating to Laser safety across the Higher Education sector 3 specialist inspectors spent two days on site and reviewed the laser safety standards across campus.

Overall the inspectors were complimentary about the standards across the University and made only minor comments for the majority of the facilities seen.

However, they did identify one practice that they felt warranted a Notice of Contravention.

A Notice of Contravention is the lowest level of formal action that the Inspectors can take. They are issued when they consider a material breach of legislation has been identified and it is serious enough to require a formal response, but, falls short of having the potential to cause harm in the short term. In most cases these are judgement calls rather than a black and white contravention of legislation.

The HSE believed that at the time of the visit we had failed to make a suitable and sufficient assessment of risk of exposure to employees to levels of artificial optical radiation that could create a reasonably foreseeable risk of adverse health effects to the eyes or skin of employees during the alignment procedure for the Litron laser experiment in laboratory CT114. HSE were of the opinion that the current risk assessment did not adequately consider the output of the laser during the alignment procedure in relation to the maximum permissible exposure. The laser is 'stepped down' to 1 or 2% of the maximum output but the actual power during this process was not measured. Instead the investigator uses laser safety eyewear during the task.

HSE felt that there were alternative, safer, arrangement which could be used during the alignment procedure. The department concerned do not believe this to be the case and are working with the University Safety Advisor – Professor John Tyrer – to evaluate a number of options. A formal response must be provided to the HSE by the 14th June.

Progress on this issue will be reported to the Senior Leadership Team with a more formal response being made to the HSE committee to be considered at the next meeting.

General Progress

Loughborough University has been awarded the Employee Wellbeing Initiative Award 2018 by the British Safety Council for our Mental Health activity. This is an international award and there was strong competition.

Loughborough has also been shortlisted for the International Institute of Risk and Safety Management Wellbeing Strategy award. The awards are being presented on Thursday 24th May

University Health, Safety and Risk Manager Neil Budworth has been elected Chair Elect of the University Safety and Health Association (USHA). All being well he will take over as Chair at the next USHA Annual Meeting in April 2019.

Presentations have been given at the British Occupational Hygiene Society and the Universities Health and Safety Association conferences on the University's to mental well-being.

A second article on the safety conversations work that was undertaken with Professor Stokoe and Dr Hofstetter has been submitted to the IOSH Magazine (at their request) and will be published in the July issue

Incident Reporting System

The new incident reporting system is working well and has been accepted across the University. Now all reports are electronic allowing faster dissemination and action. Better data analysis will be possible as the data in the new system matures. The implementation of the reporting system also removes a significant number of GDPR (General Data Protection Regulations) risks.

Mental Health and Stress

Mental Health and Stress is the subject of a separate report to the HSE Committee, however it should be noted that face to face Counselling has been made available through the Employee Assistance Programme from the 1st April

In addition a full programme of events was again delivered in Mental Health Awareness week. The events included SDC and Counselling and Disability Services.

Training

An agreement has been made with Warwick University which will allow us to get E learning provision at low costs. The first program to be shared in this way will be fire. The existing Warwick material is a 95% match and minor modifications are being made now to allow us to deploy it across Loughborough. We have agreed a development timetable for other programs

New programmes have been delivered on Biological Safety, CoSHH and Chemical Safety

Facilities Related Issues

A new post of Strategic Scientific Development Officer has been created which is to help with the specification and delivery of projects which have a significant scientific or technical component.

Statutory compliance continues to be significant focus and a process for the full identification of statutory assets has been agreed, together with the key performance indicators required to monitor progress. This process will be out before the HSE Committee for agreement at the May meeting

Fire

HSE Committee receive a separate report on fire, however, it should be noted that there was a small fire in a fume cabinet in the newly refurbished W2 laboratory shortly after occupation. The in cabinet extinguisher worked extremely well, but the incident highlighted a number of issues in the handover and management of the facility. These are now being addressed.

Decommissioning of Graham Oldham Building

Much of the waste legacy contained within the building has now been disposed of. A project management board for the decommissioning of the Graham Oldham building has been established and a project management report and risk register have been completed.

A comprehensive historical report has been sent to the Environment Agency on radiation work on the LU site

Laser Safety

Despite the HSE notice of Contravention Loughborough University continues to lead on the harmonisation of laser safety standards and held a further Inter University Laser Safety Forum on Monday 21st May.

Since the last HSE committee a laser pointer safety campaign has been developed and delivered with the help of Creative and Print. This followed a recent incident where a member of staff and a jogger were targeted with a laser pointer by a student.

Report on significant Incidents

A high potential near miss occurred at Holywell Park where one of the system parameters on the pressurised heating system was altered without the knowledge of the contractor working on the system. This incident could have been very serious and appears to identify issues with our Permit to Work system. An investigation is underway and a formal incident review panel has been being arranged. A fundamental review of the Permit to Work system has been initiated

During March an issue was also identified relating to the installation of emergency lighting in the School of the Arts. The contractor concerned, Norwood, had installed emergency lighting on asbestos insulating board without appropriate precautions (next to an asbestos sticker in at least two cases). This incident is being investigated and will be considered at the incident review panel.

A case of Byssinosis (a lung disease linked to exposure to cotton dust) has been confirmed in the School of the Arts, English and Drama. Fibre levels in the area concerned were measured in the area of concern and were below the threshold of detection. As the diagnosis of Byssinosis was confirmed it a wider sampling exercise was undertaken. This again showed fibre levels to be extremely low, with the exception of one short duration activity, which is being addressed. Given the monitoring results it is likely to be the result of historical exposure.

Health, Safety and Environment Committee



Paper Title: Update of University Health and Safety Policy

Origin: Neil Budworth

Date: 21st May 2018

1. Decision Required by Committee	HSE Committee are asked to approve the amendments to the Health and Safety Policy
2. Executive Summary	The University Health and Safety Policy has been amended to reflect the revised Health and Safety Committee structure. The opportunity has also been taken to correct some formatting issues with the previous version of the policy.
3. Committees/Groups previously considering item.	The policy was circulated for comments following the HSE Committee in January. All comments received have been addressed.

UNIVERSITY HEALTH AND SAFETY POLICY STATEMENT AND ARRANGEMENTS

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Loughborough University Health and Safety Policy

1. Introduction by the Vice Chancellor

Health and Safety is a vital ingredient in a successful organisation. A good health and safety culture is an essential element in making colleagues feel valued and respected. The things needed to drive good health and safety underpin good management and serve as a stepping stone to excellence.

The University is required under the provisions of the Health and Safety at Work Act 1974 (The Act), to produce a statement of policy with respect to the health and safety of everyone who uses our premises or may be affected by our undertakings off-campus. However, this is only a starting point, and the University will continually strive to achieve the highest practical standard rather than rely on the legal minimum. The University also expects managers at all levels to actively pursue increasingly higher standards of health and safety management.

The University recognises the importance of its employees and students each appreciating the extent of their individual responsibilities and co-operating fully in ensuring that the Health and Safety Policy and Procedures are observed.

This document is intended to bring the University's statement of health and safety policy to the attention of all its employees and students and to provide details of the organisation and arrangements for carrying out that policy, as indicated by the Act. The health and safety policy statement is supplemented by individual procedures covering a range of topics and everyone must ensure they are aware of the safety precautions appropriate to the area in which they work. As Vice Chancellor I recognise that I carry day to day responsibility for the health and safety of all persons affected by the undertakings of the University.

I would encourage you to adopt at all times a positive attitude towards health and safety requirements and to promote a healthy and safe working environment for ourselves, our students and others affected by the work of Loughborough University.



Professor Robert J Allison
Vice Chancellor

May 2018

2. The Health and Safety Policy Statement

It is the policy of Loughborough University under the University Council to:

1. Regard legal compliance as the lowest acceptable standard of management with regard to health and safety. Please note that for the purposes of this policy document the term 'health and safety' will be deemed to include all aspects of occupational health.
2. Regard health and safety as a core management function.
3. Develop a clear structure which identifies health and safety responsibility at all management levels across the University.
4. Promote an attitude of safe working by employees and students in all aspects of the University's work underpinned by appropriate disciplinary procedures.
5. Encourage discussion and consultation between management, employees and students on safety, health and environment matters and establish a Health, Safety and Environment Committee for this purpose.
6. Maintain a safe and healthy working environment and safe methods of operation.
7. Ensure the provision and maintenance of premises, plant and equipment to a safe level
8. Ensure the provisions of appropriate resources to meet health and safety issues.
9. To bring to the attention of all staff and students, their responsibilities to ensure the health and safety of themselves and any other persons affected by their actions or omissions.
10. Provide all necessary information, instruction, training and supervision, to ensure the health and safety of employees at work.
11. Provide as appropriate and ensure the correct use of, approved safety equipment and protective clothing and to ensure no charge will be levied on any employee in respect of anything carried out or provided in pursuance of any specified requirements of relevant statutory provisions.
12. Ensure immediate and accurate reporting and investigation of occupational ill-health issues, accidents and incidents.
13. Ensure the provision of an appropriate number of specialist safety staff with responsibilities for safety and health and to ensure appropriate contingency arrangements are made during the absence of such staff to meet the relevant statutory requirements.
14. Develop a system of inspection, monitoring and auditing procedures which will allow the identification of risk and ensure that acceptable standards of risk management are being achieved across the University.
15. Review this Health and Safety Policy not less than once every two years.
16. Make specific arrangements on sites controlled by the University to ensure that contractors are carrying out their responsibilities for Health, Safety and Environment to a standard acceptable to University management.
17. Ensure that the health and safety of all staff, students, contractors, visitors and any others who may be affected by our undertakings is safeguarded, so far as is reasonably possible.

The University Council acknowledge ultimate responsibility for Health and Safety management within Loughborough University. This responsibility will be discharged on behalf of the University Council on a day to day basis by the Vice Chancellor.

3.1 University Council

The University Council, under the requirements of the Health and Safety at Work Act etc 1974, is responsible for issuing a written statement covering the general policy with respect to Health and Safety at work of employees, students and others affected by the undertakings of the University.

The University Council shall ensure that they receive sufficient information on the status of University health and safety management systems to satisfy themselves that all statutory requirements are being met. To this end they will commission an annual health and safety report to be undertaken by the Health and Safety Manager.

While statutory compliance will be accepted as a baseline standard, the University Council will ensure that the University is constantly moving towards best possible health and safety practice.

3.2 Vice Chancellor

The Vice Chancellor is responsible for achieving the objectives of the University's Health and Safety Policy, namely to:

Ensure that managers know and undertake their individual responsibilities regarding health and safety, and that the requirements of health and safety legislation and University policy are met

Advise the University Council of the resources required to comply with statutory requirements and make adequate arrangements

Ensure adequate consultations between management, specialist advisors and employees' representatives prior to the introduction of any change which may affect the health and safety of employees

Make the necessary arrangements to ensure that trades union safety representatives who are appointed under statutory regulations can carry out the duties required of them

Ensure the establishment and maintenance of a suitable health and safety programme to:

- eliminate accident potential as far as it reasonably practicable
- conform with the statutory duties and University codes of practice

Ensure that adequate communication channels are maintained to promulgate information concerning health, safety and environment

3.3 Academic Leadership Team

Under the direction of the Vice Chancellor, the members of the Academic Leadership Team are responsible for achieving the objectives of the Health and Safety Policy. As an integral part of their management responsibilities they will;

Receive regular monitoring and audit reports on the suitability and effectiveness of health and safety management systems throughout the University

Ensure adequate follow-up procedures are in place to address Schools which fail to achieve a basic level of health and safety management as identified through accident reports and health and safety inspections/audits

Ensure that they and all personnel for whom they are responsible know and undertake their managerial responsibilities regarding health and safety, and that all personnel are adequately trained to discharge those responsibilities

Promote the implementation of the University Health and Safety Policy by establishing an adequate programme to:

- ensure that risk assessments are conducted and that adequate control measures are introduced and maintained
- conform with the statutory duties and University codes of practice, and to formulate suitable procedures to report occupational ill-health issues/accidents/incidents, communicate information and identify, report and eliminate hazards

Ensure the health and safety arrangements are fully discussed, seeking specialist advice where necessary, with regard to:

- current working programme
- planning new operations or methods of work
- designing or acquiring new buildings, plant and equipment

Arrange consultations with employees and their representatives in the work place to ensure that progressive and positive methods are adopted to promote health and safety and to provide arrangements for the participation of employees' representatives in the development of such measures

Provide such information, instruction, training and supervision as may be necessary to ensure the health and safety of those under their control

Keep under constant review the effectiveness of the University's policy and advise the Vice Chancellor of any changes they consider necessary on matters in breach of statutory requirements which cannot be effectively dealt with by them

3.4 Chief Operating Officer

The Chief Operating Officer (COO) is responsible to the Vice Chancellor on a delegated basis for the general oversight and development of health and safety policy and for ensuring co-ordination of such policies and practice across the University. The COO has responsibility for ensuring that the arrangements to manage health and safety in accordance with University policy are effective. The COO has line management responsibility for the Health and Safety Manager in order to oversee health and safety compliance and performance.

3.5 Deans of Schools

Deans of Schools have oversight of resources devolved from the Vice Chancellor. As such, they have a duty not only for the application of these resources, but also its safe application. **Overall legal responsibility for ensuring the safety of staff, students and others who may be affected by School activities resides with the Dean of School.** Deans of School should satisfy themselves that the Departments within their area of responsibility have suitable and sufficient arrangements in place to meet all statutory requirements.

1. The provision and maintenance of plant and systems of work that are, so far as is reasonably practicable, safe and without risks to health.
2. Arrangements for ensuring, so far as is reasonably practicable, safety and absence of risks to health in connection with the use, handling, storage and transport of articles and substances.
3. The provision of such information, instruction, training and supervision as is necessary to ensure, so far as is reasonably practicable, the health and safety at work of his employees.
4. So far as is reasonably practicable as regards any place of work under the employer's control, the maintenance of it in a condition that is safe and without risks to health and the provision and maintenance of means of access and egress from it that are safe and without such risks.
5. The provision and maintenance of a working environment for his employees that is, so far as is reasonably practicable, safe, without risks to health, and adequate as regards facilities and arrangements for their welfare at work.

To deliver these statutory requirements, Deans are expected to:

- Produce a School health and safety policy which sets out the local organisation and arrangements to meet all statutory and University policy requirements.
- Establish a health and safety committee (s) for the School (or Departments within the School if appropriate). Attend the School health and safety committee or receive minutes from Departmental committees.
- Receive twice yearly audit reports from the Operations Manager in the School.
- Ensure that procedures for producing suitable and sufficient risk assessments are properly integrated into School's management systems.
- Ensure that the health and safety training needs are identified and that suitable training is provided. (See **Appendix 4**; "Loughborough University Staff Training Matrix").
- Ensure that either a School Safety Officer (to act for the whole School) and/or Departmental Safety Officers are appointed. In the absence of a nominated officer this role shall default to the Dean of School.
- Allocate the necessary resources, both in terms of time and financial resources, to staff appointed to carry out a health and safety role, particularly with regard to their School Safety Officer.
- Bring to the VC's attention, any health and safety matter that cannot be dealt with at School level.
- Devise and implement phased order of priority plans for expenditure of finance or effort to solve health and safety problems in the School which cannot be resolved at one particular time.

3.6 Heads of Academic Departments

Heads of Department (HoD) are responsible for the adoption of the University policy within their area of control. The HoD must demonstrate visible commitment by acting in the following way:

- Accept their own responsibility in health and safety, and encourage colleagues to do the same.
- Implement the local health and safety policy based on institutional requirements and their own assessment of the risks inherent in the work of their Department. Through this mechanism; the HoD shall inform their staff of their own responsibilities, the arrangements for the introduction and maintenance of measures designed to identify, assess, control and monitor risks, and the process of health and safety planning in the Department.
- Appoint a Departmental Safety Officer (DSO) **where this role is not covered by a School Safety Officer.**
- Allocate the necessary resources, both in terms of time and financial resources, to staff Appointed to carry out a health and safety role, particularly with regard to their Departmental Safety Officer.
- Provide the necessary information, instruction and training to enable staff to perform their job in a safe manner
- Make health and safety training a core element of Departmental teaching at all levels. (See **Appendix 4**; "Loughborough University Staff Training Matrix").
- Ensure their staff provide appropriate supervision of students, based on risk assessment.
- Adopt good health and safety advice from the University Health and Safety Service and from the DSO as appropriate.
- Encourage and consult with trades union safety representatives
- Ensure that any matter brought to their attention by safety representatives is given prompt and appropriate attention.
- Encourage and support the attendance of appropriate members of the Department on relevant internal and external health and safety training events.
- Provide as appropriate, correct personal protective clothing to all persons under their control.
- Devise and implement phased order of priority plans for expenditure of finance or effort to solve health and safety problems in the Department, which cannot be resolved at one particular time.
- Take personal action to suspend or stop any activity that is dangerous or not carried out within Departmental health and safety policy and bring to the Deans attention any breach of statutory requirements which cannot be dealt with effectively at Departmental level.
- So far as it is reasonably practicable, ensure all contractors engaged by the department are adequately supervised and conduct their work in accordance with:
 - The specified terms of contract
 - Agreed method statements and risk assessments
 - Statutory regulations and University approved codes of practice
 - Avoidance of danger to University's employees, students or members of the public

- Actively monitor health and safety performance by being receiving regular updates on Departmental health and safety related occupational ill-health issues/accidents/incidents and health and safety inspections/ investigations.

3.7 Directors and Heads of Professional Services

Directors and Heads of Professional Services are responsible for the adoption of the University policy within their area of control. To achieve this they will ensure that they take the lead in driving the health and safety programme within their area of responsibility. The Director or Head must demonstrate visible commitment by acting in the following way: -

Accept their own responsibility in health and safety and encourage colleagues to do the same.

- Set the local health and safety policy based on institutional requirements and their own assessment of the risks inherent in the work of their Department. Through this mechanism, the Director / Head of Professional Service shall inform their staff of their own responsibilities, the arrangements for the introduction and maintenance of measures designed to identify, assess, control and monitor risks, and the process of health and safety planning in the Department.
- Appoint a Departmental Safety Officer (DSO).
- Actively monitor health and safety performance by being receiving regular updates on Departmental health and safety related occupational ill-health issues/accidents/incidents and health and safety inspections/ investigations.
- Allocate the necessary resources, both in terms of time and financial resources, to staff appointed to carry out a health and safety role, particularly with regard to their Departmental Safety Officer.
- Provide the necessary information, instruction and training to enable staff to perform their job in a safe manner.
- Make health and safety training a core element of development at all levels. (See **Appendix 4**; "Loughborough University Staff Training Matrix").
- Adopt good health and safety advice from the University Health and Safety Service and the DSO, as appropriate.
- Encourage and consult with trades union safety representatives.
- Ensure that any matter brought to their attention by safety representatives is given prompt and appropriate attention.
- Encourage and support the attendance of appropriate members of the Department on relevant internal and external health and safety training events.
- Provide as appropriate, correct personal protective clothing to all persons under their control.
- Bring to the VC's attention, any breach of statutory requirements which cannot be dealt with effectively at Departmental level.
- Devise and implement phased order of priority plans for expenditure of finance or effort to solve health and safety problems in the Department, which cannot be resolved at one particular time.
- Take personal action to suspend or stop any activity that is dangerous or not carried out within Departmental health and safety policy.

- So far as it is reasonably practicable, ensure all contractors engaged by the Department are adequately supervised and conduct their work in accordance with:
 - The specified terms of contract
 - Agreed method statements and risk assessments
 - Statutory regulations and University approved codes of practice
 - Avoidance of danger to University's employees, students or members of the public

3.8 Operations Manager

The Operations Manager (OM) works closely with the associated Dean or Head of Professional Service to ensure that Key Performance Indicators (KPI's) are achieved.

The School's OM is responsible for;

- Ensuring that 6 monthly internal health and safety audits are conducted and the results are forwarded to the University Health and Safety Manager .
- Ensuring that the Health and Safety Committee meets at least 3 times per year.
- Ensuring that all accident/near miss events are reported to the University's Health and Safety Manager .
- Ensuring that action is taken to identify and remove causes of accidents /near miss events.
- Reviewing procedures for producing risk assessments to ensure that risk assessments are suitable and sufficient and up to date.
- Bringing to the attention of the Dean or Head of Professional Service any breach of statutory requirement or other health and safety concern which cannot be resolved.

3.9 University Health Safety and Risk Manager

The Health and Safety and Risk Manager has a central co-ordinating role in relation to general health and safety matters and acts as advisor to the University on health and safety strategy and the requirements and interpretation of relevant legislation. The Health Safety and Risk Manager has a vital role in the development of the University's health and safety policy and plan, and the development of a health and safety management system .

The Health Safety and Risk Manager will ensure the effectiveness of health and safety management structures through regular auditing of these systems.

The Health Safety and Risk Manager will present, through the University Health, Safety and Environment Committee, to the University Council an annual report on the status of the University Health and Safety Management systems and procedures.

The Health Safety and Risk Manager is responsible to the COO for all University facing health and safety matters

The Health Safety and Risk Manager will be the nominated 'competent person' on behalf of Loughborough University, as required by the Management of Health and Safety at Work Regulations 1999.

3.10 Radiological Protection Officer

The Radiological Protection Officer provides advice on all aspects of radiological protection in the University, with particular reference to the statutory requirements relating to the Ionising Radiation Regulations 2017, together with various codes of practice.

The Radiological Protection Officer will co-ordinate arrangements for the safe ordering, storage, handling, use, transporting and disposal of radioactive substances.

The Radiological Protection Officer will act as the responsible officer for licensing purposes, for use of scheduled substances under the Drug Precursor Regulation (EC) NO 273/2004.

The Radiological Protection Officer will act as a link to the contracted services of the Radiological Protection Advisor and reports to the University Health and Safety Manager.

3.11 Deputy University Health Safety and Risk Manager

The Deputy University Health Safety and Risk Manager acts as deputy to the University Health Safety and Risk Manager and also acts as 'competent person' under the Management of Health and Safety at Work Regulations, in the absence of the University Health Safety Manager. Specific areas of responsibility include;

- responding to requests for service from Schools / Departments, providing support and information to SSO's / DSO's,
- investigating accidents and liaising with the University's insurers, and,
- organising and providing health and safety training for staff.(See **Appendix 4**; "Loughborough University Staff Training Matrix").

The Deputy University Health, Safety and Risk Manager reports to the University Health and Safety Manager.

3.12 University Occupational Health Advisor

The University Occupational Health Advisor, in consultation with the Occupational Health Physician, shall advise the University on workplace or work-related health matters.

The Occupational Health Advisor will develop, on behalf of the Health, Safety and Environment Committee, University occupational health policy.

The Occupational Health Advisor will carry out monitoring and auditing of occupational health issues to ensure compliance with University policy.

The Occupational Health Advisor is the link to the contracted services of the Occupational Health Physician and reports to the Director of Human Resources.

3.13 University Fire Officer

The University Fire Officer will provide professional fire safety advice as needed to staff and students across the University. Other duties include:

The University Fire Officer will act as 'competent person' under the Regulatory Reform (Fire Safety) Order 2005.

The development and implementation of a rolling programme of fire risk assessments as required by the Fire Precautions (Workplace) Regulations 1997 (as amended 1999).

Provision of advice to the University concerning appropriate standards for fire precautions in buildings and the development and maintenance of effective fire prevention strategies.

Development of compliance and control strategies as required by the relevant statutory provisions.

Monitoring Departmental and University fire safety arrangements and making recommendations as necessary.

The University Fire Officer will be responsible to the Health and Safety Manager.

3.14 Director of Human Resources

The Director of Human Resources is responsible for ensuring appropriate measures are in place to monitor workplace sickness levels. Where these monitoring systems indicate work-related ill health issues, these will be brought to the attention of the Health and Safety Service.

3.15 School / Departmental Safety Officers

Either a School Safety Officer or individual Departmental Safety Officers shall be appointed by the Dean or Head of Professional Service to act for their respective Departments. The School / Departmental Safety Officer will report to the Dean or Head of Professional Service on all health and safety related issues. (For a list of the typical duties of a School/Departmental Safety Officer, see **Appendix 3**).

When appointing persons as a School / Departmental Safety Officers, serious consideration should be given to the amount of time necessary to adequately carry out the associated duties and the person's existing duties. Where necessary, some or all of the person's existing duties should be transferred to another person/post.

Persons selected to be School / Departmental Safety Officers should be sufficiently experienced, be willing to accept the role and be willing and able to be trained (when necessary) to an acceptable level of competence in safety issues, relevant to their Department. They should also be of sufficient competency and experience to be able to carry out their duties with recognised authority.

3.16 All Supervisory Staff

All supervisory staff (for example Senior Academic staff, Administrative Managers, Principal Technical Managers, Team Leaders etc) will:

- Be fully familiar with the University and local Health and Safety Policy and understand and apply it within all areas of their responsibility
- Ensure staff are trained to enable them to carry out suitable and sufficient risk assessments, where required. (See **Appendix 4**; "Loughborough University Staff Training Matrix").
- Ensure that staff operate in accordance with the University and local health and safety policy, as relevant to their work
- Ensure that they and their staff are trained in the principles, operations and emergency procedures necessary for health and safety
- Ensure the competence and training of their appointees to allotted tasks
- Ensure that safe working practices within a safe working environment are used by all staff

3.17 All Employees

The Health and Safety at Work etc Act 1974 states that **EVERYONE** has a responsibility for safety. It is important that everyone appreciates the extent of their responsibilities, namely, that they:

Shall make themselves familiar with the Health and Safety Policies of the University and of the School/Departments in which they are employed, and shall be fully familiar with sections of these policies which directly affect their particular activities

Shall accept individual responsibility:

- to take all reasonable care for the health and safety of themselves and of any other person who may be affected by their acts or omissions
- to co-operate with the University so far as is necessary to enable it to comply with its legal duties
- to undertake as required all health and safety training which is deemed necessary by their line manager to secure the health, safety and welfare of their employees or anyone else affected by their actions while at work

Shall report to supervisory staff any occupational ill-health issues/accidents/incidents or dangerous occurrences, whether or not injury is sustained, and any unsafe practices; and shall report systems of work or conditions which they consider may create risks to their own health and safety or damage to equipment and premises

Shall not, intentionally or recklessly, interfere with or misuse anything provided by the University in the interests of health, safety or welfare

Shall conform to all instructions, written and oral, given to ensure their personal safety and the safety of others.

Shall at all times make full use of appropriate personal protective clothing and appropriate safety equipment and devices provided.

Shall maintain tools and equipment in good condition, reporting any defects to their supervisor.

3.18 All Students

All students:

Shall at all times, whilst they are on University premises or taking part in University activities, follow the Health and Safety Policy and comply with any health and safety instructions given to them

Shall not, without the consent of the member of staff in charge of the areas or activity, introduce any equipment for use on University premises, alter any fixed installations, alter or remove health and safety notices or equipment, or otherwise take any action which may create hazards for persons using the premises or employees of the University

Shall at all times, whilst in residence in University property, comply with all fire, safety and security procedures as laid down in the conditions of residence

Shall not, intentionally or recklessly interfere with or misuse anything provided by the University in the interests of health, safety or welfare

Shall conform to all instructions, written and oral, given to ensure personal safety and the safety of others

Shall use protective or specialist clothing as required and shall use all safety equipment available

Shall maintain tools and equipment in good condition, reporting any defects to their supervisor

Shall report all occupational ill-health issues/accidents/incidents, whether or not injury is sustained, to their supervisor or the member of staff in charge of the activity or facility.

4. Implementation of University Health and Safety Policy

This section provides details of the implementation of the University Health and Safety Policy.

4.1 The Health, Safety and Environment Committee

The terms of reference of the University Health, Safety and Environment Committee are:

To act on behalf of, and to advise, Senate and Council and senior management on matters of health, safety and environmental policy, structure and communications; and to recommend any action necessary to ensure the health and safety of staff, students and members of the public (including contractors and visitors to University premises);

To develop and agree the strategic approach to be adopted in relation to Health, Safety, Environmental and Sustainability management:

To receive and act on reports, both written and verbal, on the health, safety and environmental performance and plans of schools and professional services:

To keep under review the University's legal and statutory obligations with regard to health, safety and environmental regulation compliance and to identify through regular monitoring and bring to the attention of senior management and/or Senate and Council areas where compliance is at risk or not being achieved;

To receive reports on health and safety and environmental audits, accident statistics, communications with enforcing authorities, and from relevant sub-groups, and to make recommendations to relevant University management of any corrective action required;
To receive aggregated absence statistics and reasons for such absences on a similar basis;
Specifically to receive reports from sub-committees which have been established to ensure compliance with legal requirements; eg the Radiological Protection sub-committee:
Where appropriate to seek out and promote areas of good practice;

To receive updates on changing legislation and to review and assist in the development of policies and procedures to enable the University to meet all statutory requirements;
To ensure all levels of University management are aware of their safety and environmental obligations and through the receipt of regular monitoring reports to ensure these obligations are being discharged appropriately;

To set up and oversee sub-groups of the Committee and to commission reports from these sub-groups as is necessary to assist the Committee in the development of policy and procedure. To produce terms of reference for environmental management and sustainability sub-group(s) of the Health, Safety and Environment Committee;

To monitor staff training and development programmes as they relate to health, safety and environmental issues to ensure appropriate training is provided to enable all managers safely to discharge their duties;

To receive reports and review personal safety for staff, students and visitors on University premises, particularly where it could impinge on health and safety;

To receive reports on the progress of the University Environmental Management System;
To report after each meeting to Senate and Council on health, safety and environmental activities and provide Senate and Council with the information required to discharge their duties under the Health and Safety at Work Act (1974), the Management of Health and Safety at Work Regulations (1999) and the Register of Environmental Legislation.

Composition of the Health Safety and Environment Committee is attached as **Appendix 1**.

4.2 Loughborough University Health, Safety and Environment Consultative Committee Terms of Reference

To act as a consultative forum, normally meeting three times each academic year, for the consideration and discussion of draft health, safety, environment, sustainability and social responsibility policies and procedures;

To receive reports on health, safety and environmental audits, accident statistics, communications with enforcing authorities, and from relevant groups, and to make recommendations to relevant University management of any corrective action required;

To discuss reports of significant accident and incident investigations carried out, which could have an impact University wide;

To seek out and promote areas of good practice;

To receive updates on changing legislation and to review and assist in the development of policies and procedures to enable the University to meet all statutory requirements;

To provide the main focus for consultation with staff on health, safety, environment, sustainability and social responsibility issues which have University-wide application;

To promote co-operation between the University and its employees on all matters relating to their health, safety, environment, sustainability, social responsibility and wellbeing;

To receive a report at each meeting from the Health, Safety and Risk Manager and the Sustainability Manager, providing an overview of the work in progress including areas of strategic interest.

To consider and comment as appropriate on:

- Corporate Health, Safety Environmental and Sustainability Policy
- University-wide safety and environmental guidance notes
- Safety and Environmental Training

To consider Health, Safety, Environmental and Sustainability issues raised by members or drawn to the Committee's attention where they have University-wide implications or, when they affect only one part of the University, it has not been possible to effect a resolution at the local level;

To receive an annual report from the Health, Safety and Risk Manager and the Sustainability Manager which will constitute the annual report on Health and Safety

To review the adequacy of safety and health communication and publicity in the workplace

Composition of the Health Safety and Environment Committee is attached as **Appendix 2**.

4.3 University Ethical Advisory Committee

From time to time the University Ethical Advisory Committee will deal with proposals for activities which have health and safety issues associated with them. To ensure good communications and to avoid issues falling between two committees a member of the University Health, Safety and Environment Committee will sit on the University Ethical Advisory Committee. Similarly a member of the University Ethical Advisory Committee will be requested to serve on the University Health, Safety and Environment Committee.

4.4 Academic and Professional Services Health and Safety Structures and Policies

For the purposes of health and safety management any subsidiary of Loughborough University or any company in which officers of Loughborough University may be legally regarded as the 'controlling mind', will be regarded as a 'Department' under this policy document.

The Head of Department is responsible to the Dean of School or relevant member of the Academic Leadership Team for the day-to-day management of health and safety issues in their areas of managerial responsibility. See also: **Section 3, Statement of Responsibilities**.

The Director or Head of Professional service will have a defined line management structure and duties (but not responsibility) can be delegated through the line management structure.

The primary vehicle for all Health, Safety matters is likely to be a School / Departmental Health and Safety Committee. The Departmental Health and Safety Committee may or may not be formally constituted, depending upon the size and nature of the work of the Department.

It is a formal requirement of the University Health and Safety Policy that all Departments have a designated Departmental Safety Officer; the duties of the Departmental Safety Officer being appropriate to the size and activities of the Department.

Schools / Departments are required to formulate health and safety policies, intended to produce a safe working environment and to support and encourage staff to adopt safe working practices. This policy must reflect the University Health and Safety Policy and explain in practical terms how it will carry out the responsibilities placed upon it by the University Health and Safety Policy. (See also: **Section 3, Statement of Responsibilities**).

School / Departmental Health and Safety committees and the Departmental Safety Officers, who report to the Head of Department, will oversee health and safety matters within that area; liaising with the University Health, Safety and Risk Manager as required.

4.5 Tenants, Contractors and Partnerships

It is the responsibility of those University officers entering into any arrangement or agreement on behalf of Loughborough University to ensure all health and safety responsibilities are clearly specified as an integral part of the arrangement. This must include arrangements for two-way communications of hazard identification, risk assessments and emergency procedures; particularly for activities on campus.

Where University staff will be working under the control of external agencies their line manager will be responsible for ensuring that a satisfactory assessment of all foreseeable risks has been carried out prior to the commencement of the activity.

5. Further Reading

- 5.1 University Safety and Health Association (USHA) Leadership and management of health and safety in higher education institutions

6. Document Management Table

Version	Owner	Revised by	Summary of revision	Date of revision
Version 1	UH&SS	UH&SS		Dec 2006
Version 2	"	"		Oct 2009
Version 3	"	"	Update to reflect new University management structure	Oct 2011
Version 4	"	"	Training matrix inserted	Feb 2014
Version 5	"	"	Changes to job titles, Update of training matrix and inclusion of Departmental and School safety officer training matrix	Jan 2017
Version 6	"	"	Changes to reflect the revised Health, Safety and Environment Committee structure and the new Ionising Radiation Regulations 2017	May 2018

Appendix 1

Composition of the University Health, Safety and Environment Committee:-

The membership of the committee is as follows :-

Chair :- Deputy Vice-Chancellor,

Chief Operating Officer

Deputy Chief Operating Officer

A Dean selected on a rotating basis

An Operations Manager selected on a rotating basis

Two Lay members, one of whom shall be a member of Council

Student Union Representative

One representative from each of the recognised Trades Unions (3 in total)

Ex officio members

Health, Safety and Risk Manager

Sustainability Manager

Human Resources Director

Appendix 2 Composition of the University Health, Safety and Environment Consultative Forum:-

- Chair to rotate between the Health, Safety and Risk Manager, the Sustainability Manager and a nominated Union representative.
- A maximum of three representatives from each of the recognised Trades Unions (max 9 in total)
- School Safety Officers from two schools
- A Dean to act as link to ALT
- Two School Operations Managers
- A representative of the Human Resources Team
- LSU Health and Safety Manager
- The LU Occupational Health Advisor
- A senior representative from Facilities Services
- A senior representative from Campus Services
- A senior representative from SDC

The University Fire Officer; Radiological, biological and Chemical Manager and Environmental Manager will attend the consultative committee as required.

Appendix 3 Typical Duties of School / Departmental Safety Officers:-

- Undertake health and safety training to an appropriate level of competence, thus enabling them to discharge their duties. (See Appendix 5 for guidance)
- Be fully familiar with the University's Health and Safety Policy and assist the Dean to develop, implement and periodically review a local policy and procedures.
- Provide health and safety advice to the Dean and other members of staff.
- Undertake regular health and safety inspections (with Trades Union Safety Representatives, as necessary) and report findings.
- Ensure that occupational ill-health issues/accidents/incidents and near misses are reported and investigated (with direct involvement as necessary). Communicate findings of investigations and ensure that recommended action is carried out.
- Ensure the necessary provision of health and safety training (including induction) to staff within the School/Department either by direct involvement or by monitoring provision. **(See Appendix 4; "Loughborough University Staff Training Matrix")**.
- Disseminate health and safety information and reports to appropriate staff and students.
- Monitor that adequate precautions are taken in relation to any special hazard in or about to be introduced into the School / Department, with advice from the University Health and Safety Service where appropriate.
- Monitor that all plant, equipment and processes within their area are maintained in a safe condition and in compliance with appropriate statutory requirements.
- Maintain adequate health and safety records where appropriate.
- Monitor housekeeping within the School / Department to ensure that a high standard is maintained.
- Monitor that adequate, suitable protective clothing and equipment is available and used as required.
- Ensure that systems are in place to provide and maintain adequate first aid facilities.
- Monitor that safe working practices based on risk assessment are adopted, especially for postgraduate work (in view of the fact that postgraduate students generally work without direct supervision).
- Act with the delegated authority of the Dean on health and safety matters of urgency.
participate in audits carried out by the University Health and Safety Service as necessary.

Appendix 5 Departmental and School Safety Officer Training Matrix
Safety Officer Training Matrix - 2017

MODULE / COURSE	LENGTH	REFRESH PERIOD	HIGH RISK	MEDIUM RISK	LOW RISK
Module 1					
Safety Officer general H&S awareness; H&S mngt, risk assessment, role of Safety Officer, role of H&S Service, role of H&S Committees, occ. Health, inspections, audits, accident investigations, risk assessments and First Aid	2.5 HRS	Not refreshed	M	M	M
Module 2 - Introduction					
Introduction to modules in section two	2.5 HRS	Not refreshed	M	M	M
Module 3 – Occupational Safety					
Accident and Near Miss Reporting	2 HRS	Not refreshed	M	M	M
Asbestos Awareness	ON LINE	Annually	M	RA	RA
Biological Safety	3 HRS	Every 5 years	RA	RA	RA
Construction Small Works	2.5 HRS	Not refreshed	M	M	M
COSHH Awareness	2 HRS	Every 3 years	M	RA	RA
COSHH Chemical Safety	3 HRS	Every 4 years	M	RA	RA
COSHH Risk Assessment	2 HRS	Every 3 years	M	RA	RA
COSHH Spill Management	1.5 HRS	Not refreshed	M	RA	RA
Fire Safety Awareness	ON LINE	Every 5 years	M	M	M
Laser Safety Awareness	4 HRS	Every 2 years	RA	RA	RA
Management and Risk Assessment of Manual Handling Operations	2.5 HRS	Not refreshed	M	M	RA
PUWER	1 DAY	Not refreshed	RA	RA	RA
Radiation Legislation and Protection	3 HRS	Not refreshed	M	RA	RA
Risk Assessment Awareness	2 HRS	Not refreshed	M	M	M
Workplace Noise General Awareness	1.5 HRS	Not refreshed	M	M	RA
Module 4 – Accredited Courses					
BOC Safe use of Laboratory Gases	ON LINE	Not refreshed	RA	RA	RA
BOC Safe Decanting of Liquid Nitrogen	2.5 HRS	Not refreshed	RA	RA	RA
BOC University Connecting Regulators	2.5HRS	Not refreshed	RA	RA	RA
IOSH Managing Safely	4 DAYS	Every 3 years	M	M	M
In-Service Inspection and Testing of Electrical Equipment (PAT)	2 DAYS	Not refreshed	RA	RA	RA
NEBOSH Certificate	12 DAYS	Not refreshed	RA	RA	RA

Key

M - Mandatory training

RA – Need based on risk assessment by School/Department

Health, Safety and Environment Committee



Loughborough
University

2

Paper Title: Performance Report

Origin: Neil Budworth

Date: 23rd May 2018

1. Decision Required by Committee	None – for information
2. Executive Summary	<p>The attached report details key performance indicators for the various schools and departments.</p> <p>The committee are asked to note this data. At present there are no particular concerns and as such all departments and schools are rated green</p>
3. Committees/Groups previously considering item.	N/A

Professional Service	No of Audits YTD (Jan-Mar 2018)	No of Audits planned for 2018	No of Safety Committee Meetings YTD (Jan-Mar 2018)	No of Safety Committee meetings planned for 2018	Action plan produced	Number of Incidents YTD (Jan - Mar 2018)	Incident rate per 1,000 staff	No. of staff receiving training YTD (Jan-Mar 2018)	% Planned audit carried out 2018	% Planned Safety Committees Carried Out 2018	Notes
Academic Registry	N/A	N/A	N/A	N/A	N/A	0	0.00	18	N/A	#VALUE!	H&S Covered as agenda item in quarterly Senior Management Meeting
HR	N/A	N/A	N/A	N/A		0	0.00	2	N/A	N/A	No separate committee but standing Agenda item in monthly Dept meeting
Campus Living	See campus Services				In Progress	32	11.26	See CS	N/A	N/A	
Centre for Academic Practice	N/A	N/A	N/A	N/A	In Progress	0	0.00	1	N/A	N/A	
Campus Services	1	5	2	4	Yes	22	7.74	86	20	50	Campus Living data not included within Campus Service figures
Enterprise Office	N/A	N/A	N/A	N/A	In Progress	0	0.00	2	N/A	N/A	
Facilities Management (Facilities Admin/Facilities Development/Facilities Services)	2	4	3	6	Yes	35	12.31	26	50	50	2 audits to date - British Engine BG01 Audit complete on Guidance for the Safe Operation of Boilers Feb & March 2018. Review of the FM Permit to Work system. 4 more planned - Fume Cupboards and Local Exhaust Ventilation (LEV) Systems, DSE due May 2018, Electricity LV & HV due May 2018. Asbestos external Audit, expected to take place in Q4 2018. 3 meetings to date - FIG Strategic H&S Committee – 17th April 2018, Facilities Development Operational H&S Committee – 5th March 2018, Facilities Services Operational H&S Committee – 28th March 2018. 6 planned meetings - 2 x FIG Strategic H&S Committee, 2 x Facilities Development Operational H&S Committee, 2 x Facilities Services Operational H&S Committee.
Finance Office	N/A	N/A	N/A	N/A	N/A	0	0.00	5	N/A	N/A	
Doctoral College (Formerly Graduate School)	N/A	N/A	N/A	N/A	N/A	0	0.00	2	N/A	N/A	
Imago Ltd	3	5	1	2	Yes	14	4.93	16	60	50	
IT Services	No information supplied				In Progress	2	0.70	6	#VALUE!	100	No information supplied by deadline
Library	0	1	N/A	N/A	In Progress	1	0.35	3	N/A	N/A	Don't have an H&S Committee, have H&S as a standing item on the agenda of the Management Group meetings every other week. Don't carry out formal audits but carry our RA's and H&S training as required.
SDC	No information supplied				In Progress	15	5.28	21	#VALUE!	#DIV/0!	No information supplied by deadline, but SO has been on paternity leave and SDC has been undergoing a period of reorganisation.
Marketing & Advancement	N/A	N/A	N/A	N/A	In Progress	0	0.00	12	N/A	N/A	
Research Office	N/A	N/A	N/A	N/A	In Progress	0	0.00	3	N/A	N/A	
Student Services	0	2	0	2	In Progress	3	1.06	18	N/A	0	No formal audit schedule in place but do pick up on events and incidents, as necessary and appropriate, over the course of the year
VC's Office	N/A	N/A	N/A	N/A	N/A	1	0.35	2	N/A	N/A	No separate committee but standing Agenda item in monthly Dept meeting. No audits completed other than DSE Assessments

INS = Info not supplied
Data requested Jan 2018 for Sept - Dec 2017

Staff no
2017 2842

Data from Jan 2018 - Data period Jan to D

School	No of Audits YTD (Jan-Mar 2018)	No of Audits planned for 2018	No of Safety Committee Meetings YTD (Jan-Mar 2018)	No of Safety Committee meetings planned for 2018	Action plan produced	Number of incidents YTD Jan-Mar 2018)	Number of incidents YTD (Jan-Mar 2018)	Incident rate per 1,000 staff (Jan - Mar 2018)	No. of staff receiving training YTD (Jan-Mar 2018)	% Planned audit carried out 2018	% Planned Safety Committees Carried Out 2018	Notes
AACME	1	4	3	6	In progress-deadline 20th July 2018	10	10	3.5	9	25.0	50.0	Meetings every other month, audit once a quarter. Audits/meetings currently within schedule.
School of the Arts, English & Drama	2	3	2	4	In progress-deadline 20th July 2018	5	5	1.8	20	66.7	50.0	2 more meetings planned for June and Sept. 1 more audit planned before degree show. Audits/meetings currently within schedule.
School of Business and Economics	0	1	1	2	In progress-deadline 20th July 2018	0	0	0.0	7	0.0	50.0	No data supplied on planned dates so not sure whether audits/meetings are currently within schedule.
School of Science	1	5	4	10	Yes	6	6	2.1	54	20.0	40.0	Audit completed following W2 fire. Lab based audits planned for June, Aug and Nov. 1 non-lab based audit also planned. Committee meetings - 1 lab, 1 school and 1 general per term. Audits/meetings currently within schedule.
SSEHS	0	2	2	4	In progress-deadline 20th July 2018	4	4	1.4	11	0.0	50.0	Annual Buildings safety audit, HTA audit. Audits/meetings currently within schedule.
Wolfson School of Mechanical Electrical & Manufacturing Eng.	5	11	2	4	In progress-deadline 20th July 2018	9	9	3.2	25	45.5	50.0	AUDITS - EMS Environmental Audit (CoSHH ad Chemicals) completed 26th March 18, House Keeping Audit completed 30 April 18, W Building Fire Evacuation walk around with Rod Harrison (3rd May 18). Internal full School Laser Audit 10 May 18. CBE PAT Audit May 18 Completed. Audits/meetings currently within schedule.
ABCE	No information supplied by School				In progress-deadline 20th July 2018	1	1	0.4	5	#VALUE!	#DIV/0!	No information supplied by School by the deadline, or extended deadline
Loughborough Design School	0	1	1	2	Yes	2	2	0.7	6	0.0	50.0	No data supplied on planned dates so not sure whether audits/meetings are currently within schedule.
SSPGS	1	7	1	3	In progress-deadline 20th July 2018	3	3	1.1	10	14.3	33.3	Audit of lifting equipment so we can book inspections to check we comply with LOLER completed in April. HSE laser inspection planned for 14/15 May, Annual audit of Health Risk Matrices for the School, Building Safety Inspections x 3 – May, Jul, Dec. Audits/meetings currently within schedule.
LU LDN	0	2	0	2	In progress-deadline 20th July 2018	0	0	0.0	0	0.0	0.0	2 Audits planned for June and december. 2 Committee meetings planned Mid May and October. Audits/meetings currently within schedule.

Staff no 2017 2842.2

INS-Info not supplied
Data requested Apr 2018 for Jan - Mar 2018

Health, Safety and Environment Committee



Paper Title: Update on the Stress and Mental Wellbeing Working Party

Origin: Neil Budworth

Date: 16th May 2018

1. Decision Required by Committee	None – For information
2. Executive Summary	Update on the work of the Stress and Mental Well being Working Party and on the implementation of measures to support good mental well being at the University
3. Committees/Groups previously considering item.	Stress and Mental Well being Working Party

Update on the Stress and Mental Wellbeing Working Party

Employee Assistance Programme

On the 1st April the services offered by the Employee Assistance Programme was extended to include up to 6 sessions of face to face counselling where needed and also access to online cognitive behavioural therapy.

These new services are being promoted at every opportunity.

The usage of the EAP web site between December and the end of February is shown below.

Visits to site	Number of Guide/Info Viewings
1210	643
Guide / Info Name	Number of times Guide accessed during current reporting period
Relationships	67
Manager Support	59
Mental Wellbeing	39
My Homelife	35
MY EAP	33
Support for Managers	31
My Worklife	27
Dealing with different personalities	26
My Wellbeing	24
Weight Management	24
Money and debt	19
Your home	18
Caring	17
Cardiovascular Risk	15
Change	14
Work-Life Balance	14
Children	12
Developing your skills	12
Women's health	12
Critical or Adverse Incidents	9
Loss and bereavement	9
Physical Activity	8
Sleep	8
Alcohol	6
Consumer issues	6
EAP Promotion Library	6
Introduction	6
FAQ's	5
A self-help guide for people who have experienced a traumatic event	4
Survivor Syndrome	4

We will continue to monitor the usage of the EAP and use the data to shape our proactive offerings.

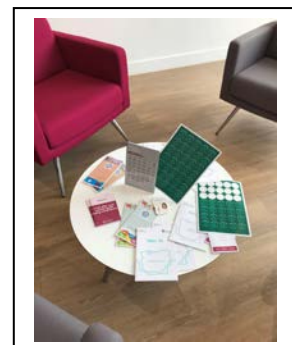
HR are leading on the introduction of a new process which seeks to support colleagues who are away from work with a stress related condition. The process is structured to develop a constructive dialogue between the colleague and their manager and to help identify the areas where action is required. The process has previously worked well in Leicester City Council and appears to be bedding in well within the University.

In addition Staff Development Adviser, Nadine Skinner and Assistant Director of HR, Trish Barnard have piloted a Managing Mental Health & Disability workshop for Managers/Supervisors only. The pilot was well received. The delegates felt that the disability element should be removed from the course and it should focus purely on Mental Health. The manager's also fed back that they would like to see better signposting to the available sources of support and more Mental Health First Aiders. Both of which are in the medium term plan.

The Sports Development Centre have been supporting the stress and mental well being project through continued free and low cost staff offers. This is important as physical activity is proven to help those who are suffering with stress and mental health issues.

The impact of the Mental Health First Aider pilot in the School of Science has been reviewed. The pilot is considered to have been a success and proposals for the roll out of the Mental Health First Aiders to other schools and professional services are included in the 2018/19 budget submission.

A mental well-being microsite and a full range of activities have been developed for Mental Health Awareness week.



Neil Budworth May 2018

Health, Safety & Environment Committee



Paper Title: Environmental Compliance

Origin: Nik Hunt, Environmental Manager

Date: 23.05.18

1. Decision Required by Committee	The Committee are asked to note that Compliance Audits have been undertaken and the outcome of the Evaluation of Legislative Compliance. The Committee are invited to comment on the F-Gas Compliance risk and the proposed course of action to address this. The Committee are asked to endorse the completion of the Environmental Essentials course as being mandatory for all staff.
2. Executive Summary	The attached paper comments on the compliance audit's undertaken, the subsequent evaluation of legislative compliance and the concerns relating to F-Gas compliance. The risk areas on F-Gas compliance are indicated and a proposed course of action proposed. In response to the changing EMS compliance requirements it is proposed that the Environmental Essentials course on Learn be made mandatory for all staff.
3. Committees/Groups previously considering item.	HSE Statutory Compliance Sub Committee

Subject

Environmental Compliance

Origin

Sustainability Office – Environmental Manager

Strategic objective met

Compliance with Environmental Legislation.
Embedding Sustainability into all our operations.

Committee Action Required

The Committee are asked to note that Compliance Audits have been undertaken and the outcome of the Evaluation of Legislative Compliance. The Committee are invited to comment on the F-Gas Compliance risk and the proposed course of action to address this. The Committee are asked to **endorse the completion of the Environmental Essentials course as being mandatory for all staff.**

1. Compliance Audits

The EMS (Environmental Management System) requires the University to undertake internal compliance audits to assess compliance with both legislation and the procedures of the system.

A summary of the internal audits undertaken is detailed in Paper SAF18-P35, Sections 1.3-1.4. This paper therefore focuses on the overall evaluation of legislative compliance and the F-Gas compliance concerns.

2. Evaluation of Legislative Compliance

Following the audits an evaluation of legislative compliance was undertaken which considers each piece of legislation, the reasoning and method of evaluation which audit(s) this was covered by and on what date with a summary of the outcome of those audits. The detail of this was reported to the HSE Statutory Compliance Sub Committee. The only areas of concern raised by this evaluation are the Non-Conformances in F-Gas compliance, both major and minor.

3. F-Gas Compliance

Three audits have now been undertaken on F-Gas compliance with audits of imago Ltd, Campus Services and FM. In all three audits the auditees were clearly aware of the requirements of the procedure and the legislation. However the actual evidentiary checks on the Register of F-gas containing devices and the leak testing undertaken highlighted both minor and major non-conformances across all three audits.

The minor non-conformances are based on our failure to deliver against our own procedure which states that we will leak test all devices twice per year as this is how frequently we service them. Some devices legally require two leak tests per year but the majority require just one. The inability to evidence that devices are being leak tested and appropriate records kept is an increased compliance risk

The major non-conformances are based on two key aspects:

1. All devices should be in the F-Gas Register and full detail a number of key pieces of data. 8.7% of the devices listed have data missing and whilst this is an improvement on the 12% 12 months ago it is still a legal non-compliance.
2. Leak testing frequency as mentioned above varies and is dependent on the gas type and volume. The non-conformances in this area come from the fact that on nearly all the devices chosen for auditing we struggled to find the necessary leak test records. An external auditor will seek three but legally we should have 5 years records accessible. We were generally only able to find one or two. Leak tests are recorded in the register but according to the register 20-25% of devices had NO test in 2017.

Proposed course of Action:

The proposed course of action discussed and agreed with the Director of Facilities Services is:

1. F-Gas Register improvements – the contractors are supposed to provide any missing date whilst undertaking the servicing. The contractors are to be instructed to address this issue as a per their contract.
2. Leak testing – as there are both historical missing records and current record issues resulting in a series of actions which are required:
 - a. Reduce the service frequency to match the minimum legislative requirements for leak testing with the exception of high risk (IT) service areas.
 - b. Meet with current contractors and instruct them to improve record provision.
 - c. Seek support from previous contractors on missing records
 - d. The EMS F-Gas procedure is to be re-written.
 - e. Further checks are to be made on any device not meeting the minimum legal requirements as well as those of a high risk nature.
3. Staff perception and awareness of compliance requirements – a training session is to be held for appropriate staff
4. In addition further work is to be done on change control and removal of R22 containing devices.
5. The course of action also needs to accommodate any overarching strategy for compliance.

4. EMS Compliance

The new EMS standard requires us to evidence continual improvement in all areas and a greater awareness of the EMS and Sustainability across a more of our staff. At present our key method of achieving greater awareness of the EMS and Sustainability is through the online Environmental Essentials course on Learn. This however at present is voluntary and **the HSE Committee are asked to endorse the completion of this course being mandatory for all staff to further aid compliance with the requirements of the EMS.** Completion of the course can be monitored through Learn and MyHR Training Records which automatically record successful completion of the course.

University HS&E Committee



Paper Title: Strategy for Assuring Compliance

Origin: Neil Budworth and James Stapleton

Date: 22nd May 2018

1. Decision Required by Committee	To approve the approach outlined in this paper
2. Executive Summary	To help the University gain full compliance across all statutory areas, full knowledge of the assets owned by the University is firstly required. There are currently gaps in our knowledge and this paper (with the accompanying presentation) sets out how this gap can be closed.
3. Committees/Groups previously considering item.	Health, Safety, and Environment Statutory Compliance Sub-Committee (2 nd May 2018)

Although the University is working hard to deliver full legal compliance there are some gaps in our knowledge of the assets within some schools and professional services. This issue is compounded by the fact that we do not have complete central asset data for the University.

Because of the gaps in knowledge full legal compliance cannot be guaranteed.

A secondary issue is that the responsibilities relating to some assets are unclear. This situation arises due to a number of historical factors. The net outcome, is that there are gaps in the maintenance and inspection regime.

Because of the complexity of the issue communication channels need to be improved to ensure that expectations of Facilities Development and Services and Schools and Department are clearly communicated.

The schools and professional services have concerns particularly relating to the perceived additional work load in carrying out what are seen as additional tasks.

The Schools are also concerned about the deadlines linked to the provision of asset data and other associated tasks.

Overall the schools and departments are concerned about the impact delivering these extra elements will have on their normal operations and their people.

Recommended Approach

Taking into account the concerns of the schools, an approach has been developed which should result in the bulk of the assets being identified and tagged over the period of a year with limited impact on the schools and departments. The approach is :-

1. Agree and implement an asset tagging process – using date specific colour coding. Tags to be attached by third parties as assets undergo statutory inspections
2. Assign asset number to each item
3. As inspections progress, follow up by looking for untagged items (visual management) and record them
4. To ensure that this process is comprehensive, the Duty Authorised Person responsible for the area will check and give assurance that the inspection regime is appropriate and sufficient.
5. Where a Duty Authorised Person has responsibility for an area where there is no current policy, if required, authority will be given to buy in additional expertise to ensure a suitable policy is developed in a timely manner.
6. Once data is made available from the schools and professional services it will be captured in a software solution – Archibus
7. The responsibility for each asset will be recorded in Archibus
8. An agreed process based on a number of principles with an arbitration route will be used to agree ownership of asset responsibilities.
9. To take into account the fact that unknown assets are likely to be identified through this process, a central contingency budget will be established to cover inspection and maintenance of newly identified items. Recommended budgetary provision will be recommended shortly, but will be on a reducing basis over the next 3 years.

H&S Statutory Compliance Sub-committee (HSSCSC) and HSE Committee are asked to approve this approach. This approach was accepted by the HSSCSC on 2nd May 2018.

A two-track approach

Back office support

- DAP appointment
- DAP training
- Preparation and checking of Policy
- Create AP organogram across the University to support the DAP
- Engage with DAPs and promote best practice
- Develop tools to show how each area can demonstrate compliance
- Ensure assets are captured and compliant
- Monitor the APs to ensure compliance

School-facing work

- Information in this slide

The Current Problem

- There are some gaps in our Knowledge of what assets we have especially within some schools and professional services
- We do not have complete central asset data for the University to have visibility of equipment. This means we can't be sure that all the requirements are being met across campus.
- Ownership of the is equipment not always clear leading to gaps in the maintenance and inspection process.
- Communications need to be clearer so people have a clear idea what is expected of them.

Concerns of Schools and Professional Services

- Additional work load on top of their normal duties to carry out what are seen as addition tasks such as extra meetings to attend, in some cases DAP Roles, Policy writing and checking of equipment etc.
- Time limited requirements for such things as providing asset data and other associated tasks.
- The impact on their normal operations of their area and the people it will take to deliver what is being asked of them.

Common Approach for Higher Priorities

- Pull in the existing asset data in any format from the schools. Once received this will form the main asset list.
- To identify who has responsibility and agree ownership of the assets.
- To identify staff in areas with the knowledge to deal with each area and identify the training needs
- Use Visual Management (Tagging) to Identify assets not on the asset list.
- We are looking at an initial 1 Year timeline to have a complete picture of where we are.



Prioritisation

- A risk assessment has been undertaken
- A common approach (that can be used in the majority of subject areas) has been identified to improve compliance
- We have considered progress made in some areas against their level of risks. This has allowed us to assign priorities.

Higher Priority Areas

Subject Area	Approach	Maturity
Pressure Systems	Common	Immature
LOLER	Common	Immature
PUWER	Common	Immature
DSEAR	Bespoke	Immature

Medium Priority Areas

Subject Area	Approach	Maturity
LEV	Common	Mature
LV Electrical	Common	Mature
HV Electrical	Bespoke	Mature
Gas	Common	Mature

Low Priority

Subject Area	Approach	Maturity
Water	Common	Mature
Asbestos	Bespoke	Mature
Fire	Bespoke	Mature
Food	Bespoke	Mature
F-Gas	Bespoke	Mature

- Pressure Systems
- LOLER
- PUWER
- DSEAR

- LEV
- HV Electrical
- LV Electrical
- Gas

- Water
- Asbestos
- Food
- Fire
- F-Gas



Compliance
progress



KPI for our High priorities

- % of Schools/ Professional services submitting asset data within 3 Months
- % of Data on Archibus as dealt with by the FIT (in line with project plan)
- % Training requirements identified
- % Training Delivered
- Target for gap closure 1 year total

Business as Usual KPI

- % Inspections carried out against our ppm programme.
- % Servicing carried out against our ppm Program
- % Assets that are not tagged or without an asset number.
- % Of scheduled audits carried out within specified timescale.
- % Of audit actions not completed within specified timescale.

- June 2019



- KPI collation



- May 2018



Assurance
progress

Compliance Dashboard Reporting	Target	Trend	Status	Forecast
Asbestos				
Building asbestos surveys undertaken	100%	↑	85%	95%
Trained University staff	100%	↑	75%	100%
Asbestos removal contractors are competent and trained to industry standards	100%	↔	85%	100%
Asbestos register is in place, updated where necessary, accurate (involving a review) and available	N/A	↑	7,052	10,000
Gas				
(Enter KPI here)	100%	↔	97%	>95%
(Enter KPI here)	4%	↔	10%	10%
(Enter KPI here)	100%	↔	>95%	>95%
Water Quality				
(Enter KPI here)	85%	↑	93%	85%
(Enter KPI here)	100%	↓	82.4%	85%
LOLER				
(Enter KPI here)	>85%	↑	87.75%	N/A
(Enter KPI here)	>60%	N/A	>60%	N/A
Electricity High Voltage				
(Enter KPI here)	0.10	↑	0.12	0.10
(Enter KPI here)	50%	↑	~67.2%	50%
(Enter KPI here)	100%	↑	97%	100%
Electricity High Voltage				
(Enter KPI here)	100%	↔	100%	100%
(Enter KPI here)	100%	↔	100%	100%

Dashboard reporting template



Compliance Dashboard Reporting	Target	Trend	Status	Forecast
Pressure Systems				
(Enter KPI here)	100%	↑	85%	95%
(Enter KPI here)	100%	↑	75%	100%
(Enter KPI here)	100%	↔	85%	100%
(Enter KPI here)	N/A	↑	7,052	10,000
DSEAR				
(Enter KPI here)	100%	↔	97%	>95%
(Enter KPI here)	4%	↔	10%	10%
(Enter KPI here)	100%	↔	>95%	>95%
F-Gas				
(Enter KPI here)	85%	↑	93%	85%
(Enter KPI here)	100%	↔	82.4%	85%
Machinery				
(Enter KPI here)	>85%	↑	87.75%	N/A
(Enter KPI here)	>60%	N/A	>60%	N/A
Fire Safety				
(Enter KPI here)	0.10	↑	0.12	0.10
(Enter KPI here)	50%	↑	~67.2% ²	50%
(Enter KPI here)	100%	↑	97%	100%
(Enter KPI here)	100%	↔	100%	100%
Food Safety				
(Enter KPI here)	100%	↑	90%	100%
(Enter KPI here)	100%	↑	90%	100%

Dashboard reporting template

Communication

- This will be dealt with through normal channels i.e. Facilities Services nominated individual (DAP)
- Additional information will be cascaded through School or Professional services safety committees via the H&S team. Facilities Services and DAP's will attend if needed. Also there are other avenues such as the Chemical safety committee.
- DAP's to understand Key Stakeholders who they should be dealing with for each area of Subject matter.

Overall Message

- Schools will be asked to identify one or more people to act as an information gathering coordinator for their assets.
- Data will be asked for in whatever format the School currently has it in.
- We will need to identify where there are gaps that can be filled and this will be done over time.
- A reminder to not worry as they are doing most of the things required already.

Health, Safety and Environment Committee



Loughborough
University

Paper Title: Sustainability and Environment Report

Origin: Jo Shields, Sustainability Manager

Date: 16.05.18

1. Decision Required by Committee	Members are asked to RECEIVE paper
2. Executive Summary	Update on: University Environmental Management System Compliance Non-Conformance Demonstrator Campus – Apple Store Recycling pilot – Wolfson War on Waste Travel & Transport Infrastructure Biodiversity – Green Flag & Kestrel Cam
3. Committees/Groups previously considering item.	HSE Statutory Compliance Sub Committee Sustainability and Social Responsibility Sub Committee



Subject: Sustainability and Environment

Origin: Report from the Sustainability Manager

Strategic objective met:

- 1.1 In providing high quality educational, research and workplace facilities we recognise that many of our activities have environmental impacts which are, or have the potential to be, significant. We therefore recognise the importance of protecting the environment and **embedding sustainability in all we do and this is reflected in the University's Vision to 2020 which states "we will embed sustainability and social responsibility into all of our processes, operations and developments"**. Accordingly we are committed to implementing environmentally responsible standards and practices as part of an Environmental Management System, to mitigate and manage our impacts in a program of continual environmental improvement.

Committee Action Required: To RECEIVE paper

1.2 Environmental Management System

Results of internal audits, incident records and evaluation of compliance:

External System Audit 12th April 2018

A peer audit of our EMS was undertaken by Exeter University in April and resulted in 2 Minor Non-Conformance's (NC) and 19 Observations (Opportunities for Improvement). The majority of these are associated with a lack of consistency between Strategy, Objectives and Actions and the assigning of actions to objectives.

1.3 Compliance Audits:

The compliance audits each year consist of areas which must be audited and then a selection of areas based on a rolling program based on risk. The areas undertaken each year are those overseen by the Sustainability Manager, Energy Manager and Environmental Manager along with F-Gas. All other areas are done every 2-3 years. This year the additional areas audited were:

- School of Science
- School of Business and Economics
- School of Mechanical, Electrical and Mechanical Engineering
- School of Aeronautical, Automotive, Chemical and Materials Engineering
- Procurement
- Domestic Services, Fitters, FM Development and Gardens all as part of the Construction and Maintenance of the Estate.

1.4 **Audit Findings**

The audits this year highlighted some very good practice across all areas and continued improvements in the awareness, and requirements of, the EMS. There were as ever areas of opportunity for improvement with a total of 25 Actions. The OFI's are nothing to be concerned about, the Minor Non-Conformances are failings to evidence compliance with procedures and the Major is a failure to evidence compliance with legislation.

The Minor non-conformances are associated with two key areas;

1. COSHH records for, and storage of, Chemicals
2. Availability of HSE Tour Reports

The Major non-conformance is related to F-Gas and the lack of evidence of leak checks and servicing for potentially over 21% of assets in the 2017 year. Although a considerable amount of work has been undertaken to improve reporting and contract management of F-Gas this remains a high-risk area.

1.5 **Management Response/Trend Analysis:**

Based on the above information and review of the Corrective Action Record Log Schools are still showing pro-active behaviours at managing environmental issues and rectify any concerns raised in a timely and efficient manner. The previous trend in Schools for non-compliance around chemicals and the availability of CoSHH Assessments and Safety Data Sheets has been improved upon and we continue to see excellent examples of good practice being shown by School colleagues.

Facilities Management have some work to do to reach compliance with the F-Gas records. There is also a need to tighten up on the HSE Tour reports with contractors for both Capital Projects and smaller works.

1.6 **Sustainability Team Response**

The EMS Management Team are confident that significant improvements continue to be made across the campus in relation to environmental management. The procedures and processes in place mean LU is currently showing best practise in this area and managing risk.

1.7 **Recommendations**

- i) The area of risk associated with FM and management of F-Gas register, servicing and leak testing requires review. This has been reported to the HSE Statutory Compliance Sub Committee.
- ii) The EMS Team require the ongoing support of Senior Officers to resource the EMS, support training and encourage ownership in schools and departments.
- iii) As always we are looking at continual improvement. Future University major incident exercises should consider pollution prevention as part of that exercise and it would be good for the University to hold such an event involving Senior Management.

1.8 **Targets**

Transition from Objectives and Targets to Objectives:

Under the previous ISO 14001 standard we sought to deliver against 8 key objectives, 26 supporting objectives and 63 Targets. Under the new standard we are seeking to reduce these and although still under development there are currently 36 Objectives and 54 key actions. These need to be further consolidated or reduced. The objectives and key actions will be used to drive a number of KPI's which were proposed to, and agreed by, the last meeting as:

Aspect	KPI
Travel	to reduce the proportion of staff driving alone as their main mode of travel to the University from 54.5% to 47% by 2020.
Energy & Carbon Emissions	A new target of a 30% reduction in emissions relative to student numbers by 2020, compared to a 2005 base line is proposed
Water Consumption	A new target of a 15% reduction in water consumption relative to student numbers by 2020, compared to a 2005 base line is proposed
Waste & Recycling	Four targets, by the end of the 2019/20 academic year: <ol style="list-style-type: none"> 1. Waste in halls to be no more than 210Kg per bedroom 2. Recycling in halls to be at least 60Kg per bedroom 3. Waste in Non-Residential areas to be no higher than 3.405Kg / GIA 4. Recycling in Non-Residential areas to be at least 2.050Kg / GIA

As these have only just been set we will not report on these until later in the year.

1.9 **Waste and Recycling Pilot - What's all this then? It's Wolfson's own War on Waste**



We have a pilot study in the Wolfson Building where we are introducing a number of changes to how we manage the waste to see if we can REDUCE the amount of waste produced, encourage REUSE of materials instead of throwing them away and improve the quality and quantity of RECYCLING in the correct bins. Recycling rates for the building are currently low at around 40% (by weight). We could easily segregate over 80% of materials (by weight) for recycling

We are asking staff and students to take responsibility for the waste they produce, reducing and reusing where possible and learning how to recycle correctly in Loughborough's scheme. We are trialling food waste segregation. The food collected goes to an anaerobic digestion plant locally to produce fuel (methane) and a soil improver.

We're talking to staff and students (surveys) and keeping an eye on the waste leaving the building (random audits). A final report will be circulated to show the improvements made possible with the collective changes in waste-related behaviours.

1.10 **Travel & Transport**

The University infrastructure group has been working over the past few months to put together a campus masterplan that identifies key areas on site for pedestrian and cycling movement. The aim is to avoid any situations where new buildings open and there is inadequate infrastructure to cope with the footfall to the buildings. Any future developments will be able to see their potential impact to the road and pedestrian network and plan accordingly. This will allow us to mitigate against any current or future issues and continue to provide a safe environment for all campus users.

1.11 **Kestrel Cam**

A pair of kestrels have once again returned to their nest on campus. The birds have been nesting at the university for the past five years.

Thanks to the University's Senior Arborist Mark Hillman, Arborist Helen Exley, Computer Systems Developer [Dr Jon Knight](#) and the [Sustainability Team](#), the world can watch the bird's every move as the nest has been fitted with a live camera.

<https://www.youtube.com/watch?v=o0AYTS0D6cc>

1.12 **Green Flag Management Plan**

This Management Plan details the balance between the priorities and policies pertinent to the University and a timescale for putting them into practice. It illustrates the contribution the University is making towards the 'Green Environment' and sets out the wider strategic aims the University has so that protecting our environment is embedded into university culture. The production of this document allows the contribution that the University makes to the local community to be measured and progress against key objectives to be monitored. It also explains how the University grounds and gardens are managed, how community groups contribute, what the imminent proposed projects are and how they will be implemented. Copies are available from environment@lboro.ac.uk

1.13 **Living Laboratory Project Success**

A collaborative project between the Fruit Routes, Sustainability Team and School of Architecture.

Food + Wood an Apple Store on Loughborough University Campus a lu-arc summer school

The ARCHITECT-MAKER:

BUILD A COMMUNITY

Architects are as much as builders of a community than buildings, even if this aspect of our profession is often neglected in architecture education. The intention of the 1st lu-arc summer school is therefore to construct an apple store that will be more than a material and fabrication experiment but also a community based and enhancing design: a space that stays with us in campus after the workshop and engage with local community of the university and Loughborough.

A LIVING PAVILION

Our ultimate goal is to use Digital Fabrication and innovative material research to drive our design and to fill this new pavilion with 'content': activities that can give the building a purpose and give back to the community and the University.

ART + ARCHITECTURE

To take this collaboration outside the realm of architecture, we teamed up with experts in community projects from different fields, including art and project management.

FRUIT ROUTES

The Fruit Routes initiative launched approximately five years ago as an opportunity to connect students with the local community and to pursue a sustainable agenda with activities related to gardening and fruit harvest around campus. Lu-arc has teamed up with the Fruit Routes team to enhance their ongoing socially and environmentally driven initiative to help fulfil their current demand for a temporary building to store and distribute apples seasonally. This collaboration offers the perfect opportunity to build an apple store to contribute to the local community, and to focus on two fundamental aspects of architecture: how buildings are made and how a community can use and be enhanced by them – celebrating lu-arc's main ethos of 'ARCHITECT-MAKER'.

WEBLINKS:

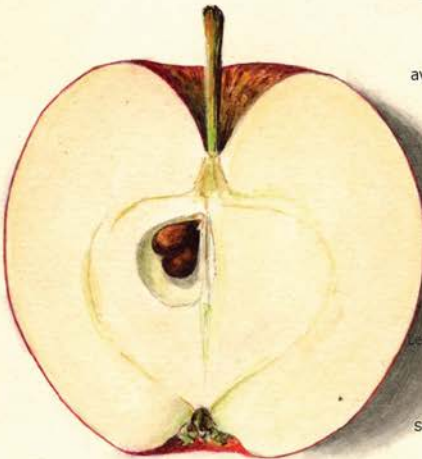
lu - arc Summer School
<http://www.lboro.ac.uk/architecture/>
(scroll down for Summer School)

Fruit Routes project

<https://fruitroutesloughborough.wordpress.com/>

Loughborough Architecture

<http://www.lboro.ac.uk/study/undergraduate/courses/study-areas/architecture/>



INFORMATION:

DESIGN & BUILD - 2 WEEK SCHEDULE
from 10th until 21st September 2018

WEEK 1: DESIGN

Develop your Apple Store pavilion design in teamwork.
The best proposal will be selected for construction.

WEEK 2: CONSTRUCTION

Finalize the chosen design together.
Learn and use digital fabrication tools
(laser cutter, CNC, 3D printing, robotic arm)
for construction.
Build the Apple store on campus and
celebrate with us at the opening.

LOCATION:

Loughborough University campus
Epinal Way, Loughborough
United Kingdom
Airport access:
from LONDON: 90 min by train
from EMA: 20 min by bus

APPLICATION and FEES:

Participation is free for students
of invited universities.
Please refer to your university contact
for further details about application process.

ACCOMMODATION:

Loughborough University has student lodge
available on campus for participating students
for £28/day, including breakfast and dinner.

SKILLS:

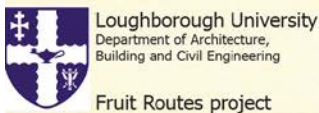
All students are welcome to apply.
The workshop includes training in using
digital fabrication tools and Grasshopper.
Previous experience in timber construction
is not required, but will be considered as
an advantage in the application process.

CONTACT:

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PARTICIPANTS:



Kyshu University
School of Design



The University of Belgrade
Faculty of Architecture

Health, Safety & Environment Committee



Loughborough
University

Re:

Date 6th June 2018

**Paper
Title:**

Occupational Health Report

Origin:

Director of Human Resources

1. Specific Decision Required by Committee	For information
2. Relevance to University Strategy	<i>'Investing in Our Staff'</i> The Occupational Health service focusses on the prevention of ill health and the promotion of health and wellbeing at work. This involves the delivery of services that enable the University to meet its statutory requirements under health, safety and employment law and which are designed to protect employees' health at work by ensuring that health related problems are effectively managed.
3. Executive Summary	This report provides an update in relation to the University's Occupational Health provision.
4. Essential Background Information	As previously reported, the OH section has historically suffered from significant under-resourcing, as well as associated difficulties in recruitment and retention. The OH staffing budget was increased in 2017/8 with the aim of bringing the University up to 50% of the HEOPS recommended levels for a University of our size.
5. Risks, Risk Mitigation and Governance/ Accountability	An effective OH service is vital to the well-being of the University's staff and the consequential impact on all of the University's activities. Health surveillance, in respect of specific roles and processes within the University, is undertaken through OH and is necessary to meet statutory requirements.
6. Implications for other activities	The effectiveness of OH will directly impact on staff sickness levels, capability processes and ill health retirements, thereby affecting staff costs for the Schools/Prof Services.
7. Resource and Cost	n/a
8. Alternative Options considered	n/a
9. Other Groups/Individuals consulted.	n/a
10. Future Actions, Timescales and Frequency of Review by this Committee.	An annual sickness absence report with associated stats e.g. health surveillance, counselling, is produced in September each year.
11. Success Criteria (KPIs)	<ul style="list-style-type: none"> • A reduction in staff absence, below HEI norm. • Timely and safe return to the workplace after sickness • Compliance with all health surveillance requirements • Minimal waiting lists for OH and Staff Counselling.

Occupational Health Report (2016/7)

Introduction

The University's Occupational Health service is part of the Human Resources Department and following increases to the budget last year the funded establishment currently comprises two full time Occupational Health Advisers, including the OH Manager, and a part-time Administrator 0.73 fte. In addition, one day per fortnight Consultant Occupational Health Physician is bought in from Nottingham Hospitals NHS Trust, allowing 7 staff appointments per fortnight. Blood tests and immunisations are bought in from the campus GP practice, but following the increase in staffing and the relocation to the medical centre, it is envisaged that with the appropriate training, our OH Advisers may be able to provide this service, in the future.

The OH department is located within the campus GP practice. This has provided a better working environment for OH staff and has improved facilities for clients. An additional benefit is the peer group support to the OHAs from the practice nurses.

Through the additional funding in 2017/8, we extended the OH consultant provision from one half day per fortnight to a day per fortnight, which has reduced the waiting time for a physician appointment and allows more time for case conferences. However, the current OH Consultant (Dr Ian Murphy), provided through an agreement with Nottingham Hospitals NHS Trust, is due to retire this summer and the Trust is having difficulty in appointing a replacement. Consequently, we are exploring alternative provision with local providers.

Since the resignation of the OH Manager in December 2017, we have been operating with one fte OHA vacancy. However, although notoriously difficult to recruit, an appointment has been made and a new OHA and Claire Tyers will commence on 25th June 2018, thereby bringing the team upto full strength, for the first time.

Health surveillance

Health surveillance is the systematic assessment of employees exposed or potentially exposed to occupational hazards. This assessment monitors individuals for adverse health effects and determines the effectiveness of exposure prevention strategies. Information is provided to OH to activate the health surveillance process through I-Trent (HR system) upon appointment of new staff.

Whilst we have been able to clear the historical backlog and identify 'hot-spots', a deeper review has revealed that a significant number of long-serving staff, particularly in FM services, have not had the right health surveillance checks for their work activities. OH is therefore currently working with the Health and Safety team, HR Partners and FM managers, to address the issue so that managers are able to identify the appropriate health surveillance requirements for their staff and ensure the University is legally compliant.

Staff Counselling

A free counselling service is available to staff through the University's Counselling and Disability Service. Within this service, a resource of 1.1 fte is provided for staff counselling, although rather than a designated counsellor dealing with staff, the resource is split across a number of counsellors whose principal focus is students. However, the downside of this arrangement is that at times of high student demand, the staff resource can be compromised and in recent months staff waiting times have been unacceptably long.

Consequently, as part of the University's pilot of an Employee Assistance Programme (EAP) service for one year, through RehabWorks, which provides a 24/7 telephone and on-line support service for staff, we are also piloting the provision of face to face counselling to the staff counselling, for 6 months.

Sickness Absence

Sickness absence levels remain below the averages available through the HEI benchmark data and also below those of public sector average. (Full details are contained in the annual OH report)

Stress-related Illnesses

Stress Related illnesses are a growing concern across all sectors of work, including Higher Education. All employers have legal responsibility under the Health and Safety at Work etc Act (1974) and Management of Health and Safety at Work Regulations (1999), to ensure the health safety and welfare at work of their employees. This includes minimising the risk of stress-related illness or injury. OH and HR are currently working with the health & safety department, SDC, chaplaincy, marketing and the counselling service to promote a number of initiatives to help reduce the effects of stress, e.g.:

- OH referrals to counselling service;
- Pilot EAP service for year
- Increasing sports involvement for staff
- 'Take Your Lunch Hour'
- Discouraging 'out of hours' email culture.

HR and the Sports Development Centre (SDC) are also progressing a number of initiatives to get staff more actively involved in exercise and sport, as research shows that this has a positive effect on mental and physical well-being and can contribute to the lower of sickness absence rates.

It should be emphasised however, that effective management of staff and their workloads is the responsibility of line managers and cannot be managed centrally. Managers should be aware of the early indicators of stress related problems amongst their staff and effect local preventative strategies. Relevant training for managers is available through Staff Development.

DSE Users Eyesight Tests

The processing of eye test vouchers for DSE users is administered through OH, although the service is currently provided through the independent opticians based on the campus. Feedback from staff and the trade unions has revealed a level of dissatisfaction with this optician service in respect of the limited availability and high cost of frames. We are therefore piloting a new arrangement with Specsavers, which will mean that staff can access any Specsavers branch for their test, via the provision of an e-voucher. Specsavers will absorb the £45 cost of basic glasses for DSE use, thereby saving the University this basic cost. Staff will be able to pay the additional cost if they wish to upgrade frames and can take advantage of available 2 for 1 offers.

Prescription safety glasses are currently arranged independently by the Schools etc and we are looking at whether this could also be more effectively provided through Specsavers.

Rob Allan
Director of Human Resources
(Currently seconded to the VC's office)

Health Safety & Environment Committee



Loughborough
University

Paper Title: University Fire Officer's report for the period 01/01/18 to 29/04/18

Origin: Mr R M Harrison, University Fire Officer

Date: 11/1/2018

1. Decision Required by Committee	None. Report to be received and noted
2. Executive Summary	Small fire Sir David Davies W2, Loughborough University update following Grenfell. Update on the management of fire alarm systems isolations guidance document. Update on LU approach to reduce false fire alarms.
3. Committees/Groups previously considering item.	None

1. Small fire Sir David Davies (fume cupboard synthetic laboratory W2) 9/5/18 *Please note this incident is outside the reporting period and as such will not be in the collection data in section 4*

Incident

A small fire occurred in a fume cupboard in the synthetic chemistry laboratory in W2. The incident occurred when a flask containing a reagent broke and the material came into contact with water.

Timeline

19:35hrs The Bold alarm signal activated in the security gatehouse indicating a fire alarm at the Sir David Davies

19:35hrs Area made safe fire alarm silenced.

Findings

The cause was a chemical fire in a fume cupboard synthetic laboratory W2. Thankfully the newly built labs fume cupboards had all be fitted out with an independent fire suppression system (carbon dioxide gas). Which upon detection of heat, triggered the trace and suppressed the fire.

A further investigation was conducted by Professor Paul Thomas who's finding were:
Poor housekeeping that identified, unlabelled flasks, chemicals piled up in unsuitable trays (see photo). As such the fume cupboard was closed and the student in connection with this incident was informed that synthetic work would cease until the investigation requested by Richard Taylor has been completed.



Comments :-

The fire suppression system worked extremely effectively minimising damage (especially when compared with the two previous fume cupboard fires where the labs were destroyed). The incident serves to justify the fire engineering decisions taken around the lab construction. The incident also highlighted issues around handover arrangements of new facilities and evacuation arrangement's.

2. Loughborough University actions following the Grenfell Tower Tragedy

The anniversary of the Grenfell tragedy is imminent and Dame Judith Hackitt's *Independent Review of Building Regulations and Fire Safety* has just been published.

We are in the process of analysing Dame Judith's report to determine the potential impact in the University in the future.

Although all high-risk buildings have been assessed post Grenfell, along with Health and Safety Service identifying the materials used in the vast majority of buildings on site which have been passed to Facilities Development to seek further advice/recommendation from a fire design specialist. This final action is still outstanding.

3. Fire alarm system isolations in University Buildings

Fire alarm isolations permit have been printed and are ready to be implemented.

4. Update on actions taken to reduce the number of false fire alarm activations in student Halls.

On the basis of the trial installation of door screamers which resulted in a significant reduction of false fire alarm caused by smoke/steam from cooking in kitchens. A recommendation to fit door screamers all kitchens in Falkner/Eggington has been made to Campus Services/Facilities Services in preparation for the next academic year.

We have also arranged to take over a block for a few days in the Summer to trial a number of devices, designed and constructed on site, with the aim of reducing steam related false alarms.

5. Fire Alarm Activations and Fire & Rescue Service call-outs statistics January 2017 – April 2017.

	January 2018	February 2018	March 2018	April 2018	Total
Number of Activations	35 Residential 0 Dining Halls 10 LU Building	31 Residential 2 Dining Halls 21 LU Building	22 Residential 0 Dining Halls 10 LU Building	22 Residential 1 Dining Halls 12 LU Building	110 3 53
Activations involving F&RS	None	None	None	None	0
Genuine Fires	None	None	None	None	0

Loughborough University Buildings (Academic & None-Academic):

7 Burleigh Court	3 Charnwood/Garendon	6 Edward Barnsley
1 EHB	1 Energy Cent HP	1 Hockey Pavilion
4 John Ferguson	2 Link Hotel	1 LUFS
1 Martin Hall	2 Netball/Badminton	1 Paula Radcliffe
3 Performance Cent	9 S Building	3 Sir David Davies
1 Stem Lab	6 Unsteady Fluids	1 Wolfson

Dining Halls:

1 Cayley/Rutherford D/Hall	0 Faraday/Royce D/Hall	0 David Collett D/Hall
2 Village Restaurant D/Hall	0 William Morris D/Hall	0 Towers D/Hall

Halls of Residence (University Managed)

27 Butler Court	5 Cayley	2 David Collett	31 Falk / Egg
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13 Faraday	8 Royce	5 Rutherford	4 Telford
2 Towers	0 University Lodge	13 UPP Blocks	0 Whitworth

Halls of Residence (Not managed by the University) Unite:

Note regarding Unite premises

During this reporting period these are the alarm activations with a known cause/reason

Harry French (5)

Holt (2)

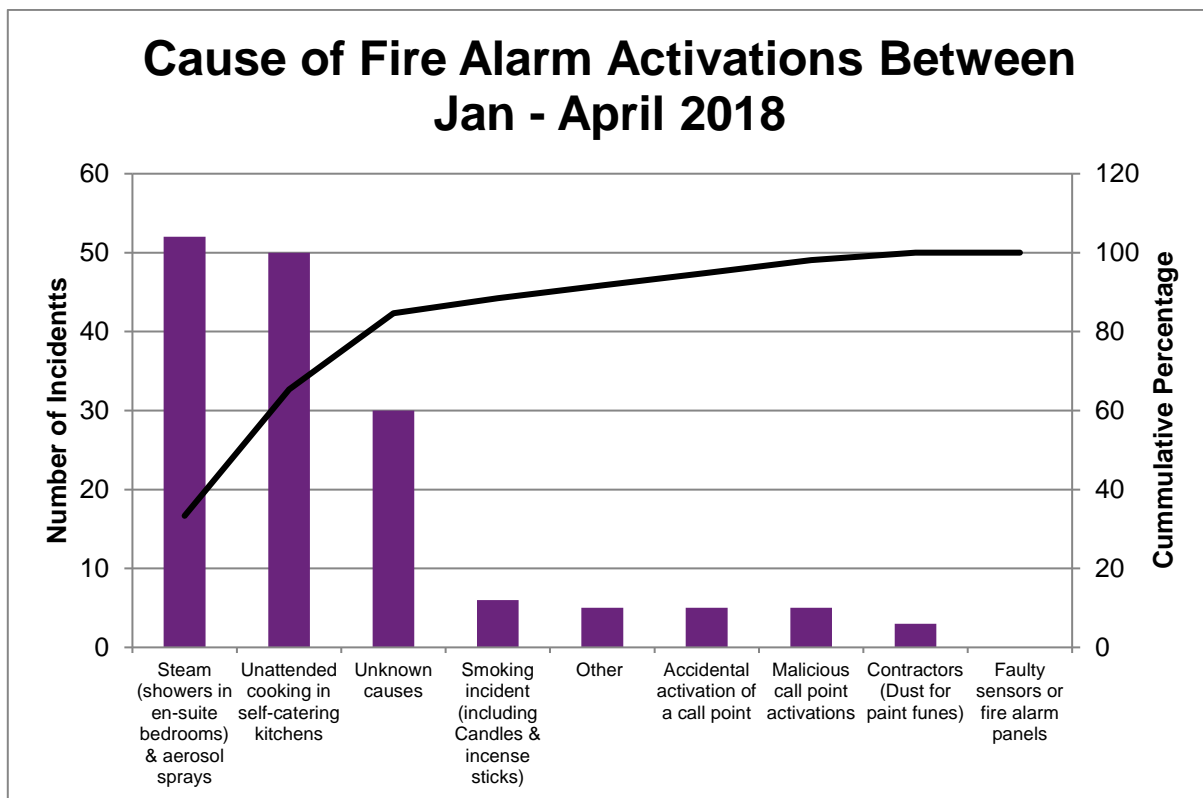
Waterways (0)

William Morris (18)

There were 2 instances of fire alarms that didn't have a known cause.

(All above information gathered from period (1/09/17 –31/12/17) Mr R M Harrison –University Health & Safety Service

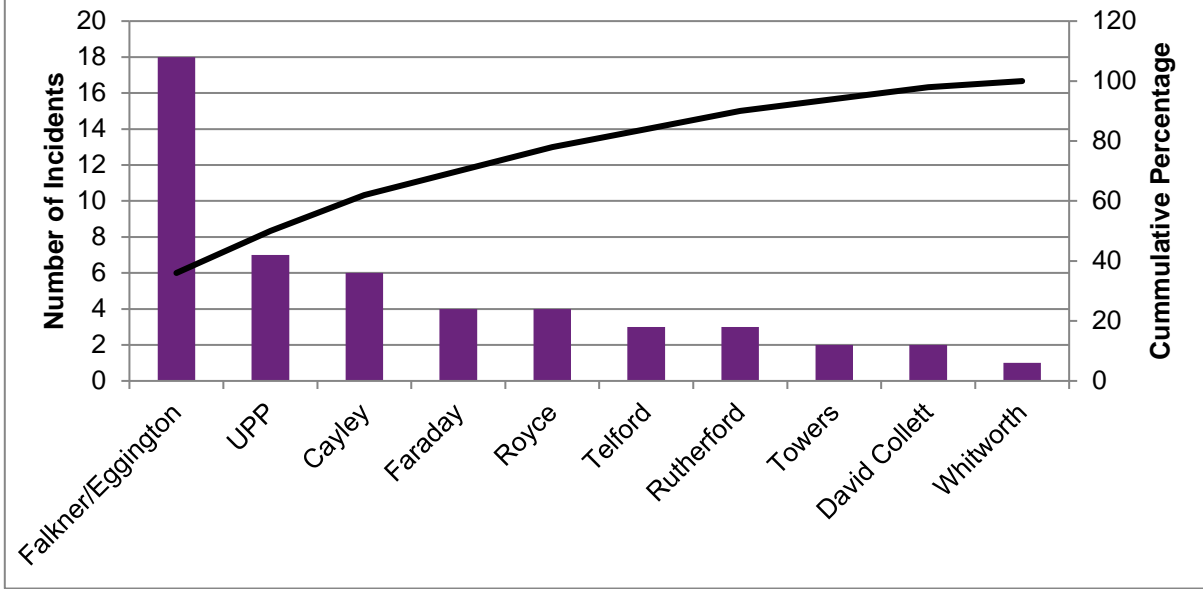
The Major Causes of Fire Alarm Activations in LU Halls of Residence:



Deodorant/Steam in showers = 26, Unattended cooking = 24, unknown = 18, Smoking = 4 Other = 4 Accidental activation of MCP = 6, Malicious call point activation = 2, Contractor working in building = 2, Faulty sensor or fire alarm panel = 0, Smoking = 4

Cooking Related Incidents in LU Halls of Residence:

Cooking Related Incidents by Hall Between Jan- April 2017



Falk/Egg = 15, UPP = 3, Cayley = 1, Faraday = 3, Royce = 2, Telford = 1, Rutherford = 2, Towers = 2, David Collett = 0, Whitworth = 0, Butler Court = 16.

Health, Safety and Environment Committee



Paper Title: Incident data for the period 1 January 2018 to 31 March 2018

Origin: Hugh Weaver

Date: 23rd May 2018

1. Decision Required by Committee	To note the information contained within the report
2. Executive Summary	To keep the HSEC informed of accidents statistics, including injuries, dangerous occurrences and near miss data for the period stated.
3. Committees/Groups previously considering item.	HSEC and Council as required

Accident and Incident Data Notes

Introduction

This report was prepared for the meeting of the Health, Safety and Environment Committee on 6 June 2018 and includes:-

- Trend data based on frequency rates (incidents per 1,000 staff or per 10,000 students) for incidents which fit the classification as incidents which must be reported to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)
- Trend data based on frequency rates (incidents per 1,000 staff or per 10,000 students) for all non- sports related incidents.
- Absolute numbers of incidents reported to the HSE under RIDDOR.
- Analysis of incident by incident type, presented as a pareto graph.
- Analysis of incidents by location, presented as a pareto graph.

The incident data being generated by the new system is more accurate, consistently presented and the system is easy to interrogate for the purposes of reports.

General comments

This report contains data which is historic (“Incident Locations 12 mths to Mar 2018”, data generated before the introduction of the SHE Incident reporting system), and the first full quarter of data gathered and recorded by the SHE system (“Incident Location Q1 (Jan-Mar) 2018”). Since its launch on 1 December 2017 the system has been used to record workplace accidents and near misses at the University. After that date hardcopy forms (accident and near miss report forms) have been rejected and only online reports accepted. Overwhelmingly, system users have found it easy to use and the informal feedback has been positive. Only one hardcopy report was received and that was rejected. The online report was then re-presented by the originator.

It has been noted by “super administrators” of the system in the University Health and Safety Service (UH&SS) that some data is not being completed but this is a minor issue, easily rectified when Administrators process the reports. Data not being completed is non-mandatory. If it were, the system will not accept and process the report.

During the initial reporting period it became clear that certain Departments and Services required additional system administrators. Line managers, Supervisors who previously saw Incident reports were no longer seeing them. This situation has now been rectified by auditing those who required licences and the UH&SS has now acquired sufficient licences. A total of 67 licences are now operational.

Training for all SHE administrators has been organised and provided by the UH&SS.

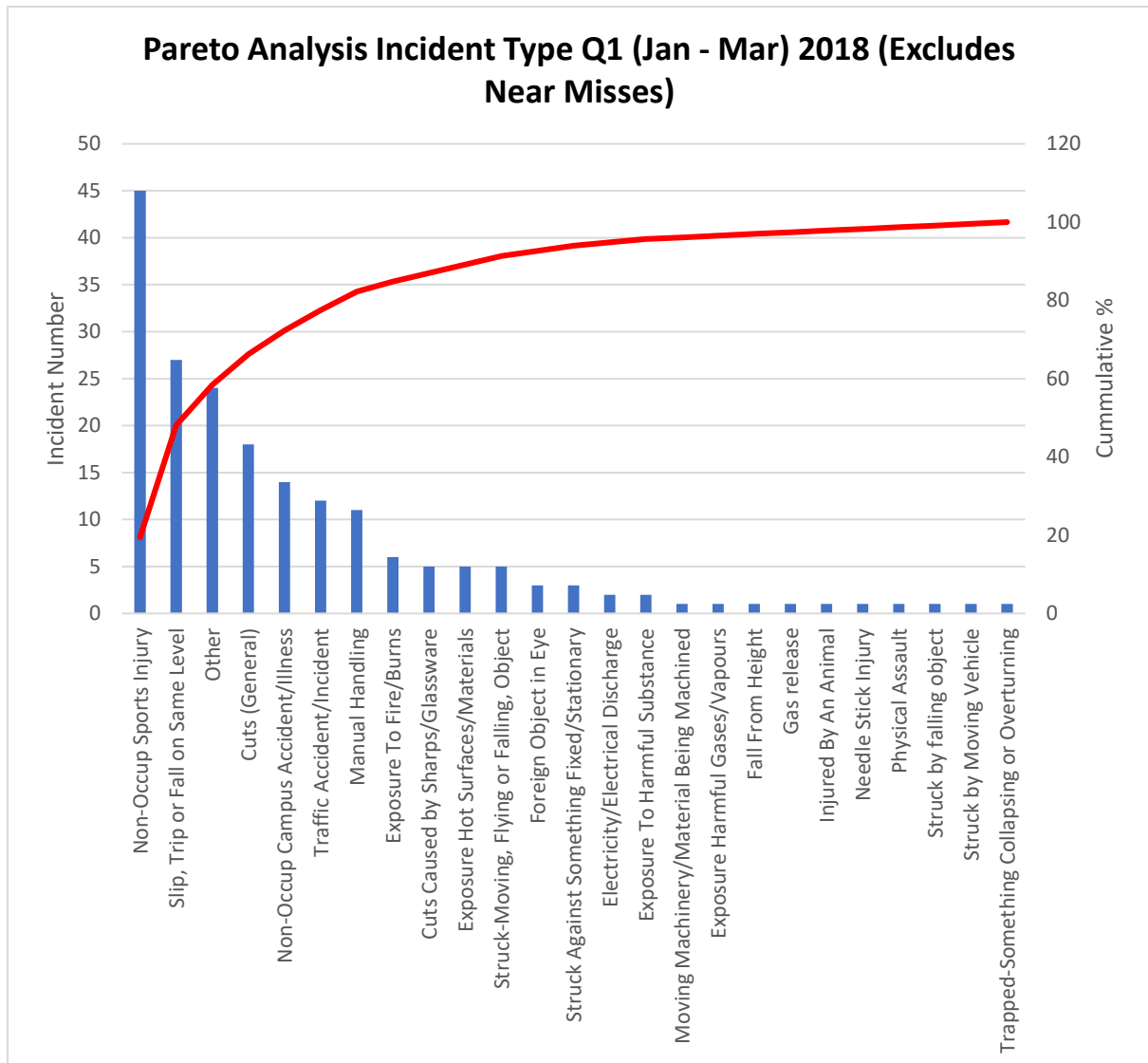
A scheduled maintenance and upgrade of the system by SHE was successfully undertaken by SHE in March 2018. It required a temporary shutdown of the system but this was done during a quiet period and caused no disruption.

Specific matters to note

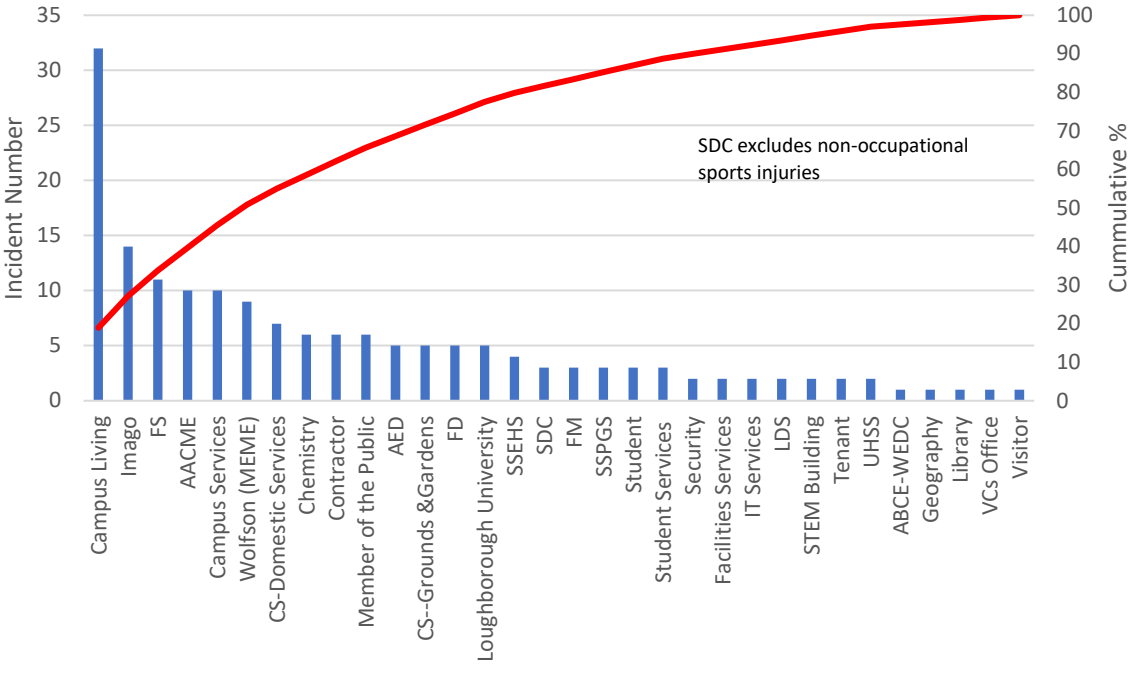
There were no RIDDOR reportable injuries during the reporting period (1 January 2018 to 31 March 2018)

There was no significant increase in the Incident rate – 12 months to March 2018 (Minus Near Misses and Non-Occupational Sports injuries)

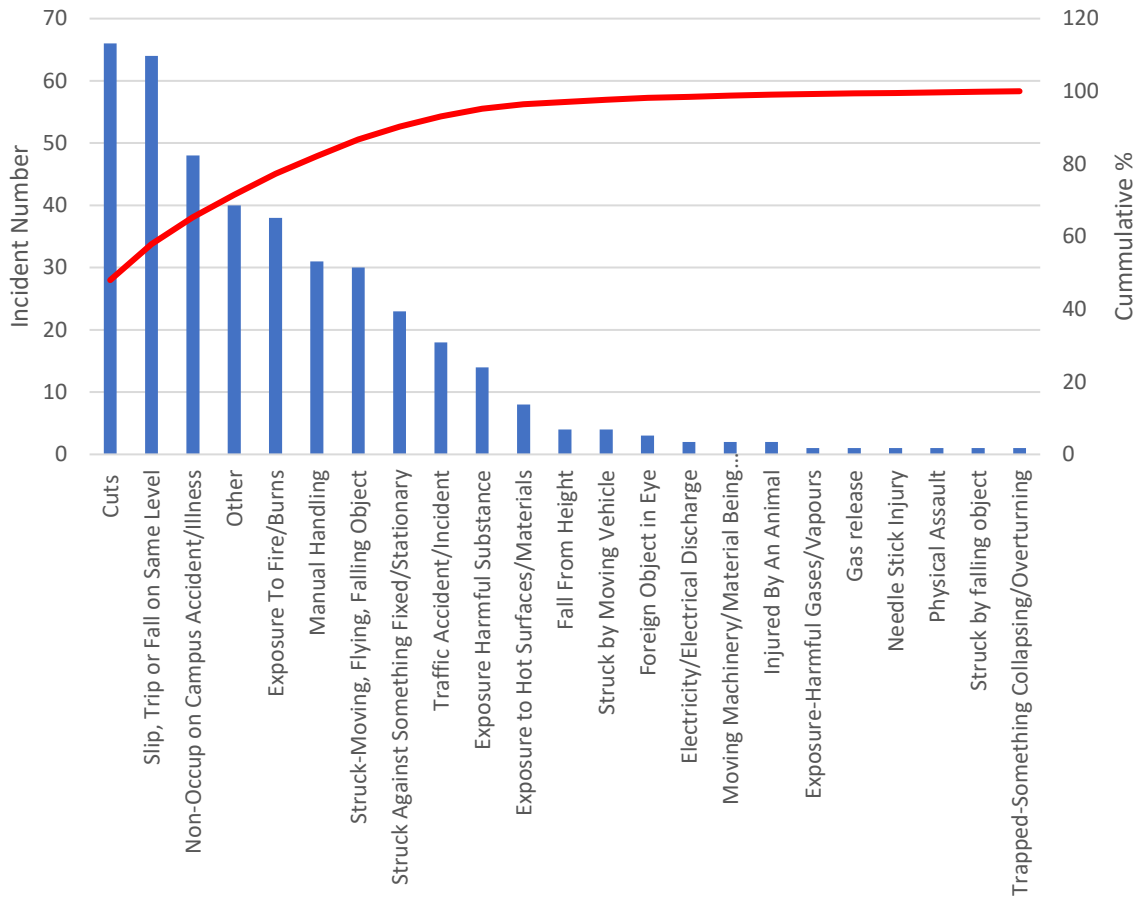
The UH&SS, IT Services and SHE are working together to put processes in place in order to ensure that incident reports containing personal data generated, stored and used by the UH&SS comply with the GDPR legislation. The UH&SS will ensure that any data is maintained on a lawful basis, eg for a legal obligation.



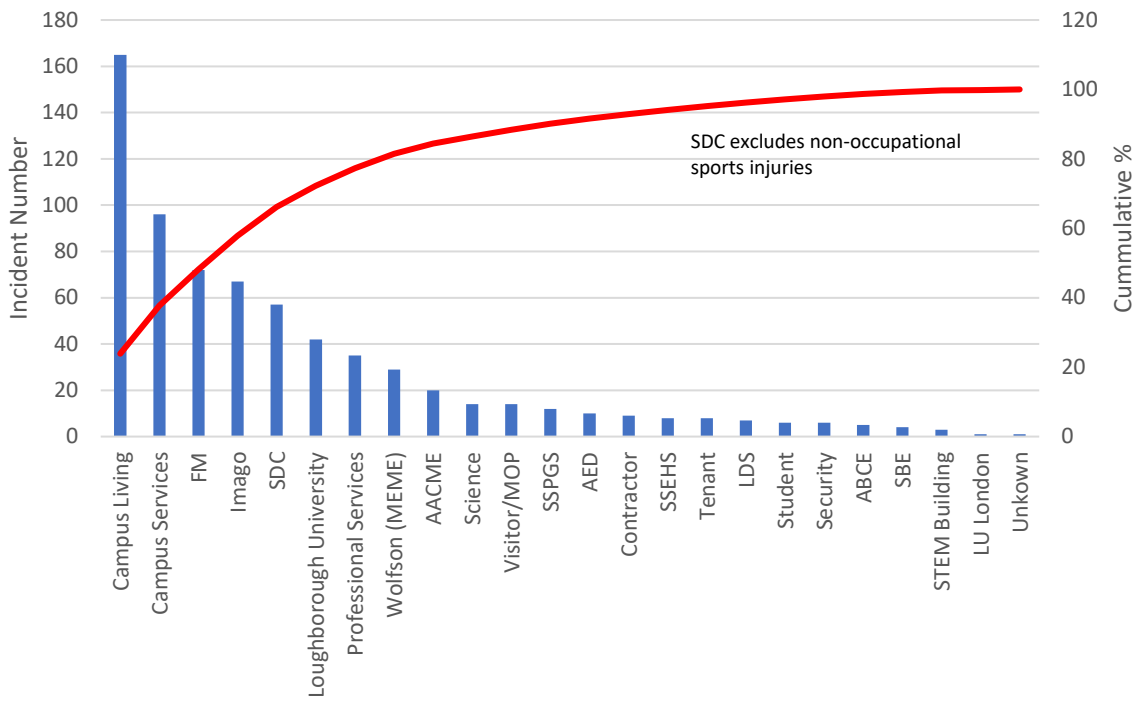
Pareto Analysis Incident Location Q1 (Jan - Mar) 2018



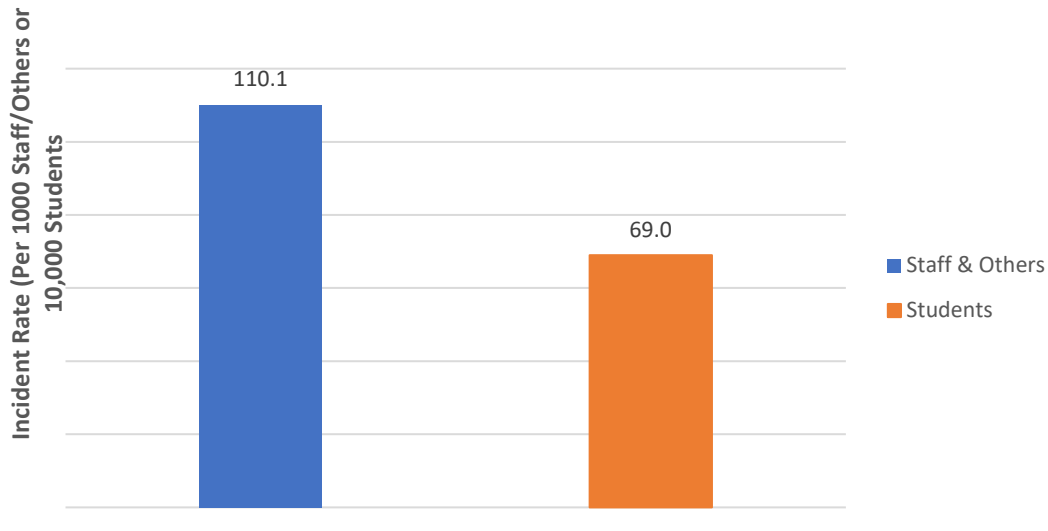
Pareto Analysis Incident Type 12 Months April to Mar 2018 (Excludes Near Misses and Non-Occupational Near Misses)

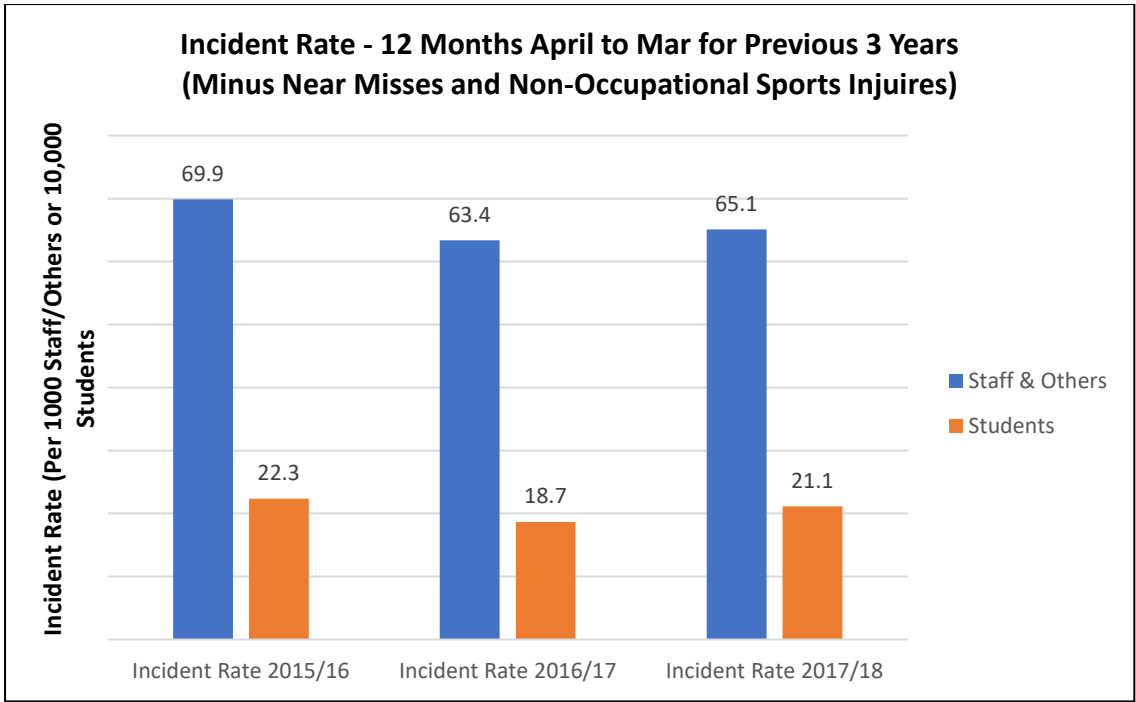


Pareto Analysis Incident Location 12 Months to Mar 2018

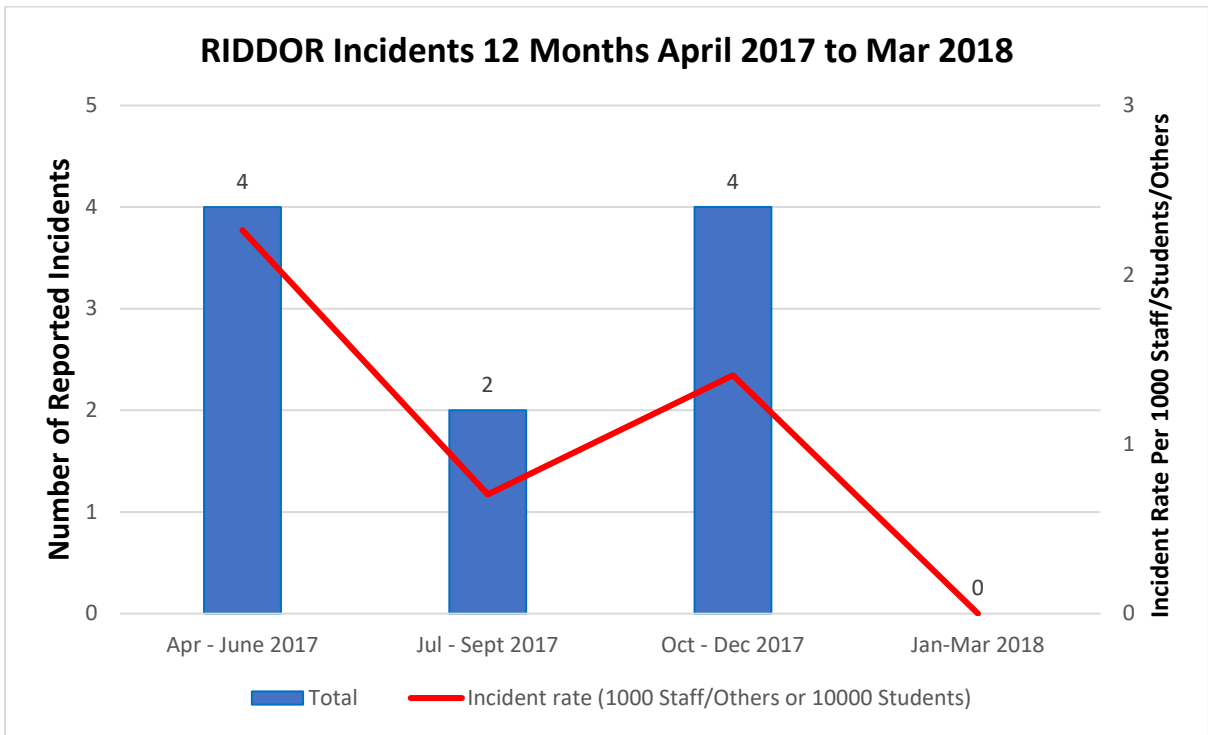


Incident Rate - 12 Months April 2017 to Mar 2018 (Including Near Misses and Non-Occupational Sports Injuries)

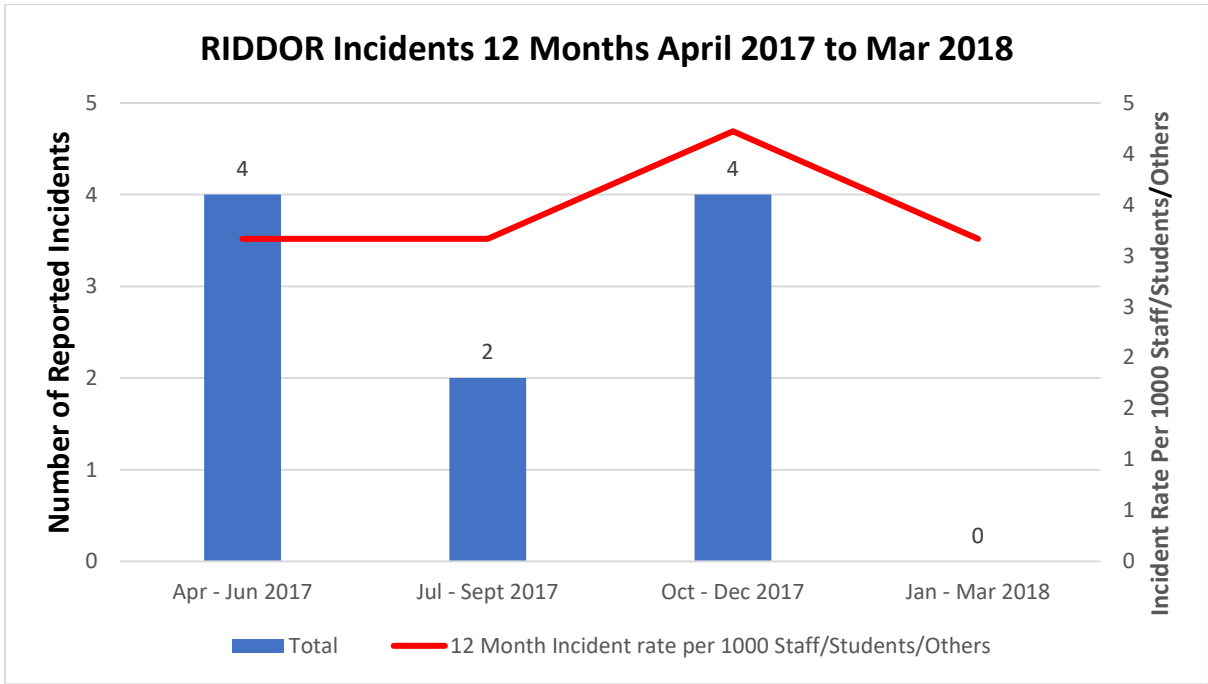




Data shows incident rate for period April to following March for each time period.



Column data is reported incidents for each quarter, red line is incident rate for each quarter



Column data is reported incidents for each quarter, red line is incident rate for 12 months to Mar, Jun, Sept and Dec.



Health, Safety & Environment Consultative Forum HSECF18-M01

Minutes of the Meeting held on Wednesday 23rd May 2018

Present: Alec Edworthy, Jo Shields, Kevin Walmsley, Neil Budworth, Rod Harrison, Brian Reed, Graham Moody, Judy Billington, Matthew Inglis, Sandy Edwards, Julie Turner

Apologies:

Trish Barnard
David Howell
Rachel Jermyn
Siobhan O'Reilly
Chris Rielly
James Stapleton
Paul Walker
Hugh Weaver
Karen Shields
Jude Hoy
Jane Turner
Sean Creedon
Spencer Aryeetey

In attendance: Karen Daniels (minute taker)

MINUTES

<i>Min</i>	<i>Item</i>	<i>Action by</i>
18/11	<u>Workplace Stress</u> Comments were made around work load and that the work load model is not working. NB to contact the HR director and explore equitable distribution verses total work load. HR are also offering more stress management courses for managers.	NB
18/12	<u>Radiation, Biological & Chemical Safety</u> Julie Turner gave an update on what is going to the HSE committee. Additional funding is also being sort for hazardous waste management and disposal.	

Health, Safety and Environment Statutory Compliance Sub- Committee



Minutes

HSSC18-M2

Minutes of the meeting held on 2 May 2018

Attendance

Present:

Andrew Burgess (Chair), Donna Bentley, David Howell, Chris Rielly, Robert Schmidt III, Steve Warren

In attendance:

Tanya Osborne (secretary), Gagan Kapoor, Gavin Noon, James Stapleton, Paul Walker

Apologies received from:

Neil Budworth, Nik Hunt

Business of the Agenda

The Chair unstarred paper HSSC18-P14.

18/10 Minutes

The Committee RECEIVED the minutes of the previous meeting

HSSC18-M2

10.1 The minutes of the meeting held on 10 January 2018 were CONFIRMED.

18/11 Matters arising from the Minutes

11.1 There were no matters arising from the minutes.

SECTION A – Items for Discussion

18/12 Asset Information Update

The Committee RECEIVED a written report and a presentation regarding the collation of asset information, KPIs, and areas of focus that can provide assurance and compliance from James Stapleton and David Howell. Minute HSSC18-M1/5.1 refers.

HSSC18-P7

12.1 The Committee heard that the University was working towards delivering full legal compliance, but that there were a number of concerns relating to assets that require resolution. The asset information needs to be compiled and there needs to be agreement over who 'owns' the assets.

- 12.2 It was noted that the University would be going ahead with a visual tagging approach to asset management, meaning that items will be given a tag or label. The timeframe for completing the collection of asset data was one year.
- 12.3 The priorities for compliance were being determined based on how much information the University currently holds about their compliance and the maturity of operation in that area.
- 12.4 The Committee were supportive of the draft KPI dashboard.
- 12.5 The Committee further discussed asset information. It was suggested that it would be helpful to have a visual diagram to illustrate common examples of ownership of assets. It was also suggested that greater clarity and guidance was needed with respect to which party is responsible for which elements of routine maintenance and testing, e.g. with LEV systems.
- i) Action: James Stapleton to create an ownership diagram
- 12.6 It was further discussed that going forward the intention would be to collect asset information at the point new assets are acquired.

18/13 Maturity Matrix

The Committee RECEIVED an update on the Maturity Matrix from Paul Walker.

HSSC18-P8

- 13.1 The Committee was pleased to hear that progress on the matrix was positive, and that “asset collection” was now included on the matrix. It was reported that the intention is to phase out the matrix as areas become mature, and to replace that with the dashboard approach (minute HSSC18-M2/12.4 refers).
- 13.2 The Committee heard that the schedule for compliance questionnaires was running to date. The Committee were supportive of this approach and felt it was a good balance. It was noted that this approach had been very helpful in building supportive links with departments.

18/14 Presentations from Duty Authorised Persons

DAP for Gas

HSSC18-P9

- 14.1 The Committee heard a short presentation from the DAP for Gas, Gavin Noon.
- 14.2 It was reported that there was a variable level of knowledge regarding the responsibilities of end users for gas safety compliance. There were also cases of misunderstanding with regard to which kinds of gas safety inspections were required from external contractors. This was put down to a confusion between inspection and maintenance.
- 14.3 The Committee made clear that it, and its members, were available as a source of support to DAPs in situations where it may be difficult to request information or action from Schools or Departments.
- 14.4 It was suggested that it would be helpful to have a greater degree of guidance on what to ask contractors for, and which elements of compliance is covered by FM contractors and which elements Schools and Services need to be asking their own contractors to cover.
- i) Action: Paul Walker to send a copy of a working document on this for comment

- 14.5 Among other things discussed were: assuring that staff were aware of protocols when there is a suspected gas related emergency; auditing gas pressure; decommissioning of buildings where there are mixed-line gas supplies.

DAP for Local Exhaust Ventilation

HSSC18-P10

- 14.6 The Committee was pleased to hear that the database for information on LEV systems had been significantly improved, allowing for recording which fume cupboards belong to which systems.
- 14.7 It was noted that there had been some resistance to the use of logbooks for recording safety checks that are carried out locally. The Committee recognised the importance of keeping logbooks for compliance. The Committee discussed a need to be clear on what the frequency of local checks should be in order to be compliant, and would support the implementation of a logbook system. It was discussed that some of the visual checks for the logbooks could be made easier by use of visual chevron indicators, but that this required financial approval.
- 14.8 The Committee also discussed strategies for sharing the service test reports back to Schools so that they can access these reports when it is most relevant.

DAP for Food Safety

HSSC18-P11

- 14.9 The Committee received a very comprehensive presentation on Food Safety, and were pleased to see the maturity of monitoring in this area.
- 14.10 The Committee noted that the pace of change in hygiene and food safety was very rapid, with some areas of legislation and guidance becoming out of date within months of publication. The Committee was pleased to hear about the robust processes in place to keep up to date with legislation.
- 14.11 The Committee heard that there had been a significant increase in footfall for retail outlets, and that this had put pressure on infrastructure.
- 14.12 The Committee were interested to see the mature use of KPIs in monitoring the compliance areas.

18/15 Lifting Operations and Lifting Equipment Regulations (LOLER) Policy

HSSC18-P12

- 15.1 The Committee received a revised policy on LOLER.
- 15.2 The Committee suggested a number of amendments to the policy in order for it to be ready to go to Health, Safety and Environment Committee in September:
- i) Action: LOLER policy to make clear the process for recording assets
 - ii) Action: LOLER policy to include a visual example of ownership (minute HSSC18-M2/12.5 refers)
- 15.3 Arising from the revised LOLER policy, the Committee felt it would be appropriate if the Provision and Use of Work Equipment Regulations made reference to the LOLER policy.

- i) Action: James Stapleton to check the PUWER policy for reference to the LOLER policy

18/16 Report on F-Gas

HSSC18-P14

- 16.1 It was discussed that there had been a delay in transferring documents between providers, which would be mitigated in future through the in-house asset management system.

SECTION B – Starred Items for Approval

There were no starred items for approval.

SECTION C – Starred Items for Information

- 16.2 *Report on EMS Compliance - HSSC18-P14

Any Other Business

There was no additional business raised

Dates of Next Meetings

- | | | |
|--------------------------------------|-------|-----------------------|
| • Tuesday 11 th September | 13:30 | Pearce Committee Room |
| • Thursday 10 th January | 14:00 | Pearce Committee Room |
| • Wednesday 1 st May | 10:00 | Pearce Committee Room |

Author – Tanya Osborne

Date – 9 May 2018



Sustainability & Social Responsibility Sub Committee (SSRSC)

SSRSC18 – M2

Minutes of Meeting

These are the minutes of the meeting held on Monday 14th May 2.00 – 4.00pm in the Pearce Committee Room, Hazlerigg Building

★ Starred items are for information and are not discussed.

	Item	Action
18.2.1.	<p>Present: Richard Taylor (RT) Jo Shields (JS) Nik Hunt (NH) Tracey Bhamra (TB)</p> <p>Apologies: Andrew Burgess (ABu) George Etherington (GE)</p>	<p>Nicholas Clifford (NC) Alison Barlow (AB)</p> <p>Jon Walker (JW)</p> <p>Invited: Greg Watts</p>
18.2.2.	<p>Minutes from previous meeting Correct Record.</p>	
18.2.3.	<p>Actions not appearing elsewhere on the agenda NH Frederick Street – cleaned up, not considered as a risk of pollution of land but not specifically tested so need to be aware of this may be an issue when the land is developed.</p> <p>Additional comment on Frederick Street: The voluntary group looking to take the use of Frederick street forward are not making any progress.</p> <p>AB to speak to Andy Stevens about at what point we divest the use of this facility.</p>	

SSRSC will need to decide and support items reported at Senate and the various Committees. Meetings should therefore note business that requires reporting and into which committee and actioned accordingly.

	Area of Discussion:	Action
18.2.4.	<p>Loan Covenant Environmental Stipulations</p> <p>It was identified in our peer audit that loans from banks and other stakeholders often come with environmental stipulations. This is not something we were aware of or had previously considered. How would the SSRSC suggest we develop an understanding of this area and are we aware of any such stipulations?</p> <p>NH to speak to Carol Prokopyszyn, look at recent £60M loan as example.</p>	<p>NH</p> <p>NH</p>

	<p>London – have a statement and action plan.</p> <p>Consider streamlining the process with a drafted statement.</p>	
18.2.5.	<p>Environmental activism - Verbal</p> <p>There was a discussion around environmental activism on campus.</p>	RT
18.2.6	<p>Reuse: WARPit – Verbal</p> <p>Progress being made with procurement through process review to embed reuse. Process flow now mapped which considers reuse, data protection, value and safety risk. Next step is to look further at re-introducing WARPit. (or similar) solution alongside CDL and UniGreen Scheme. Engagement needed with Operations Managers.</p> <p>Need to remove use of word “Department” refer to School or Service</p> <p>Community centres with premises sharing resources.</p> <p>Circulate and get it on the website – colour co-ordinate. Live link to systems.</p>	<p>NH</p> <p>NH</p> <p>NH</p>
	Compliance	
18.2.7	<p>To receive an update on ISO 14001:2015 - Management Review SSRSC18.A2 P01</p> <p>This is the annual review back to this group.</p> <ul style="list-style-type: none"> • System Minor NC’s flagged up – disconnect between O&T and the Action plan need to align • Minor NC’s on COSHH • Major on F-Gas – raised at HSE Stat compliance sub Cttee. <p>Best external NQA audit yet, new 2015 standard achieved.</p> <p>The EMS is robust and operating as it should.</p> <p>Preventative actions – nothing currently concerned about apart from F-Gas.</p> <p>Recommendations: F-Gas needs to be looked at Senior management support on training and ownership Incident exercises need to pick up on emergency response</p> <p>The report was received, noted and the recommendations endorsed</p>	JS
18.2.8	<p>To receive an update on the Objectives & Targets in support of the EMS SSRSC18.A2 P02</p> <p>How is this going to be operationalised or achieved? There are further objectives and Key actions behind these.</p> <p>Context – scale and where are we up to? We can report further on these at each meeting.</p>	NH

	GIA needs a value – m ²	
	Strategic items	
18.2.10	<p>Social responsibility strategic direction - verbal</p> <p>Marketing using key campaigns as marketing tools</p> <p>Latent potential remains very large for staff</p> <p>A lot of progress being made</p> <p>Progress is slow on meeting – still requires JW to progress.</p> <p>Donations fund doing well.</p> <p>London doing a bit more now</p> <p>Opportunity to promote Volunteers week 1-7th June.</p>	<p>JW/RT</p> <p>JW</p>
	Key Drivers	
18.2.11	<p>Learning in Future Environments SSRSC18.A2 P03</p> <p>First completed in 2015. This is an internal tool to assess strategically where we are across professional areas. There has been an improvement. The standard is being updated and merged (parties involved include HEFCE, ARUP and AUDE) with the Green Score Card and the EMR data. Two golds for Biodiversity and Resource Efficiency. Two areas have also moved up from no award. No response from one area. Good tool to engage with and open dialogue with people, but also with looking at actions as a result of a crossover with the EMS.</p> <p>Same questions asked in each area. Learning and teaching low score because of no formal coordinated approach to ESD (Education for Sustainable Development).</p> <p>Needs to go on the PSMT Agenda.</p>	<p>JS</p> <p>JS</p>
18.2.12	<p>Any Other Business</p> <p>Greg Watts was invited to attend to talk through the projected impact of the energy budget for the 2018/19 financial year and the projected £1m increase in costs.</p> <p>1. How certain are we about this number</p> <p>Utility Rates</p> <p>The University has benefitted from very low energy costs over the last 3 years. The new contract starts on the 1st October and the forecast for 2108/19 is based on the market intelligence at the present time and the final cost will only be known once the contract is in place. Unit rates included in forecast: Electricity 12.5 p/kWh (12.5% increase), Gas (2.5 p/kWh (20% increase)).</p>	

	<p>Additional Buildings Additional building coming on line in the 2018/19 will have a direct impact on utility cost increases:</p> <ul style="list-style-type: none"> • Aerothermal: £98k forecast • Student Village Phase 1: £78 forecast <p>2. Is there anything else we can do to mitigate this?</p> <ul style="list-style-type: none"> • Increase awareness and staff engagement • Incorporate energy saving opportunities in LTM projects <p>Investigate major infrastructure opportunities and on site generation potential:</p> <ul style="list-style-type: none"> • Solar • Wind • Biffa Waste Heat Potential • Ground Source Heat Pumps <p>GW – to email figures to RT / benefits of engagement / potential savings</p>	GW
18.2.13.	Date of Next Meeting – TBC	