



AGENDA

SAF22-A1

Notice of meeting

The next meeting of the Health, Safety and Environment Committee will take place at 2.00pm on Wednesday 2 February 2022 and will be conducted remotely via Microsoft meetings.

M 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 1st February.

3 Minutes

SAF21-M3

To CONSIDER the minutes of the meeting held on 6 October 2021.

4 Matters Arising from Previous Meetings

SAF22-P1

To note actions arising from the Minutes.

SECTION A – Items for Discussion

5 Health, Safety and Environment Update: School of Science

SAF22-P2

To RECEIVE a presentation by the Dean on health, safety and environment arrangements in place in the School.

6 Health, Safety and Environment Update: Residential, Catering and Domestic Services

SAF22-P3

To RECEIVE a presentation by the Head of Residential Catering and Domestic Services on health, safety and environment arrangements.

7 Director of Health, Safety & Wellbeing Report and Covid Update

SAF22-P4

- 7.1 To RECEIVE an update from the Director of Health, Safety and Wellbeing;
- 7.2 To CONSIDER a proposal to nominate a lead department for multi-occupancy buildings which will have responsibility for coordinating fire warden coverage;
- 7.3 To CONSIDER whether the Committee should receive a more comprehensive evaluation of mental health/stress management arrangements at its next meeting.

8 Health and Safety Annual Report

SAF22-P5

- 8.1 To CONSIDER the review of progress on the Health and Safety Service Plan for 2020/21;
- 8.2 To APPROVE the programme of work for 2021/22.

9 Statutory Compliance Key Performance Indicators

SAF22-P6, SAF22-P7

- 9.1 To RECEIVE updates in relation to statutory compliance key performance indicators:
 - (i) Health, Safety and Environment Statutory Compliance Sub-Committee Report;
 - (ii) Ionising/Non-Ionising Radiation, Chemical, Biological/GM and HTA KPIs.
- 9.2 To CONSIDER the compliance for these areas and the actions set to move areas to green to ensure these are appropriate.

10 Health and Safety Risk Rating

SAF22-P8

To CONSIDER a proposed risk rating for the health and safety of the University's staff and students with a view to making a RECOMMENDATION to Council.

11 Annual Radiation Protection Report

SAF22-P9

To ENDORSE the 2021 Annual Report of the Radiation Protection Officer and RECOMMEND it for submission to Council.

12 Chemical and Biological Safety Update

SAF22-P10

- 12.1 To RECEIVE an update on Chemical and Biological Safety from the Strategic Scientific Technical Lead;
- 12.2 To CONSIDER proposed actions noted in the Update.

13 Centre for Faith and Spirituality Report

SAF22-P11

- 13.1 To CONSIDER the level and frequency of future reporting to the Committee relating to Chaplaincy activity;
- 13.2 Members are asked to champion the Chaplaincy by helping to increase their visibility and awareness of the support services offered, and to build awareness that, irrespective of faith and belief, the Chaplaincy provides a service for everyone to access.

14 F-Gas Remedial Works

SAF22-P12

Arising from M21/40.2, to CONSIDER:

- (i) an update on F-Gas remedial works;
- (ii) the DAP's recommendation that reports on progress should in future be made through the Statutory Compliance Sub Committee as a routine compliance assessment.

15 Appointment of Sustainability Manager

To RECEIVE a verbal update from the Director of Estates and Facilities Management on progress in the recruitment of a University Sustainability Manager.

SECTION B – Starred Items for Approval

*16 Occupational Health and Wellbeing Service Update

SAF22-P13

To RECEIVE an update from the Occupational Health and Wellbeing Manager including an update on health and wellbeing plans and progress.

*17 Health and Safety Policy

SAF22-P14

To RATIFY the action of the Chair in approving minor changes to the Health and Safety Policy to reflect the appointment of the new Vice-Chancellor and changes to some job descriptions.

Please note, Paper 14 is included as a policy and can be found in the link here.

*18 Reports to Health, Safety and Environment Committee

To RECEIVE the following reports:

- (i) **SAF22-P15**
Fire Officer's Report
- (ii) **SAF22-P16**
Incident Data Report
- SAF22-P17**
Insurance Report

***19 Minutes**

To RECEIVE minutes of meetings of the following groups and sub-committees:

- (i) **SAF22-P18**
GM/Biosafety Committee (meeting on 14th October 2021)
- (ii) **SAF22-P19**
Health, Safety and Environment Statutory Compliance Sub-Committee (meetings on 20th January 2022)

SECTION C – Items for Information

***20 Sustainability and Social Responsibility Sub-Committee**

To NOTE that the Sustainability and Social Responsibility Sub-Committee has been disbanded following its last meeting on 6th May 2021.

21 Any Other Business

***22 Dates of Remaining Meeting in 2021/22**

Wednesday 25 May 2022

Author – M Ashby
January 2022

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Minutes

SAF21-M3

Minutes of the Health, Safety and Environment Committee held on Wednesday 6 October 2021

Attendance

Members:

Neil Budworth, Ruth Casey, Paul Conway, Sandy Edwards, Alec Edworthy, Graham Howard (ab), Chris Linton (Chair), Jennifer Maxwell-Harris, Graham Moody, David Roomes, Jo Shields (ab), Richard Taylor, Maria Turnbull-Kemp.

Apologies for absence:

Graham Howard, Jo Shields

In attendance:

M Ashby (Secretary), Simon Fawcett (for M21/41), Sarah Van-Zoelen (for M21/44 & 50), Julie Turner (for M21/46 & 48), Robert Wilby (for M21/51).

21/39 Minutes

SAF21-M2

The minutes of the meeting held on 26 May 2021 were approved.

21/40 Matters Arising from Previous Meetings

SAF21-P52

- 40.1 Actions arising from previous minutes were NOTED and their current status confirmed.
- 40.2 Arising from M20/8.1 *Statutory Compliance KPIs*, the Sustainability Team would be asked to provide a date by which the remedial F-Gas work would be completed. **ACTION: N Hunt**

21/41 Health, Safety and Environment Update: Wolfson School of Mechanical, Electrical and Manufacturing Engineering

SAF21-P53

- 41.1 The Committee RECEIVED a presentation by the Operations Manager on health, safety and environment arrangements in place in the School.
- 41.2 The following points were NOTED in particular:
 - (i) The School had taken appropriate action to respond to an incident relating to the handling of X-Ray equipment.

- (ii) A programme of work was in place to install fire barriers in roof voids where required across the University.
- (iii) Measures had been put in place to address an increase in the number of students fainting in workshops, which appear to have been successful.
- (iv) The role of Departmental Safety Officer had been reviewed and some duties delegated to expert deputies.
- (v) The School's staff were empowered to take action to make improvements to the infrastructure within their area, resources allowing. However, its senior management had demonstrated that they would not tolerate disregard for University health and safety requirements.
- (vi) School staff found University health and safety requirements for fieldwork proposals overly burdensome. This was potentially due to the more complex nature of fieldwork undertaken by the School's staff and students. The Director of Health, Safety and Wellbeing indicated that there may be scope for the process to be streamlined in future as technological developments were found.

41.3 The School had experienced an increase in the number of staff referrals to the Occupational Health and Wellbeing Service. It had also seen an increase in the number of students with mental health issues.

21/42 Constitution, Terms of Reference and Membership for 2021/22

SAF21-P54 SAF21-P55

- 42.1 Members APPROVED the Constitution, Terms of Reference and membership of the Committee for 2021/22.
- 42.2 From the start of the 2021/22 academic session agenda papers and minutes would be made available to members via Microsoft Teams, rather than via the web CMS system. Unrestricted agenda papers and minutes would continue to be made available to all staff and the public via the web CMS system. Members APPROVED a rationale for restricting access to papers.

21/43 Report from the Director of Health, Safety and Wellbeing

SAF21-P56

- 43.1 Members RECEIVED an update from the Director of Health, Safety and Wellbeing.
- 43.2 The following points were NOTED in particular:
- (i) The Health and Safety Service had experienced a significant number of workload pressures due to the pandemic.
 - (ii) The reputation and visibility of the Occupational Health and Wellbeing Service had continued to grow.
 - (iii) Members noted the work being undertaken to monitor water supplies on campus. The Director of Health, Safety and Wellbeing commended Estates and Facilities Management for action taken to ensure that the Towers hall of residence was ready for occupation on time following a case of Legionnaires disease.
- 43.3 Estates and Facilities Management were also commended for the development of a detailed safety case for elements of the East Midlands campus gas system which had been deemed to be a private gas network. Members noted the importance for business continuity of maintaining up-to-date site utility mapping.
- 43.4 Members APPROVED a proposed change to performance presentations given by Schools and Professional Services at HSE Committee meetings. In future, HSE Committee members would be given the opportunity to submit questions in advance of meetings with a view to their questions being answered during the presentations.

21/44 Health, Safety and Wellbeing Service Work Plan

SAF21-P57

- 44.1 Members CONSIDERED the proposed Health, Safety and Wellbeing Service Work Plan for the 2021/22 academic year.
- 44.2 There had been significant pressure on the Service due to the dual demands of business as usual and the University's Covid response. The need to focus on the Covid response combined with a number of changes of personnel had meant that the team had had to prioritise its workload significantly and was likely to need to do so in the 2021/22 academic year to achieve a manageable workload. The work plan set out the key challenges that the Service would face and its proposed approach for the year to come.
- 44.3 The Committee ENDORSED the work plan.

21/45 Covid 19 Response Update

SAF21-P58

- 45.1 Members RECEIVED an update on the University's Covid 19 response.
- 45.2 The following points were NOTED in particular:
- (i) Covid 19 had dominated the activities of the Health and Safety Service. A third of the team had been diverted from their usual activities to focus entirely on the pandemic.
 - (ii) Testing centres had been maintained throughout the summer. 14,000 tests had taken place in the centres in the week prior to the start of term.
 - (iii) An outbreak plan had been agreed with Leicestershire County Council, and a University vaccination plan was now in place.
 - (iv) Waste-water testing was taking place daily on the campuses, and results were in line with those of lateral-flow testing.
- 45.3 Members noted that some staff remained anxious about the possibility of catching Covid 19 on campus. When planning for the start of the academic session the Health and Safety Service had taken a relatively conservative approach, keeping maximum teaching space occupancy levels at 50 per cent and requiring face coverings to be worn for movement around buildings and in classes when asked to do so by a lecturer. These rules were more restrictive than those in place in society as a whole. The Service intended to reflect upon the staff and student experience and staff perception in coming weeks and use their findings to review the University's Covid 19-related rules and current restrictions.
- 45.4 The UCU representative thanked the Health and Safety team for its work during the pandemic and also its engagement with the trade unions over aspects of the University's response.

21/46 Statutory Compliance Key Performance Indicators

SAF21-P59, SAF21-P60

Members RECEIVED updates on statutory compliance key performance indicators. They NOTED progress on the development of KPIs for key areas of statutory compliance and actions relating to areas of concern.

21/47 Health, Safety and Environment Risk Rating

SAF21-P61

- 47.1 The Committee CONSIDERED a recommendation that the University's Health, Safety and Environment overall risk rating should remain at Amber.

- 47.2 Whilst the overall outlook in relation to the ongoing Covid 19 pandemic had improved due to the national vaccination programme, there remained a possibility that a further outbreak could severely affect staff and student health, the University's financial viability and its reputation. Controls were in place to manage these risks, but they were limited by standards of Covid security in general society.
- 47.3 Recent Legionella cases were currently being investigated, and additional controls were now in place. However, there was still a risk that an outbreak could lead to the need to vacate one or more buildings. A clearer picture of the likely risk would be available by the beginning of November.
- 47.4 Members noted that Council was to agree criteria to agree the University's level of appetite for risk going forward.
- 47.5 The Director of HSW had confidence that the risk level would improve in coming weeks and would move to Green by the New Year. The Committee AGREED to recommend the Amber risk rating to Senate and Council. **ACTION: Secretary**

21/48 Report from the Radiological Protection Officer

SAF21-P62

- 48.1 The Committee NOTED and ENDORSED radiological non-compliances and associated recommendations.
- 48.2 The Committee APPROVED changes to local rules for Open/Sealed Source and recommended them for approval by University Council subject to the correction of minor typographical errors. **ACTION: Radiological Protection Officer**
- 48.3 The Committee APPROVED the proposed submission of a Regulation 31 request to the Office for Nuclear Regulation in accordance with the Nuclear Safeguards Act.

21/49 Fire Safety Update

SAF21-P63

- 49.1 The Committee RECEIVED a fire safety update.
- 49.2 The following were NOTED in particular:
- (i) significant incidents that had occurred since the previous meeting.
 - (ii) arising from M21/28.4, a breakdown of the location of recent fire alarm activations across the University campuses.
 - (iii) a cross function group had been set up to manage the out of hours response should there be repeated false alarms on the fire detection system.
- 49.3 The Committee was content that fire safety was being managed appropriately and effectively.

21/50 Occupational Health and Wellbeing Update

SAF21-P64

- 50.1 Members RECEIVED an update from the Occupational Health and Wellbeing Service which focussed, in particular, on changes and future planning within the Service.
- 50.2 The following points were NOTED in particular:
- (i) Occupational health referrals had increased significantly in recent years despite the pandemic lockdowns and the furlough scheme. Reasons for referrals were in line with national trends, with two-thirds due to mental health or musculoskeletal concerns, the latter particularly evident post lockdown.

- (ii) The Service had increased the range of facilities that were available to staff to support their mental health, and there had been significant uptake amongst staff.
- (iii) The Service applied an early intervention approach to musculoskeletal injury to reduce the impact upon the employee and the organisation.
- (iv) The Service was carrying out a review to ensure that its health surveillance processes were accurate and in line with legislation. This had resulted in an increase in the number of assessments being carried out.
- (v) The service was in the final stages of procurement of occupational health software. Once configured for use by the University, the software would provide a greater surety of data protection and greater data management opportunities.
- (vi) Significant efforts were being made to raise the profile of the Service even further in order to support as many staff as possible.
- (vii) The senior leadership team in the Wolfson School of Mechanical, Electrical and Manufacturing Engineering would be one of the first School leadership teams to undertake new health and safety leadership training. The training would include a wellbeing element.
- (viii) There was increasing awareness of the need to identify quiet spaces on the University campuses in order to support good mental health. Plans were also being made to organise regular wellbeing 'cafes' to provide a safe and welcoming meeting place for staff and students who were experiencing mental health difficulties.

50.3 Members were informed of the limitations of the current Mental Health First Aider initiative which had had variable levels of activity and effectiveness. There had been reports of employees being left in a state of distress as there had been no mental health first aider available to support them. Their colleagues had felt ill equipped to approach them. In some cases, others had gone beyond the bounds of the mental health first aider role. The medicalisation of compassion was not helpful. Mental health first aiders were to be invited to combine their role with that similar to a wellbeing champion with the intention that, with further training, they would feel empowered to promote a broader approach to mental and physical health in their area. If successful, it would normalise mental health concerns across the University and break down the stigma surrounding mental health management.

50.4 Members APPROVED the proposal that the mental health first aider role should be broadened and aligned with that of wellbeing champion. However, they noted a potential issue regarding oversight of wellbeing champions in Schools and Professional Services. Mental health first aiders were answerable to their Dean or the Director of their Professional Service. It was unclear what the arrangement would be for wellbeing champions. The COO and Occupational Health and Wellbeing Manager would agree arrangements for oversight of the wellbeing champions. **ACTION: COO, OHWM**

21/51 Work Plan for Climate Risk Management

SAF21-P65

51.1 The Committee CONSIDERED a report from the Climate and Environment Task Group. Senate had asked the Group to evaluate the threat of extreme weather and climate change to the University's operation and facilities. In doing so, the Group had aimed to evaluate the risks in a systematic way, identify the top five most significant risks and then assess their potential impact on student experience, business continuity and financial sustainability. The Group was commended for the work that it had done to identify and evaluate the risks.

51.2 A number of risks, such as the risk of flooding, could be seen to have a potential impact upon more than one aspect of the operation and facilities of the University. They therefore needed to be seen in that context. Members noted that it would be helpful to draw a distinction between different types of risk. Some might be considered enterprise risks, whilst others a reputational or health and safety risk. Going forward, it would be important to indicate how each risk would be measured, and whether the risks would undermine aspects of the University strategy. It would also be key to differentiate between risks which were inevitable at some point in the future and those which were less likely to occur.

51.3 The report proposed that climate change and extreme weather should be added to the University's strategic risk register. The University's risk framework had already been incorporated into the draft University Strategy which was to be considered by Council in coming months. Therefore, it would not be possible to make this addition to the risk register at this stage. It was noted that the new University Strategy would make clear future leadership responsibilities and the metrics that would be employed, including those for climate and environmental risks. The Group should therefore feel confident that the University was supportive of its recommendations and its general direction of travel.

51.4 It was AGREED that one member of the Professional Services Leadership Team should have oversight of climate and environmental risks to the University, given the integrated nature of the identified risks and the trade-offs between them. The person would be charged with carrying out the recommendations of the Group's report. The Committee AGREED that the Director of Estates and Facilities Management should be asked to take on this role. **ACTION: COO**

21/52 Business Travel Strategy

SAF21-P66

52.1 The Committee NOTED the formation of a stakeholder group set up to review the current provision in place at the University for business travel and current measurement of travel and carbon methodology.

52.2 It ENDORSED the Group's recommendations subject to the three emissions-related recommendations being combined into a single recommendation. **ACTION: Associate Head of Sustainability**

21/53 Environmental Policy

SAF21-P67

The Committee ENDORSED the 2021 version of the Environmental Policy. No changes had been made to the Policy.

21/54 Reports to Health, Safety and Environment Committee

The Committee RECEIVED the following reports:

- (i) **SAF21-P68**
Sustainability Report
- (ii) **SAF21-P69**
Incident Data Report

21/55 Terms of Reference and Composition of Sub-Committees for 2021/22

SAF21-P70

55.1 The Committee RECEIVED the terms of reference and composition of the following sub-committees:

Chemical Safety Committee

GM/Biosafety Committee

Non-ionising Radiation Safety Committee

Radiological Protection Sub-Committee

Sustainability and Social Responsibility Sub-Committee

55.2 It APPROVED changes to the terms of reference and composition of the following sub-committee:
Health Safety Environment Statutory Compliance Sub-Committee

21/56 Sub-Committee Minutes

The Committee RECEIVED minutes of meetings of the following groups and sub-committees:

- (i) **SAF21-P71**
Health Safety Environment Statutory Sub-Committee (7 September 2021)
- (ii) **SAF21-P72**
Radiological Protection Sub-Committee (8 September 2021)
- (iii) **SAF21-P73**
Sustainability and Social Responsibility Sub-Committee (6 May 2021)

21/57 Date of Meetings in 2021/22

Wednesday 2 February 2022 at 2.00pm
Wednesday 25 May 2022 at 2.00pm

Health, Safety and Environment Committee



Loughborough
University

Matters Arising from Previous Meetings

Origin: Secretary

Executive Summary

Matters arising from previous meetings of the Health, Safety and Environment Committee

Other Committees Consulted

n/a

Action Required:

To note the status of matters arising from previous meetings

Completed – will be removed

Not yet completed

Meeting	Minute	Description	Action	Status
SAF19-M2	31.3	Discuss with Procurement Team possibility of putting in place University-wide service contracts for lab equipment	SSDO	SSDO working with Procurement & Schools. Will be helped when new Biolab Network Manager in post. Jan 2021 update Post removed. Action on hold due to Covid priorities Jan 2022 update On hold
SAF19-M2	31.4	Ask Biolab Network to identify which elements from report on the University's future biological infrastructure needs can be taken forward.	SSDO	Biolab Network to be set up once Biolab Network Manager is in post. Jan 2021 update Action on hold due to Covid priorities Jan 2022 Update Post removed so incorporated into GM/Bio Safety Committee
SAF19-M2	32.3	Integrate new process for delivering retention of items with value with the new Exit Policy	SSDO	Being progressed by SSDO and FM Projects Portfolio Manager. Jan 2021 update Policy was to be considered at Oct 2020 meeting but is on hold due to Covid priorities. Jan 2022 Update Guidance documents on Retention of items with value when decommissioning completed
SAF20-M1 & SAF21-M2	20/3.2 (iv) & 21/21.2	LSU presentation: Provide information comparing LSU incident rate with those of students' unions at other HEIs.	Director of Union Facilities	LSU has approached a small number of other students' unions to seek data for a comparison. However, those contacted do not currently collect this data. LSU to contact other students' unions after lockdown in order to provide this comparison Oct 2021 Update: Director of HSW has circulated request for information to USHA Association network. Only a few responses received. Oct 2021 Meeting: LSU struggling to obtain information from other SUs. HSE to discuss again at Oct 2022 meeting Confirmed Action Completed

Meeting	Minute	Description	Action	Status
SAF20-M1	5.4	Include data in incident reports to HSE to allow direct comparisons to be made between individual Schools and Professional Services	Head of HS	<p>Jan 2021 Update: The spreadsheets are now in place to deliver this information, but given the much lower numbers at present, the opportunity is being taken to error check the reporting. The reports will be in place for the June 2021 HSE meeting.</p> <p>May 2021 Update There are concerns regarding the accuracy of the data used in this report. These challenges have also coincided with changes to the H&S Services administration team. A fresh look will be taken at this with a view to presenting it at the next HSE Committee meeting.</p> <p>Feb 2022 Update: Comparative data has been included in the Feb 2022 report to HSE</p>
SAF20-M1	8.1	Statutory Compliance KPIs: Set completion date for remedial F-Gas work	Sustainability Manager	<p>May 2021 update: Monthly KPI assessments being raised with the contractor. New processes and procedures are still being finalised. Improvement in the number of assets which can be evidenced as serviced but the contractor is still not hitting KPI timescales. Work ongoing. Anticipated that compliance will be achieved in 6-12 months.</p> <p>Oct 2021 update: Monthly KPI assessments continue. Contractor is now averaging 90% of assets serviced, and work continues to understand the missing 10% (do the assets exist?). This compares to 75% in 2020 Timescales are still not being met (with the exception of June where 100% of assets were serviced and on time). Currently reviewing plans to re-tender this service contract.</p> <p>Oct 2021 Meeting: Sustainability Team to provide date by which work will be completed.</p> <p>Feb 2022: Update included in agenda papers</p>
SAF21-M2	22.2(ii)	Reflect upon the possible causes for the reduction in the number of near misses across the University	Director of HSW	<p>The potential barriers to reporting (eg system access and information burden) will be assessed as part of a review of the SHE system over the next year and we will look to reinforce the importance of near miss reporting over the next year during meetings and in written communications.</p> <p>Oct 2021 Meeting; HSW team to increase coms and in particular will target hall wardens. Completed</p>

Meeting	Minute	Description	Action	Status
SAF21-M2	25.1	Include descriptors in future KPI reports to clarify the nature of the categories used	Director of HSW	Feb 2022 Update: Descriptors to be used in report for Feb 2022 HSE meeting
SAF21-M2	28.4	50 occasions between Jan-April 2021 when fire alarms activated due to a fault in a system. Provide breakdown of these instances at Oct meeting	Director of HSW	<p>Oct 2021 report gives breakdown of faults by building + indication of the age of fire alarm system.</p> <p>Feb 22 Update: It has not been possible to obtain this information. Faults are generally due to shorting, circuit issues (e.g. disconnected wires), battery faults or device failures. Generally, these are resolved by resetting the panel, should the fault reoccur, the identified device is cleaned, followed by replacement if necessary. To find out exactly what the fault was for each instance would be time consuming and not something that has routinely been done previously.</p> <p>Where the actions identified above do not resolve the issue, it is generally a much bigger problem. An example would be recent case in Rutherford where it is presumed that a rodent chewed through the underground cable. Relaying a new cable fixed the fault.</p>
SAF21-M3	48.2	Correct minor typographical errors prior to revised Local rules for Open/Sealed Source being considered by Council	Radiological Protection Office	Errors amended and revised rules have been forwarded for consideration by Council.
SAF21-M3	50.4	Agree arrangements for oversight of wellbeing champions	COO, OHWM	It has been agreed that the current Mental Health First Aiders will be offered the branded MHFA refresher training for the next 6-12 months. All new MHFA requests will be processed under the wellbeing framework as champions. After the 6-12 months, MHFA refresher training will be as part of the newly branded Mental Health and Wellbeing Champion role. Completed
SAF21-M3	51.4	Ask Director of Estates and FM to take on role of oversight of climate and environmental risks	COO	Completed

Meeting	Minute	Description	Action	Status
SAF21-M3	52.2	Business Travel Strategy: Combine three emissions-related recommendations into a single recommendation	Associate Head of Sustainability	

Health, Safety and Environment Committee



Loughborough
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Director of Health, Safety and Wellbeing's Report

Origin: Neil Budworth, Director of Health, Safety and Wellbeing

Executive Summary

Summary of activity for noting – a verbal briefing will be given on the most significant issues.

Other Committees Consulted

None

Equality Diversity and Inclusion Considerations

None

Action Required:

HSE Committee are asked to approve the nomination of a lead department for multi occupancy buildings which will have the responsibility to co ordinate fire warden coverage with other departments in the building.

HSE committee are asked if they would like a more comprehensive evaluation of the mental health / stress management arrangements providing for the next meeting ?

Purpose of Report

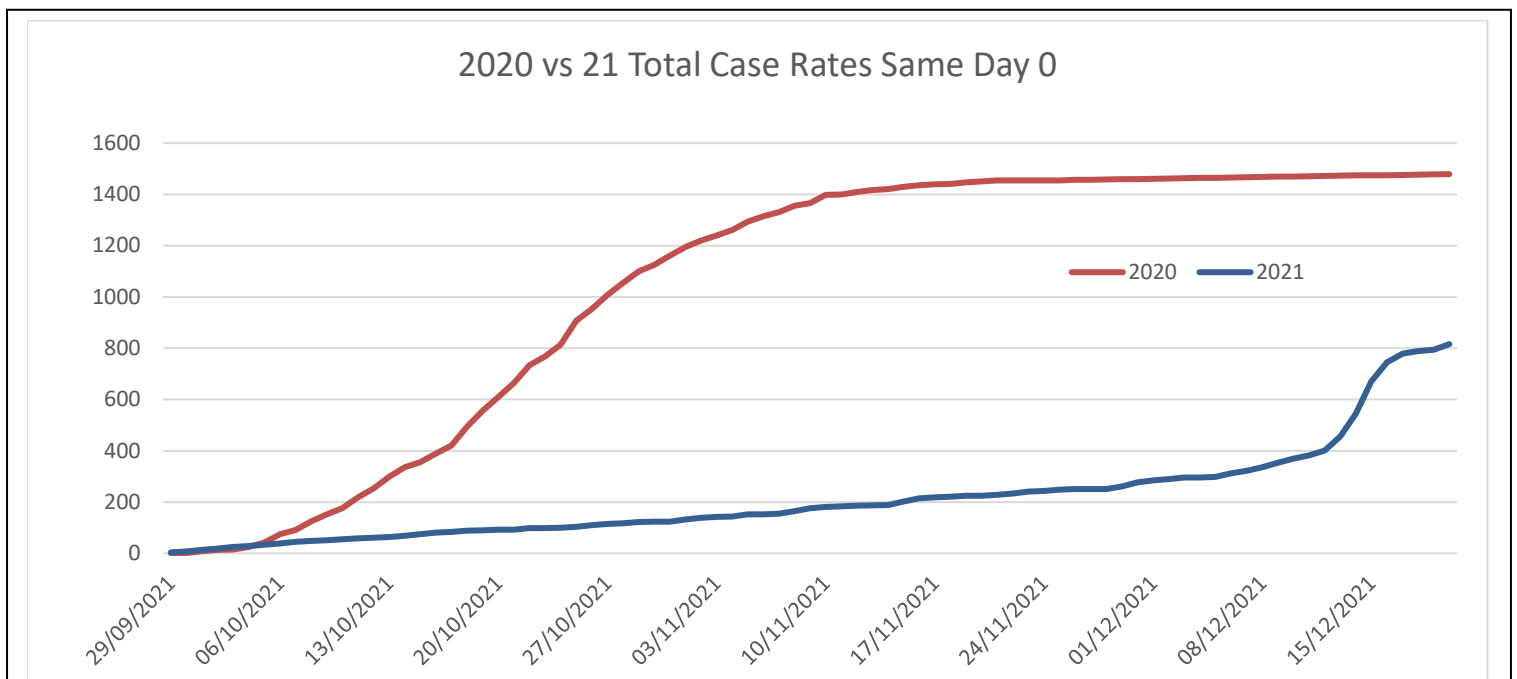
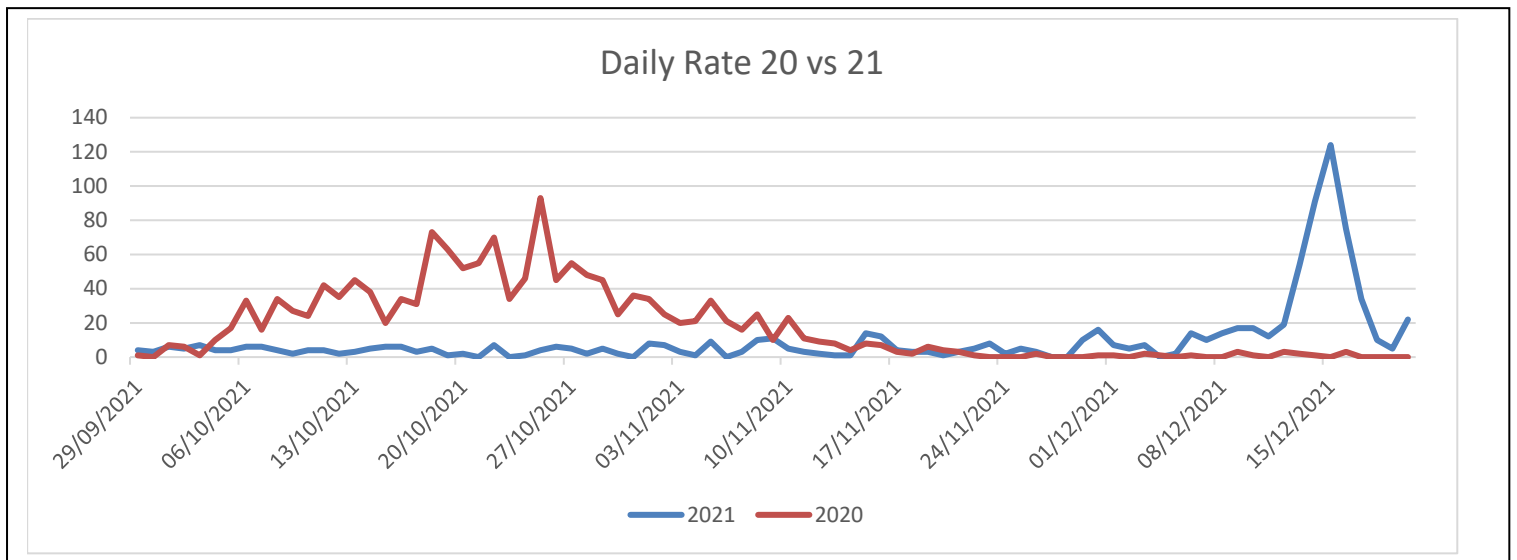
The purpose of this report is to outline areas of interest or activities that have arisen since the last HSE Committee meeting.

Covid 19 Response

The arrival of the Omicron variant of Covid 19 in December resulted in outbreak on campus.

We saw an extremely rapid growth in in the Covid cases with the virus being spreading amongst double vaccinated individuals. Because of the rapid growth of cases, planned social activity was curtailed and the decision was taken to end term a few days early.

It is important to note that even with a very high number of student cases, staff cases remained at background levels with no evidence of on site transmission.



Planning for 2022

Planning for January return and Semester 2 builds on the lessons learned in December 2021.

We are asking all student to test before they return to Loughborough and to test on arrival.

We will then be asking them to test at our on campus test centre every 4 days.

If any student has symptoms which could be Covid related, we will offer or facilitate a PCR test so that we can quickly understand if they have Covid or not. In most cases this will be via our on site PCR facility which will deliver results within an hour.

During the first few weeks of term, on campus activity is limited and with the exception of practical sessions, which will be socially distanced, there will be online options.

Where in person teaching is taking place, groups have been assigned rooms which are twice the size normally required. This is to facilitate distancing and ensure that ventilation is more than sufficient for the group. Naturally face coverings are mandatory when moving around inside and in teaching and study spaces.

We are limiting social activity in the first few weeks of 2022 and those events that are planned will normally require proof of a negative lateral flow test for entry.

In addition Covid support arrangements have been reactivated so that they are ready in the event of a further outbreak and plans have been developed which take into account the possibility of high levels of staff absence.

There is a high degree of focus on protecting staff. All staff should be able to maintain social distancing and ventilation arrangements have been assessed and where necessary enhanced. CO2 monitors have been installed in some rooms which rely on natural ventilation so that action can be taken in the event of raised CO2 levels which would indicate a lack of air flow. FFP2 masks have been provided for any member of staff who need to work within 2m of others.

Testing

As of the 31st December 2020 the government stopped funding University on site asymptomatic test centres. We believe that this is an important tool in our Covid response and so have taken steps to ensure that we can continue operating the test centre until the end of the Spring Term. We have secured significant stocks of lateral flow tests and will seek to obtain more from other Universities who

have stock and no longer wish to continue with on site testing. We also hold significant stocks of home test kits for staff and commuter students.

Winter Graduation

The University hosted a Covid secure graduation ceremony in December. Due to the emergence of the Omicron variant additional precautions were deployed. These included :- all attendees being required to show proof of a negative lateral flow test, with those being unable to do so being tested or refused entry; the ceremony room operating at a significantly lower occupancy level than normal and ventilation rates being increased, face coverings were mandatory, screens were installed at critical points to protect staff, queuing and status checks were conducted outside, staff were provided with FFP2 masks as an additional precaution and the post graduation receptions were hosted outside in Shirley Pearce Square. These precautions resulted in a successful, if chilly event.

One important lesson from this event related to Covid certification. Despite high levels of communication stating the Covid testing requirements around 300 people arrived having not tested and expected entry. Test status was checked at two points in the graduation process so these individuals were quickly identified and tested on site. 8 Covid positive individuals were identified who were refused entry and advised to self isolate (4 students and 4 parents).

A member of staff raised Covid concerns with the Leicester Mercury. We provided details of the precautions taken to ensure that the events could be delivered in a safe manner.

Vaccinations

We are working with the local Clinical Commissioning group to secure pop up vaccination centres on campus. Timing is important as not all of our students will yet be eligible for the booster vaccination. Previous vaccination pop up events have been successful, which has not been the case at other local institutions.

Waste water testing

Because of the high level of testing and comprehensive data that we have been able to achieve Loughborough was one of only three Universities to be selected to pilot Covid 19 waste water testing.

At times of low prevalence waste water testing has the potential to identify Covid 19 cases in halls of residence (in many cases down to individual blocks) 1-2 days before they could be detected by lateral flow testing.

At times of high Covid prevalence the technique adds little value. The pilot has now concluded and whilst the technique has promise, our judgement is that it is not sufficiently robust to warrant the investment at this time.

Ventilation concerns

As the understanding of the transmission of Covid 19 has developed it has become clear that a high level of ventilation is extremely important in minimising the spread of Covid. A small ventilation working party has been established to critically review every teaching room on campus and if necessary to determine what action should be taken to improve ventilation.

Occupational Health and Wellbeing

A separate report on the activities of the Occupational Health Service is included in the agenda pack.

Demand for the Occupational Health Service continues to be very high and growing.

The physical launch event for the health and wellbeing framework has been postponed due to Covid concerns. There will however be virtual launch events on the 19th January.

For some time the Chaplaincy have been running a Bereavement Café for those in need. This has been operating at full capacity for November and December 2021.

The Chaplaincy Team have also been running meditation and positive thinking sessions. The last session of 2021 was specifically for the Typhoon Squadron and 110 attended.

Fire Safety

A separate fire report is included in the meeting pack. One particular item of note is the impact of dynamic working on fire evacuation arrangements.

Fire drills were conducted across all building at the beginning of the academic year. The drills provided clear evidence of the importance of having trained fire marshals in place.

However, the drills also demonstrated some of the challenges that have arisen with dynamic working as there was a lack of trained fire wardens in one or two multi occupancy buildings and this had a significant impact on the effectiveness of the evacuation of those buildings.

HSE Committee are asked to approve the nomination of a lead department for multi occupancy buildings which will have the responsibility to co ordinate fire warden coverage with other departments in the building. Lead departments will be identified through occupancy levels. This approach would apply to a small number of buildings such as Hazlerigg, Rutland and Martin Hall.

A separate issue was identified in dedicated teaching hubs. A mechanism will be identified to remind academic colleagues of their responsibility in the event of a fire alarm.

Stress and Mental Health

There has been a significant amount of activity in the Higher Education Sector on Stress and Mental Health. A UCU backed survey has been published by Education Support called 'Supporting Staff Wellbeing in Higher Education' The report is based on a limited survey of predominantly UCU members and raises concern such as working hours, the growth in volume of 'illegitimate' tasks, lack of control, poor worklife balance.

The University of East London (UEL) has also been served with an Improvement Notice by the Health and Safety Executive relating to stress management, against which it is appealing. The HSE stated 'The evidence presented indicates that UEL do[es] not have a suitable and sufficient risk assessment for [work-related stress] for the purposes of controlling the risk to staff, though UEL has had clear evidence of the risk of stress-related ill health arising from their work activities,'

The notice resulted from a complaint raised by the local UEL UCU branch following an alleged lack of engagement on the issue. The UEL UCU survey from November 2020 UCU "demonstrated many academic staff members said they lacked agreed workloads and many responders indicated experience of work-related stress".

The UEL UCU survey found some staff complaining that workload meant that they were "feeling ill physically", "working seven-day weeks on a common basis" and were "not really having any time for their personal life or their families" and identified workload was the "main cause" of work-related stress at the UEL.

The Loughborough UCU branch conducted a stress focused inspection of the School of Design and Creative Arts. There is an ongoing dialogue on the issues identified. Broadly the results of the stress indicator survey were very closely aligned with the national data from the Education Report Survey. The inspection also highlighted concerns regarding work life balance and workload.

Loughborough have a number of measures in place to support colleagues, risk assessments, workload models, training for staff and specifically training for managers, Occupational Health support, Counselling, Employee Assistance Programmes as well as the incoming wellbeing framework and new University strategy.

HSE committee are asked if they would like a more comprehensive evaluation of the mental health / stress management arrangements providing for the next meeting ?

Decommissioning

All of the staff who have been working on the decommissioning of the Graham Oldham Building have been reassigned to Covid 19 support or have left. The decommissioning programme has temporarily been put on hold.

Recruitment activity for a new Decommissioning Officer will commence in January 2022.

Significant Incidents

A PhD supervisor transported hazardous chemicals across campus in an unsafe manner (open flasks in a private car) ignoring the risk assessment. Geography have requested an independent review of this incident and the management arrangements.

An LU Joiner knocked the lock out of an asbestos sandwich riser cupboard door which had the potential to result in the release of asbestos fibres. Whilst we do not believe that fibres were released in this instance it is a serious failure. The operative did not check the Asbestos register prior starting work. A number of processes were bypassed so the joiner and the team were re-educated on the processes. For information all staff who have the potential encounter asbestos are given asbestos awareness training on line every year with a face to face training session every three years.

A new starter slipped in the Faraday kitchen cutting his arm. The incident is being carefully investigated as the incident involved a young employee and was close to the deep fat fryers.

A heating pipe flexi connector in AACME split releasing 90°C steam out at force. The failure is currently being investigated. Fortunately, the area was unoccupied.

Legionella

Just prior to the Christmas 2020 break the University was contacted by Public Health England (PHE) and notified of a case of Legionnaires disease in Towers. PHE were concerned as there had previously been a suspected case in Towers in 2019. At the time of the 2019 case, no legionella was detected. In addition, all of the routine monitoring data showed that the water system was healthy. When the system was sampled in 2020 significant levels of legionella were detected.

Following those results an extensive programme of investigation and engineering work was undertaken in Towers. The immediate cause of the faults that led to the growth of Legionella appears to have been a combination of low water usage and system design.

Following the engineering intervention a large number for water samples were taken and the Towers water system was considered to be under control. We reported our findings to the Health and Safety Executive and they were happy with our response and considered the case closed.

However, in early September 2021 we were again contacted by Public Health England as they had identified a case of Legionella in a maintenance engineer who had worked in Towers (as well as a few other establishments). On the basis of this case Public Health England again formed an Incident Management Team and we initiated water tests.

In response to this a large number of outlets were sampled which showed some presence of Legionella. Whilst the levels were quite low, they indicated the potential for systemic contamination. As a precaution point of use filters were fitted to all outlets and a previously installed on line dosing system was turned on. The filters remained on until Christmas 2021 to allow the water system to stabilise and have now been removed.

The building will continue to be monitored and we have provisionally agreed to meet with the UK Health Security Agency and the HSE periodically throughout 2022 to share the results of the ongoing monitoring.

Training

Training has been delivered in one form or another throughout the pandemic. A cautious approach has been taken to courses scheduled for January 2022 with the courses being planned either with full social distancing in place or the course being moved on line.

Between 1st October 2021 and 31st December 2021, 22 courses were delivered with 83 attendees and a total of 146 learning hours.

In addition, 1557 people completed either online training or had a short toolbox talk training session delivered to them.

To meet dynamic working requirements, Fire Marshal Awareness training was added to Learn in November 2021 and 55 people have completed the course since launch.

Covid remains a challenge in the delivery of courses and we are seeing an increase in last minute cancellation of attendance for this reason.

Changes to the training budget, particularly expenditure by colleagues in Estates and Facilities Management, have been made to more accurately reflect Health and Safety and compliance training with another budget picking up personal development costs.

The new year will see the development and launch of an upgraded Healthy Working online training and risk assessment course (known as Healthy Working Plus) which will include support in respect of dynamic working.

The First Aid training contract has been extended with our current supplier for a further 12 months taking us to 31 July 2023.

Neil Budworth
Director of Health, Safety and Wellbeing
13th January 2022

Health, Safety and Environment Committee



Loughborough
University

Health and Safety Services Annual Report

Origin: Neil Budworth

Executive Summary

Annual report on the activities and progress of the Health and Safety Service including annual performance data.

Other Committees Consulted

None

Equality Diversity and Inclusion Considerations

None

Action Required:

- To RECEIVE the Health and Safety Services Annual Report
- To APPROVE the plan of work for 2021/22

[Click here for link to Annual Report](#)

Health, Safety and Environment Committee



Health Safety Environment Statutory Compliance Sub Committee Meeting Report

Origin: Rob Sparks

Executive Summary

1. The revised management system has continued with good engagement from the Duty Appointed Persons (DAP's). The compliance plans are maturing and continue to make demonstrable improvements.
2. A two-year plan for further compliance improvements has been developed, focusing on common DAP Compliance issues that have been identified, to include process and compliance self-auditing, record keeping, communication and utilisation of the Archibus CAFM compliance module.
3. Fire compliance remains a high priority area, for which extensive remediation plans for building compartmentation and fire door integrity are well into delivery phases, with some delays to the latter. Other areas of note include:
 - a. Legionella in Towers – Is under control with systemic and localised issues resolved.
 - b. Gas Safety Case – Submitted to the HSE and action plan implemented.
 - c. F-Gas – Significant improvement and now achieving high levels of compliance.

Other Committees Consulted

None

Equality Diversity and Inclusion Considerations

None

Action Required: For information and update from the HSESCSC Committee.

4. **Revised Process.** The revised process of managing LU compliance has continued across the 12 areas reporting into the HSESCSC. Each Duty Appointed Person (DAP) has a monthly 1 to 1 progress meeting with the compliance management team. They report on:
 - a. **DAP Master Schedule.** Each DAP has a master schedule or a project delivery plan, which provides a road map of activities and events against a timeline. Each activity is a deliverable, that is needed to achieve and maintain compliance.
 - b. **DAP RAID Log.** To track risks, actions, issues, and decisions raised during the meeting, a log is kept and monitored for progress. This enables the DAP and the Compliance team to hold themselves to account with the process of improvement delivery.
5. **HSESCSC Report Meeting.** The HSESCSC met on 20thJan 20. The meeting consists of a summary report by each DAP, including current level of compliance, the gaps in current compliance and the plan to achieve full compliance. A copy of the minutes of this meeting are attached for reference, along with the compliance dashboard, which provides a useful executive summary. In brief:

Compliance Score Card Summary			
Ser	Compliance Rating	No of Areas	Reason for Change Since Last Report
1	Green	6	Increased by two due to Pressure Systems and Gas improvements
2	Amber	6	Decreased by two due to Pressure Systems and Gas improvements
3	Red	0	
4	Improving Trend	5	Down one due to Pressure moving from amber to green
5	Level Trend	7	Down one due to Fire changing from amber level, to improving
6	Declining Trend	0	

6. **Pressure to Green.** A reduction in the number of Plant Not Available for Inspection (PNA's) reduced from 135 per month to below 80, meaning higher levels inspections were conducted on time, largely due to additional contract resources taking affect with further improvement expected.
7. **Gas to Green.** With completion of the gas safety case and submission to the HSE, the subsequent schedule of process and infrastructure improvements is on plan with site wide gas network drawings now updated and held centrally. Also, good progress closing issues raised in recent gas audits. We are still waiting for formal feedback from the HSE on the improvement plan, but are otherwise confident that any issues the HSE may raise will be minor.

8. F Gas Green Improving. The asset register and physical verification are now greater than 99% accurate, improving from 68%, 6 months ago. Servicing completion on time is achieving 100% each month, a significant improvement delivered through the monthly contractor reviews and the work undertaken by the F Gas DAP.
9. Fire Amber Level to Amber Improving. Plans in place and progressing for fire compartmentation, fire doors and firefighting equipment with some of the remediation works completed.

Areas of High Priority.

10. Fire Compliance. The detailed Fire DAP report is in the attached meeting minutes and covered in the Fire Officer's report to the HSE Committee.
 - a. Building Fire Compartmentation. The project to establish compliant compartmentation of tenanted space continues at Holywell with the area for Plastic Energy currently being undertaken. Works on student village compartmentations commence in February Student Village void barrier work on site Feb 2022.
 - b. Fire Doors. The remediation of sleeping accommodation doors remains a priority with the project to repair to a complaint standard underway for the past 5 months, however progress is behind plan due contractor resourcing issues. The team continue to look at alternative contractors to support progress and get back on plan. Fire door inspections are also behind plan. Recruitment of fire door inspectors is proving difficult due to constraints in the employment market, and we are looking at alternatives such as contracting resources.
11. L8 Legionella. Legionella remains rated as amber with a level trend, notwithstanding the most recent issues reported in Towers, which are otherwise close to completion.
 - a. Towers Accommodation. Now close to a return to normal business, pending post-Christmas test results which are due for release at the end of January. The systemic issue is resolved with just thirteen localised positive water outlets remaining to be cleared by the latest round of testing. The meetings with PHE and the HSE have continued, with the HSE approving all actions taken by the University and the level of risk management taken. Based on latest data, they recommended they only now require a quarterly progress update.
 - b. Water Management Safety Group (WSG). The WSG has now been in place for 9 months and is being used to good effect, driving improvements in compliance, and

building understanding of roles and responsibilities for water hygiene across the University.

c. Water Hygiene Manager. The water hygiene manager has been in post since Oct 2021. Following a period of handover and familiarisation, they are now developing an action plan to resolve underlying water hygiene management issues. Two areas highlighted so far:

- a. Asset Management. The accuracy and coverage of the water asset database and the correlation between the physical and electronic record is unsatisfactory.
- b. Compass. Compass is the data base used to manage all water hygiene defects reported during system surveillance operations. Errors have been found with duplication of assets, tasks not closed, reporting issues and defects. The magnitude of this issue will require additional labour resource to bring under control.

d. Water Management Audit Action Plan. The Water Hygiene Manager and Head of EM&S meet monthly to drive the action plan and report progress to the WSG. Progress remains good with a further 9 issues completed since the last report to HSE Committee. It is currently on schedule for completion in June 2022:

Issues Open - Summary Table							
Risk Category	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Low	4	4	2	2	0	0	0
Medium	20	19	15	14	13	13	11
High	14	12	11	9	8	8	5
	38	35	28	25	21	21	16

Other Reportable Items

- 12. Asbestos. A reportable asbestos incident occurred in November, during a routine maintenance activity in Towers. An employee was removing a door lock from a student's room with a hammer and bolster, which resulted in a release of asbestos fibres. The incident was investigated and found that the employee had not followed process. Action that followed included staff training, toolbox talks, a policy re issue to all staff and first stage disciplinary for the member of staff involved.
- 13. Compliance Newsletter. This has now had three editions with a fourth due due for communication on the 1st Feb. The aim remains to improve compliance awareness across the University.

Rob Sparks

Head of Engineering, Maintenance and Sustainability

HSESCSC Chair







Attachments:

1. HSESCSC - Compliance Dashboard – Jan 21
2. HSESCSC – Meeting Minutes – 20th Jan 21 – See Section B of Agenda Papers

Compliance Master Dashboard

DAP Area	Aug	Sep	Oct	Nov	Dec	Jan
Asbestos						
	1. New PPMs raised for 2022 2. We are now without an FM operative to carry out annual reinspection's- AB working on plan					
DESEAR						
	1. Risk Assessments – Not yet completed for all areas of compliance. 2. Competent Persons – Identify a responsible competent person in all schools effected by DSEAR to work on compliance					
F-GAS						
	1. F Gas Register continues to improve, we have reviewed 2/3 rd s of buildings & the other 1/3 rd is underway, completion by April 2. Increased evidence of servicing (100% across 3 m0nths) & improved timings (94% over last 3 m0nths) 3. Contractor response to queries improving and tagging issues continue to be addressed.					
Fire						
	1. Compartmentation. Project in progress to close gap in building compliance to fire regs, delays due to PI insurance issues. 2. Fire Extinguishers. Contractor Appointed starting 1 st November 2021 3. Fire door inspections and adherence to standards have lapsed. There are organisational issues within FM					
Gas						
	1. Awaiting sign off from HSE on new LU Gas Safety Case 2. New to DAP role, require extensive training to bring up skills and knowledge on gas network regulations has commenced. 3. Actions required from Gas Installation Audit					

HV Electrical						
	<ol style="list-style-type: none"> 1. Substation Maintenance - Currently planned and on plan. 2. Audit Programme – scheduled audits for planned contractor works to take place. 3. Succession planning staff training taking place 					
Legionella						
	<ol style="list-style-type: none"> 1. We have improved our reporting process to show greater detail. 2. Action Tracker from Audit now being completed 3. Issues around Compass and the usage of the system to enable them to be used as a live risk assessment. 					
LEV						
	<ol style="list-style-type: none"> 1. DAP Training. New DAP scheduled additional training for improved expertise on legislation. 2. User Manuals. To be created for all LEV systems 3. Logbooks. Adherence to use of logbooks when using LEV, needs improving 					
LOLER						
	<ol style="list-style-type: none"> 1. Equipment Inspections. Out of date equipment's now being put out of use, until conducted. 2. Asset Tagging. Not being thoroughly completed. Recovery plan in place 3. Inspection Availability. Equipment's not being made available for inspections. 					
LV Electrical						
	<ol style="list-style-type: none"> 1. Asset Tagging. Not completed and has faltered. Plan to recover in place. 2. Progress has slowed due to the need to appoint a replacement Senior Electrical Engineer and DAP 3. External Audit. Dates for inspection delayed due to COVID and availability 					
Pressure						
	<ol style="list-style-type: none"> 1. Working to remove assets from the MTHW system to LTHW system in Holywell Park area. This will reduce the legislative requirements for inspections. Engineers are implementing system changes during May 2022 (When heating off, Steven Sydall is engaged with the process) 2. Staff Training ongoing and reviewed portfolio of evidence for individuals to enable them entry to the BOAS qualification. 3. Engaged with specialist support Engineers to help reduce PSSR inspection remedial works. 4. Planning meetings more focussed on completion of remedials 5. Training of management with PSSR requirements 					

PUWER						
	<ol style="list-style-type: none"> 1. All School/Dept compliance audits completed & Improvement plans established. Best practise and example work equipment SOPs and RA identified to enrich Learn support page. Follow up reviews will include Peer to Peer element. 2. DAP Resources & Term End. Developing a succession plan for a replacement DAP to be found and Hand Overs by end of 2021. 3. Audit Baseline, 16000+ items across LU, suggests 66% of items addressed to a Compliance Quality level of 67%. 					

Health, Safety and Environment Committee



Key Compliance Indicators for Biological/Chemical/Radiation Safety

Origin: Julie Turner – Strategic Scientific Technical Lead

Executive Summary

Top level comments and visual risk rating for the compliance around Chemical, Biological and Radiation safety including non-ionising radiation and Human Tissue Act. Allows HSE committee to see where all these areas are when measured against the relevant regulatory and university requirements

Other Committees Consulted

Chemical Safety committee, GM/Biosafety committee, non-Ionising radiation committee, Radiological Protection Sub-Committee. School H&S committees

Equality Diversity and Inclusion Considerations

n/a

Action Required:

To consider the compliance for these areas and the actions set to move areas to green to ensure these are appropriate

Commentary on Health and Safety Compliance Key Performance Indicators

Introduction

An update on key performance indicators for H&S compliance of areas not covered by the H&S Statutory Compliance Sub-committee. The areas mentioned below are governed by separate sub committees for example Ionising radiological sub-committee.

To Note: All areas are slightly down due to the University team involved in COVID response areas.

Ionising Radiation, Biological Safety and Chemical Safety

All need policies updating and audit checks carrying out. An audit plan has been developed to catch up but also spot check across all Schools to identify any areas of concerns in the first instance and then do a more thorough check in that area. COSHH audit is being carried out currently (Jan 2022).

Non-Ionising Radiation




This is the area which has the lower compliance rating. Reasons for this are two-fold; the regulation around this subject is lighter and thus the priority falls below the ionising/chemical safety compliance. The other reason is that Academic Schools/Professional services struggle to interpret what is classified as non-ionising radiation with the regulations and what is out of scope. For example, an enclosed infra-red plate reader is enclosed and safe and thus assumed out of the scope. However, these items still fall within the legislation.

Recommended next steps include:

- Revised training to identify to colleagues what is and isn't within the scope of the regulations
- Reform Non-ionising radiation committee and relook at terms of reference/membership
- Simplify inventory requirements for Schools
- Update policy and produce guidance

Compliance Dashboard Reporting	Target	Trend	Status	Comments
Ionising Radiation - Julie Turner			Current	
Update to date policy	100%	↓	75%	Legislation updates need to be added to policy
Governance committee (regularly meeting)	100%	↔	100%	
Internal audits carried out	100%	↑	85%	Audits carried out in Nov21
Contingency plans in place and regularly tested	100%	↓	75%	Contingency tabletop exercise needs to be carried out
Training up to date and documented	100%	↔	100%	RPS training course carried out by Aurora in September
Leakage checks carried out every 12 months	100%	↓	75%	Access to sources in W2.55 Science delayed leak tests
Non-Ionising Radiation - Oliver Preedy				
Update to date policy	100%	↓	60%	Needs overhaul to update on legislation, new guidance, and School updates
Inventory	90%	↓	50%	Needs updating. Schools struggling to send current location of these sources
Governance committee (regularly meeting)	100%	↓	55%	Needs to be reformed and meet
Internal audits carried out	100%	↓	50%	No internal carried out in 2021
UH&SS (and regulatory bodies audits) carried out	100%	↓	50%	No audits carried out
Chemical (inc COSHH) - Julie Turner				
Update to date policy	100%	↓	85%	
Inventory	80%	↔	90%	Progress has been made. Previously in 80%
Governance committee (regularly meeting)	100%	↓	75%	Only 1 meeting in 2021
Procurement systems in place for regulated Chemicals	100%	↔	90%	
COSHH forms and SOP's in place and up to date	100%	↓	75%	Audit being carried out in January 2021, clear some COSHH and Risk assessments are missing
Internal audits carried out	100%	↓	75%	

UH&SS (and regulatory bodies audits) carried out	100%	↓	50%	No Audits carried out in 2021
Biological/Genetic Modification - Julie Turner				
Update to date policy	100%	↓	60%	Needs updating with minor updates
Genetic Modification classification system controlled	100%	↔	80%	
Governance committee (regularly meeting)	100%	↓	70%	Only 1 meeting in 2021
Internal audits carried out	100%	↔	80%	
UH&SS (and regulatory bodies audits) carried out	100%	↔	50%	No audits carried out
Human Tissue Act - Karen Coopman				
Update to date Quality Manual	100%	↔	100%	
Governance committee (regularly meeting)	100%	↔	100%	
Inventory/traceability	100%	↔	95%	
Risk assessments and SOP's in place and up to date	100%	↔	80%	
Internal audits carried out	100%	↔	90%	
DI/UH&SS (and regulatory bodies audits) carried out	100%	↓	80%	Only one audit carried out in 2021

No Assurance	0-50%	
Reasonable Insurance	51-75%	
Substantial Assurance	76-100%	

Health, Safety and Environment Committee



Loughborough University

Chemical and Biological Safety Report

Origin: Julie Turner, SSTL

Executive Summary

Update on Chemical or Biological incidents and underlying themes

Future work

Other Committees Consulted

Chemical Safety committee, GM/Biosafety committee

Equality Diversity and Inclusion Considerations

n/a

Action Required:

Approve outlined actions following similar themed incidents and feedback from Academic Schools

Supplementary Reading – All Chemical/Biological Incidents in 2021 in Appendix 1

Subject: Chemical and Biological Safety update report (only chemical safety update)

Origin: Julie Turner

Chemical Safety Update

2021 incidents involving chemicals are included in Appendix One of this paper

The number of incidents involving chemicals has slightly decreased from 2019/20 especially issues around finding legacy chemicals. This indicates the work in 2019 by academic Schools to sort through legacy chemicals and create inventories has had a positive effect and there is much more ownership and knowledge of what is being stored within each area.

There are several incidents from 2021 that involve insufficient or lack of risk assessments or failing to keep to the risk assessment. Many Schools H&S committees reporting issues around the responsibility and ownership of risk assessments, and the need for training for colleagues signing and approving them. Even when the risk assessment is clear and approved, if it is then not cascaded to all who need to understand the risk and what controls are needed, then accidents will occur. The full experiment or procedure needs to be risk assessed as often some elements are missed completely. Risk assessments need to be reviewed to ensure it is relevant especially if using different chemicals, updated equipment or different environment.

Contingency plans need to be present within the risk assessment or documented with the procedure. Routinely when incidents do occur the actions to take are not documented and this can lead to further delays, further incidents or further injury depending on what went wrong.

Academic supervisors need to ensure their PhD/Project students fully understand the risks involved within the experiment/procedure. If the risk assessment is being written by the PhD/project students, then their academic supervisor needs to ensure the risk assessment is fit for purpose.

It is often not appropriate for risk assessments just to be signed off by a technical colleague or a School Safety officer. The risk assessment should be checked and approved by the academic responsible for the research in the first instance as they are the expert in that field and will have a greater depth of knowledge on what the risks will be and how to control them. Safety Officers and technical colleagues can also approve (often to check School procedures are in place and check for any obvious gaps) but it should not solely be their responsibility.

Following the issues identified from School H&S committees and the incidents from last year, the following actions are proposed:

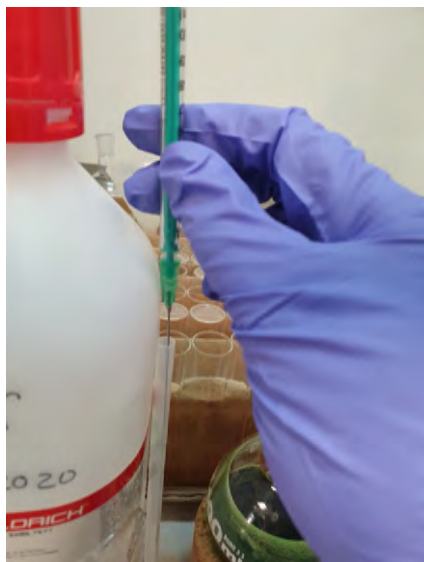
1. Develop quick bullet point guidance for all risk assessment approvers.
2. Amend risk assessment policy to provide flow diagram of recommended approval process.
3. Academic Schools to ensure academic supervisors understand their responsibility in approving risk assessments and ensuring their students/staff are trained and understand the risks involved.
4. Empower technical colleagues to pass back risk assessments for approval to either the academic supervisor or colleagues who are more expertise within that area
5. Ensure Safety Officers and technical colleagues are aware that the ownership of the risk assessment is not them but the person carrying out the work and their supervisor
6. If academic Schools have a single person – generally safety officer to have the final sign off on risk assessments, encourage this role to be undertaken by a team not just one colleague.
7. Develop the risk assessment workshop that was used for Centre of Biological Engineering, to all Schools. The workshop included academics, technical colleagues, and safety/admin teams. Central H&S team facilitated these sessions and showed examples of good/bad risk assessments and encouraged team approach for evaluating and approving risk assessments. This led to wider understanding of everyone's role within the process and the different issues that could/can occur at each stage.

Action: HSE committee to endorse the actions above

Main Incidents to note

Incident: Acid splash to the face

The 4th year PhD student was preparing samples on their bench ready for analysis. They needed to add a drop of formic acid to each 2ml sample tubes. They borrowed a 500ml bottle of formic acid from another research group. This bottle had a 1ml syringe (not luer lock) with a 12 cm needle attached to it which was contained in a sheath taped around the formic acid bottle (see photo below).



The syringe was filled to about 0.2ml and used to dispense a drop into each vial. They were dispensing the unused acid from the syringe back into the 500ml formic acid bottle when the needle came off into the bottle splashing formic acid out of the bottle into their face. First aid was immediately administered, and they were sent to A&E to have the burns to the face checked. The burns were minor, and they were discharged from hospital. The student was wearing PPE at the time including safety glasses.

The following investigation found:

- The syringe should not be used for pipetting such a small amount and an automatic pipette should have been used.
- The procedure should have been carried out in a fume hood
- The needle should have been disposed of, after each use (the needle more easily detaches from the syringe the more it is used)
- The use of formic acid and this dispensing step was completely absent from the risk assessment form and there was no COSHH form for formic acid.
- Academic supervisor had not checked risk assessment or knew what the PhD student was carrying out.

School was asked to do an internal investigation and make recommendations to ensure this incident could not occur again – ongoing.

Incident: Transport of hazardous chemicals across campus

A PhD student was required to transport samples from Geography and Environment to the Department of Chemical Engineering for analysis. The samples being transported were acid digestions that contained concentrated (68%) Nitric acid and Concentrated Sulphuric acid. A total

Page 4 of 10

of 32 of these samples were transported in 50 ml volumetric flasks (i.e., flasks that do not have secure lids). In addition, 10 diluted acid digestions (100ml) were also being transported.

A risk assessment had already been created and signed off for this process which involved packaging the volumetrics in a lined box, before being transported in the department's vehicle which has a closed off rear cabin.

On this occasion, the risk assessment for this sample transportation was completely ignored. Instead, the PhD student's supervisor drove the samples in their own personal car (placed in the boot), where if any accident had taken place, concentrated acid could have been leaked into the car's interior carpet or could have resulted in concentrated acid being projected into the student, staff members or any other person involved skin/eyes etc. No chemical spill kit was transported with the samples, meaning that a spill would not have been cleaned up quickly and efficiently.

Investigation into this incident is underway with H&S and the School

Incidents of chemicals being left unsecure by delivering drivers

There have been a few incidents when delivery drivers have left hazardous chemicals outside Schools in unsecure locations rather than following the specified delivery instructions. This meant that anyone walking past could have potentially removed these chemicals, or accidentally walked into them and caused a spillage. Both chemical supplier and delivery company were contacted but with limited acknowledgement of the potential issues.

H&S and Procurement are now working together with the chemical suppliers to come up with some solutions that can be implemented to stop this occurring again and an update will be provided at the next H&S committee

COSHH Audit

An audit of COSHH (Control of Substances Hazardous to Health regulations) is taking place in January/February and results will be reported back to the next H&S committee.

A spreadsheet of all chemicals ordered via agresso in 2021 have been sent to the H&S office. Chemicals will be randomly chosen, and the Schools or Professional services will be asked to provide the following for those chemicals:

- Suitable up to date COSHH form
- Location of chemical
- Labelling details
- Method of final disposal.

This will highlight any issues around completion of COSHH forms, waste disposal and chemical inventories within Schools. Using chemicals only purchased in 2021 will remove the inconsistencies of legacy chemicals.

Appendix 1

Reference	Date of Incident	School	Incident Details	Incident type
3514	06/01/2022	SSH	Lactophenol cotton blue which is slightly acidic and a mild irritant, was found in an open petri dish and in a disposbale pipette, next to one of the microscopes. A student has used it before the University Christmas closure and has told a member of the technical team that he was not sure how to dispoe of it, despite having completed a CoSHH form. The technical team member said they would clean it up, but forgot to do so before they left.	Chemical
3489	02/12/2021	SSH	A PhD student was required to transport samples from Geography and Environment to the Department of Chemical Engineering for analysis. The samples being transported were acid digestions that contained concentrated (68%) Nitric acid and Concentrated Sulphuric acid. A total of 32 of these samples were transported in 50 ml volumetric flasks (i.e. flasks that do not have secure lids). In addition, 10 diluted acid digestions (100ml) were also being transported. A risk assessment had already been created and signed off for this process which involved packaging the volumetrics in a lined box, before being transported in the department's vehicle which has a closed off rear cabin. On this particular occasion, the risk assessment for this sample transportation was completely ignored. Instead, the PhD student's supervisor drove the samples in their own personal car (placed in the boot), where if any accident had taken place, concentrated acid could have been leaked into the car's interior carpet or could have resulted in concentrated acid being projected into the student, staff members or any other person involved skin/eyes etc.	Chemical
3473	03/12/2021	Science	Sanitizer squirted into eye by mistake	Chemical
3466	30/11/2021	SSEHS	An adverse response to a muscle biopsy that was taken by academic on 30/11/21 as the incisions are healing slower than typically expected. The participant contacted Nehal (cc) who is the PhD student overseeing the day-to-day running of this project with a picture asking for some feedback on the healing as he was concerned it was not healing as expected. We informed Patrick (also cc) of this and Patrick met with the participant this afternoon to inspect the incisions.	Biological
3433	29/11/2021	Science	NMR tube cracked whilst closing lid and inert chemical split out.	Chemical

3420	25/11/2021	Science	Two boxes of hazardous chemicals were discovered left outside by the courier. Time of delivery is unknown. Contents comprised: 4 x 2.5L Chloroform 4 x 2.5L Tetrahydrofuran	Chemical
3374	15/11/2021	Science	Student was drawing formic acid from a 500ml bottle using a long hypodermic needle and plastic 1 ml syringe. My understanding is the syringe plunger was pulled back too far and came out splashing the volume of the syringe out. The student was splashed directly in the face with the acid. There are burns to the end of her nose, bridge of nose and right cheek. Incorrect method of pipetting the volume of acid required. No risk assessment for this procedure	Chemical
3361	12/11/2021	Science	While filling a 2.5Litre bottle from a 205l drum using a pump a small quantity of solvent overflowed up out of the 2.5L bottle and splashed a member of staff in the face. Full PPE was worn however the acetone ran down her face and into her left eye. Her colleague got her to the eye wash station immediately which is just outside the store to flush both eyes for several minutes, then she returned to the lab and eyes were washed with sterile eye wash again for several minutes with blinking to ensure eye was flushed fully. No reddening of the eye was seen and she was comfortable again within minutes.	Chemical
3334	08/11/2021	Science	Broken glass on UV scanner, splitting nitrile gloves and cutting palm of hand. Unknown chemical contamination	Chemical
3329	04/11/2021	Central campus	I unlocked the hazardous waste store today to allow loading of the packed materials by the external waste contractor, Biffa. The operative informed me he was putting on the labels to transfer these to another lorry (assuming his was full). I said should I come back in half an hour to check, he said he would ring Richard Harland to say when he was finished. I just went back to check on him (11.00am) and found he has left, leaving the hazardous waste store unsecured and the drums out on the platform, presumably awaiting collection by the second van. Although these are clearly labelled, I don't consider this good or safe practice. Plus as this is a busy student thoroughfare this sets a bad image for University safety procedures.	Chemical

3313	01/11/2021	Science	Extraction for fume hood has failed (again). There is an intermittent problem with the inverter for this section of fumehoods. This has been repeatedly reported since before April 2021 and a temporary fix repeatedly enacted. We have been assured the problem would be escalated to the fumehood suppliers? however have heard nothing and the fumehoods have failed again. This means that 13 plus post grads and 5 ptD undergrads cannot safely do their work	Chemical
3318	01/11/2021	Student services	Colleague was preparing to clear the general waste from the bin compound, he pushed excess waste on top downwards in to the bin and felt a sharp object at the bottom of his left hand forefinger, close to the joint with his palm. Upon inspection, he found a needle marked as a tattoo needle, within a pouch holder.	Biological
3294	26/10/2021	Campus Services	Venous blood sample taken from participant. However, after releasing the tourniquet and removing the needle, researcher and participant noticed a lump had appeared (egg looking). The ice pack was then applied to the injured site for 10 minutes. After using the ice pack, the lump had gone down significantly, and the participant said they were feeling fine.	Biological
3185	17/09/2021	Campus Services	staff member using mould and mildew which induced an asthma attack	Chemical
3176	02/09/2021	Science	30L (12x2.5L) solvents left by delivery driver obstructing entrance G of DAV building	Chemical
3119	22/07/2021	Science	Fume hoods repeatedly failing whilst in use with volatile chemicals	Chemical
3097	09/07/2021	Science	Fume hoods 32-40 failed during use with hazardous chemicals	Chemical
3049	16/06/2021	Science	Release of Methane Gas (very strong natural gas smell) around equipment used for Methane Cracking experiment located on a bench.	Chemical
3012	24/05/2021	Science	A box containing cell vials had been removed from liquid nitrogen storage (Bio Bank). 2 vials had been removed from the box and as the box was being closed a vial within the box exploded. Bits of plastic vial and container lid were spread around the area. The vial is made of plastic, contained a 1ml mix of human neuronal, cell medium and 10% DMSO. Lab coat safety glasses and cryogenic gloves were being worn. Student complained of ears ringing afterwards.	Biological
3005	21/05/2021	Science	The student was syringing a chemical (Butyl lithium in hexanes) out of the chemical bottle through a septum, under a nitrogen atmosphere. The septum was incredibly tough, and he struggled to get the fine needle (21 gauge) through the septum, causing the needle to bend slightly. He filled the syringe with chemical, removed the dead volume of liquid in the syringe by drawing up nitrogen then slowly started to remove the needle from the chemical bottle/septum. He was using the correct method to	Chemical

			withdraw the needle but as the sharp end came out of the septum it flicked over his left forefinger due to the bend in the needle.	
2914	02/04/2021	Imago	Person was decanting the chemical from one bottle into two further bottles to share around the housekeeping team, as she did so she spilt some on to her skin which caused a surface burn, she rinsed it under cold water straight away but it still left a burn.	Chemical
2896	22/03/2021	SSEHS	NCSEM receptionist triaged a patient who answered no to all Covid questions, however when asked how they were by the clinician, they said that they had flu like symptoms over the weekend.	Biological
2871	09/03/2021	Campus Services	Strong paint fumes for several days after painted window ledge	Chemical
2849	25/02/2021	STEMlab	Air Handling unit in teaching lab created Positive pressure with enough force to move the main doors open. Cat 2 labs are supposed to be negative pressure labs	Biological
2800	01/02/2021	Science	Solvent splashed up into my eye in the synthetic lab (W2.01). Full PPE was worn at all times, and the solvent went under my safety glasses.	Chemical

Health, Safety and Environment Committee



Loughborough
University

Report on Chaplaincy Activity

Origin: Neil Budworth

Executive Summary

The reporting line the University Chaplaincy recently changed so that it reported into the Director of Health, Safety and Wellbeing. Whilst much of the activity of the Chaplaincy falls outside of the remit of HSE committee there is a proportion of activity relating to staff wellbeing which could be considered to fall within the remit of the committee and HSE Committee are asked to consider if they would like to receive information on the reach of the Chaplaincy.

The linked report gives more detail on the range of activity, but as an idea of scale the Chaplaincy provided training for 450 people in mindfulness and meditation during 2021. The Chaplaincy team provide pastoral support for between 10 and 30 staff and students every week and come into contact with approximately 800 students per week, The Chaplaincy supports 14 faith groups and groups ranging in size from 120- 15 use the Chaplaincy facilities every week.

Other Committees Consulted

None

Equality Diversity and Inclusion Considerations

None

Action Required:

HSE Committee are asked to consider what level and frequency of reporting relating to Chaplaincy activity is desired

HSE Committee are asked to champion chaplaincy by helping to increase their visibility and awareness of the support services offered, and to build awareness that irrespective of faith and belief, Chaplaincy is provides a service for everyone to access.

Loughborough University Chaplaincy Report, January 2022

Chaplaincy line management moved from Student Services to HROD in 2019, just before the pandemic began to have an impact across the UK.

Chaplaincy is currently existing in a time of considerable change. Like other areas of the university, COVID-19 has affected the role and method of work within Chaplaincy. Throughout the pandemic chaplaincy has in many ways flourished. The Head of Chaplaincy has led the team of volunteers, encouraging and enabling each person to work from home if they were able. Chaplaincy maintained full support throughout the pandemic offering face-to-face and online support following COVID guidelines. The Centre for Faith and Spirituality remained open offering a place of calm for prayer and reflection.

Pastoral chaplaincy has been the hardest challenge. How can chaplains be chaplains in a virtual world? Presence is the thing chaplains do best. Pastoral and spiritual support is our priority; chaplains found new ways of caring for all in need, with sensitivity, kindness and humour, 'semi-virtual' chaplains came into being, 'standing in the gap' and being available where we were needed, whether that was taking a shift in the lateral flow test centre or being a listening ear.

Throughout the year, chaplains have joined with staff and students in the university to bring into sharper focus the need to stand together and speak out against injustice, prejudice, and misplaced power. "Our lives begin to end the day we become silent about things that matter." (Martin Luther King Jr.)

The Chaplaincy Team

We are a diverse team. The Head of Chaplaincy and part-time administrator are employed by the University with 14 volunteer chaplains representing many of our world faiths. Three new volunteers have joined the team during 2021. We also have outside faith advisers who will give guidance on faith/spiritual matters when required.

Many of the team are Mental Health First Aiders and undergoing training for wellbeing champions.

The role of Chaplaincy at Loughborough University and Loughborough College

- Here to listen – Here to help – Here to Care.
- Pastoral care of staff and students on a one-to-one basis, or in groups.
- Responding immediately in times of crisis to all staff, students, and their families.

- 24/7 support.
- Bereavement Café.
- Mental Resilience and Positive Thinking Courses.
- Facilitating prayer space for staff and students.
- Partaking in an advisory role on university committees such as ethics subpanel, Equality and Diversity (college).
- Leading services of remembrance, and vigils.
- Providing wall plaques and dedication services.
- Leading services across the world faiths.
- Creating a home from home for international students and providing support and information for those struggling with culture shock.
- Offering well-being support to staff and students who may be displaying signs of home sickness, anxiety, bereavement, mental health issues, plus spiritual support. In general, helping those in need to address challenges that life throws at them.
- Interfacing with faith groups in the local community.
- Working with external partners including: Loughborough Churches Partnership, Loughborough Council of Faiths, Charnwood Borough Council, Mayor's Office, Police, Funeral Directors, Coroner's Office.

Areas of Work

“The breadth of the activities is surely unique in a university, as is their network of relationships with: students of their own faith, non-religious students, university managers, student services departments, Students' Unions, local places of worship, and national religion and belief organisations.” (Kristin Aune, Professor of sociology of religion, Coventry University.)

At Loughborough University, our areas of work roughly divide into:

- Work on campus (Loughborough and London).
- Work in Loughborough.
- Work on a national basis

Work on Campus

Chaplains actively support and provide a meeting space for 14 LSU faith societies. They encompass many the major faiths of the world: Christian groups – Catholics, Church of England, Methodists, Christian Union, Radical Youth, Open Heaven, Christians in Sport, Ignite, Pensa, Believers Loveworld, Loughborough Chinese Christian. World Faith groups – Muslims, Hindus, Sikhs, Jews, Brahma Kumaris, Quakers and Krishna. The student-led groups vary in size from 120 to 15 members, adding in Friday prayer (Muslim), chaplains have regular interaction with 800+ students each week during term time.

Pastoral support is offered on a no-appointment basis with chaplains offering 24/7 support every day of the year. On average, chaplains are supporting 10–30 students and staff on a weekly basis. Positive Thinking and Meditation courses have been provided online in partnership with HROD and during the year over 450 staff have enrolled for these sessions. Bespoke sessions are also offered to staff teams across the campus.

As a growing provider, a chaplaincy objective for 2022 is to provide data in the form of an annual report to give accurate numbers of service users and the services chaplaincy offer.

The main work on campus is in the ministry of presence to staff and students and crisis response. The Centre for Faith and Spirituality is located on the 1st floor of the Edward Herbert Building. A quiet calm space for staff and students to worship, pray, study or just be. The ministry is one facilitated by the University and appreciated as a valued service to staff and students, knowing that their chaplains are around and about.

The role and work of a chaplain is at times not quantifiable, support can be a kind word of encouragement, a listening ear for anyone who is experiencing a low mood, feeling homesick, anxious, rejected, having dark thoughts, suicidal, the death of a loved one, ongoing grief and of times of crisis – however that may present. Chaplains sometimes will not know for many years how their interaction changed the course of someone's life.

Chaplaincy provides bereavement support, not only in the provision of a Bereavement Café (which has tripled in size throughout the pandemic), but also as one-to-one support and in providing plaque dedication services to dedicate a plaque for a loved one in the Remembrance Garden. Chaplains walk alongside families on what is often long journey of grief.

The Chaplaincy has an excellent relationship with Loughborough Student Union working alongside and being present at the Freshers' Fair, and well-being events. Chaplaincy supports LGBT+ by offering pastoral care, speaking and being present at Freshers' welcome, attending

and supporting Pride and LGBT+ History Month events. Services are held each year for Trans Day of Remembrance, Intersex Memorial Day and World Aids Day.

Each Hall has a dedicated chaplain who supports wardens, students and hall committees. As well as providing a visible presence during Freshers' week, chaplains give practical, pastoral and spiritual support. A highlight for the chaplains is a welcome invite to High Table events.

In times of crisis, chaplaincy works alongside the VC and COO and acting on occasion as their representative by attending funerals and giving support to families of students and staff as required, often liaising with external partners such as funeral directors, police, and the Coroner's Office.

Referrals are forwarded from the Chaplaincy to well-being advisers, Counselling, DAI team and Occupational Health and in turn referrals are sent to the Chaplaincy from all those mentioned.

Voice of Service Users

Loughborough College Principal and CEO, Jo Maher said: "The Loughborough University Chaplaincy support service is outstanding. They are always there when we need them and provide a range of support services for both staff and students. The warmth and empathy provided by the staff is at the heart of their inclusive approach, which we really value. I cannot recommend their service highly enough."

From a college lecturer: "Year 13 students from Loughborough College were warmly welcomed at The Centre for Faith and Spirituality by the chaplaincy team. The visit was arranged in support of the students' Religious Studies A Level course. The volunteers from the Chaplaincy clearly invested considerable time and energy to make the visit informative academically. This was beneficial for the student's studies, and we are most appreciative of the effort that went into the occasion.

"As a lecturer at Loughborough College, I have personally found the pastoral care offered by the Chaplaincy to be excellent. It is important to know that there is a safe place that caters for all religions and none, which is essential given the diverse make-up of students at Loughborough College."

And from TYPHOON Squadron: "The university chaplaincy has provided direct support to TYPHOON Squadron on multiple occasions over the past year, the most recent focusing on mental resilience and the power of a positive mind set. Deacon Jan and her team have been incredibly accommodating facilitating presentations, discussions, and other interactive activities to our squadron as a whole (over 100 students and 3 staff). Not only has the bespoke support been what was required, they make every effort to be flexible and available at times that suit our students' needs. Beyond these events, a handful of our OCdts have reported engaging on an individual basis with the chaplaincy team for both emotional reassurance and practical support. In every case the individual has emphasised the personal benefit

they have gained and recommended their peers engage with the chaplaincy team when in need of pastoral guidance or support.”

From the warden of Royce Hall: “Over the years the Chaplaincy has been an invaluable resource for me as the warden of Royce Hall. At short notice, they have been there to listen to students in a kind, caring and compassionate way; no matter the situation, the chaplains have been there. This goes well beyond students who have suffered a family bereavement, for example, to anything where we have a concern for the well-being of a student, and a friendly face to chat things through is helpful.”

Some messages we have received from attendees of the Bereavement Café:

From a Hindu member of staff: “I am writing this email to say a very big thanks to you and your team. I came to the Bereavement Cafe last week and it really has helped me by talking. I am usually a stronger person, but I guess I really needed to have a good cry. Thank you again, you are all doing a superb service.”

From a Muslim post-grad: “It was lovely to virtually meet you on Wednesday. I was interested in meeting you or somebody in general from the spirituality team next week before Christmas. Please could you let me know if you/anyone from the chaplaincy team are free during these times next week for a quick general chat?”

And after the face-to-face, one-to-one meeting with the student: “Thank-you for being there to talk to, listen to me and pray for me. It really does mean a lot.”

From a first-year student who has not yet felt able to meet anyone face to face: “I was really down today and haven't left my bed. I was revising completely fine the past two days and I couldn't today. Just sat here crying and then I saw your email. Thank you so much. I felt like I had no one to talk to and seeing your email helped so much. Thank you so much. It may not be a lot but it's definitely worth a lot to me.”

Requests of the HSE Committee:

- **HSE Committee are asked to consider** what level and frequency of reporting relating to Chaplaincy activity is desire
- **HSE Committee are asked to agree** to champion chaplaincy by helping to increase their visibility and awareness of the support services offered, and mostly to build awareness that irrespective of faith and belief, Chaplaincy is here for everyone to access.

Health, Safety and Environment Committee



F-Gas Compliance update January 2022

Origin: Nik Hunt, Environmental Manager and F-Gas DAP

Executive Summary

The following is an update on the progress made on F-Gas Compliance Actions proposed following the last HSE Committee meeting. It evidences the required progress and recommends future reporting via the Statutory Compliance Sub Committee as a routine compliance assessment.

Other Committees Consulted

No other Committees consulted but has been shared with the Chair of the Statutory Compliance Sub Committee.

Equality Diversity and Inclusion Considerations

N/A

Action Required:

HSE are asked to accept the evaluation of progress made and approve the DAP's recommendation of reporting as normal through the Statutory Compliance Sub Committee as a routine compliance assessment.

To the HSE Committee.

The following were the key actions committed to as part of the ongoing F-Gas compliance improvements along with an update against each:

1. To make sure by Dec 31st 2021 that all assets in the register have at least one service record against them for the current calendar year

Update – by the end of Dec there were just 16/1524 (1%) of assets not showing a service and we are now checking to see if these assets have been serviced and not recorded, not present or have indeed been missed. This compares to 32% at the end of 2020. This is across both our main contracts.

2. To have addressed the majority of the missing or questionable data elements by Dec 31st 2021 with ongoing asset verification and drawing updates to March 2022

There are 13716 pieces of essential data across 1524 assets and at present there are 230 unknown data fields (1.7%) to address, this is down from 3.5% 6 weeks ago. It will continue to improve as we complete item 4.

3. To commence a tender process in January 2022

The tender process is commencing as planned this month.

4. To have a register which is 99% accurate by launch of the new asset service contract which we expect to be 1st April 2022.

At present this stands at:

- 35 buildings reviewed completely+ 6 nearly (95%+) done
- 25 in progress
- 1 not yet started

Status is therefore on track.

This work includes updating the register, application of asset labels and the updating of the CAD drawing records.

I trust this all makes sense and re-assures the committee that we are achieving the targeted improvements and that compliance assurance is therefore dramatically improved and continues to do so.

I believe as DAP that this can now just be reported as normal through the Statutory Compliance Sub Committee as a routine compliance assessment alongside other areas although work will continue in line with the above and the ongoing management of the register and the contractors.

Supplementary Reading – N/A.

Health, Safety and Environment Committee



Health and Wellbeing Update

Origin: Occupational Health and Wellbeing Manager

Executive Summary

The report provides an update on the Occupational Health and Wellbeing provision and demand during the last academic year and details the staffing arrangements for the service.

The OH report also outlines the up and coming Occupational Health and Wellbeing projects, the deployment of the wellbeing framework and provides an update regarding the procurement of Occupational Health specific software.

Other Committees Consulted

n/a

Equality Diversity and Inclusion Considerations

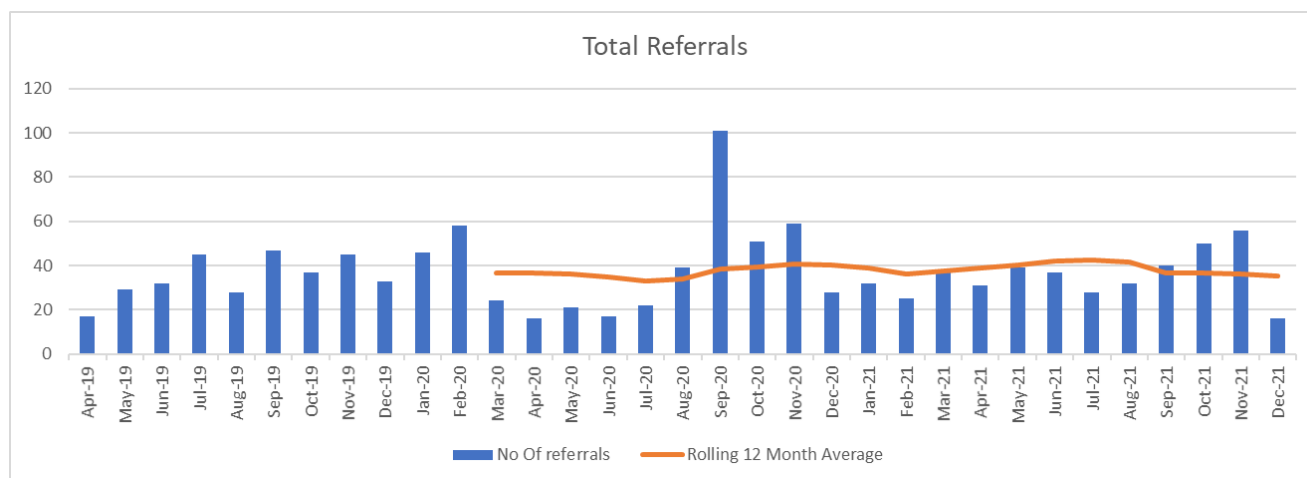
None

Action Required: HSE Committee is being asked to **note** changes to:

- Referral numbers and trend analysis
- Wellbeing framework
- Software
- Staffing

[Click here for link to Supplementary Reading – Employee Assistance Report](#)

Over the last 3 years, we have been collating a limited data set of information on management referral utilisation and trends.



The above graph shows the number of referrals being seen by Occupational Health during this 3-year period. Although the moving average places the average monthly figure is at the upper 30's this doesn't consider self-referrals and the effect of lockdown and furlough. During periods where lockdown and working from home restrictions are lifted, we average referral numbers of 40-50 per month.

We have also been able to gather trend analysis on referral type, specifically referrals that relate to mental health.

Mental health referrals continue to account for approximately 1/3 of all referrals submitted. We have been able to analyse trends with mental health referrals – these show a consistent peak in the months of Sept/Oct/Nov for both academic and professional services groups and is supported by trend data supplied by our Employee Assistance provider. This information will allow us to target more specifically the timing of the wellbeing support we offer to focus on the needs of the University staff population.

Our mental health support options have increased further, we have collaborated with REMPLOY to provide ongoing mental health support for our staff. REMPLOY is funded by the Department for Work and Pensions and is available at no charge to any employees with depression, anxiety, stress or other mental health issues affecting their work. They offer 9 months of support to individuals and whilst do not provide therapeutic intervention, do provide guidance on coping strategies.

The reasons for referral continue to be in line with national trends, with mental health and musculoskeletal concerns accounting for 2/3rd of all referrals.

Health Surveillance

We have begun an audit with the Estates and Facilities team to ensure our health surveillance processes are accurate and in line with legislation. Working with the change team, managers and health and safety we are using a ground zero approach to evaluate the requirement for health surveillance and how we provide evidence of trends and outcomes. We are also starting to implement medicals to ensure the

health and wellbeing of those employees who drive on behalf of the University. This provides a greater opportunity for public health interventions at an earlier stage.

More recently we have been in discussion with the IT teams on creating a package for new starters at the university. This includes laptops, keyboard, mouse, monitor, laptop risers, etc to ensure that dynamic working options can be delivered safely and cost effectively.

Staffing

We have interviews pending for an Occupational Health trainee role within the service. This appointment will allow for a greater infrastructure and stability within the team along with allowing us to progress with the up-and-coming challenges around health surveillance.

Software

We are due to start the implementation process of the Occupational Health specific software option in coming weeks, delays are now with the supplier rather than our internal processes. Whilst OPAS G2 is more expensive to implement than was originally budgeted for, the annual subscription is half the budgeted amount so over a 3 year period, it's ~ £8.5k under the planned budget.

Wellbeing Framework/Wellbeing Café/ Mental Health First Aiders

A physical launch event for the Wellbeing Framework/Wellbeing Café had been planned for the 19th January in order to raise the profile of the wellbeing framework and support options available for staff. Due to the numbers of covid cases in the local community, the decision was taken to delay the formal event until April 2022. Commitment has been given from the VC to open the event and support and participate in a piece to camera to help raise the profile of the framework.

An online event for wellbeing is now being held on the 19th January and we are in discussions with our stakeholders regarding the next 12 months of wellbeing support offered via webinar, to all staff across both campuses.

January also sees the launch of the staff wellbeing café pilot. This is a space just for the staff of Loughborough University to attend and relax, meet colleagues, work outside of their office, or seek wellbeing support. We are hosting this at the village bar initially this will be available twice per month. As part of the pilot, we will be seeking feedback from staff in terms of locations, frequency, and requirements of the café. The pilot is due to run until Easter.

Mental Health First Aiders

At the last HSE meeting, the committee supported the integration of the Mental Health First Aiders with the wellbeing framework. However, we were asked to consider how to do this to protect the Mental Health First Aider role.

Consideration has been given to this and we plan to keep Mental Health First Aiders (MHFA) refresher training in place for trained MHFA's and rebrand as Mental Health and Wellbeing Champions as the

support of the framework builds. At this stage there will be no new investment in the 2-day Mental Health First Aider course for those new to the role, as we will be seeking specific wellbeing champions, but we will continue to keep this under review as required. All those interested in becoming MHFA's will first be offered the wellbeing champion training and be included on the networking and safeguarding groups.

Flu Vaccines

In October we delivered a successful flu campaign offering 500 vaccines to support the University's winter resilience planning. The Covid response committee has agreed that we can offer a further 500 vaccines for the 2022/23 flu season.



Health and Safety Department

Health and Safety Policy

Please see link for full policy



Fire Safety – Fire Officer’s Report

Origin: James Holt

Executive Summary

Controlled evacuations took place in November as per the requirements of the Regulatory Reform (Fire Safety) Order 2005 (RRO). Generally, buildings were evacuated in good time, but the challenges of dynamic working were highlighted with some having very few or none at all, and significantly impacting evacuation times and the number of people observed attempting to (re-)enter when in alarm. Best practice was observed in some buildings which remain well staffed and managed.

Areas of compliance remain a work in progress, a fire door inspection and maintenance plan remain a problem. A plan to recruit staff this month is in place and will be reviewed to understand if this is effective enough to achieve compliance.

Fire alarm data is provided as a snapshot of the university’s halls of resident actuations. A duty of care is placed upon employers to reduce unwanted alarms to ensure occupants respond quickly to an alarm. Falkner Eggington remains the worst offender of LU halls, this problem may now be exacerbated by the recent action to seal bathroom windows in all its two storey blocks to overcome a carbon monoxide requirement from its boilers. This means occupants now cannot vent the bathrooms and detectors outside the shower rooms will be more susceptible to actuation by steam.

Other Committees Consulted

None

Equality Diversity and Inclusion Considerations

None

Action Required:

To NOTE

Significant Incidents

LU – None

Others: Unite – (24/11/21) Emma Foskett, Unite's Operations Manager informed LU that a small fire had occurred in a flat kitchen in F upper in the Courtyard at Harry French. The fire service attended, and the fire was contained. It is believed to have started in the kitchen extractor fan.

Controlled Evacuations

In November, the fire safety officer and H&S colleagues undertook its annual programme of controlled evacuations in accordance with its requirement under the RRO.

Owing to the low occupancy across some of the campus buildings, some were not included, but a 'dry run' was carried out with staff that were present to ensure they understood the emergency evacuation plan and where to find the information they required.

In general, most buildings evacuated in their expected time. These times have been based on previous years' experience, the size of the building and the processes that take place. Plant and automatic shutdowns connected to the fire alarm, and the signalling to the Security gatehouse was also tested as part of this exercise.

Examples of best practice with respect to the execution of the evacuation plan of some very well managed buildings, the fire marshal teams were commended and are acknowledged here:

- S building
- Design Centre
- Wolfson Building
- Pilkington Library

However, the importance of fire marshals was highlighted owing to the exceptionally slow and disorganised evacuation of smaller, mainly dedicated teaching spaces when compared to larger, higher risk but well managed buildings.

Wavy Top building took over 4 minutes 30 seconds and it still could not be confirmed if the building was empty owing to no fire marshals – the larger buildings named above all achieved 4 minutes or less. Whilst some academic staff carried out their duty to ensure students within their teaching environment made their way to the fire assembly point, many were observed not to, resulting in much confusion around the outside of the building. The Pro-vice chancellor for teaching was contacted to ask for their support in reminding staff of their duties within the university fire safety policy but the university fire safety officer is not aware of any further communication at this stage.

The fire safety officer has recorded the fire marshal training, and this is now available as a module on learn, making it readily accessible to all schools and professional services to ensure an adequate level of

cover can be ensured. A version has also been adapted for LUSEP and a specific version for London is ready to publish.

Fire Risk Assessment Updates

Other than buildings with considerable ongoing works (The link hotel and LTA centre), all fire risk assessments (FRA) are within the date prescribed by the university's agreed (May 2021) review strategy. Actions/recommendations from those should be processed by the identified action owner, school, or E&FM and these are also being linked to Archibus to demonstrate actions being completed.

Compliance

The below were initially reported in October's paper, the below is an update on these.

Fire Hydrants

The fire safety officer is satisfied that the fire hydrants have now been tested across the estate. It is evident that there are some discrepancies between the map it holds and the test record sheet. FM are due to survey the site to review and update the map accordingly. Those that require new signage will also be noted.

Fire doors

Until such a time that the Fire Door inspection programme is agreed upon and commences, the University will not be compliant in its duty to undertake a scheduled inspection of its fire doors every six months (BS9999). Although fire doors are being inspected and repaired under a contractor project, this is not sustainable long term. There has been and is no inspection records of fire doors outside of those areas (Falkner, Eggington, Cayley and Rutherford). The focus of these works has been accommodation as one of the university's highest risks. However, academic buildings fall under the same standards and have not been inspected officially for some time. Whilst the risk to life is much lower than accommodation, owing to people being awake and familiar, trained fire marshals within the building and lower possibility of intoxication of occupants, the university should consider its risk to assets from fire/smoke damage and its requirement under its insurance agreement.

Fire stopping projects

Student village fire barriers projects

The university is awaiting the programme permitting indicative timeframes from its appointed contractor to commence this work.

As per October's paper: The works generally comprise the installation of fire barriers in the roof void with associated works to ensure compliance to these residential buildings in the village following invasive survey work. These include:

- Cayley 5 & 14

- Rutherford 5
- Royce 5
- Faraday 447,456,463

Towers

Estates have had drop seals fitted on all possible doors leading onto the two staircases as an interim measure to help secure the protected staircases whilst fire door and asbestos surveys are carried out and a scope of works is completed for the building.

Fire Alarm Activations and causes

Figure 1 shows the frequency of fire alarm incidents on the Loughborough campus. Times of low occupancy of residential buildings show a reduction in incidents (April, August, December & January).

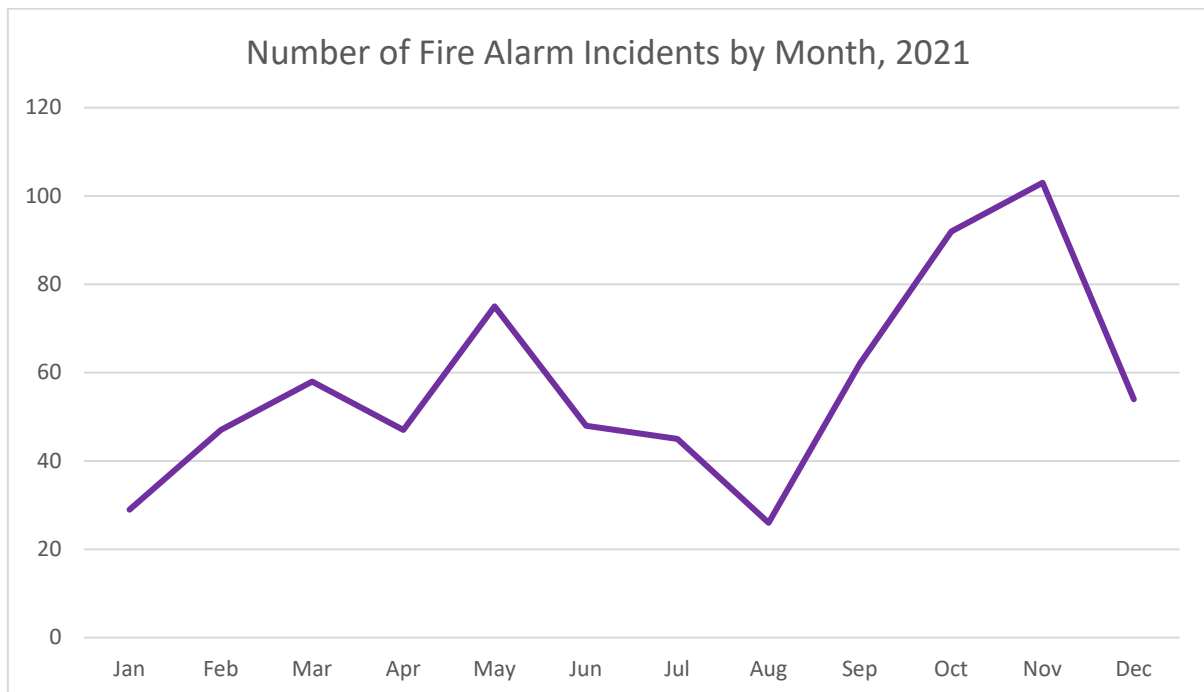


Figure 1 – Number of Fire Alarm Incidents by Month, 2021

Unsurprisingly, Figure 2 illustrates that most fire alarm incidents in 2021 were in halls of residence. Of 686 fire alarm incidents, 500 occurred in halls (72.88%).

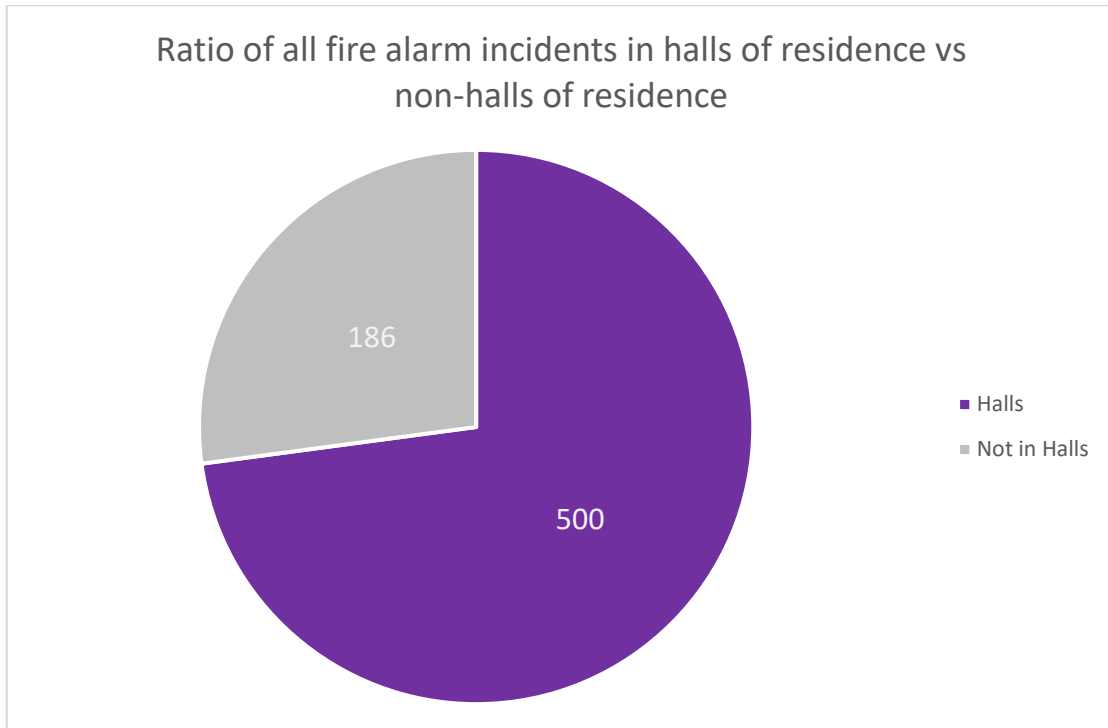


Figure 2 – Ratio of all fire alarm incidents in halls of residence vs non-halls of residence

Falkner Eggington continues to produce the most fire alarm incidents of the LU Halls. It has come to light that owing to gas regulations and the poor design of these blocks, the bathroom windows have been sealed shut, preventing occupants from venting shower areas. Consequently, it is highly likely that further false alarms will be observed at Falkner Eggington because of steam actuating smoke detectors on corridors. Fire alarm requirements stipulate that these must be smoke detectors on protected corridors and therefore replacing these for heat detectors to mitigate is not an option. The fire officer will monitor these actuations and may advise that automatic mechanical extraction is installed.

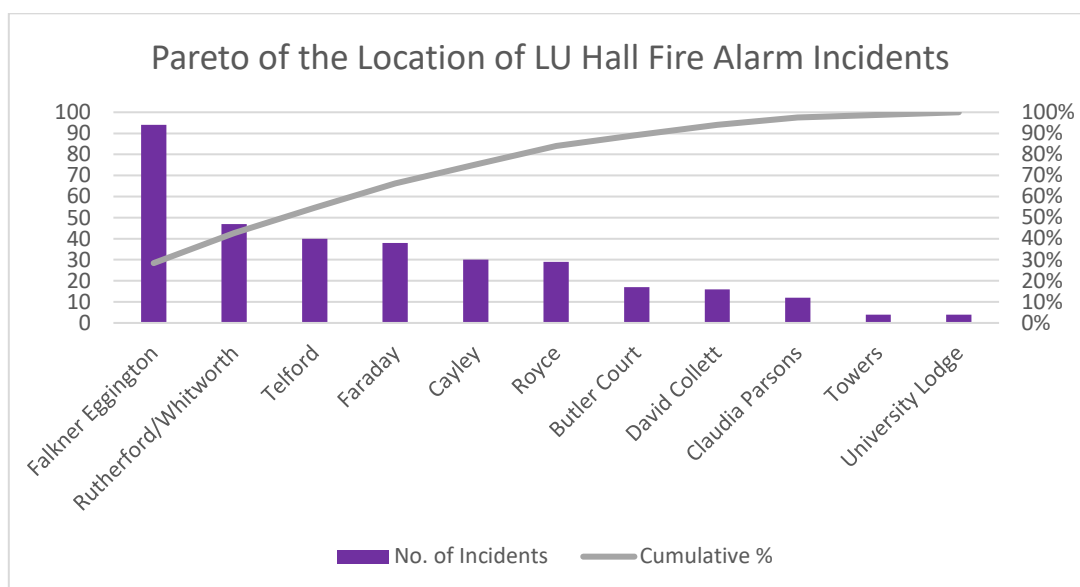


Figure 3 – Pareto of the Location of LU Hall Fire Alarm Incidents

The most common causes of fire alarm incidents in Falkner Eggington (Figure 4) were steam from showers and cooking fumes, as well as system faults. Faults are generally due to shorting, circuit issues (e.g. disconnected wires), battery faults or device failures, all of which are more common and become more frequent in ageing systems, thus the necessity to ensure such systems are upgraded in accordance with manufactures guidelines, this is generally 10 years and Falkner Eggington halls systems were installed 10 years ago (2012).

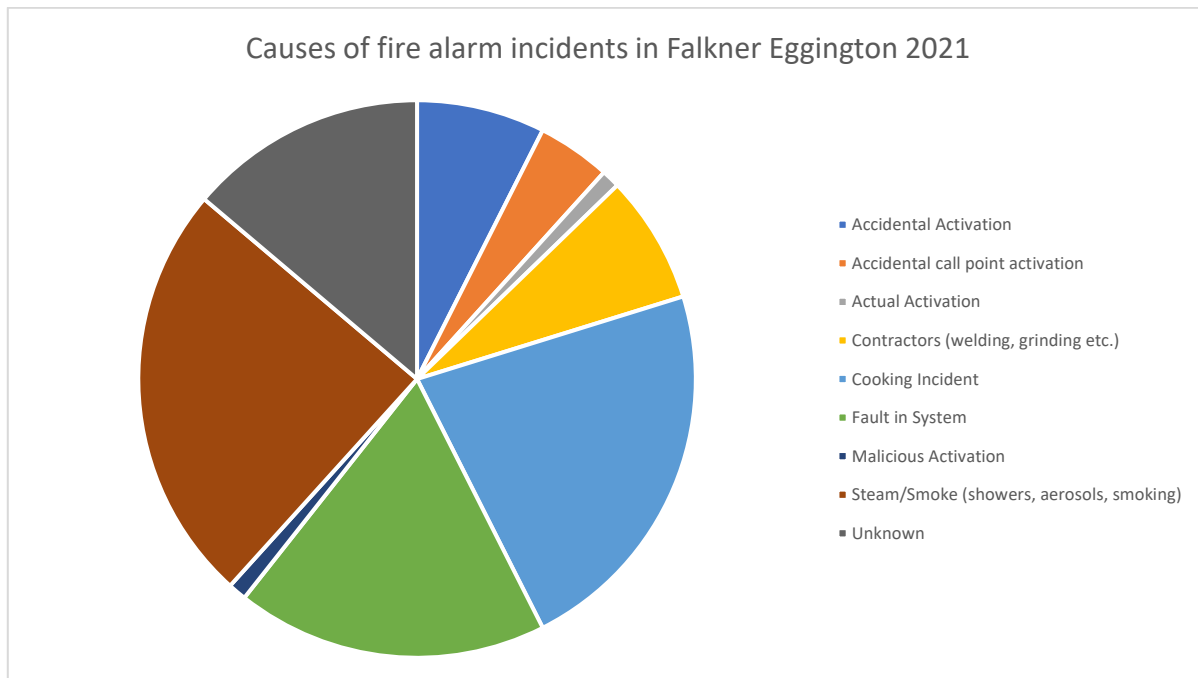


Figure 4 – Causes of fire alarm incidents in Falkner Eggington 2021

Health, Safety and Environment Committee



Loughborough
University

Summary of 2021 Incident Data and Analysis

Origin: Neil Budworth, Director of Health, Safety and Wellbeing

Executive Summary

Summary of activity for noting.

Other Committees Consulted

None

Equality Diversity and Inclusion Considerations

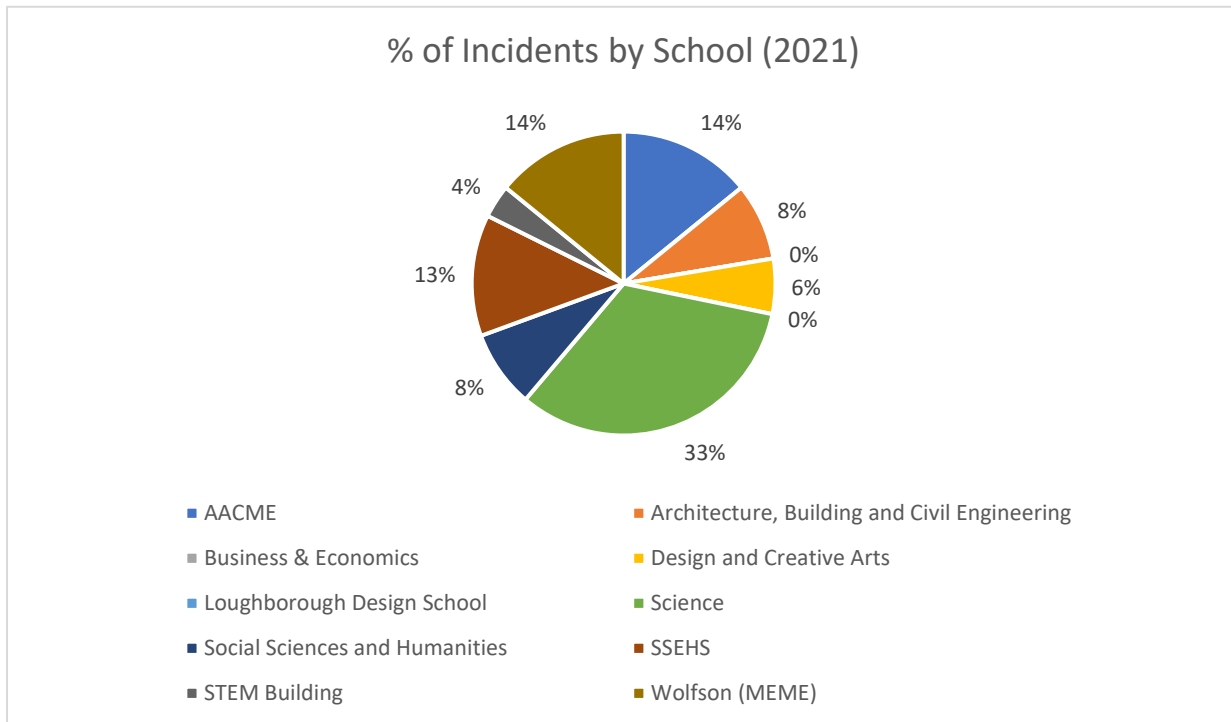
None

Action Required:

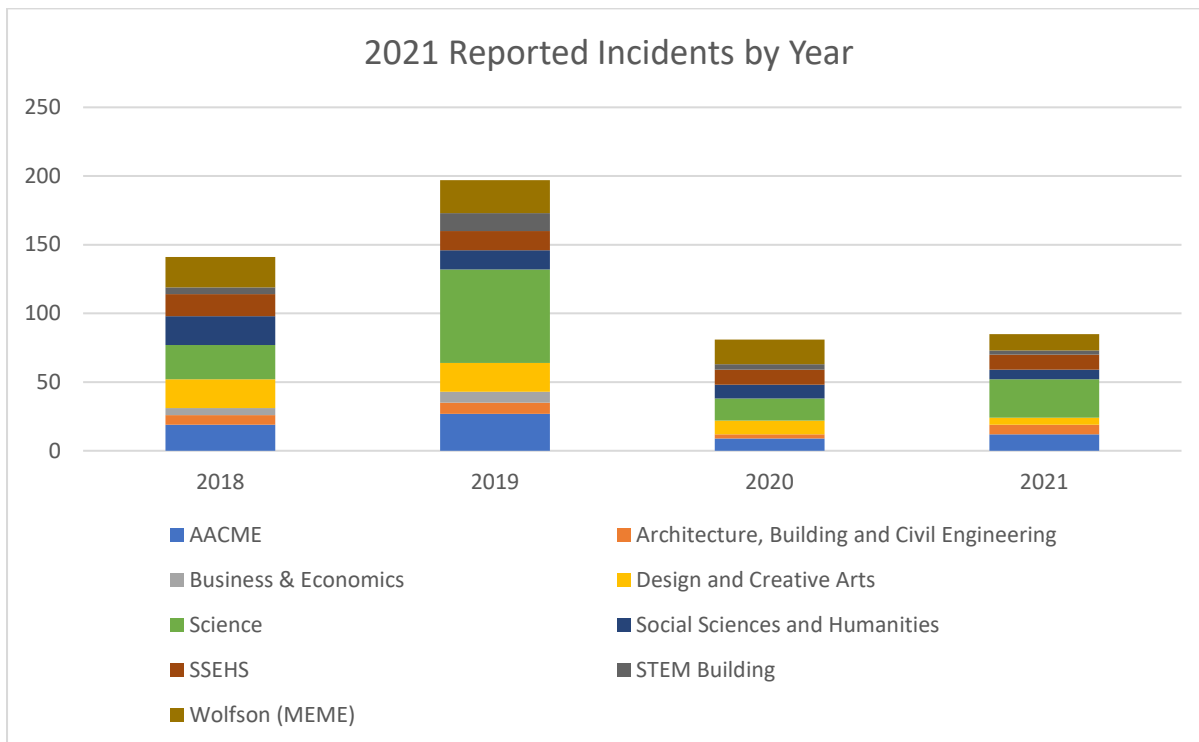
None

Academic Schools 2021 Incident Data

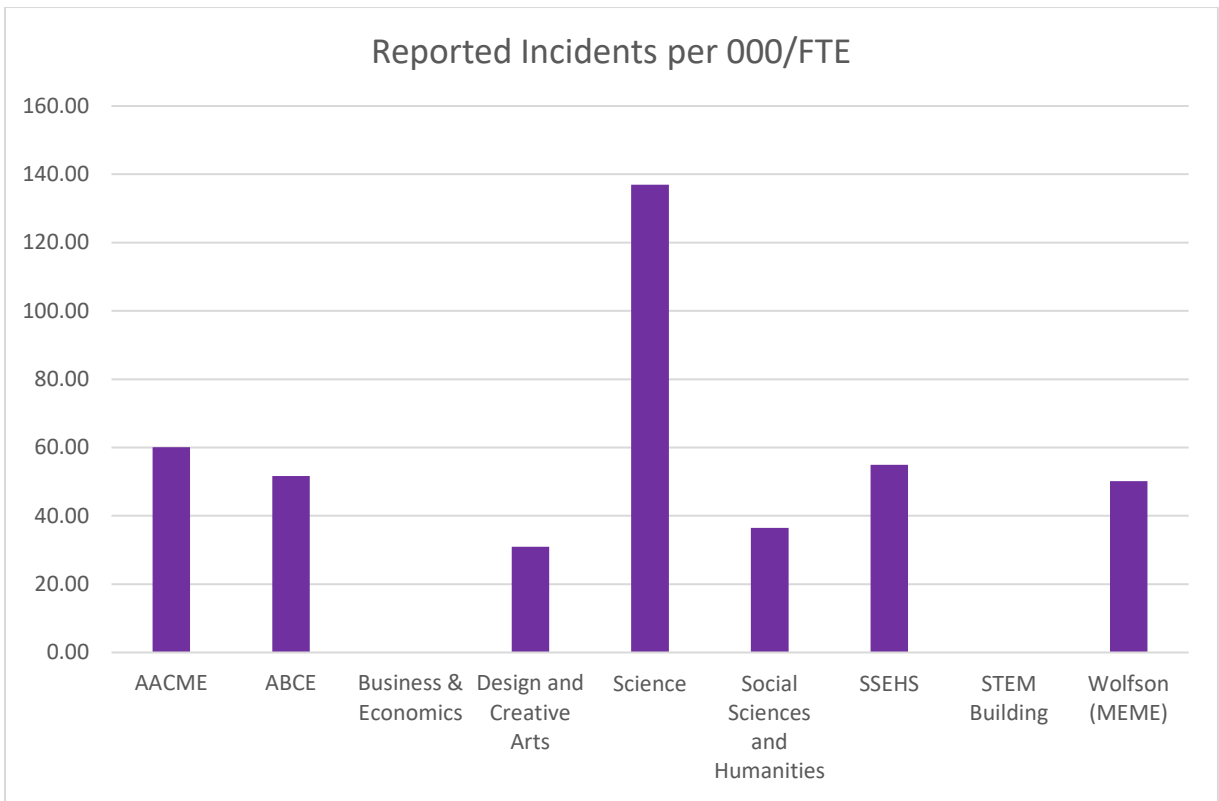
There were 85 Incidents reported by schools in 2021 (excluding Fire Alarms). These can be broken down as follows:



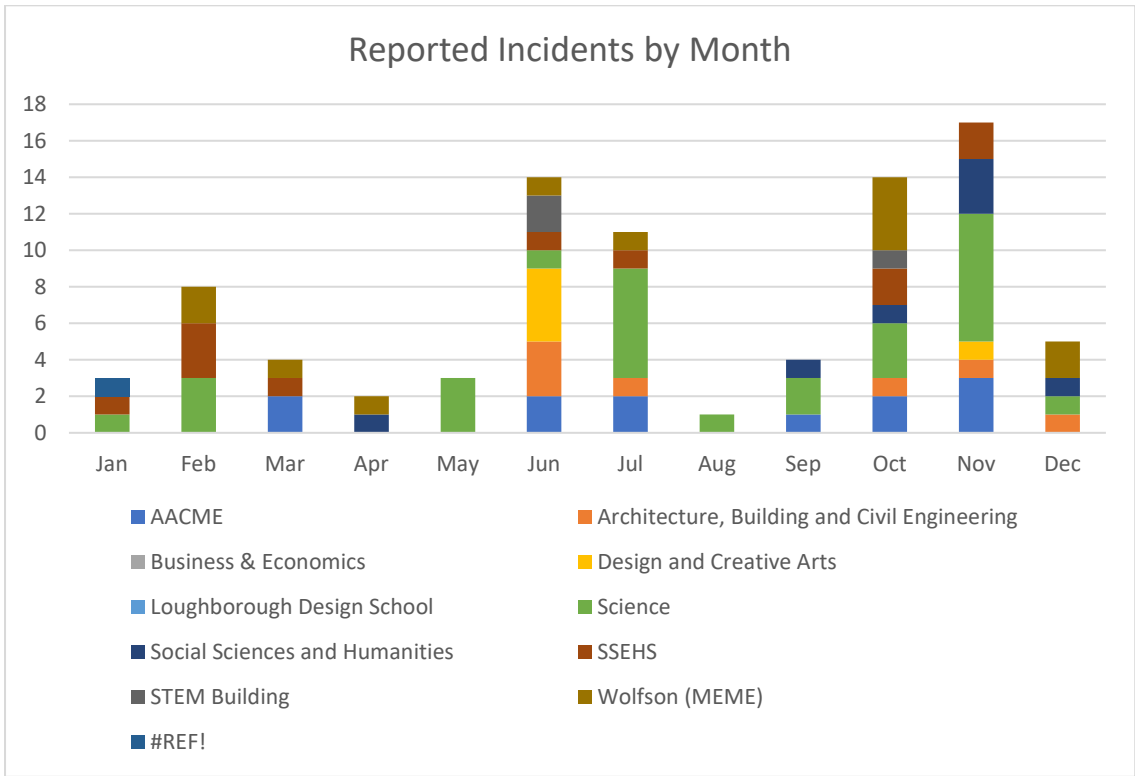
The figure suggests that we are still not seeing incidents reported at pre-Covid levels, presumably due to reduced occupancy and in person teaching. The reduction from 2018 and 2019 to 2020 and 2021 is represented below:



The average number of incidents per 1000 FTE in schools was 52.66. This is a slight increase on 2020 (48.71) but much less than pre-Covid figures (117.83 in 2019).



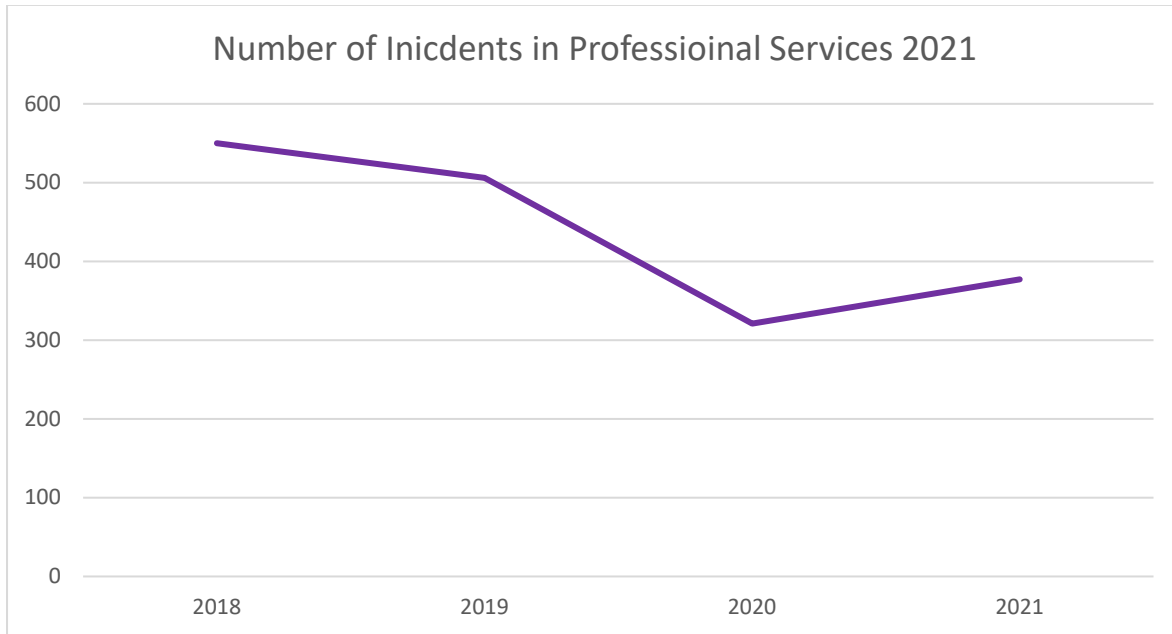
A rise in incidents in June can be seen in Design and Creative Arts which is associated with the production of final projects



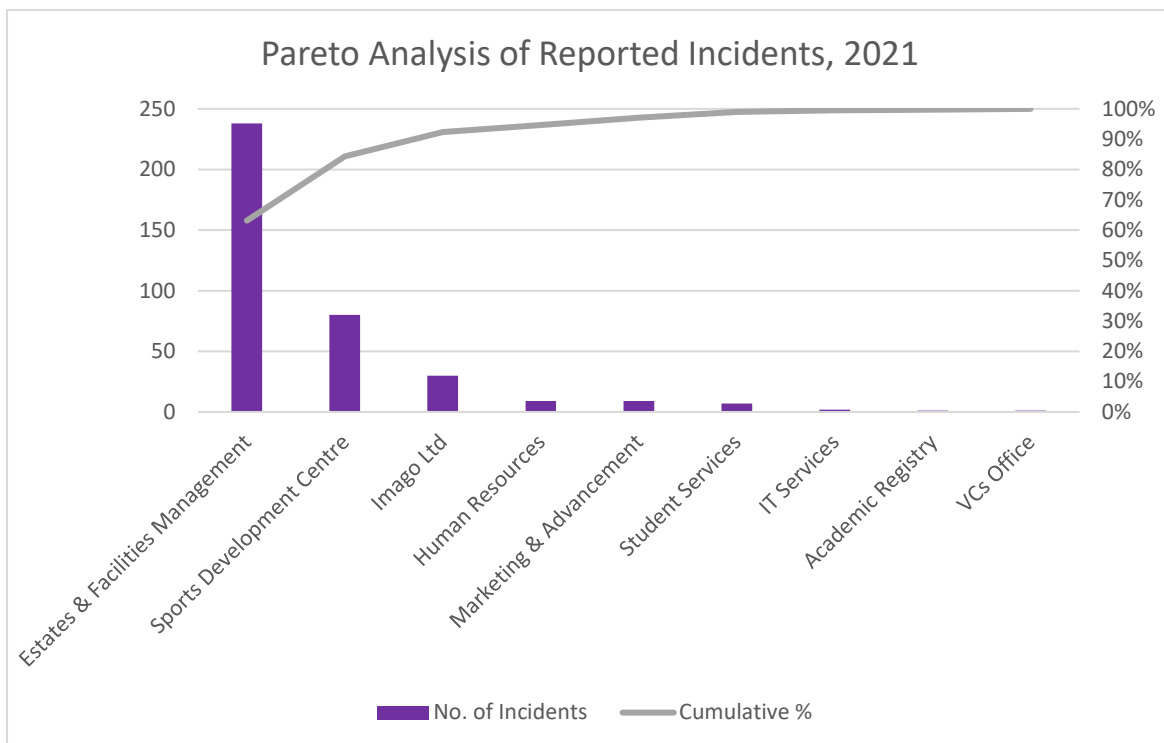
There were no reportable incidents or injuries in Schools in 2021.

2021 Professional Services Incident Data

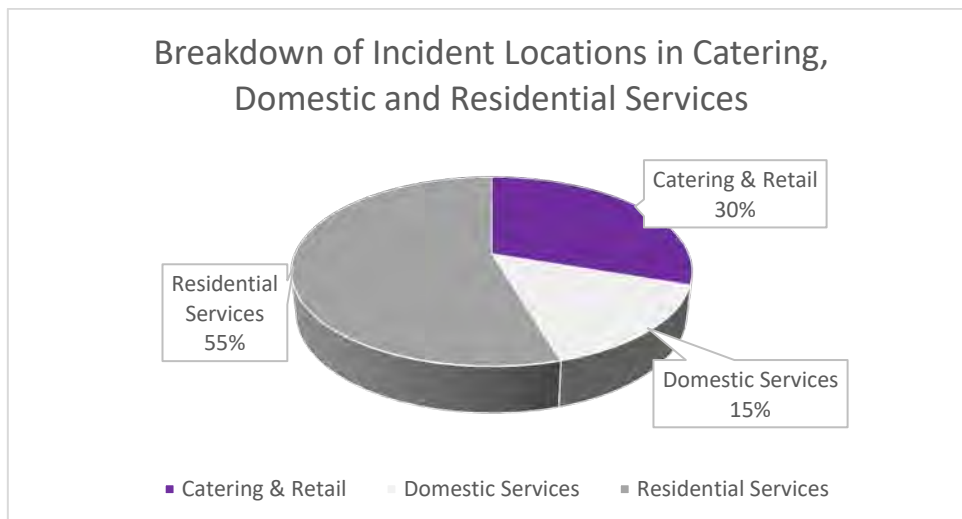
Excluding Fire Alarms there were 377 Incidents reported in 2021, higher than 2020 but below the numbers reported in Covid free years:



The overwhelming majority of these incidents were reported as Estates and FM (63%), which is unsurprising given the scope of this department. SDC recorded the second highest amount, with 80 incidents reported.

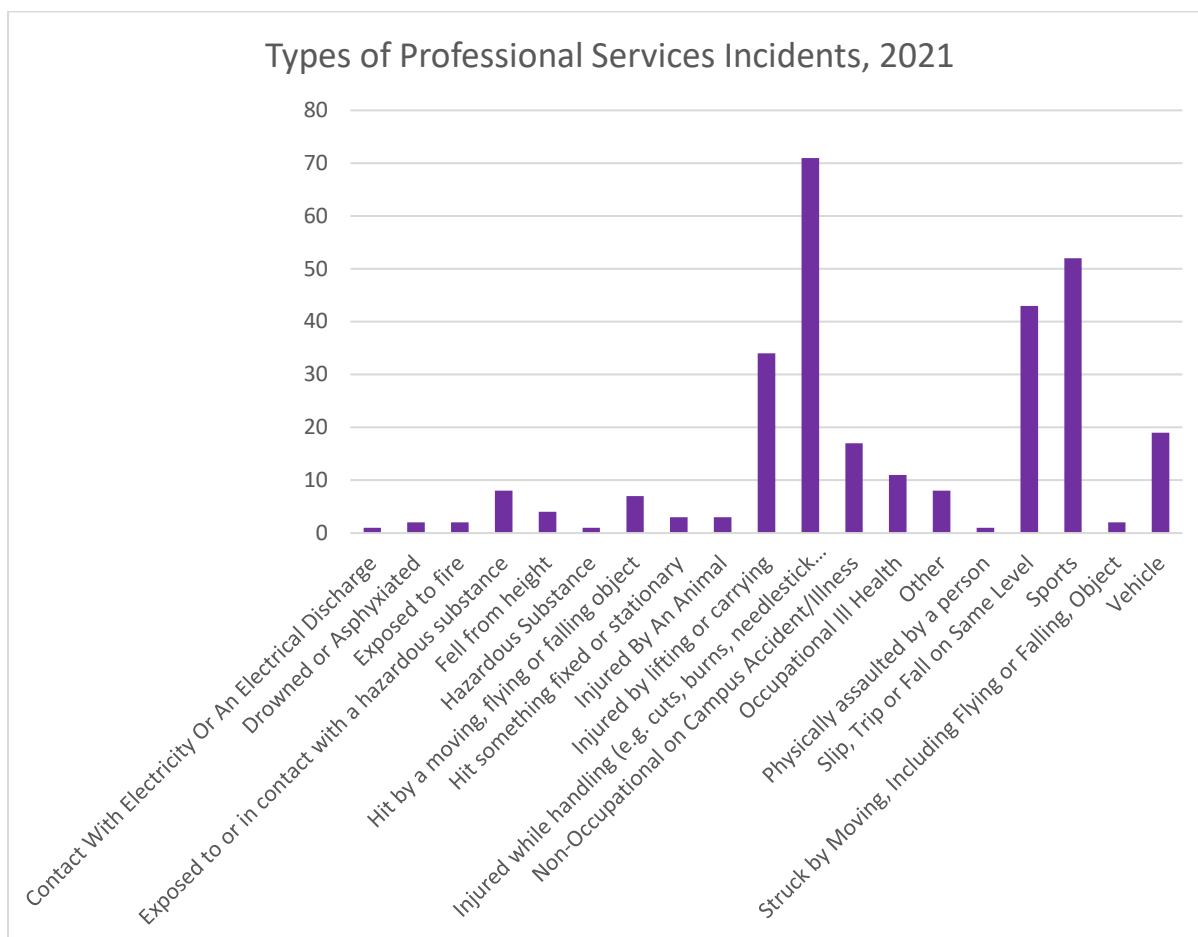


Within Estates and FM the majority of reported incidents are in Catering, Domestic & Residential Services (72%). Within this area over half of all incidents are from Residential Services.



The types of Incidents in Professional Services in 2021 were split between 88 Near Misses and 289 Incidents/Accidents. Whilst 88 is a good number, there is a hope that a relaunch of the reporting system in 2022 will increase the number of near misses reported.

The breakdown of the types of Incidents/Accidents is represented below. Injuries caused whilst handling things (cuts, burns needlestick injuries etc) represent the greatest number of incidents, followed by slips trips and falls and lifting and handling. The number of occupational ill health has increased due to a small number of Covid transmissions between staff where there was a potential that the transmission occurred as part of their work activity. Without exception this was staff to staff transmission where social distancing precautions were not followed.

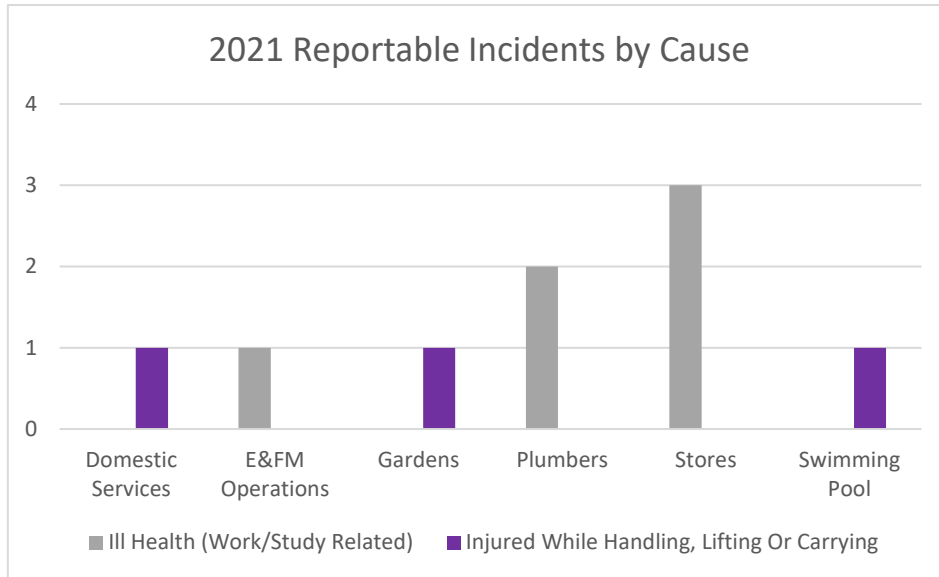


Incidents Reportable to the Health and Safety Executive

There were 9 Reportable incidents in Professional Services in 2021.

6 of these reports were related to staff to staff transmissions of Covid-19 among staff and represented 3 instances of transmission.

The other three related to staff injuries while completing manual tasks.



GM and Biosafety Committee



Loughborough
University

MINUTES

GMBC21 – M02

Minutes of the meeting held on 14th October 2021

Attendance

Present: Julie Turner (Chair), Tony Goodall, Nik Hunt, Tim Coles, Paul Roach, Sweta Ladwa, Kul Sikand, Karen Coopman

Chris Burton (minute taker only)

Apologies: Brian Cousins, Neil Budworth, Carolyn Kavanagh, Sarah Van-Zoelen, Donna Bentley, Oliver Preedy, Katie Glen, Rob Thomas

21/13 Minutes

GMBC21-M1

The minutes of the previous meeting held on 24th March 2021 were confirmed as an accurate record.

21/14 Matter arising from the minutes

Action tracker discussed

Reference	Update	Status
20/11/20	Update from SSEHS OP to talk to Jonathan regarding safety cabinets and the need for them to be able to do a KI test.	Outstanding OP to chase J Cripps as this is the 2 nd year of issues. JMT to write to James Trotter over issues with procurement
20/11/23	Coolzone Monitoring OP/JMT/TG – chase Coolzone and ensure that chemistry's two fridges are added to the list.	Actioned Chemistry need to raise an order for their additional 2 fridges. No additional sensors were available from the initial order placed.

21/15 Covid-19 Update (Julie Turner)

Cases are much more controlled than in 2020 because of asymptomatic testing (between 15k-18k tests per week)

Lecture theatres at 80% occupancy (reviewed weekly)

Between 70% and 80% of students are vaccinated

Issue of Covid precautions around HTA training was raised. Was recommended to keep all precautions in place for now and review regularly due to the continuing influx of students.

21/16 HTA update (Karen Coopman)

Audits have continued.

Chemistry audit showed up some issues due to changes in responsibilities of technical staff.

Improvements have been made in SSEHS.

There is expected to be an increase in work soon due to a backlog of work and with freezer capacity being provisionally booked up. Flagged to ensure that the good work isn't taken for granted and the auditing continues.

Action for Julie Turner and Karen Coopman to talk to Donna Bentley about the need to stay on top of auditing because of the extra work.

21/17 Occupational Health update (Sarah Van Zoelen)

No update.

21/18 Update from CBE (Kul Sikand)

PAT Testing has been completed.

BSC contractor has been in and was very good.

There was a query about who picks up the Coolzone annual fee, recalibration and probes. Probe costs to be picked up by schools. Suggested that spare probes be kept by schools. Software costs should not be affected as it is reflective of the number of probes in use.

Action for Julie Turner to check how recalibration is paid for

Clarification was sought of the role of security in checking areas where PPE is required. Was revealed that in other areas security check with departments.

Action for Julie Turner to get security to update the list of areas that they can go into and what PPE is required (and why).

Rod Dring to cover the maternity leave of Jen Bowdrey from early November.

21/19 Update from Chemical Engineering (Tim Coles)

Coolzone hub replaced on 25th June after it failed so temperatures of fridges and freezers are being recorded.

BSC testing flagged a potassium iodide failure on the 6th August for two BSCs. There has been a 10 week wait for FM to schedule a repair which is now due on 20th October. This is a serious safety repair that has led to considerable frustration.

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There have been temperature control issues in S3, ongoing for well over 2 years. It appears that it was originally envisioned that due to the design of the building 24 hour running of all fume cupboards, bio safety cabinets and LEV extracts would be required, but this is not desirable from a sustainability perspective. Peak summer temperatures of over 30 degrees were recorded.

There was a discussion about responsibility for ducted and non-ducted BSC's and whether these should be paid for by FM or schools. There was some clarification but it was decided a conversation including FM colleagues was required.

Action for Julie Turner to write to FM as Chair of the Bio/GM Committee about the Chemical Engineering Bio Safety Cabinets and Temperature controls in S3 and STEM Bio Lab and meet with Rob Sparks about responsibility for ducted and non-ducted Bio Safety Cabinets and UV Bulb for science.

21/20 Update from SSEHS (Tony Goodall)

Nothing to report.

21/21 Update from Science (Paul Roach)

Bio Cabinets are out of specification, but we don't know why!

Been waiting for 2 years for UV bulb installation for Bio cabinets.

Very tight for teaching and lab space.

New autoclave is being installed in November with a quicker turnaround.

New microscopes have been ordered and new cameras will be fitted to old ones.

21/22 Incidents / Near Miss investigations

None.

21/23 Any Other Business

Return to BAU – JT keen to get back to Bio Safety audits and risk assessments as these haven't been done in quite some time. This to be scheduled soon with Ollie Preedy.

Nik Hunt –

Marital Arts Testing Centre running smoothly with increased collections since September. Significant surplus of tiger bags if anybody needs any.

Waste collection contractor has raised two issues:

1. Mixing of orange and yellow bags and tiger bags in one bin at Wavy Top. This may be because Suez are using this bin. Nik will give Suez options to sort this.
2. Padlock on Holywell Park compound needs a new padlock as the numbers are illegible. Nik and Kul to discuss the best option for this.

Contract now covers the nursery and their nappy waste.

21/12 Future meeting dates

09/03/2022

06/07/2022

16/11/2022

Health Safety Environment Statutory Sub Committee Meeting

(Previously LU DAP COMPLIANCE MEETING)



Loughborough University

Minutes

HSESSC22-M1

Minutes of the meeting held on **Thursday 20th January 2022 at 10.30am virtually via Microsoft Teams.**

Michelle Attridge, Secretary

Present and Apologies

To note attendance and apologies.

Attendance: Rob Sparks (chair) Adam Slater, Oliver Preedy, Paul Walker, Jonathan Cripps, Michael Wraight, Nik Hunt, Mike Haynes-Coote, Nigel Worth, Simon Fawcett

Apologies: Neil Budworth, James Holt, Dave Green, Matthew Chadwick

1 Previous Meeting Minutes

HSESSC2-M3

The minutes of the previous meeting were confirmed as a true and accurate record.

All papers and info for this meeting and DAP have moved over to Teams/Sharepoint. All should have access to the necessary folders in teams and the sync function will need to be used so that these folders also appear in the File Explorer folder that all have access to. This is the same folder where workspaces can be found. It is now the University's wish to store all committee meeting and group info in a team/sharepoint folder.

2 Review of Individual DAP Trackers – ALL DAPS

HSESSC2 - DAP Trackers

Each DAP provided a short verbal update on their individual trackers as below:

2.1 – PUWER (SF)

- Currently in the process of finding a successor to this DAP role, to take over from Simon Fawcett. However, there is currently a resource issue as the person in mind works part time. SF will put a case into Ops to try and rectify this.
- The policy was issued in January 2021 and in June 2021 the roll out of audits were carried out across schools and professional services.
- There is a need to establish a higher risks register of items that have arisen from the audits and also to develop an outline mitigation plan to ensure these risks are more closely managed.
- Improvement plans were issued to those areas where compliance needed to be improved.
- Looking at establishing PUWER training that all staff can complete.
- The PUWER policy is up for renewal in December 2022.
- PUWER has not pressed ahead too much over the last 6 months or so as concentrations have been around keeping the schools and professional services open during the pandemic.

2.2 - Pressure Systems (NW)

- The Pressure Systems DAP had concerns in December and at the beginning of January with regard to achieving what needed to be achieved with pressure systems, due to struggles with the workload.
- The work that has been carried has not been at the right level for the inspector to come along and inspect the work.
- The new mechanical engineer that has been appointment is now proving a great help in improving on the work with pressure systems and the University have also engaged with a company called SOS who can help with safety valve repairs and support inspections which will help speed the process up.
- Now getting on top of the workload due to these extra resources.

2.3 - Low Voltage Electricity (MC)

- No discussion as the DAP was not in attendance.

2.4 – LOLER (DS)

- Paul Walker updated on this due to the DAP not able to attend the meeting.
- The policy is currently being reviewed and alterations will be made around asset ownership.
- There is one long standing action around civil cranes which is being dealt with.
- Hopefully the updated policy will be ready for the next H&S Committee.

2.5 – LEV (MW)

- MW took over this role recently from Jonathan and has not had a great deal to do, to date, as it was set up really well.
- Tests were carried out over the summer last year and will be done again this summer. No particular issues other than a couple of discrepancies on paperwork which have now been dealt with.
- A new electronic logbook system is due to be rolled out shortly. Each system should now have a log book and should help make logbook reporting easier. It will also allow us to monitor if logbooks are being completed on a continual basis, rather than checking annually.
- MW is looking for some suitable training for staff, so that they can carry out some of the more basic repairs rather than having to search for a contractor to do this work.
- An audit was carried out in 2021 on current systems around paperwork. A couple of points were highlighted with regard to access to information but generally this was all ok.
- Looking into some control measures for 3D printers and where they may be required. This is an ongoing exercise.
- Currently the number of systems across campus is around 170.

2.6 - Legionella (SP)

- SP new to the role and was able to give a general update.
- One of the main issues is Towers and trying to resolve these issues. We are now at the point where there are around 13 rooms that are still showing positive samples. The rest are now clear.
- The plan is to remove all filters apart from areas where there are still positive results. These areas will be re-tested and filters removed upon a negative result.
- If areas are still showing positive results then taps or outlets will be removed and submerged in a chlorine solution.
- We also now have the GENOX unit which appears to be working.
- SF is currently trying to get to grips with reporting data and stats using the Compass system. Missing assets is a concern because if they are not on COMPASS then they are not being looked at.

2.7 - High Voltage Electricity (AS)

- Maintenance inspections for this year, on all substations on campus, have been done. Oil samples have been taken from the transformers and all reports have been received. The reports show if oil needs to be changed and if there is anything in it that shouldn't be.

- A couple of issues were highlighted and are being dealt with, with the contractor. An LV cable box also needs changing, due to rust, and a quote is being sought for this.
- A new contractor has been appointed to carry out the above works, East Technical Solutions.
- Progress is being made to maintain substations. 7 will be done in 2022 and the others will be scheduled for 2023.
- Staff training is an ongoing issue but arrangements are now being made for staff to attend the HV training. When complete the HV team will consist of 4 members which is more than adequate to run the campus.
- All emergency lighting jacks are looked at on a yearly basis.
- Co2 suppression has recently been carried out and awaiting the report.
- Contractor site audits all on schedule. Remedial works will be completed in due course.
- There is a new piece of cable conditioning kit which will be used ascertain the life of cables and where they need to be replaced.
- There is a new piece of software called PCMD which can transpose all university substations into a computer programme. This can be used to help with switching schedules. It can also be used to set training tasks.

2.8 – Gas (JC)

- Currently keeping an eye on gas safety certificates after some concerns about assets that had been missed.
- The service contract is up for renewal in July. Working with the contracts team to develop a new tender. Potentially looking at incorporating other maintenance activities to be included as part of the same contract.
- A gas safety case was submitted back in August. Still no correspondence received back from HSE. JC will chase this up, but we will press on with this also.
- A gas installation took place late last year. A few issues were raised around plant rooms. The high risk items have been worked through and still working through some of the lower risk items.
- Some of the items picked up do not meet current regulations and we are looking at how we can deal with these situations.
- Working well on gas record drawings. All of the schematics have been completed and are accurate.
- Now need to start working on building layout drawings, but these are a lower priority.
- The majority of Co2 detectors are now in place. Testing requirements for carbon monoxide detectors each year will need writing into the new contract. These will also need replacing every 5 years.
- Some training around gas safety was scheduled last year, but due to covid and other factors this didn't happen. Looking at re-schedule for this year.

2.9 - FGAS (NH)

- Overall in a much stronger position now. Can identify 100% of scheduled assets so much improved compared to 2020.
- Monthly KPI meetings take place to look at performance and to address any issues.
- The register itself is undergoing some asset verification work and we are currently updating drawings to make sure asset tagging is in place. This will continue until the end of March.
- A tender has gone out to extend the contract.
- Work is taking place to ensure assets are being identified and that redundant ones are being removed and degassed.
- Gas replacements need to take place to keep in line with current legislation.
- An internal audit needs to take place during March or April. Any volunteers should contact NH.

2.10 – DSEAR (OP)

- Guidance document still waiting for the Chemical Safety Committee to review.
- Work on the DSEAR register with schools is ongoing. A few minor items have been picked up but compliance is largely good.
- Still some work to do on risk registers to be done around sense checking the inventory. This is to include tenants as well as schools.
- Gas houses – National Grid keep putting up signs to say that these are zone zero, which is not correct. Trying to find a contact at NG to sort this matter out.

2.11 - Asbestos (PW)

- PW gave an update in the absence of James Holt.
- An asbestos incident happened in Towers before Christmas.
- Asbestos that was sandwiched in a door was disturbed which caused the release of fibres.

- A full investigation took place and some retraining of staff took place as a result.
- Asbestos inspections were behind due to staff shortages, but we have put in a short term solution of bringing in a contractor to carry out these inspections in January and February.
- Good feedback has been received with regard to the online asbestos awareness training.

2.12 – Fire (JH)

- James Holt absent. RS to catch up separately with the project team on where we are with fire compartmentation.
- Fire doors and repairs remains a concern.
- Fire door inspections will become more rigorous. This is set to become quite a heavy burden and will do so even more if it is brought in house.
- Recruitment ongoing for joiners that are able to fit fire doors.

3 Raid Log / Reporting Document

DAP Process Spreadsheet – nothing new added.

Dashboard Reporting – nothing new added.

4 Any other Business

The Compliance Newsletter is due to go out shortly. Please contact PW to add any info into this. It is a very useful document that goes out to all committees and wider.

Future meeting dates

Potential meeting dates below subject to change:

28th April 10.30am