



AGENDA

SAF22-A2

Notice of meeting

The next meeting of the Health, Safety and Environment Committee will take place at 2.00pm on Wednesday 25 May 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 24th May.

3 Minutes

SAF22-M1

To CONSIDER the minutes of the meeting held on 2 February 2022.

4 Matters Arising from Previous Meetings

SAF22-P20

To note actions arising from the Minutes.

SECTION A – Items for Discussion

5 Health, Safety and Environment Update: Estates and Facilities Management

SAF22-P21

To RECEIVE a presentation by the Director on health, safety and environment arrangements in place for Estates and Facilities Management excluding Campus Services and Catering.

6 Health, Safety and Environment Update: Student Services

SAF22-P22

To RECEIVE a presentation by the Director of Student Services on health, safety and environment arrangements relating to Student Services.

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

SAF22-P23

To RECEIVE an update from the Director of Health, Safety and Wellbeing.

8 Statutory Compliance Key Performance Indicators

SAF22-P24, SAF22-P25

8.1 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.

8.2 To CONSIDER the compliance for these areas and the actions set to move areas to green to ensure these are appropriate.

9 Radiation Protection Update

SAF22-P26

To RECEIVE an update and ENDORSE associated recommendations.

10 Biological Safety – Human Tissue Act Audit Update

To RECEIVE an update on Biological Safety from the Strategic Scientific Technical Lead.

11 Occupational Health and Wellbeing Service Update

SAF22-P27

To RECEIVE an update and ENDORSE a proposal for a School/Service ratio of wellbeing champions.

12 Stress and Mental Ill Health Provision

SAF22-P28

Arising from M22/5.4, to CONSIDER a report on the University's stress and mental wellbeing provision and any areas which might be strengthened.

12 Environmental Compliance Report

SAF22-P29

To NOTE the Environmental Compliance Report and to CONSIDER a proposed course of action for a non-conformance.

13 Future Business

SAF22-P30

To CONSIDER a proposed approach for future business.

14 Committee Effectiveness

SAF22-P31

To CONSIDER the effectiveness of the Committee.

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 Reports to Health, Safety and Environment Committee**

To RECEIVE the following reports:

- (i) **SAF22-P32**
Fire Officer's Report
- (ii) **SAF22-P33**
Incident Data Report
- (iii) **SAF22-P34**
Annual Report of Ethics Review Sub-Committee for 2021/22

***17 GM/Biosafety Committee Minutes**

SAF22-P35

To RECEIVE the minutes of the GM and Biosafety Committee (meeting on 9 March 2022)

SECTION C – Items for Information

18 Any Other Business

19 Valediction

***20 Dates of Meetings in 2022/23**

Wednesday 5 October 2022 at 2.00pm
Wednesday 1 February 2023 at 2.00pm
Wednesday 24 May 2023 at 2.00pm

Author – M Ashby
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Minutes

SAF22-M1

Minutes of the Health, Safety and Environment Committee held on Wednesday 2 February 2022

Attendance

Members:

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

Apologies for absence:

Paul Conway, David Roomes

In attendance:

M Ashby (Secretary), Michelle Cunningham (Observer), Claudia Eberlein (for M22/3), Gagan Kapoor (for M22/4), Norma King (for M22/3), Julie Turner (for M22/7, 9 10), Hannah Watts (Observer).

22/1 Minutes

SAF21-M3

The minutes of the meeting held on 6 October 2021 were approved.

22/2 Matters Arising from Previous Meetings

SAF22-P1

Actions arising from previous minutes were NOTED and their current status confirmed.

22/3 Health, Safety and Environment Update: School of Science

SAF22-P2

- 3.1 The Committee RECEIVED a presentation by the School of Science Operations Manager on health, safety and environment arrangements in place in the School.
- 3.2 The presentation had identified an increase in workload as being one of the main risks faced by the School's staff. It had noted that an excessive workload had the potential to affect staff wellbeing and mental health, and result in stress-related absences and the cutting of corners. However, the combination of a more collegial working environment within the School and support given by its mental health first aiders had recently led to a noticeable reduction in stress levels amongst staff. The School was seen by the Health and Safety Service to operate best practice in relation to its Mental Health First Aider scheme.

- 3.3 The School was commended on its approach in focusing on a single risk at each School Health and Safety meeting. It was also commended on its strong reporting record.
- 3.4 The Committee was pleased to note the satisfactory health and safety arrangements within the School and thanked the Dean and Operations Manager for their presentation.

22/4 Health, Safety and Environment Update: Residential, Catering and Domestic Services

SAF22-P3

- 4.1 The Committee RECEIVED a presentation by the Head of Residential Catering and Domestic Services on health, safety and environment arrangements within his area of responsibility.
- 4.2 The Service was thanked for its outstanding response during the pandemic in supporting students. It was also commended for the work undertaken to ensure the safety of the water supply within halls of residence during and following periods of low occupancy.
- 4.3 Members noted, in particular, measures that been put in place to improve safety within dining hall kitchens.
- 4.4 The Service took food safety very seriously, and a number of measures had been put in place to minimise risk. It had carried out a detailed internal audit which was to be audited externally. The Service was commended on the thorough approach taken by its managers when carrying out the audit.

22/5 Director of Health, Safety & Wellbeing Report and Covid Update

SAF22-P4

- 5.1 Members RECEIVED an update from the Director of Health, Safety and Wellbeing.
- 5.2 The following points were NOTED in particular:
 - (i) The Health and Safety Service had acted swiftly in response to the arrival of the Omicron variant in the UK in December. It had put in place testing to detect and suppress cases on campus in December and on students' return in the New Year.
 - (ii) The winter graduation ceremonies had taken place successfully in December with safety measure in place to protect participants.
 - (iii) Demand for the Occupational Health and Wellbeing Service continued to be high and was increasing. Turnaround of referrals was swift and usually within a week. The physical launch of the Health and Wellbeing Framework had been postponed until April due to the uncertainty caused by Omicron.
 - (iv) Oversight of the Centre for Faith and Spirituality had changed, and it was now overseen by the Director of Health, Safety and Wellbeing. The Centre was active, and there were more than 400 attendees on its mindfulness and meditation courses. Other activities, such as the bereavement cafes, had seen a big increase in attendance.
 - (v) Pop up vaccination centres were to be set up on campus. Appropriate levels of security would be put in place to ensure the safety of staff and users in light of potential anti-vaccine activities.
 - (vi) Significant action had been taken throughout 2021 to re-engineer the Towers Hall water system to minimise the risk of Legionella, and the water system was now considered to be under control.
- 5.3 The Committee approved a proposal for a lead person to be identified in each multiple occupancy building to oversee fire warden coverage. The identified person would be responsible for coordinating this coverage with other departments in the building. **ACTION: Director of HSW**

- 5.4 The Committee would receive a report at its next meeting on the actions which were being taken to minimise the risks related to stress and mental ill health. The Chair requested that the action being taken to reduce staff workloads and on the measures in place to address the consequences of heavy workloads should be highlighted in particular. **ACTION Director of HSW, OHW Manager**
- 5.5 Members noted that two references within the agenda papers to an incident involving potential asbestos exposure differed slightly. The matter would be investigated, and details of the incident clarified. **ACTION Director of HSW**
- SECRETARY'S NOTE: The Director of HSW sought details of the incident after the meeting. Differing reports of the incident in the agenda papers arose from one referencing the initial report of the incident and the second referencing the report arising from investigation of the incident. An air test following the incident had shown a clear result.**
- 5.6 The Health and Safety Service and Human Resources were thanked by the UCU representative for their outstanding support for staff during the pandemic. Particular mention was made of the action taken by the Strategic Scientific Technical Lead and the Covid Testing Team.

22/6 Health and Safety Annual Report

SAF22-P5

Members RECEIVED the review of progress on the Health and Safety Service Plan for 2020/21 and APPROVED the plan of work for 2021/22.

22/7 Statutory Compliance Key Performance Indicators

SAF22-P6, SAF22-P7

- 7.1 Members RECEIVED updates on statutory compliance key performance indicators. They NOTED progress on the development of key performance indicators for key areas of statutory compliance and actions relating to areas of concern. The Committee confirmed that it was content with the rate of progress.
- 7.2 Members CONSIDERED compliance indicators for biological/chemical/radiation safety and NOTED the action being taken to move areas to a 'Green' status.

22/8 Health, Safety and Environment Risk Rating

SAF22-P8

- 8.1 The Committee ENDORSED a recommendation by the Director of Health, Safety and Wellbeing that the University's overall Health, Safety and Environment risk rating should be changed from 'Amber' to 'Green'. In endorsing the recommendation, members noted that there were three issues which remained of concern, but which had mitigations which were either planned or already in place which had led to the recommendation of a 'Green' rating.
- 8.2 Risks associated with the pandemic had reduced due to the national vaccination programme and the controls instigated within the University. The risk of new variants remained. However, controls were in place to manage these risks.
- 8.3 Legionella had been identified as a significant risk following a decrease in water usage and flow during the pandemic. However, additional controls had been put in place in higher risk buildings, and water usage had increased as the campus had been repopulated.
- 8.4 Fire risk management continued to change and develop following the Grenfell Tower and Bolton student accommodation fires and was being carefully monitored. Mitigation plans had been developed and put in place.
- 8.5 Taking these factors into consideration, the Committee AGREED to recommend the 'Green' risk rating to Senate and Council.

22/9 Annual Radiation Protection Report

SAF22-P9

The Committee ENDORSED the 2021 Annual Report of the Radiation Protection Officer and RECOMMENDED it for submission to Council.

22/10 Chemical and Biological Safety Update

SAF22-P10

- 10.1 The Committee RECEIVED an update on Chemical and Biological Safety from the Strategic Scientific Technical Lead.
- 10.2 Members ENDORSED a proposed seven-point action plan to improve the handling of incidents involving chemicals and to clarify areas of responsibility. The actions reflected the greater levels of trust being placed on staff and proportionate levels of checking. This compared favourably with the more restrictive approach currently taken for ethical review.
ACTION: Strategic Scientific Technical Lead

22/11 Centre for Faith and Spirituality Report

SAF22-P11

- 11.1 The Committee RECEIVED a report from the Centre for Faith and Spirituality and NOTED the extent of reach of the Centre's activities, particularly in times of crisis.
- 11.2 It AGREED that the Occupational Health and Wellbeing Service and the Centre for Faith and Spirituality should provide joint reports to the Committee in the future. **ACTION: Director of HSW, OHW Manager**

22/12 F-Gas Remedial Works

SAF22-P12

- 12.1 The Committee RECEIVED an update on F-Gas remedial works and NOTED recent progress. An internal audit was planned for March/April. If progress remained on track, all assets should have at least one service record by the end of April. This meant that this area could be classed as 'Green' within months. Members noted that there would be a need to ensure that there was a service record for all assets going forward. **ACTION: F-Gas DAP**
- 12.2 Members APPROVED the recommendation of the Duty Authorised Person for this area that reports on progress should in future be made through the Statutory Compliance Sub Committee as a routine compliance assessment. **ACTION: F-Gas DAP**

22/13 Appointment of Sustainability Manager

The Committee RECEIVED a verbal update from the Director of Estates and Facilities Management on progress in the recruitment of a new University Sustainability Manager. The post was being readvertised after only attracting a small number of applications when first advertised. In the meantime, the post's key responsibilities were being covered by colleagues in Estates and Facilities Management.

22/14 Occupational Health and Wellbeing Service Update

SAF22-P13

The Committee RECEIVED an update from the Occupational Health and Wellbeing Manager including an update on health and wellbeing plans and progress.

22/15 Health and Safety Policy

SAF22-P14

The Committee RATIFIED 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.

22/16 Reports to Health, Safety and Environment Committee

The Committee RECEIVED the following reports:

(i) **SAF22-P15**

Fire Officer's Report - Members NOTED a reference in the report to some legacy fire alarms being considered a priority for life safety. The Committee noted that the University was prepared to accept a potential risk to its assets where this could not be avoided. However, it would not countenance arrangements where there was a risk to life. The Fire Officer would be asked to provide further details of the status of the fire alarms in question. **ACTION: Director of HSW**

SECRETARY'S NOTE: Following further investigation, the Director of HSW has established that the fire alarm systems are currently acceptable from a life safety perspective. However, some of the systems may need to be updated before the planned redevelopment of the Student Village has been completed. The Fire Officer is evaluating the risk and developing mitigation options. The outcome of this exercise may impact upon the sequence in which the Student Village is developed.

(ii) **SAF22-P16**

Incident Data Report

(iii) **SAF22-P17**

Insurance Report

22/17 Sub-Committee Minutes

The Committee RECEIVED 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 (meeting on 20th January 2022)

22/18 Sustainability and Social Responsibility Sub-Committee

The Committee NOTED that the Sustainability and Social Responsibility Sub-Committee had been disbanded following its meeting on 6th May 2021.

22/19 Date of Meetings in 2021/22

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
SAF21-M3	52.2	Business Travel Strategy: Combine three emissions-related recommendations into a single recommendation	Associate Head of Sustainability	Feb 2022: Director of Estates and Facilities Management to raise at LU Net Zero Group for them to action
SAF22-M1	5.3	Director of HSW Report: Lead person to be identified in each multiple occupancy building to oversee fire warden coverage.	Director of HSW	Up to this point in time the central H&S team have not had the capacity to follow through on this action. With the arrival of a new Assistant Fire Officer, we should now be able to progress this issue
SAF22-M1	5.4	Director of HSW Report: HSE to receive report at May 22 meeting on actions being taken to minimise risks relating to stress and mental ill health (to highlight measures to reduce heavy workloads + address consequences of heavy workloads)	Director of HSW, OHW Manager	Paper submitted to this HSE Committee meeting (see main agenda)
SAF22-M1	5.5	Director of HSW Report: Clarify details of potential asbestos exposure incident	Director of HSW	Director of HSE sought details of the incident after the meeting, and the reasons for differing reports were established. An air test has since shown a clear result.
SAF22-M1	10	Chemical and Biological Safety Update: Implement seven-point action plan to improve handling of incidents involving chemicals and clarify areas of responsibility.	Strategic Scientific Technical Lead	Action plan has been implemented and is being rolled out to Schools
SAF22-M1	11	Centre for Faith and Spirituality Report: Provide joint reports to HSE in future	Director of HSW, OHW Manager	Where appropriate Chaplaincy reports will be included in either the Director Health, Safety and Wellbeing's report or the Occupational Health report.

Meeting	Minute	Description	Action	Status
SAF22-M1	12	F-Gas Remedial Works: Ensure that there is a service record for all assets going forward	F-Gas DAP	
SAF22-M1	12	F-Gas Remedial Works: Reports on progress should in future be made through the Statutory Compliance Sub-Committee as a routine compliance assessment	F-Gas DAP	Noted
SAF22-M1	16	Fire Officer's Report: Provide details of status of legacy fire alarms which were said to be a priority for life safety	Director of HSW	<p>Feb 22: Director of HSW subsequently established that the fire alarm systems were acceptable from a life safety perspective. However, some systems may need to be updated before the completion of the Student Village redevelopment. Fire Officer to evaluate the risk and developing mitigation options.</p> <p>May 22 Update: A strategy for managing the fire alarms in the Student Village over the next 20 years has been developed and agreed – details in the Fire Officer's report.</p>

HSE Committee School and Professional Service Progress Update

Student Services May '22

Introduction to School or Professional Service – Key facts

- Our Service is located in two main buildings: Bridgeman and the Security Gatehouse, as well as a presence across 16 halls of residence
- Staffing:
 - 174 staff, 159 FTE
- Student demand 20/21:
 - c. 19,330 appointments per year c. 5,408 unique students supported in those appointments
 - c. 13,107 students engaged with our events (including employer events, wellbeing workshops, sexual violence support groups, wellbeing activity e.g. walks, and stressbuster workshops)
 - c. 4,709 unique students engaged with events

Appointments and events are not our only interaction with students, there is phone and email support too, which would push the total interaction figure to around 40,000 for the 20/21 AY.

- Our functions:
 - Careers (Student Development and Graduate Outcomes) plus Academic Language Support
 - Student Wellbeing and Inclusivity
 - Security
 - Hall and Community Wardens
 - Cross service operations including First Contact, Projects, and HR and Finance

Main Risks Identified in Risk Register

- In Security the main risks are:
 - Dealing with incapacitated students
 - Dealing with aggressive or uncooperative people (verbal and physical abuse)
 - Operating vehicles
 - Working anti-social hours
- In the Hall Warden and Community Warden Service the main risks are:
 - Lone working
 - Dealing with incapacitated students
 - Dealing with aggressive or uncooperative students
 - Potential late night call outs
 - Training on risk assessments for events
- In Bridgeman our operation is primarily office based and covered by a DSE assessment with some notable exceptions due to the content of our work:
 - Dealing with students in high levels of distress
 - Hearing and processing often difficult disclosures
 - Working with difficult content in volume
 - Lone working

Progress in Managing Risks Identified

Risk	Action to Mitigate
<ul style="list-style-type: none">• Dealing with incapacitated students• Dealing with aggressive or uncooperative people (verbal and physical abuse)• Operating vehicles• Working anti-social hours• Lone working• Late and incomplete risk assessments for hall events	<ul style="list-style-type: none">• Existing protocols for incapacitated students reviewed• Training provided for staff• Comprehensive review of the risk register post dynamic working and Security have a robust risk assessment process• Proposal for resource to manage risks related to Security work• Lone working protocol specific to Bridgeman, and Wardens. Security also have one specific to those roles inc Community Wardens• Training on risk assessments for hall events
<ul style="list-style-type: none">• Potential late night call outs• Dealing with students in high levels of distress• Hearing and processing often difficult disclosures• Working with difficult content in volume	<ul style="list-style-type: none">• Regular open supervision sessions for hall and community wardens• Established the employment status of Wardens which created greater clarity and consistency in all areas of the warden role including line management and support• Supervision, support and reflective practice for staff• Increases in staffing in Mental Wellbeing

Progress On Health

- Main risks
 - Content of disclosures
 - Dealing with difficult people
 - Lower musculoskeletal issues
- Health surveillance
 - Absence trends report
 - Supervision
 - Training
 - Management support
 - Comprehensive DSE roll out at home as well as on campus
- Areas of progress / concern on health and wellbeing
 - We are working on a cross service wellbeing plan led by our Mental Wellbeing Manager, and our Wellbeing Champion. This will include input from Occupational Health colleagues

Areas of Focus / Development

- We are working with HR on creating a report from ITrent to map our sickness absence trends
- We are about to undertake some moves around Bridgeman to accommodate the E & FM move over, and we will undertake a comprehensive round of DSE checks following on from that
- We are about to undertake a substantial H & S audit of the Bridgeman building - this is scheduled for 19/5/22
- We are about to (re)train all Hall Wardens and Hall Chairs on the correct compilation of risk assessments for hall events ahead of Freshers

Leadership activity

- Leadership training undertaken
 - Director of Service has undertaken the H & S leadership training for senior managers
- We will be rolling out leadership briefings on H&S for all managers across the service – with the purpose of making their responsibilities for day-to-day health, safety and wellbeing clear

Significant Achievements / Practices that Other Areas Could Learn From

- Students at Risk protocol and meetings
- Serious Student Incident process
- Supervision, support and reflective practice for staff

Health, Safety and Environment Committee



Loughborough
University

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:

None – For information / Assurance purposes

Director of Health, Safety and Wellbeing's Report

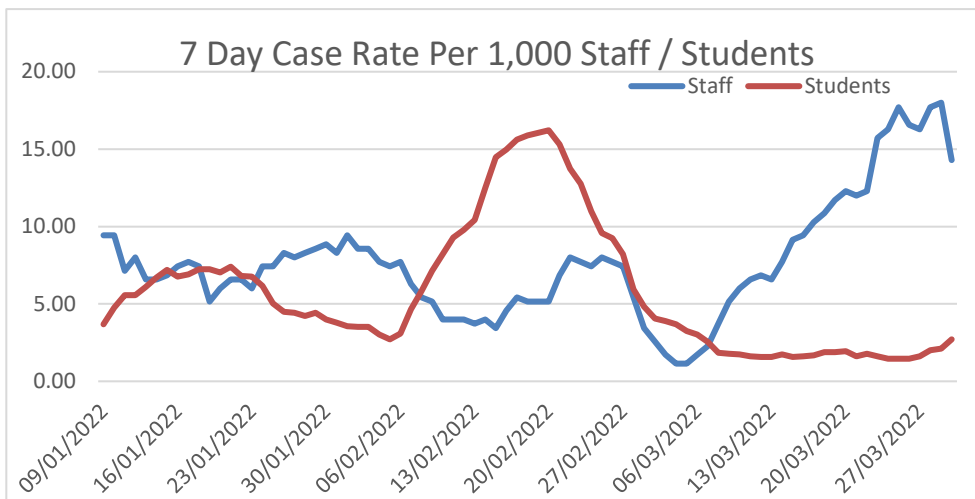
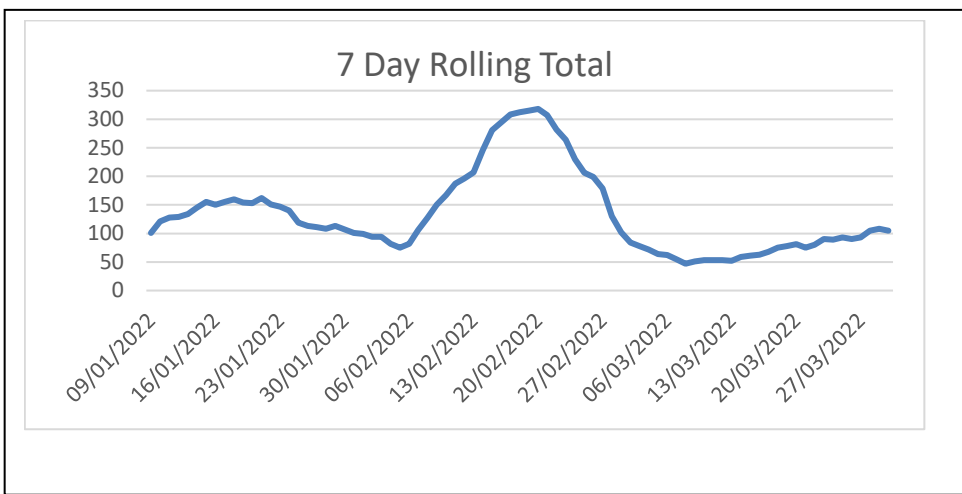
Prepared by Neil Budworth, Director of Health, Safety and Wellbeing May 2022

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 University saw a peak in Covid cases towards the end of February. This was the Omicron wave and resulted in mild infections. At this point the social distance measures between staff and students were effective and there was no resulting rise in staff cases.



However, in line with the general population, as Covid restrictions were relaxed staff cases rose.

In line with the UK Government Covid strategy the University asymptomatic testing facility has been closed and decommissioned in a manner which would allow the University to rapidly re establish the capability if required.

Symptomatic testing capacity is being retained until the end of the 21/22 academic year. Social distancing measures have now been removed.

A lessons learned exercise is to be held on the 20th May and contingency planning for the 22/23 academic year will begin shortly after.

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. As demand levels have now been established the resourcing of the Occupational Health team has been switched from an outsourced provider to directly employed staff a model which delivers more support for the same cost.

The wellbeing programme was fully launched at an event in James France in late April. There was good attendance and the event was well received.

A well being for senior leaders programme is currently being planned.

A bespoke targeted session was also delivered on sun safety to the grounds and garden team. The provider had been carefully selected and the team really enjoyed the session and found it helpful. Skin health checks were made available immediately after the session which did result in one colleague being fast tracked into the NHS system. This approach represents the tailored way in which we aim to work in the future.

Fire Safety

A separate fire report is included in the meeting pack. There are three particular items of note :-

Firstly the University will be audited by Leicestershire Fire and Rescue Service week commencing 13th June. The Fire Safety Officer will ensure Fire Risk Assessments are up to date, and work with colleagues to ensure evidence of maintenance, training and routine checks are available for the audit. The audit focusses on halls of residence, further details are provided in this report.

Secondly the programme for inspection of fire doors is currently not working effectively. The Facilities team were unsuccessful in recruiting staff to inspect fire doors and have now issued a tender to appoint a contractor to deliver the inspection process. To support this the Fire Officer has developed an inspection approach based on life risk.

Finally a strategy has been agreed for managing the fire alarm systems for the student village for the next 20 years.

Significant Incidents

A guest suffered a severe allergic reaction during a private dinner. The incident was investigated and an Incident Review Panel held. On the basis of the findings a member of staff was disciplined and processes were reinforced.

A reportable incident occurred when a student in the school of design and creative arts cut themselves on a needle whilst using a traditional loom. The incident has been investigated but it is unclear how the individual managed to injure themselves in this way.

Legionella

Water quality continues to be carefully monitored in the Towers Hall of residence following the previous challenges with Legionella. We have seen a consistent improvement in water quality as the measures which were put in place have matured. The close monitoring of the system allows any issues to be identified corrected quickly.

Training

Health and safety sessions have been delivered for the University's senior leadership in partnership with Human Applications. Further sessions are being planned where requested.

Chaplaincy

The University Chaplaincy has received high profile visits from the Bishops of Leicester and Loughborough and The President and Vice President of the Methodist Conference.

Planning is underway for an enhanced presence in Freshers' week and the Chaplaincy team have been asked to develop an emotional map of the academic year so that support can be matched with need.

Benchmark discussions have been held with Bristol, Lancaster and Leeds

Neil Budworth

Director of Health, Safety and Wellbeing

13th May 2022

Health Safety Environment Statutory Compliance Sub Committee Meeting Report

Origin: Rob Sparks

Executive Summary

1. There has been no change in the score card since the last report.
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, 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.
4. PSSR Incident. During a recommissioning process of pressure system works at NCAAT, there was a significant and sudden system pressure breach, which resulted in a building evacuation. This incident is under investigation by the HSE Team, from which outcomes will be reported to the committee. This is not reportable externally and no injuries sustained.

Other Committees Consulted

5. None

Equality Diversity and Inclusion Considerations

6. None

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

7. 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.

8. HSESCSC Report Meeting. The HSESCSC met on 28th April 20. The meeting consists of a summary report by each DAP, including current levels 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. Timing of this quarters meeting meant that there were several DAPs absent due to NEBOSH training commitments and leave. However, all areas maintain their individual monthly updates and reports and all issues are being tracked.

Compliance Score Card Summary			
Ser	Compliance Rating	No of Areas	Reason for Change Since Last Report
1	Green	6	No change
2	Amber	6	No change
3	Red	0	No Change
4	Improving Trend	5	No Change
5	Level Trend	7	No Change
6	Declining Trend	0	No Change

9. PSSR. Whilst now green, we have reinstated the role of 'boilerman' in the maintenance team and recruited an experienced pressure systems engineer. This will give us more impartial scrutiny of our systems, with scope for continuous improvement.

10. Gas. 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.

11. F Gas. A recent tender exercise for the F Gas contract has resulted in our incumbent contractor being replaced. This is against the technical advice from the Engineering team and DAP, as they believe the switch in contractors will be detrimental to compliance. Procurement and Director of EM&S are discussing process change to ensure better future outcomes in tender process.

12. HV Electrical. A new method of non-destructive testing and surveying of the HV ring main has commenced and is yielding useful data with which to inform system upgrades and repairs not previously identified. This will reduce the risk of power outages on campus.

13. PUWER. With a new DAP in place, a cycle of auditing PUWER process compliance will commence, from which progress metrics will be established and monitored.

Areas of High Priority.

14. Fire Compliance. The Fire DAP was not available for the Committee mtg, however monthly updates have been maintained with the fire Roadmap implementation plan and RAID Log. There are 3 areas of focus activity which continue

a. Building Fire Compartmentation. Fire compartmentation works have now expanded from tenanted spaces into residential and accommodation areas. Works on student village void barrier work are on site and programmed to complete in May 2022. Fire Survey compartmentation works on the former Burleigh Court Lodge (David Collett F block - first and second floors) are on site and programmed to complete in June 2022.

b. Fire Doors. The residential sleeping accommodation fire door remediation project to achieve compliance is on schedule for completion Q3 2023. There have been some difficulties with the contractor framework process causing delays in awarding contractors works, which the Procurement and FM team are working through.

Fire Door Remediation - Progress Table

Residential Hall	% Comp		Residential Hall	% Comp
Falkner	100		DC form Br. Ct	100
Eggington	100		Whitworth	100
Rutherford	90		Towers West	0
Cayley	100		Towers East	0
Butler Court	20		Royce	0
Telford	50		Faraday	0
David Collett	100		Claudia Parsons	0

c. Fire Extinguishers. Gaps in fire extinguisher servicing and maintenance have been established as part of audit processes by the Fire Officer. A plan to improve stock control and inspection has been agreed and is being implemented.

15. L8 Legionella. Legionella remains rated as amber with a level trend, notwithstanding the most recent issues reported in Towers, which are otherwise now complete.

a. Towers Accommodation. Continued testing of the Towers demonstrates further reductions in legionella counts, to below 5.4% positive results, none of which have

significant cfu levels. All corrective actions remain in place with strict control measures ensuring risk to students is minimised. Due to the improvement trend in data, HSE and PHE have reduced frequency of update meetings from monthly to quarterly. The last meeting was held in April, from which no significant actions are required beyond those already in place. Recommendations were made for not placing vulnerable students in the accommodation (already in place) and notification to students of positive results where POU Filters are required.

b. Water Management Safety Group (WSG). The WSG has now been in place for a year 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. Now driving an improvement action plan consisting of:

a. Asset Management. The accuracy and coverage of the water asset database and the correlation between the physical and electronic record is unsatisfactory. Resources requested to support this activity put to budget review for approvals.

b. Compass. Compass is the data base used to manage all water hygiene defects reported during system surveillance operations. Since taking control the number of system defects has reduced from ~6000 defects to 2800. 57% of remaining defects are 'tolerated defects' and being managed to resolution. The remainder are being managed by a focus team, who prioritise high risk issues.

d. Water Management Audit Action Plan. The Water Hygiene Manager and Director of EM&S meet monthly to drive the action plan and report progress to the WSG. Progress remains good with a further 6 issues completed since the last report. The schedule for completion in June 2022 remains the target, however, of the two remaining high-risk issues, one is asset management of non-standard water cooling systems, which will be closed in June. The second is governance of equipment lifecycle issues which will remain open as an on ongoing management task of asset and data management.

Issues Open - Summary											
Risk Category	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Low	4	4	2	2	0	0	0	0	0	0	0
Medium	20	19	15	14	13	13	11	10	9	8	8
High	14	12	11	9	8	8	5	4	3	2	2
	38	35	28	25	21	21	16	14	12	10	10

Compliance Incidents

16. PSSR. During a recommissioning of pressure system works at NCAAT by a contractor, there was a significant and sudden pressure leak, which resulted in a building evacuation. This incident is under investigation by the HSE Team, from which outcomes will be reported to the committee. This is not reportable externally and no injuries sustained.

Other Reportable Items

17. Two Year Plan. Having achieved compliance improvement and accountability gains over the last two years, we have developed a rolling 2-year roadmap as part of our continuous improvement cycle. There are five areas of focus that build on common issues and themes raised by the DAPs.

- a. To optimise our CAFM system (ArchiBus) and improve the quality of compliance works and reporting.
- b. Auditing and process adherence.
- c. Communication and training.
- d. Compliance records and asset management
- e. Compliance planning.

The plan is reviewed Monthly and discussed more widely moving forward at the main compliance meeting to measure progress and actions assigned, as necessary.

Rob Sparks

Head of Engineering, Maintenance and Sustainability

HSESCSC Chair

Attachments:

1. HSESCSC - Compliance Dashboard – May 21
2. HSESCSC – Meeting Minutes - May 21

Compliance Master Dashboard

DAP Area	Dec	Jan	Feb	Mar	April	May
Asbestos						
1. New PPMs raised for 2022 2. We are now without an FM operative to carry out annual reinspection's- This is now carried out by a Contractor						
DSEAR						
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, review completed of all buildings, felt to be 98% accurate 2. Increased evidence of servicing with all service elements now averaging 98-100% both in terms of completion and timing 3. Contractor response to queries is good and tagging is 95% complete (confirmed)						
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. New to DAP role, require extensive training to bring up skills and knowledge on gas network regulations has commenced. 2. Actions required from Gas Installation Audit 3. HSE visit planned for 2022 for compliance with Gas Safety Case						
HV Electrical						
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						
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						
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						
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						
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						
1. Working to remove assets from the MTHW system to LTHW system in Holywell Park area. This will reduce the legislative requirements. 2. Engaged with specialist support Engineers to help reduce PSSR inspection remedial works. 3. Training of management with PSSR requirements						
PUWER						
1. All School/Dept compliance audits completed & Improvement plans established. Best practise and example work equipment SOPs and RA identified. 2. Audit Baseline, 16000+ items across LU, suggests 66% of items addressed to a Compliance Quality level of 67%. 3. Review of PUWER Policy & PUWER LEARN page is in progress.						

Health Safety Environment Statutory Sub Committee Meeting

(Previously LU DAP COMPLIANCE MEETING)



Loughborough University

Minutes

HSESSC22-M2

Minutes of the meeting held on **Thursday 28th April 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, Nik Hunt, Mike Haynes-Coote, Simon Fawcett, Carolyn Kavanagh, Dave Green

Apologies: Neil Budworth, James Holt, Matthew Chadwick, Scott Phillips, Jonathan Cripps, Nigel Worth, Matthew Polkey, Michael Wraight

1 Previous Meeting Minutes

HSESSC2-M3

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

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/CK)

- SF introduced Carolyn Kavanagh as the new DAP for PUWER. Carolyn is not new to PUWER and is knowledgeable in this area.
- CK is currently getting to grips with the role and is increasing knowledge along with undertaking some training.
- The policy is currently being reviewed and is due to be updated by the end of this year. Perspectives around EDI and other areas will need to be incorporated.
- The PUWER Learn page is currently being updated.
- Previous audits and their action plans are currently being revisited. This will include looking at the asset lists and high risk equipment. The spreadsheet will be updated and will be transferred onto archibus at some point.
- CK will check that walk arounds and audits are taking place in each area.
- Roller shutter devices – audit of equipment has taken place and CK will come back with an update.
- Facilities Management will request for BES to come onto campus to do a second service of these devices. An action plan can then be created.

2.2 - Pressure Systems (MP)

- No discussion as the DAP was not in attendance.

2.3 - Low Voltage Electricity (MC)

- No discussion as the DAP was not in attendance.

2.4 – LOLER (DG)

- Review of the lifting policy is ongoing.
- PW has identified a suitable training course for users of lifting equipment and slings.
- Tagging of LOLER equipment is ongoing and the What 3 Words app will be brought in to help locate equipment. The possible role out of this app across schools/depts is being looked at. The app does work inside and out.
- The issue with the crane in Civil and Building has been resolved. It has been inspected, faults were identified and rectified and it is now compliant again.

2.5 – LEV (MW)

- No discussion as the DAP was not in attendance.

2.6 - Legionella (SP)

- No discussion as the DAP was not in attendance.

2.7 - High Voltage Electricity (AS)

- All substations will be added to the What 3 Words app which will make it easier to direct people to them, rather than doing so via a map.
- Maintenance work at Charnwood and Garendon is now complete. There were a few issues around circuit breakers which had to be replaced, but otherwise all was ok. There will be no HV shutdowns at Charnwood and Garendon for the next 8 years.
- Maintenance for this year has been completed and reports have been received. A few issues were raised around switch gears and cables and repair works are being planned in.
- Michael Wraight has completed all of his HV training courses and he will now complete a 6 month probation period before he can be signed off as being competent.

2.8 – Gas (JC)

- No discussion as the DAP was not in attendance.

2.9 - FGAS (NH)

- FGAS is in a strong position overall at the moment.
- Service delivery is running at 98%-100%.
- The current contractor is delivering well on timescales.
- A lot of work has been done on the asset register which appears to be in a good position.
- Revised processes have been drafted. These have not been issued yet as they need to be re-done due to moving to a different contractor as a result of the recent tender exercise. A meeting will take place with the new contractor shortly. A lot of effort will be needed to bring the new contractor up to speed.
- An internal audit on the environment management system on the FGAS processes is due to take place shortly.
- RS is working with procurement around the tendering processes in terms of possible risks versus price in changing contractors.

2.10 – DSEAR (OP)

- The policy has been reviewed and the guidance document is now complete.
- Waiting on the Chemical Safety Committee to meet to look at the governance aspects.
- Audit schedule being put together to help pick up the areas that currently haven't been audited.
- Risk assessments are in place and are in line with compliance.
- Raid Chart – a tenant that is moving into Charnwood/Garendon is looking at having piped in gases. OP working with the team to ensure that the right level of detectors are in place.
- Gas houses – awaiting on a contractor to come in and do the desired assessments. Discrepancies can then be tackled.

2.11 - Asbestos (PW)

- Asbestos re-inspections are now up to date.
- The new training module for Asbestos has now been rolled out and feedback from staff has been good.

2.12 – Fire (JH)

- No discussion as the DAP was not in attendance.

3 Reporting Document

DAP Process Spreadsheet – nothing new added.

Dashboard Reporting – RS went through the dashboard spreadsheet. This is updated as per when the individual DAP meetings take place.

2 year plan – RS/PW have been looking at this and how further improvements can be made. This will be presented at the next meeting.

4 Any other Business

The Compliance Newsletter is due to go out shortly. Please contact PW to add any info into this.

This was the last meeting in its current format. A new agenda and format will be rolled out at the next meeting. A link to the new master schedule is below:



New HSESCSC
Compliance Dashboar

Permitting system – a new system is being looked at to try and help make the process of managing permits a lot easier.

Future meeting dates

Potential meeting dates below subject to change:

28th July, 10.30am

Health, Safety and Environment Committee



Loughborough
University

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 note progress

Supplementary Reading – N/A

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.

Ionising Radiation

Due to the Environment Agency inspection and catch-up work following covid19 work, all ionising radiation work is back into green. The policy just needs updating with incorporate small admin changes.

Biological Safety and Chemical Safety

Progress has been made in these areas. COSHH audit has been carried out and work is now underway for physical inspection all of areas.




Non-Ionising Radiation

Work has been undertaken in this area and a review is in place. Non-ionising radiation committee chair and H&S have met and planned review of all areas of non-ionising radiation work. Membership and terms of reference of committee is being amended and will come to the next HSE committee.

Audit of all areas with non-ionising radiation sources will take place over the next 6 months.

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%	↑	100%	Audits carried out in April/May 2022
Contingency plans in place and regularly tested	100%	↑	80%	Contingency plans discussed with EA and will be rolled out shortly
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%	↑	100%	Full compliance
Non-Ionising Radiation - Oliver Preedy				
Update to date policy	100%	↑	70%	Review on going
Inventory	90%	↔	50%	Needs updating. Schools struggling to send current location of these sources
Governance committee (regularly meeting)	100%	↑	70%	Membership and ToR being produced
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%	New meetings being planned
Procurement systems in place for regulated Chemicals	100%	↔	90%	
COSHH forms and SOP's in place and up to date	100%	↑	90%	COSHH audit undertaken with good results
Internal audits carried out	100%	↔	75%	
UH&SS (and regulatory bodies audits) carried out	100%	↑	75%	COSHH Audit undertaken

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%	
Internal audits carried out	100%	↔	80%	
UH&SS (and regulatory bodies audits) carried out	100%	↔	50%	Audits timetabled in over next 6 months
Human Tissue Act - Karen Coopman				
Update to date Quality Manual	100%	↔	100%	
Governance committee (regularly meeting)	100%	↔	100%	
Inventory/traceability	100%	↓	70%	Results from SSEHS indicate reduction in traceability
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%	↑	100%	Audit carried out 01/04/2022 in SSEHS

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

Health, Safety and Environment Committee



Occupational Health and Wellbeing update

Origin: Sarah van Zoelen Occupational Health and Wellbeing Manager

Executive Summary

This paper outlines the current utilisation of the Occupational Health Service, along with the staff wellbeing initiatives undertaken during this period. Information is included regarding our stakeholders (counselling and physiotherapy) and an update regarding the software status for managing medical records.

Other Committees Consulted

No

Equality Diversity and Inclusion Considerations

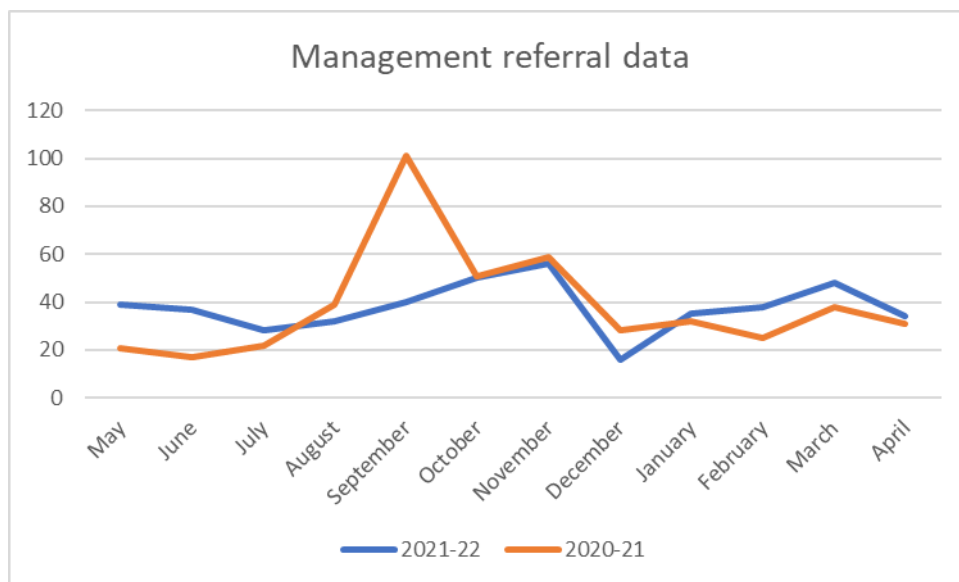
No

Action Required:

We are seeking approval of a proposal for a school/service ratio of wellbeing champions being 1:50 employees.

Occupational Health and Wellbeing update May 2022

Clinic utilisation - Management referrals into the service continue to be consistent, the peak in 2020 being specific to pandemic lockdown concerns. Mental health and musculoskeletal issues continue to be the main reasons for referral.



The Occupational Health department now consists of a full time Manager, x2 Occupational Health advisers (one being a trainee role) 1.2 WTE, a contracted Occupational Health Physician attending one day per month and Occupational Health administration support 0.4WTE. This has provided a greater infrastructure to the service.

Wellbeing framework update. The number of wellbeing champions recruited remains low. At present, we have 22 champions who cover the following areas: Marketing, Finance, AACME, Wolfson, Student Services, payroll, VCO office, Social Sciences and ABCE.

More and more is being publicised in the news detailing how traditional medicine approaches are not effective for managing health conditions (examples include <https://www.bbc.co.uk/news/health-61309962>, <https://www.bbc.co.uk/news/health-61255733>) and there is a need to educate our staff on how to manage their health and wellbeing, how to utilise the support we have on offer, communicate our extensive research base (<https://www.bbc.co.uk/news/uk-england-nottinghamshire-61400560>) which is pioneering support in the community, along with developing the community benefits within teams.

To deliver the strategic aims of the University in terms of health and wellbeing – we would like to propose that there is a recommended minimum number of champions per school/service of 1 per 50 staff members. This would allow for greater communication of wellbeing events, stakeholder support, staff engagement and earlier intervention which is associated with improved health outcomes.

Wellbeing launch. The launch was delivered in James France and consisted of a stakeholder's marketplace along with relevant health and wellbeing lectures. The VC Nick Jennings opened the event and outlined how staff Health and wellbeing aligned to the University Strategy. The event provided a networking opportunity for our employees and stakeholders who continue to support us in managing the health and wellbeing needs of our employees. The stakeholder's

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feedback has been very positive with good attendance at all stalls throughout the afternoon, onward referrals were made at the event for those at the point of need. One aim of the event was to highlight both internal and external collaboration, to achieve this the lectures that were delivered were from a combination of external stakeholders, an internal lecturer from SSEHS and a colleague from Research and Enterprise. Feedback from those who attended has also been very positive: with both the external stakeholder and internal lecturer receiving feedback of 4 out of 5 stars from those in attendance. The lecture from the research and enterprise colleague was given feedback of 2/5 however this has been relayed to allow for the individuals professional development moving forwards.

By collaborating internally, we aim to bridge the gap between theory and practice and utilise the knowledge and skill set of our academics. Many of our academics offer support commercially when their knowledge would also be of benefit to our University and the challenges we face. This collaboration is being further developed and we are working with a Loughborough Academic colleague to deliver compassionate leadership sessions to our senior leadership teams.

New starters fayre – this provided a further opportunity to showcase the support on offer from the Occupational Health and Wellbeing team to those who have joined the University over the last 2 years.

Bespoke sun health promotion session for grounds and gardens – as part of the wellbeing framework aims for delivering specific, relevant health education across campus, we conducted our first Sun Health education session for our grounds and gardens teams. The session was delivered by Nuffield Health and a Consultant dermatologist carried out a presentation, guidance of skin protection and a drop in clinic afterwards to signpost anyone with any concerns relating to skin moles, tags and lesions. A significant outcome of the clinic was a fast-tracked referral for member of staff.

Feedback from the event has been very positive a straw poll by the manager provided this feedback:

- *Really informative, really enjoyed it.*
- *Lucky to have access to somebody in the health service with such specialised knowledge.*
- *Thought it was going to be 2 hours of being told how to put sun cream on but it was brilliant. Pitched just right, he got to the point quickly.*
- *Very educational*
- *Good – I knew very little about skin cancer and now I know a lot.*

- *Brilliant, went home and checked my sun cream for star value.*
- *Great to get my moles checked out there and then*
- *Great to have my mind put at rest*
- *Very interesting. I learnt a lot and was very grateful.*
- *Good to know which moles are dangerous and what to look out for*
- *And more of the same really. They are a hard bunch to please and I think this is just about the most positive I have known them after a 'course'.*

Once more schools and services come onboard and join the wellbeing framework, the needs assessment will identify areas for priority input and education, and we can then continue to deliver relevant support.

Wellbeing Cafés – we continue to run Wellbeing Café's every 2 weeks. These are currently held in the Village bar and are a space for staff to be signposted for any wellbeing concerns. We are developing a lifestyle medicine theme for each café to help educate our staff on a wide range of health and wellbeing issues.

Webinars: In association with SuperWellness we continue to offer health and wellbeing webinars every 2 months on a wide range of subjects from Mens Health to menopause, digestion and metabolism to mental health resilience. Following the Wellbeing Launch event, Active Together have also committed to providing a second webinar on Menopause due to demand.

Stakeholder update:

Employee Assistance programme- Health Assured. We have a utilisation of 11% for employees accessing the EAP. (This data can be found in the appendix.) The main reasons for engagement continue to be related to the counselling support with anxiety and low mood being the top 2 categories for support, this is consistent across the Health Assured wider business. The management data reporting is due to evolve over coming months to be sector specific to allow for benchmarking with other organisations in higher education. In the 12 month period, a total of 440 calls to the service have been recorded.

Category	Professional Services	PhD Students	Loughborough University - Parent	IMAGO	Academic Schools	Total
Mental Health	75	2	18	5	88	188
Work	9	0	0	0	16	25
Service Enquiry	20	7	0	0	73	100
Legal	15	0	0	3	20	38
Relationships	34	0	0	3	7	44
Life Event	5	0	0	0	16	21
Parental Support	0	0	0	0	3	3
Physical Health	6	0	0	0	11	17
Self Identity	0	0	0	0	0	0
Financial	0	0	0	0	0	0
Trauma	0	0	0	0	4	4
Whistleblowing	0	0	0	0	0	0
Grand Total	164	9	18	11	238	440

Our EAP contract manager attended the physical wellbeing launch event and has presented virtually to our wellbeing champions.

Remploy- The Department for Work and Pensions service have committed to running virtual mental health support clinics for Loughborough University. Previously this has been offered on a case by case basis. The first will be held on the 9th June. Remploy will provide high level data regarding uptake, reasons for attendance and support given and will provide comparative data with other higher education institutions. Our Remploy contract manager attended the physical wellbeing launch event and is due to present virtually to our wellbeing champions.

Physiotherapy- Our inhouse physiotherapy team continue to provide physiotherapy to support those staff with musculoskeletal concerns. In 2020-21 159 appointments were given to employees following Occupational health referral, the first half of 2021-22 has shown 104 appointments being given, indicating a higher predicted utilisation this year. Musculoskeletal concerns and mental health continue to be the biggest cause of absence and workplace ill health. The physiotherapy team attended the wellbeing launch.

Software update- The configuration and implementation of Occupational Health specific software - OPAS G2 is currently underway. We are working with the project implementation team in IT, and the supplier Civica to embed a system which will provide greater data protection of medical records and health data, greater statistical opportunity and ultimately has the ability to reduce workload for HR once managers are trained to input management referrals directly. At present, the testing period is due to go live followed by training which is planned for June. The goal is to go live in August 2022. Due to IT challenges, a planned weekly refresh of data from

itrent into OPAS will not commence until potentially as late as 12 months after go live with OPAS which will inevitably compromised data cleanliness.

Supplementary Reading – Corporate MI Report (attached)



Prepared for: Loughborough University - Parent
Prepared by: Health Assured



Working with VDUs

Most problems are caused by the way in which a VDU is used rather than the VDU itself. Problems can be avoided by the good design of your workstation and the way you use your VDU.

Some users may get aches and pains in their hands, wrists, arms, neck, shoulders or back, especially after long periods of uninterrupted VDU work. Problems can be avoided by:

- Taking frequent short breaks
- Changing your posture as frequently as possible
- Assuming a more comfortable position when using the VDU
- Adjusting your keyboard to get a good keying in position
- Positioning your mouse within easy reach
- Adjusting the brightness and contrast on your screen

Intensive use of the mouse or trackball may give rise to aches and pains in the fingers, hands, wrists, arms or shoulders, as the mouse concentrates activity onto one hand and arm. Again risks can be reduced by adopting a good posture and technique and taking frequent breaks during prolonged work. Also place the mouse close so it can be used with a relaxed arm and straight wrist. It can also help to support the arm on the desk or arm of the chair. Alternatively, try a different shaped or sized mouse or switch to a trackball.

How can I avoid headaches?

If you do get headaches when using a VDU they are usually a result of:

- Screen glare or poor image quality, in which case make the necessary adjustments;
- A need for different glasses;
- Reading the screen for too long, in which case you need to build in breaks into your work schedule; and
- Poor posture. Check your workstation layout, your seat position and how you sit at your workstation.

What is the best advice for using laptops?

Laptops and other portable computers have design features like small keyboards that can make prolonged use uncomfortable. So use full size equipment where possible for prolonged work or a docking station. If using a laptop ensure that you are sitting comfortably, angle the screen to minimise reflections, place the laptop on a firm surface and at the right height for using the keyboard.

The annualised utilisation for Loughborough University - Parent is 11.1%, calculated as counselling and advice calls against employee headcount of 3,951.

A total of 440 calls have been logged within the current reporting period.

402 of these were counselling calls.

Counselling calls account for 91.4% of all calls, sitting above our benchmark of 74.0% by 17.4%

Anxiety was the most common reason, accounting for 26.1% of overall counselling engagement. This was followed by Service Enquiry 24.9% and Low Mood 10.4%.

38 of these were advice calls.

Advice calls account for 8.6% of all calls, sitting below our benchmark of 26.0% by 17.4%

Employment was the most common reason, accounting for 60.5% of overall advice engagement. This was followed by Housing 10.5% and Landlord & Tenant 7.9%.

In terms of formal counselling engagement there has been:

- 1 referrals for face-to-face counselling, with a total of 0 sessions being delivered
- 34 referrals for structured telephone counselling, with a total of 188 sessions being delivered
- 24 referrals for online counselling, with a total of 108 sessions being delivered
- 2 referrals for online CBT counselling, with a total of 0 sessions being delivered

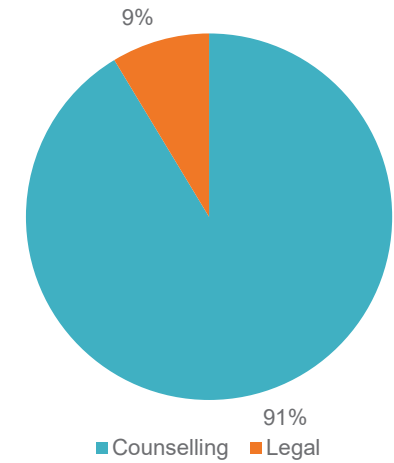
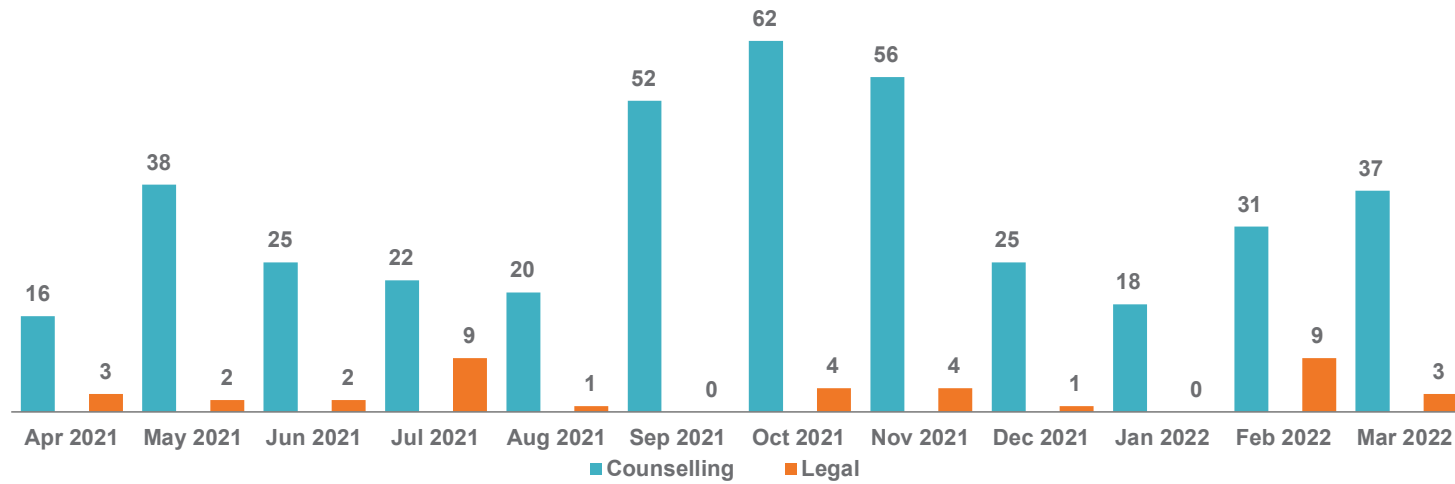
The online portal has received a total of 1,071 hits within the current reporting period.

After engaging in structured therapy, the Generalised Anxiety Disorder (GAD-7) average score reduced from 1.9 to 0.8 and the average Patient Health Questionnaire (PHQ-9) score reduced from 1.4 to 0.5.

The Workplace Outcomes Suite (WOS) demonstrates the value of the EAP and the positive impact that the service is having on employees. At the start of therapy 21.9% of employees were out of work, after engaging in therapy this reduced to 6.3% with 71.0% of employees returning to work.

	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Total	Total
Counselling	16	38	25	22	20	52	62	56	25	18	31	37	402	91%
Legal	3	2	2	9	1	0	4	4	1	0	9	3	38	9%
Overall	19	40	27	31	21	52	66	60	26	18	40	40	440	100%

Call Summary



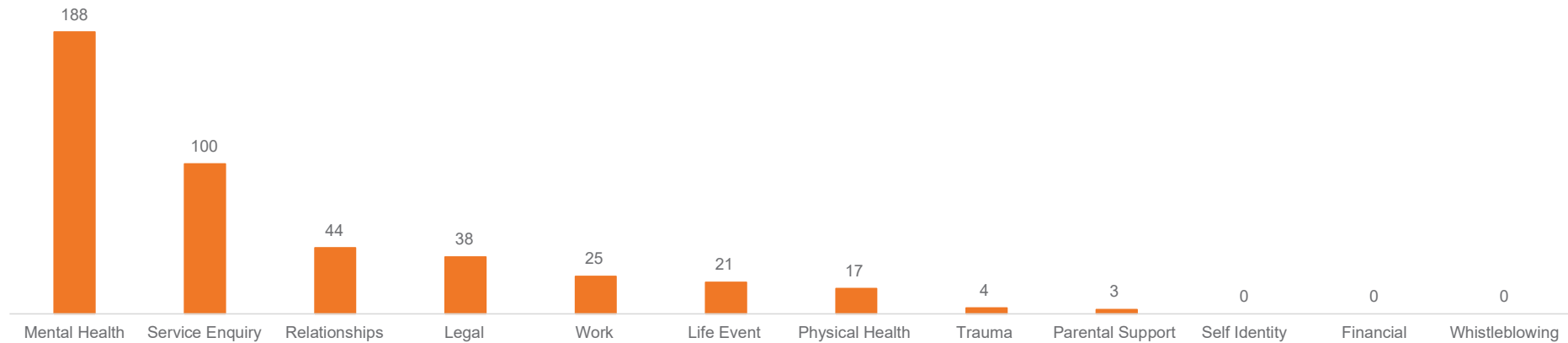
	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Total
Counselling calls	16	38	25	22	20	52	62	56	25	18	31	37	402
Legal calls	3	2	2	9	1	0	4	4	1	0	9	3	38
Face to face counselling cases	0	0	0	0	0	1	0	0	0	0	0	0	1
Face to face counselling sessions	0	0	0	0	0	0	0	0	0	0	0	0	0
Telephone counselling cases	0	6	5	0	2	4	4	7	3	0	2	1	34
Telephone counselling sessions	8	4	21	24	5	9	20	19	29	29	13	7	188
Online CBT cases	0	0	0	0	1	0	0	0	0	0	1	0	2
Online CBT sessions	0	0	0	0	0	0	0	0	0	0	0	0	0
Online counselling cases	1	3	1	3	0	5	3	2	0	1	2	3	24
Online counselling sessions	4	7	9	9	10	8	11	14	16	2	8	10	108
Management referral cases	1	3	3	1	2	9	2	7	2	0	5	2	37
Monitored cases	0	0	0	0	0	0	0	0	0	0	0	1	1
Online hits	94	9	25	3	120	118	184	158	95	130	93	42	1,071

Utilisation Summary



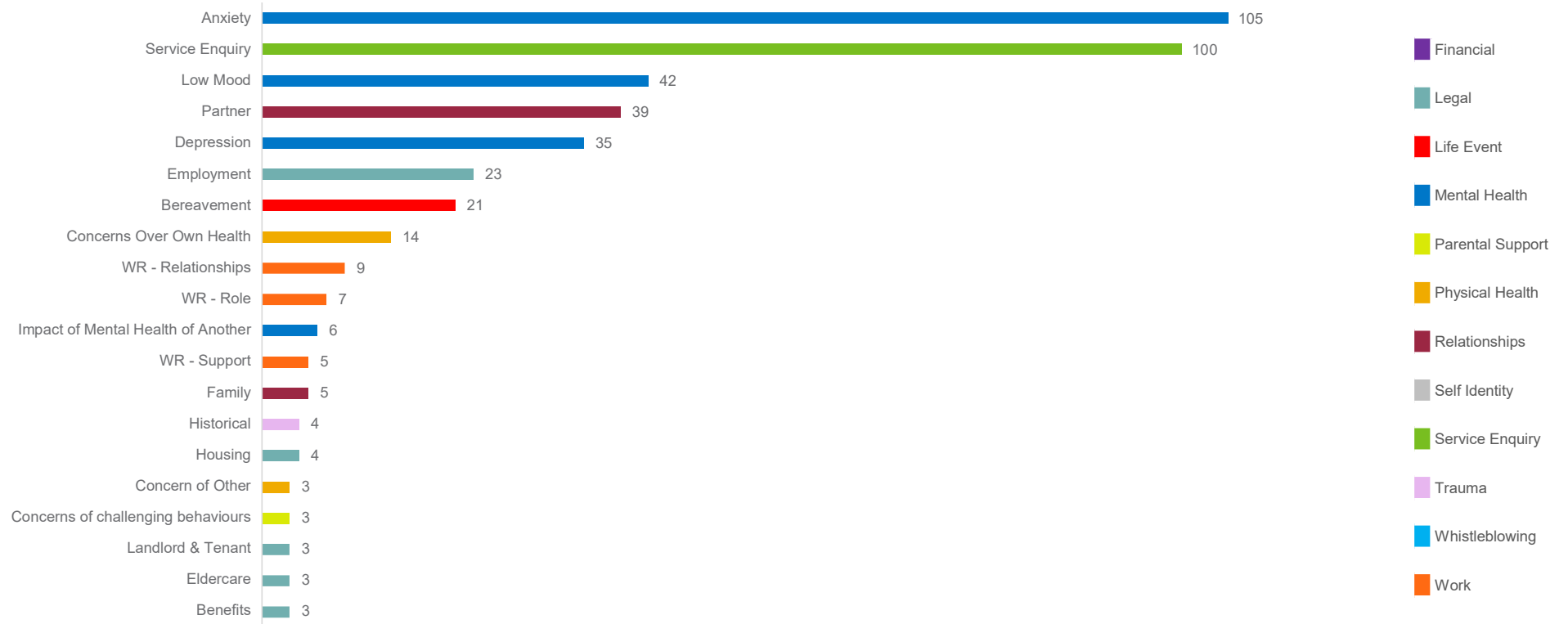
	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Total
Mental Health	8	21	8	7	3	28	29	17	17	8	23	19	188
Service Enquiry	0	11	16	8	12	8	13	26	0	2	2	2	100
Relationships	0	0	0	5	3	8	9	6	2	2	3	6	44
Legal	3	2	2	9	1	0	4	4	1	0	9	3	38
Work	0	6	1	0	1	1	6	1	2	0	0	7	25
Life Event	5	0	0	0	1	7	3	0	0	2	3	0	21
Physical Health	3	0	0	2	0	0	2	2	4	4	0	0	17
Trauma	0	0	0	0	0	0	0	4	0	0	0	0	4
Parental Support	0	0	0	0	0	0	0	0	0	0	0	3	3
Self Identity	0	0	0	0	0	0	0	0	0	0	0	0	0
Financial	0	0	0	0	0	0	0	0	0	0	0	0	0
Whistleblowing	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	19	40	27	31	21	52	66	60	26	18	40	40	440

Calls by Category



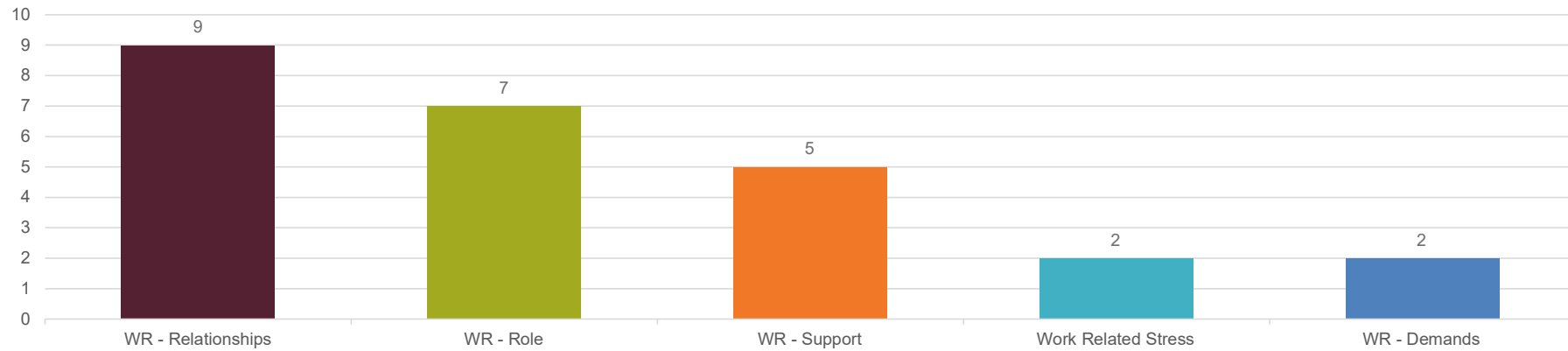
	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Total
Anxiety	2	17	5	3	0	9	15	5	8	7	23	11	105
Service Enquiry	0	11	16	8	12	8	13	26	0	2	2	2	100
Low Mood	2	4	3	4	3	17	4	0	2	1	0	2	42
Partner	0	0	0	2	3	8	8	5	2	2	3	6	39
Depression	0	0	0	0	0	2	10	10	7	0	0	6	35
Employment	3	2	2	2	0	0	3	4	0	0	5	2	23
Bereavement	5	0	0	0	1	7	3	0	0	2	3	0	21
Concerns Over Own Health	0	0	0	2	0	0	2	2	4	4	0	0	14
WR - Relationships	0	0	0	0	0	0	2	0	0	0	0	7	9
WR - Role	0	4	0	0	1	0	0	0	2	0	0	0	7
Impact of Mental Health of Another	4	0	0	0	0	0	0	2	0	0	0	0	6
WR - Support	0	0	0	0	0	0	4	1	0	0	0	0	5
Family	0	0	0	3	0	0	1	1	0	0	0	0	5
Historical	0	0	0	0	0	0	0	4	0	0	0	0	4
Housing	0	0	0	3	0	0	0	0	1	0	0	0	4
Concern of Other	3	0	0	0	0	0	0	0	0	0	0	0	3
Concerns of challenging behaviours	0	0	0	0	0	0	0	0	0	0	0	3	3
Landlord & Tenant	0	0	0	0	0	0	0	0	0	0	3	0	3
Eldercare	0	0	0	3	0	0	0	0	0	0	0	0	3
Benefits	0	0	0	0	1	0	0	0	0	0	1	1	3
WR - Demands	0	2	0	0	0	0	0	0	0	0	0	0	2
Work Related Stress	0	0	1	0	0	1	0	0	0	0	0	0	2
Divorce & Separation (Legal)	0	0	0	1	0	0	0	0	0	0	0	0	1
Childcare	0	0	0	0	0	0	1	0	0	0	0	0	1
Grand Total	19	40	27	31	21	52	66	60	26	18	40	40	440

Counselling Call Categories



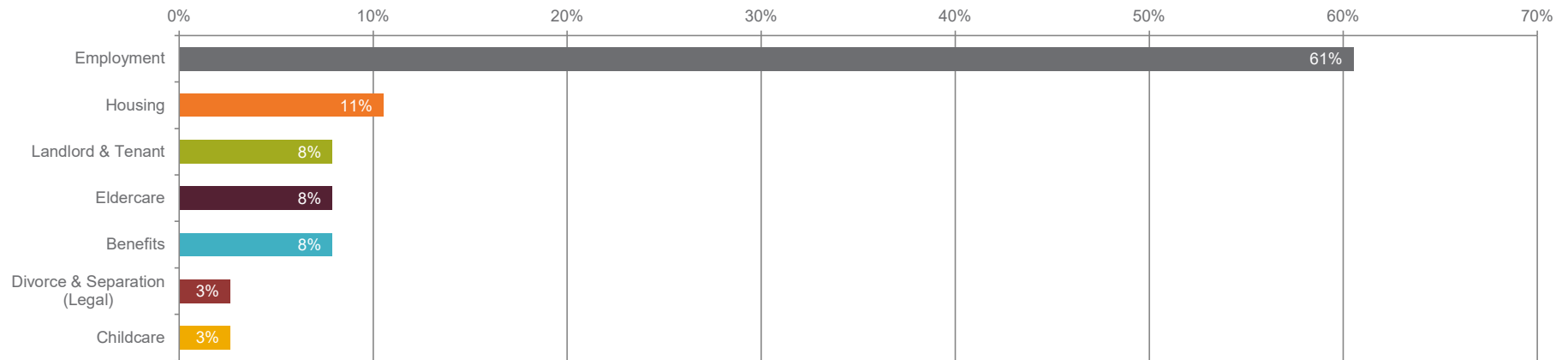
	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Total
WR - Relationships	0	0	0	0	0	0	2	0	0	0	0	7	9
WR - Role	0	4	0	0	1	0	0	0	2	0	0	0	7
WR - Support	0	0	0	0	0	0	4	1	0	0	0	0	5
Work Related Stress	0	0	1	0	0	1	0	0	0	0	0	0	2
WR - Demands	0	2	0	0	0	0	0	0	0	0	0	0	2
Grand Total	0	6	1	0	1	1	6	1	2	0	0	7	25

Work Related Calls



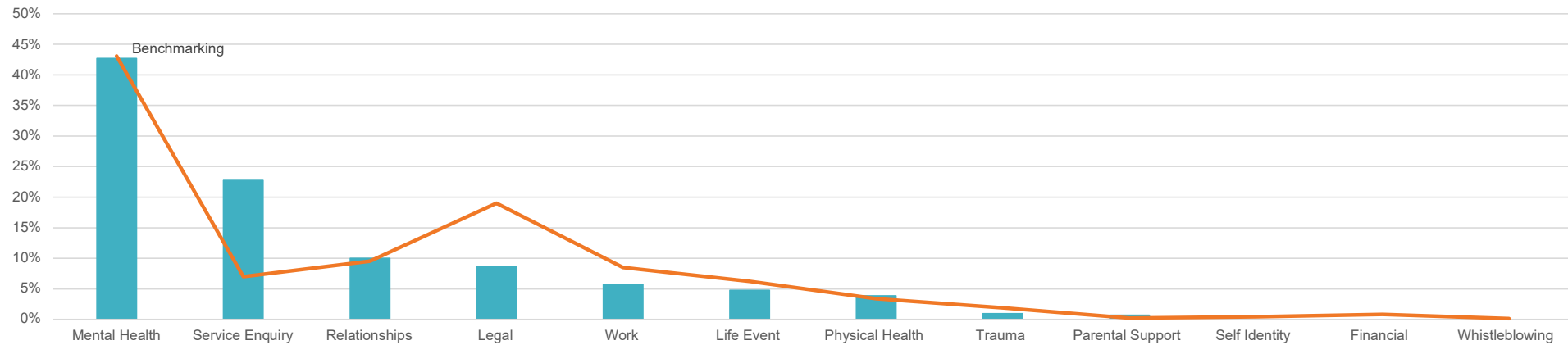
	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Total
Employment	3	2	2	2	0	0	3	4	0	0	5	2	23
Housing	0	0	0	3	0	0	0	0	1	0	0	0	4
Landlord & Tenant	0	0	0	0	0	0	0	0	0	0	3	0	3
Eldercare	0	0	0	3	0	0	0	0	0	0	0	0	3
Benefits	0	0	0	0	1	0	0	0	0	0	1	1	3
Divorce & Separation (Legal)	0	0	0	1	0	0	0	0	0	0	0	0	1
Childcare	0	0	0	0	0	0	1	0	0	0	0	0	1
Grand Total	3	2	2	9	1	0	4	4	1	0	9	3	38

Legal Calls



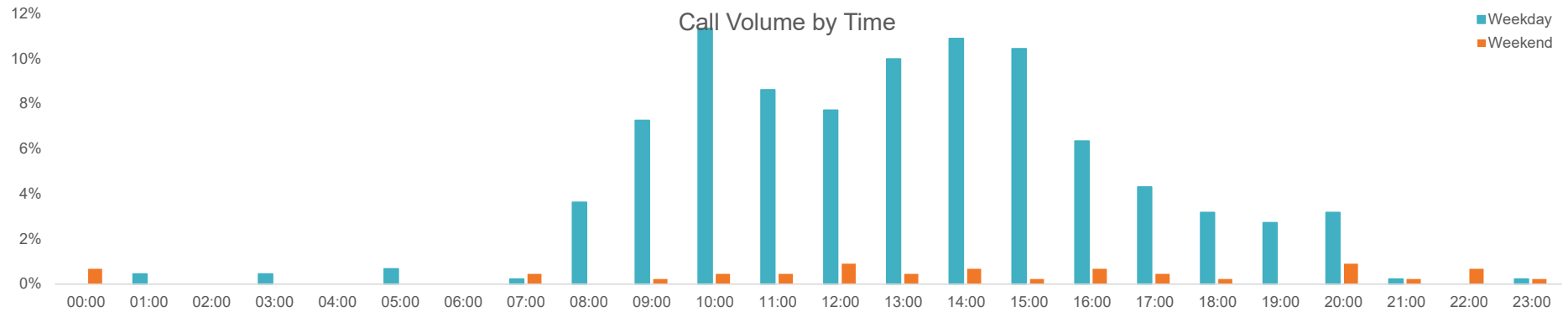
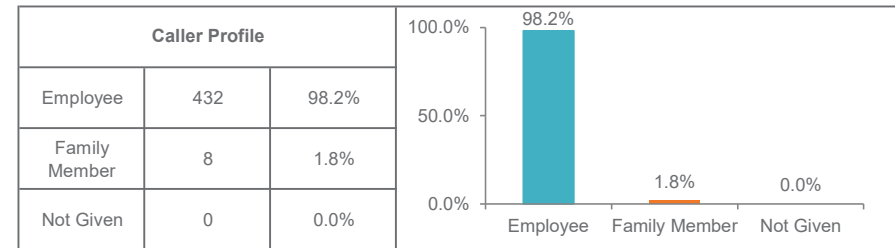
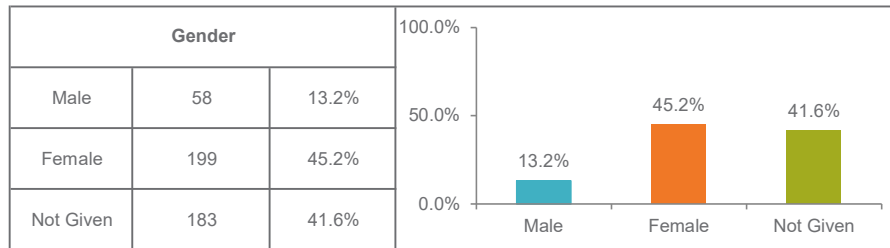
	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Total	Split by %	Benchmarking
Mental Health	8	21	8	7	3	28	29	17	17	8	23	19	188	43%	43%
Service Enquiry	0	11	16	8	12	8	13	26	0	2	2	2	100	23%	7%
Relationships	0	0	0	5	3	8	9	6	2	2	3	6	44	10%	10%
Legal	3	2	2	9	1	0	4	4	1	0	9	3	38	9%	19%
Work	0	6	1	0	1	1	6	1	2	0	0	7	25	6%	9%
Life Event	5	0	0	0	1	7	3	0	0	2	3	0	21	5%	6%
Physical Health	3	0	0	2	0	0	2	2	4	4	0	0	17	4%	3%
Trauma	0	0	0	0	0	0	0	4	0	0	0	0	4	1%	2%
Parental Support	0	0	0	0	0	0	0	0	0	0	0	3	3	1%	0%
Self Identity	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0%
Financial	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	1%
Whistleblowing	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0%
Grand Total	19	40	27	31	21	52	66	60	26	18	40	40	440	100%	100%

Benchmarking



Category	Professional Services	PhD Students	Loughborough University - Parent	IMAGO	Academic Schools	Total
Mental Health	75	2	18	5	88	188
Work	9	0	0	0	16	25
Service Enquiry	20	7	0	0	73	100
Legal	15	0	0	3	20	38
Relationships	34	0	0	3	7	44
Life Event	5	0	0	0	16	21
Parental Support	0	0	0	0	3	3
Physical Health	6	0	0	0	11	17
Self Identity	0	0	0	0	0	0
Financial	0	0	0	0	0	0
Trauma	0	0	0	0	4	4
Whistleblowing	0	0	0	0	0	0
Grand Total	164	9	18	11	238	440

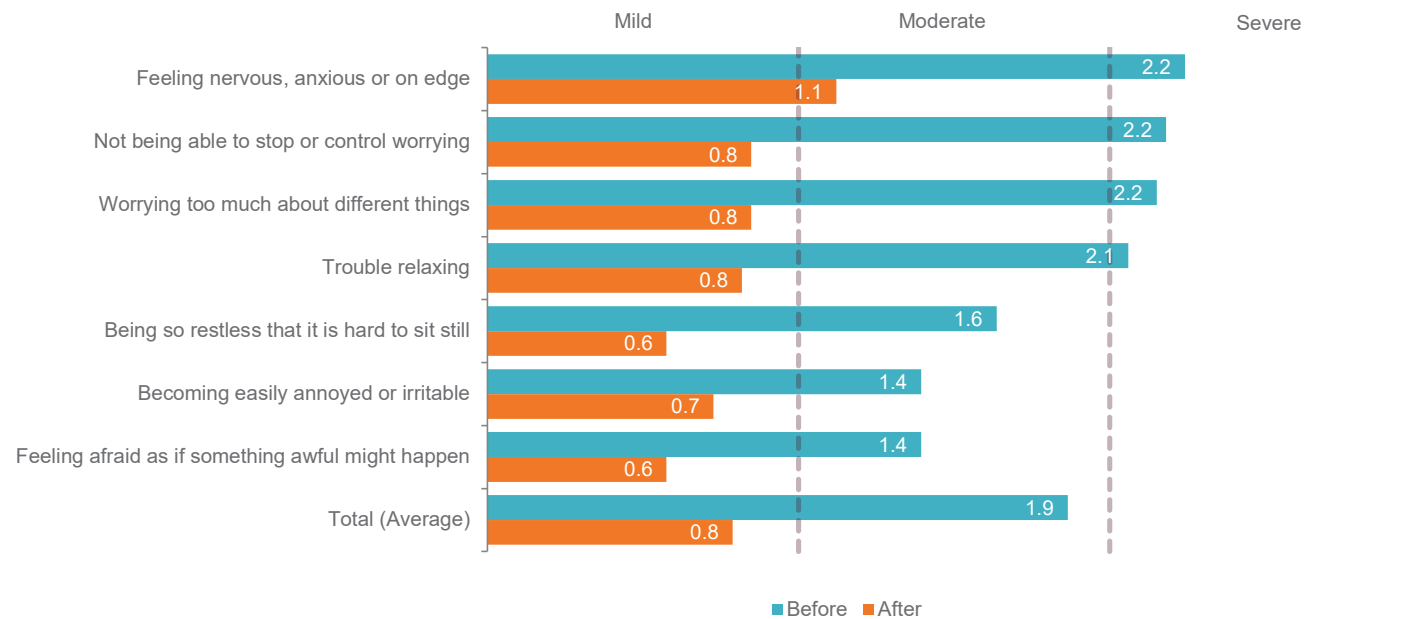
Category	Professional Services	PhD Students	Loughborough University - Parent	IMAGO	Academic Schools	Total
Face to face counselling cases	0	0	0	0	1	1
Face to face counselling sessions	0	0	0	0	0	0
Telephone counselling cases	10	1	0	2	21	34
Telephone counselling sessions	53	7	0	12	116	188
Online CBT cases	2	0	0	0	0	2
Online CBT sessions	0	0	0	0	0	0
Online counselling cases	11	0	2	1	10	24
Online counselling sessions	41	0	8	3	56	108
Management referral cases	13	0	2	2	20	37
Monitored cases	1	0	0	0	0	1



	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Total
Monitored cases (YTD)	0	0	0	0	0	0	0	0	0	0	0	1	1
Manager Helpline Referrals	1	3	3	1	2	9	2	7	2	0	5	2	37

	Start of Therapy	End of Therapy
<i>Over the last 2 weeks, how often have you been bothered by the following problems?</i>		
Feeling nervous, anxious or on edge	2.2	1.1
Not being able to stop or control worrying	2.2	0.8
Worrying too much about different things	2.2	0.8
Trouble relaxing	2.1	0.8
Being so restless that it is hard to sit still	1.6	0.6
Becoming easily annoyed or irritable	1.4	0.7
Feeling afraid as if something awful might happen	1.4	0.6
Total (Average)	1.9	0.8

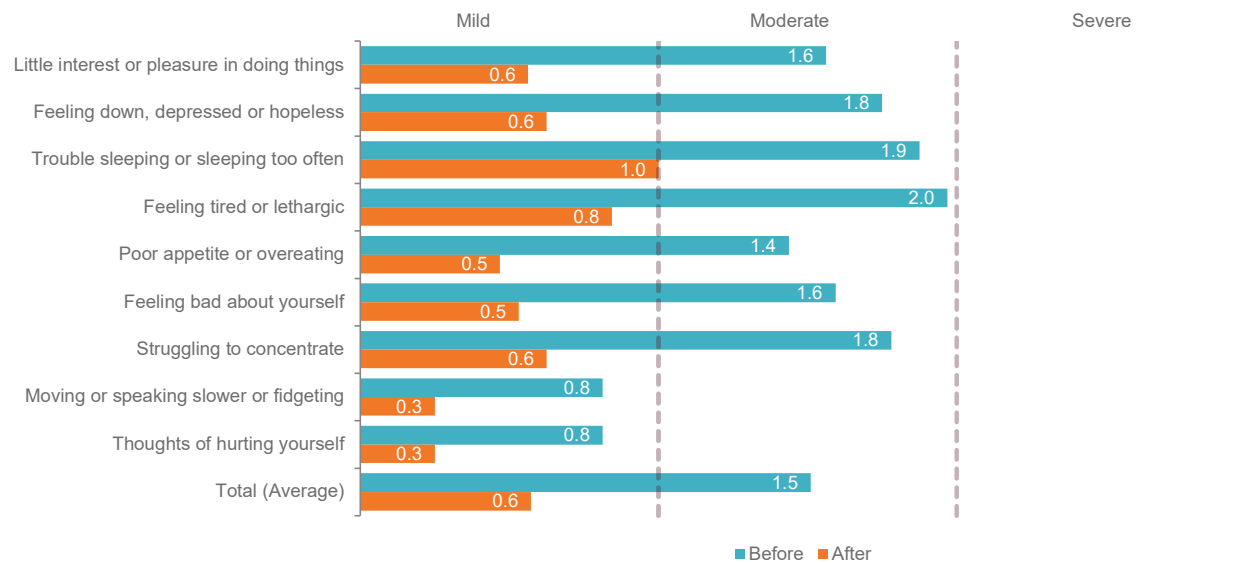
KEY: 0 = Not at all, 1 = Several days, 2 = More than half the days, 3 = Nearly every day



Following structured therapy there has been a 57.9% improvement in the GAD-7 scores

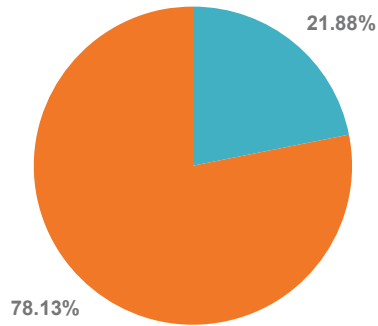
	Start of Therapy	End of Therapy
<i>Over the last 2 weeks, how often have you been bothered by the following problems?</i>		
Little interest or pleasure in doing things	1.6	0.6
Feeling down, depressed, or hopeless	1.8	0.6
Trouble sleeping or sleeping too much	1.9	1.0
Feeling tired or having little energy	2.0	0.8
Poor appetite or overeating	1.4	0.5
Feeling bad about yourself	1.6	0.5
Trouble concentrating on things	1.8	0.6
Moving or speaking slowly	0.8	0.3
Thoughts of hurting yourself	0.8	0.3
Total (Average)	1.5	0.6

KEY: 0 - Not at all, 1 - Several days, 2 - More than half the days, 3 - Nearly every day

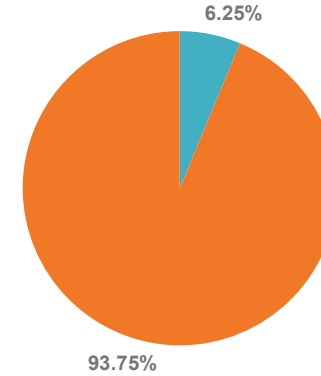


Following structured therapy there has been a 64.3% improvement in the PHQ-9 scores

Start of Therapy

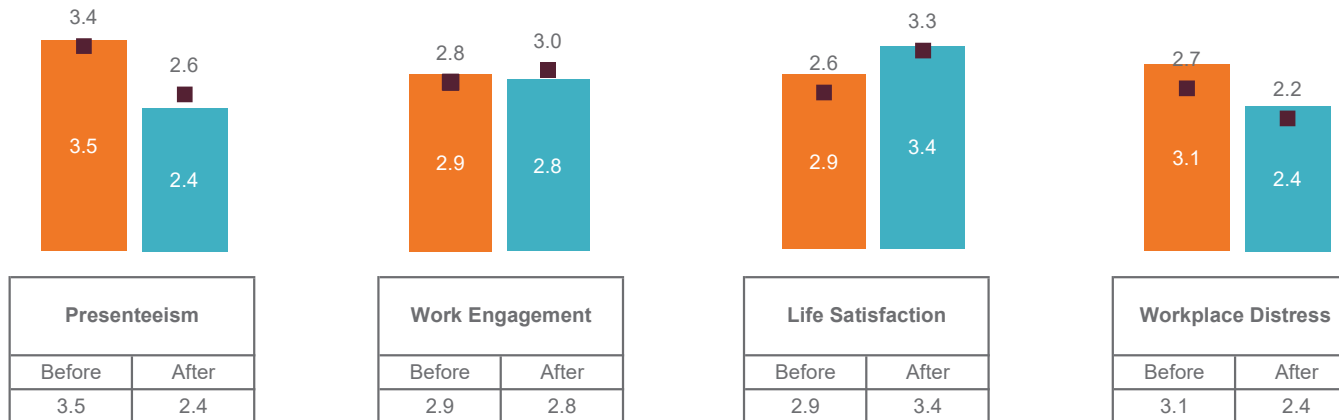


End of Therapy



In Work Out of Work

71.43% of those out of work at the start of therapy are back in work at the end



1 Strongly Disagree, 2 Somewhat Disagree, 3 Neutral, 4 Somewhat Agree, 5 Strongly Agree

Before After

Health Assured Portfolio - Benchmarking

Health, Safety and Environment Committee



Environmental Compliance

Sustainability Office – Environmental Manager, Nik Hunt

Executive Summary

This paper provides an annual assessment of environmental compliance based on four key areas, which are, our Environmental Management System External (EMS) and System Audits, our internal compliance audits, an evaluation of legislative compliance following the internal compliance audits and the environmental incidents logs. The external EMS audits have been passed with no issues raised, the System audit identified a number of non-conformances and opportunities for improvement, most of which will be addressed by the end of July 2022 but there is a non-conformance relating to the clarity of how top management will be involved in the Management Review of the EMS as required by the ISO14001:2015 standard. It is proposed that this will be discussed at the new Sustainability Sub Committee this month and as a result of that a proposed solution raised with top management. The internal audits returned to onsite in person audits and 13 opportunities for improvement were identified and are being addressed. The evaluation of compliance with legislation was undertaken and the Environmental Managers assessment is that compliance levels are good with the previous concerns about F-Gas now addressed, and being managed to a high level demonstrating best practice. The new contractor will be carefully monitored and managed to ensure this continues. Outside of the audit process there have been no opportunities for improvement or non-conformance logged. There have been 9 environmental near misses including a major diesel spill from a contractors vehicle but all incidents were well managed preventing an environmental incident.

Other Committees Consulted

No other committees have inputted into this paper although the HSE Strategy Compliance Sub Committee is involved in the monitoring of F-Gas compliance.

Equality Diversity and Inclusion Considerations

There are no specific EDI elements relevant to this report.

Action Required:

The HSE Committee are asked **to note** the compliance report but in particular **to note** the non-conformance identified relating to the clarity of how top management will be involved in the Environmental Management System Management Review process which is required by the ISO14001:2015 standard. The HSE Committee are invited **to comment** on the proposed course of action that this will be discussed at the forthcoming Sustainability Sub Committee to then put forward a proposal to top management to address the non-conformance.

Environmental Management System (EMS) External and System Audits

The external surveillance audits were a blended mix of onsite in person and Teams audits with a four day audit in August 2021 for the Loughborough campus and a 1 day audit in September 2021 for Imago and were successful with no issues reported for either audit. This is the second year in a row we have achieved zero non-conformances or opportunities for improvement identified. This years audits will be held in September for both the Loughborough (4 days) and London (1 day) campuses.

The (peer) audit of the Environmental Management System was undertaken in February by Karen Gallagher previously of Exeter University and now working as a Environmental Consultant and Trainer. This is the fourth audit Karen has undertaken for us and she continues to provide a thorough analysis of the system which supports the zero non-conformances or opportunities for improvement achieved in the external audits. This years audit identified 5 minor non-conformance and 12 opportunities for improvement.

The minor non-conformances related to the following areas:

- Following the changes in governance, it is not clear how top management will actively engage in management review and other core responsibilities outlined in 5.1 of ISO14001:2015
- Internal governance groups, top management and EMS consultant have not been included as interested parties in the stakeholder and communication log
- The Environment Act 2021 has not been included in the register of Legislation
- The competency of external consultants (the EMS Consultant and the Fruit Routes consultant) conducting work under the control of the sustainability team has not been determined.
- There is no evidence to confirm that the effectiveness of corrective action for CAL111 and CAL107.

Apart from the first one all of these are relatively easy to address and will be addressed along with the 12 opportunities for improvement with a target for completion of the end of July 2022.

The first non-conformance has arisen as the previous iteration of the Sustainability and Social Responsibility Sub Committee, which undertook the Management Review, was chaired by the COO as a representative of top management. The new iteration of the Sustainability Sub Committee, which will undertake the Management Review later this month, will be chaired initially by the Director of E&FM and not a member of the Senior Management Team. **As part of the Management Review at the Sustainability Sub Committee there will therefore be a discussion about how this non conformance is addressed and top management are involved in the Management Review as required by the Standard. A proposed solution will then be raised with top management.**

Compliance Audits

The EMS requires the University to undertake internal compliance audits to assess compliance with legislation, our obligations and the procedures of the system. This year's audits returned to in person on site audits having been undertaken remotely for the last two years. Areas audited:

- Two of the three Senior Sustainability Managers – there was no Sustainability Manager in place to audit.
- A dedicated F-Gas audit
- Professional Service areas of: E&FM Fitters, E&FM Sportsgrounds and Gardens, E&FM Electricians, E&FM – Projects/Development
- Imago
- Schools: Business & Economics, Science, Mechanical, Electrical and Manufacturing Engineering, Aeronautical, Automotive, Chemical and Materials Engineering.

Across all 12 internal audits, there were 0 minor non-conformance and 13 opportunities for improvement identified. These are all now being followed up on with each area.

Evaluation of Legislative Compliance

Following the internal audits an evaluation of legislative compliance is undertaken which considers each piece of legislation, the reasoning and method of evaluation, which audit(s) this was covered by, the date of the audit and a summary of the outcome of those audits.

Having completed the internal audits the full assessment takes into account that:

- There are 54 pieces of legislation and 5 non-legislative compliance requirements.
- 40 pieces of legislation are dependent on the outcome of the audits.
- 14 pieces of legislation do not require specific assessment.

The result of the compliance assessment is as follows:

1. There are no immediate areas of concern for the majority of areas as evidenced by the audits undertaken although clearly this is a sampling process.
2. There were ten compliance areas which would normally have been assessed through an audit of the Sustainability Manager but as this post was vacant this audit did not occur. Four of these areas were assessed through other departments responses and the remaining 6 were assessed by the Environmental Manager based on knowledge or specific questioning of others.

Environmental Managers comments on compliance status:

It is my recommendation that the overall assessment of compliance is good and that the previous F-Gas compliance concerns have now been addressed and are being managed to a high level demonstrating best practice. The only concern in this area is as a result of a change in contractor as a result of the required tender processes. The new contractor will be managed and monitored carefully to ensure they continue to deliver the required level of compliance which has been established.

I am aware that the concerns regarding F-Gas compliance remain prominent in this report but there is now an improved asset register and process in place and compliance insurance is increasing. I do not believe we could be doing more than we are without significant further expenditure.

Environmental Incidents

Incidents are opportunities for improvement, Minor or Major Non-Conformances which are noted during the course of the year out with the normal audit procedures. In the last 12 months there have been no incidents of this type logged.

In the last 12 months there have been nine environmental near miss incidents consisting of:

- 6 Diesel / oil spills on the campus roads
- 1 contractor stopped from undertaking works which posed a risk to surface water drains
- 1 leak from a chiller unit (water, antifreeze and corrosion inhibitor)
- 1 major diesel spill contained and managed – restoration still awaited but quotes now received and passed for approval.

None of the above caused an environmental incident as the control procedures we have in place meant they were responded to and controlled at the near miss stage.

Health, Safety and Environment Committee



Loughborough
University

Future Business

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

Executive Summary

This paper suggests future business for the HSE Committee

Other Committees Consulted

None

Equality Diversity and Inclusion Considerations

None

Action Required:

HSE is asked to approve the approach to future business outlined below.

Proposal

It is recommended that HSE Committee follow two streams in terms of the future business of the committee.

The first is to continue to receive presentations from schools and departments on their approach to the management of health, safety and wellbeing.

The second is to receive a presentation on the management of a key risk so that the committee can be assured that the relevant controls are in place.

The HSE Committee may choose to ask for further detail on a particular issue at each meeting. Examples may include the management strategy for fire, progress on and plans for promoting wellbeing; the review of the health and safety risk register process; the progress on revising system for the management of high risk activities; review on key aspects of the stress and mental health strategy.

If HSE Committee is content with this approach the Director of Health Safety and Wellbeing will work with the Committee Secretary to schedule suitable presentations over the next year.

Neil Budworth Director Health, Safety and Wellbeing 13th May 2022

Health, Safety and Environment Committee



Loughborough
University

Annual Review of Committee Effectiveness

Secretary

Executive Summary

To review the effectiveness of the Committee

Action Required:

The Committee may wish to consider the following:

1. Is the Committee's purpose clear, and has its purpose been fulfilled?
2. Is the Committee considering the right items and are communications around decisions working effectively?
3. Is the Committee operating in a way which supports the improvement of race equality (and supports the EDI agenda in general)?
4. Are we hearing a diverse range of view points?
5. Are the practical arrangements effective?
6. Can we do anything else to help the University deal effectively with the challenges to come in 2022/23?

Fire Safety – Fire Officer’s Report

Origin: James Holt

Executive Summary

The University will be audited by Leicestershire Fire and Rescue Service week commencing 13th June. The Fire Safety Officer will ensure Fire Risk Assessments are up to date, and work with colleagues to ensure evidence of maintenance, training and routine checks are available for the audit. The audit focusses on halls of residence, further details are provided in this report.

Some areas of compliance remain a work in progress. Unfortunately, FM failed to fill any of the four positions it advertised to support its fire door remediation needs. However, the University does now have a fire door inspection programme out for tender, with a proposed start date for August.

Fire alarm data is provided as a snapshot of the university’s halls of resident actuations over recent months. A duty of care is placed upon employers to reduce unwanted alarms to ensure occupants respond quickly to an alarm. The Fire Safety Officer intends to fully review these actuations and the end of the academic year and will suggest some recommendations to FM to attempt to significantly reduce these unwanted signals where the repeat cause can be identified.

Other Committees Consulted

None

Equality Diversity and Inclusion Considerations

None

Action Required:

None

Significant Incidents

LU – None known

Others: **10/05/2022**: An unattended cooking incident at The Holt (Unite) led to a fire in which LFRS were called. It has been reported that two members of Unite staff went to hospital following smoke inhalation. The fire started due to a student cooking chips in oil in a pan and left unattended. The Officer in charge who attended the incident was due to visit the site to review the speed of the evacuation last night and the appliances left on by students which they had to turn off. The hall warden and Unite have been very proactive and have already communicated they plan to carry out further drills – there have already been two as per LU policy this academic year.

Fire Safety Audit to take place w/c 13th June 2022

Leicestershire Fire and Rescue Service have given notice that several university halls will be audited in June. This will take place from Monday 13th June and include the following halls:

- Claudia Parsons Blocks D, F, G, E, H
- Cayley Blocks 15 & 16
- Whitworth Tower
- Butler Court Blocks A, B, C, E,
- David Collett Blocks A, B, C

All UPP halls, (for which the maintenance evidence sits with UPP):

- Robert Bakewell Blocks D, B, E, C
- Hazlerigg-Rutland Hall
- John Philips Blocks B, D, A & C

The audit will focus on all fire safety, with a review of the fire risk assessments, records of maintenance and evidence of this, training and management of the premises. A copy of the letter stating what to expect has been shared with all immediately relevant colleagues. This can be shared with the committee should it be requested.

Fire Risk Assessment Updates

The appointment of a new Deputy Fire and Safety Officer has strengthened the university's position with respect to ensuring these are updated in line with, or sooner than, the university's policy which places a review period on its buildings based on factors stated in the fire safety policy.

Controlled Evacuations

Controlled evacuations recently took place for our LUSEP buildings 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 remain clear, with some tenants having very few in the workplace or none, at the time. Many have taken up the fire marshal training offered to them by the Fire Safety Officer which has been well received and offers reassurance that each tenancy is able to confirm its evacuation status.

Compliance

The topics that follow were initially reported in October's paper, an update on these is provided below.

Fire Hydrants

The fire safety officer has produced a full campus map of LU hydrant locations and has documented these to show this location for both the FM maintenance team and LRFS. Providing these are tested and maintained, the knowledge of their locations will reduce the risk of unnecessary loss in fire, providing LRFS with its required water supply.

Fire doors

The university has been unable to recruit any of the four-fire door joiner positions it advertised. As a result, the university continues to encounter unrepaired fire doors across its estate. There are contractors working on an inspect and repair basis through LU halls to bring the doors up to a standard, but these should then fall under a 6-monthly formal inspection. This has been recognised by FM colleagues and consequently the work is currently out for tender, with a planned start date for August. It is estimated that this will cover ca. 9000 fire doors.

Fire doors in non-sleeping buildings are generally a lower priority for the university, as reported in January's HSE report, but do fall under the same guidance. The fire officer has produced a detailed fire door inspection guidance document for the university to follow and in agreement with FM, has brought in the previous University Fire Safety Officer to undertake an inspection programme on non-sleeping buildings. This will feed into FM's Archibus system and be more cost effective than including this in the larger fire door inspection contract, which is now due to focus on sleeping accommodation only for the first year.

Due to the large number of fire doors in sleeping accommodation, this will require a team of people to undertake with a well-managed approach. In fire safety, non-sleeping buildings are lower risk with respect to life safety but are still part of a building's strategy along with asset protection. Therefore, inspections on these doors will be undertaken annually rather than 6-monthly but jobs can always be raised should doors be reported damaged by the occupants.

By focussing on LUSEP and West Park buildings in the first instance, the fire officer has identified this as the area for one individual to effectively inspect and record this work. This helps FM to demonstrate compliance to LUSEP partners and to help maintain LUs higher risk buildings, outside of sleeping.

Fire stopping/compartimentation projects

Student village fire barriers projects

The appointed contractor is progressing these works, generally to the timetable agreed. They are programmed for completion of David Collett F block on 27th May. It was the fire officer's understanding that this work would continue into Burleigh Lodge and The Link Hotel, but it has come to light this is not the case, and instead this work has been planned for Aug 2023 and to include refurbishment plans.

Towers

The Towers fire compartmentation works project is currently out for tender.

Fire Alarm Student Village

Following a meeting held on 17/03/2022, the fire officer had his recommendations accepted for managing the fire alarms within the old student village, in the knowledge of future development work. Four points were agreed and will help ensure the university is well placed to manage its means of warning in the event of fire. These were:

1. Agreement to replace fire alarm panels on a rolling basis, with Fire Safety Officer to identify locations (based on the age of the current panels). Budget to be prioritised through the LTM Sub-Committee.
2. Colleagues will reuse panels from locations that are refurbished or demolished, across the student village.
3. E&FM colleagues are asked to schedule an annual maintenance programme, to review and check the detector heads and panels.
4. The comms link from student blocks to security is a separate project, with timescale TBC. The current system is compliant and so this can be deferred, to be joined up into the current review.

Fire Alarm Activations and causes

Figure 1 shows the frequency of fire alarm incidents in halls of residence. Unsurprisingly the peak actuations occur during the less demanding months of studying, i.e. at the start of the two semesters. The trends are also indicative of typical actuations in halls and therefore further evidence that behaviour is returning to normal following the covid pandemic.

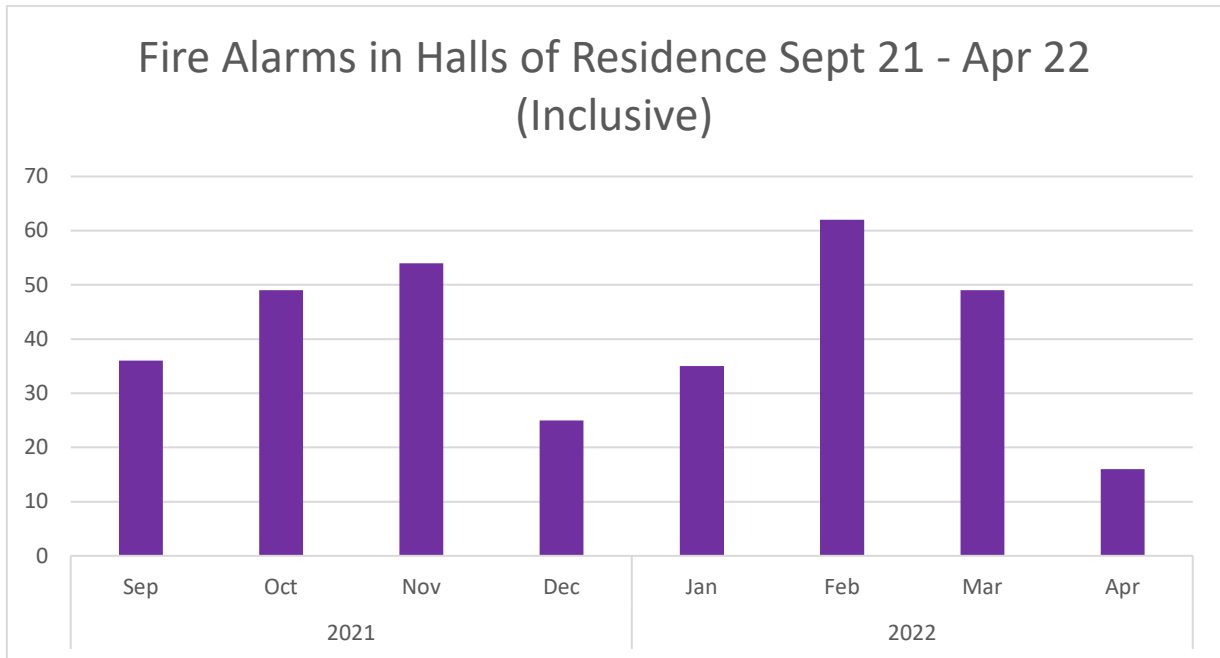


Figure 1 – Number of Fire Alarm Incidents by Month, Sept 2021-Apr 2022

Falkner-Eggington continues to produce more alarms than any other hall. At the end of the academic year, the university fire officer will analyse this in full. If there are no refurbishment plans or plans to improve kitchen extraction, it could be reasonable to change the smoke detector for heat detectors in the extension of the kitchen areas of the 3 storey buildings to help reduce these alarms.

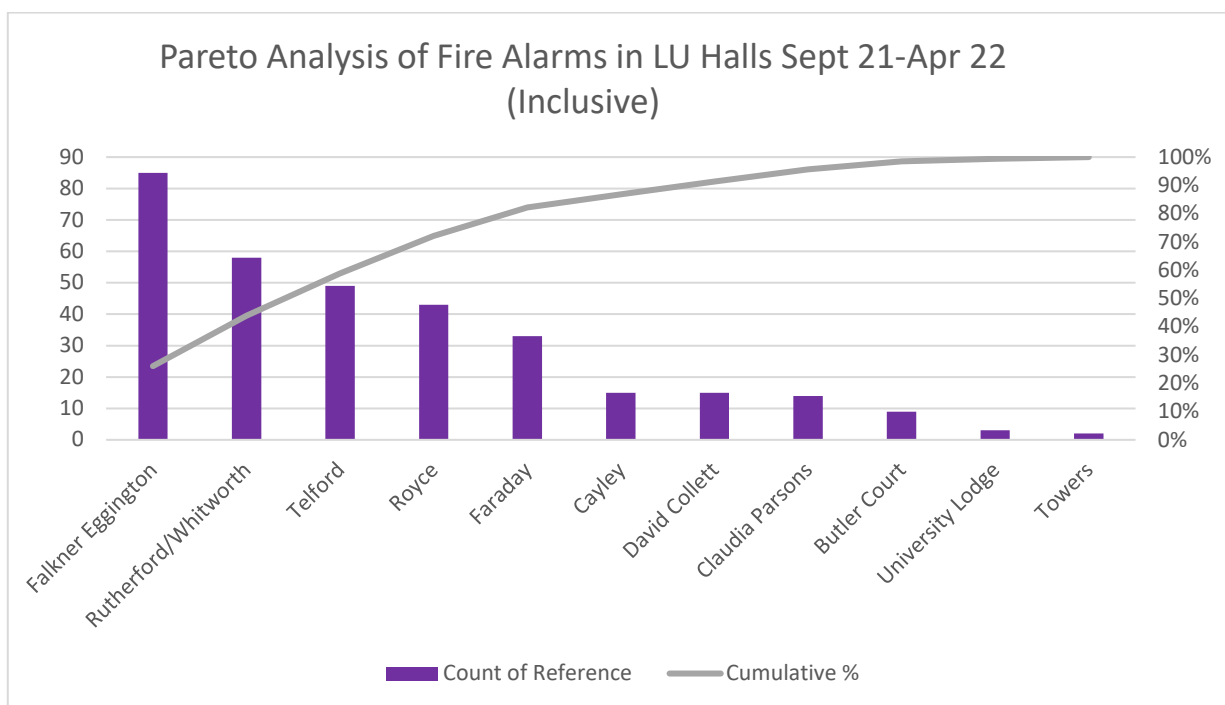


Figure 2 – Pareto of the Location of LU Hall Fire Alarm Incidents

Health, Safety and Environment Committee



Loughborough
University

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 Incident Data

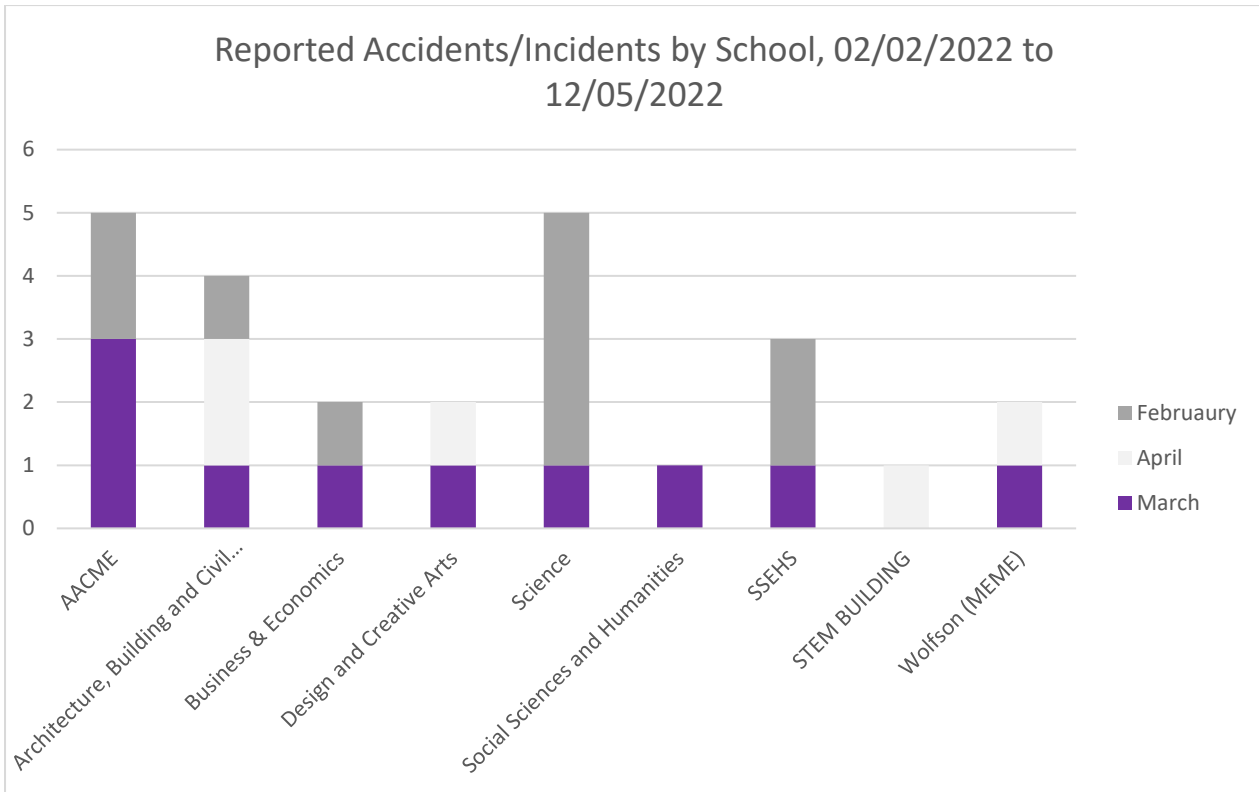
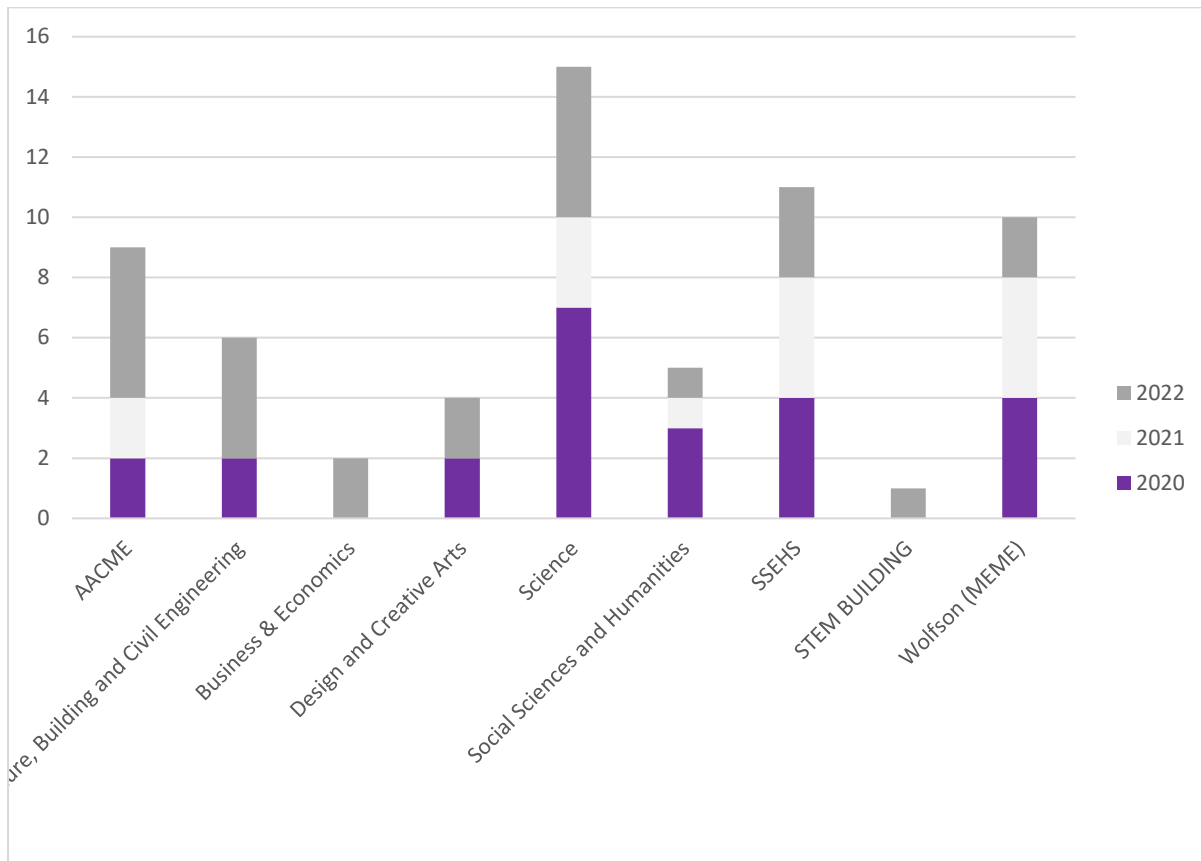
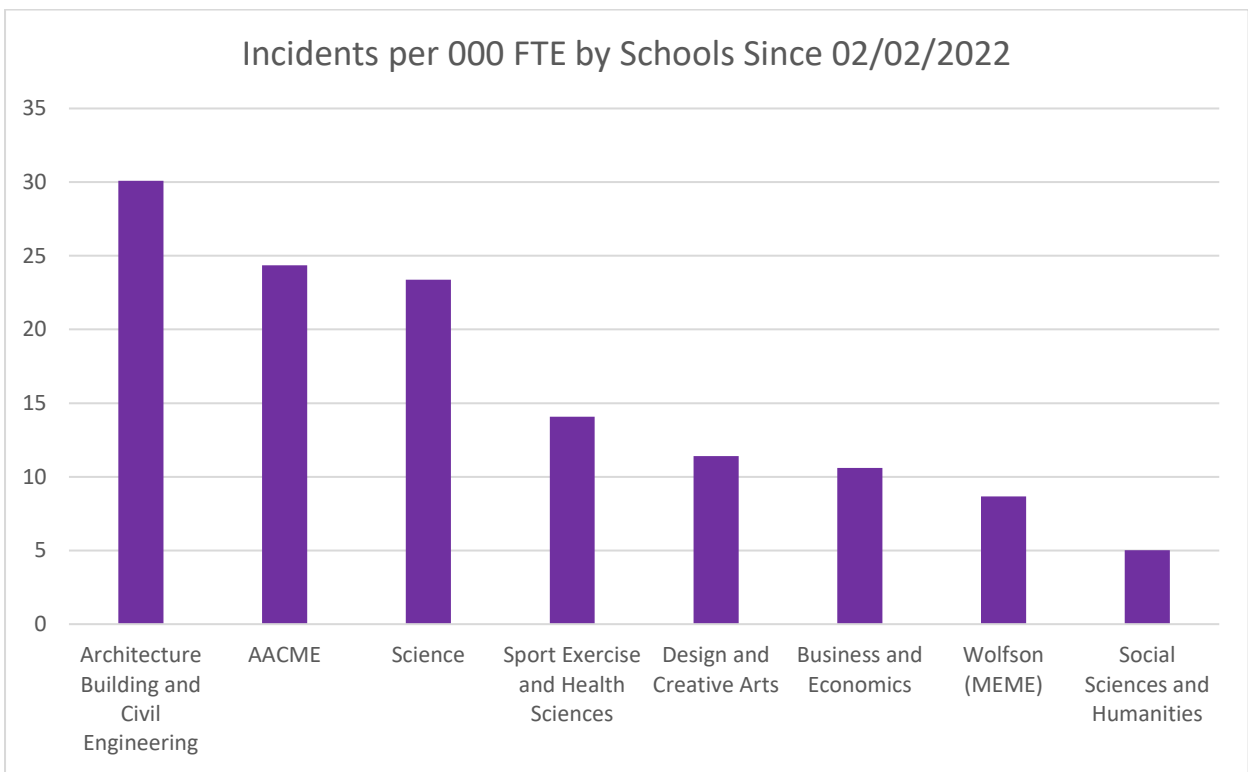
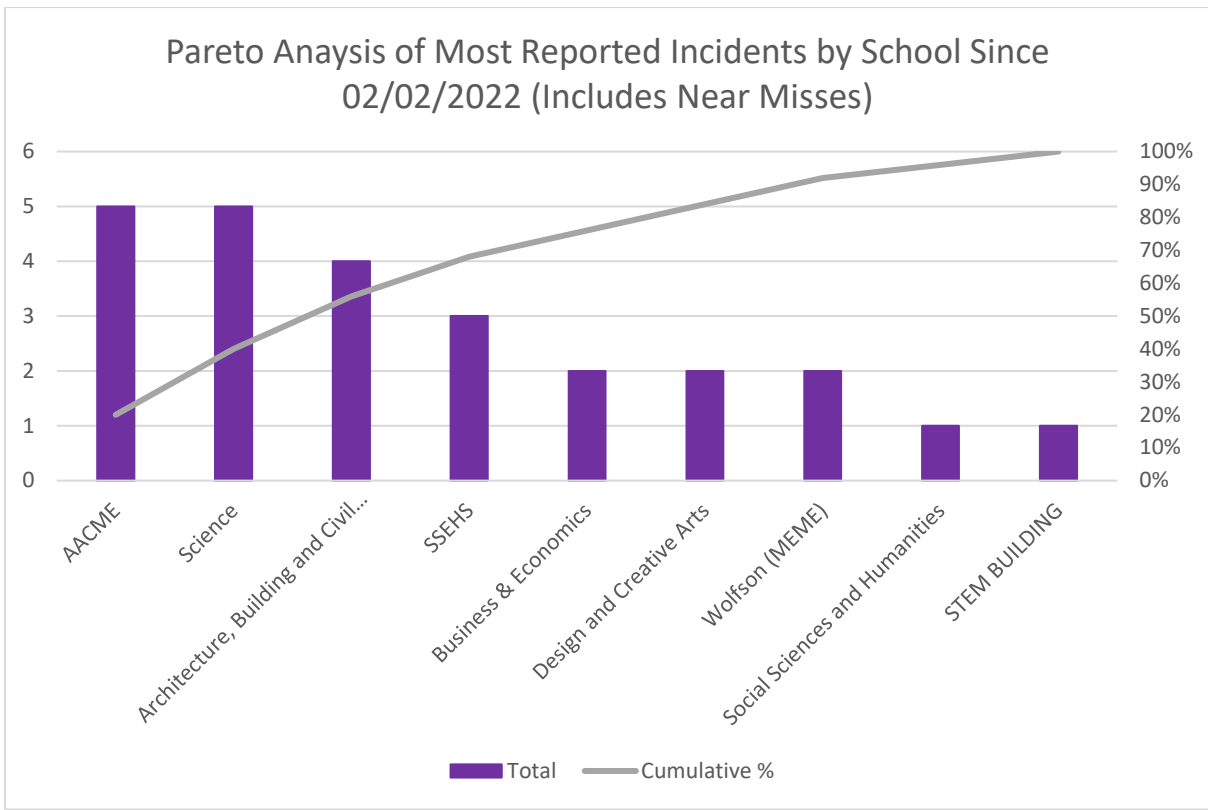


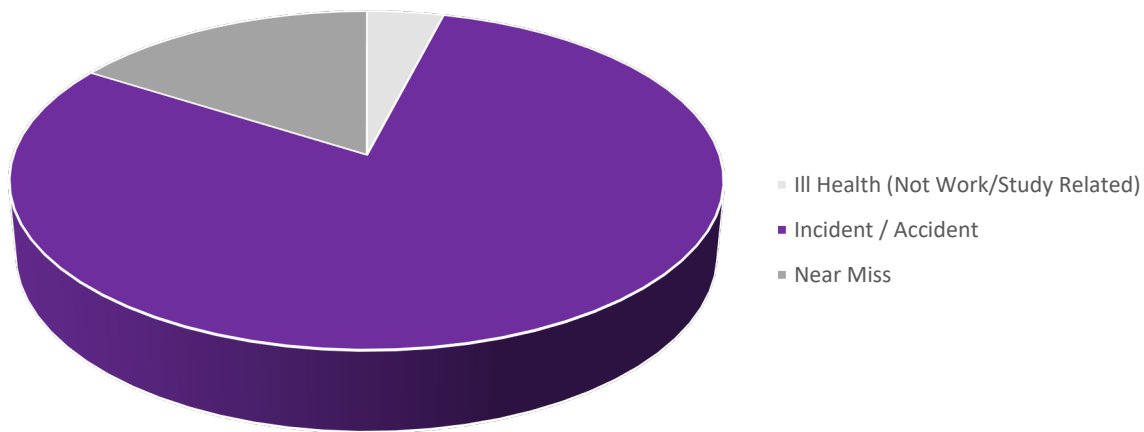
Chart to show the incidents reported by schools in the reporting period. The below graph shows the last three years in the same period and the two charts largely follow the same pattern.





The number of incidents reported by school largely reflect the degree of practical work in the school. The outlier which is showing a lower number of incidents than similar schools and a lower number than in previous years. Discussions will be held with the school to determine if there have been any changes in practices which have resulted in a lower number of incidents which can be shared or whether there have been reporting challenges.

Pie Chart to Represent the Types of Incidents in Schools



The ratio of reported incidents to near misses mean that there is plenty of scope for improving near miss reporting so that concerns are identified and tackled before any injury or damage occurs.

Reportable Incidents

There was one RIDDOR reported by Design and Creative Arts in the Reporting Period. A student was taken to hospital after an accident on a doobby loom where they impaled themselves with a needle. This is a traditional loom and it is unclear how the student managed to injure themselves in this way.

Professional Services Incident Data

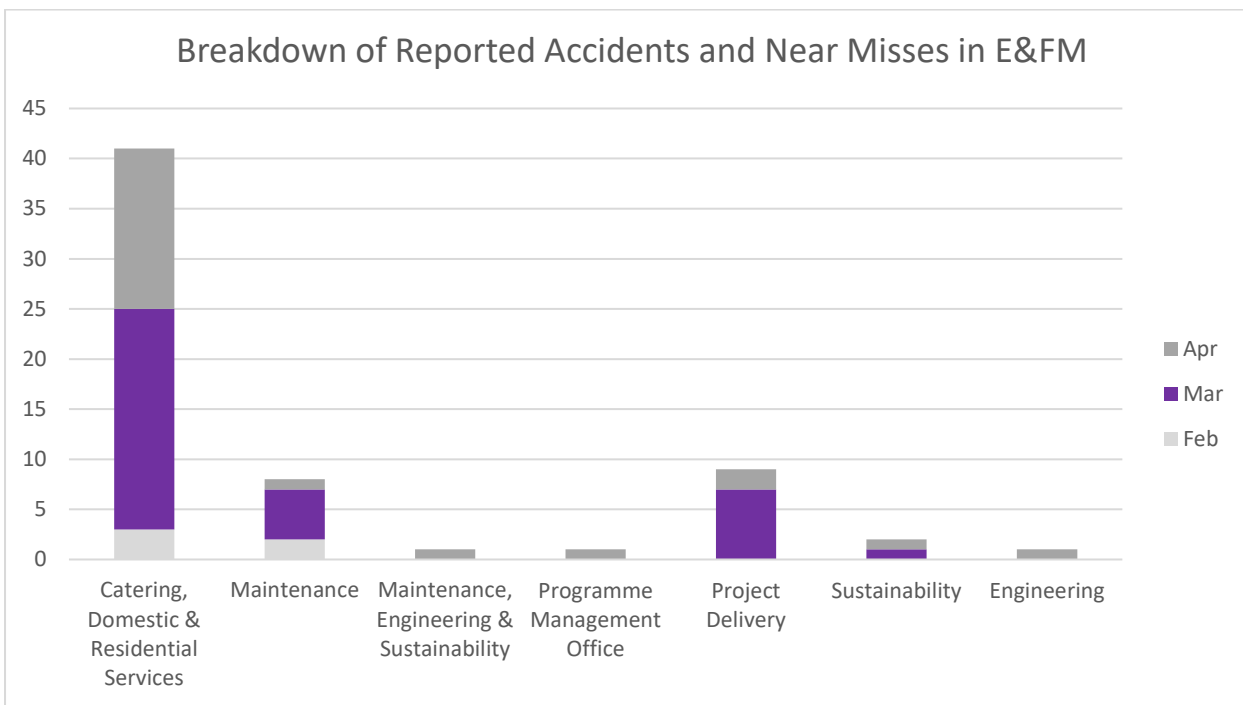
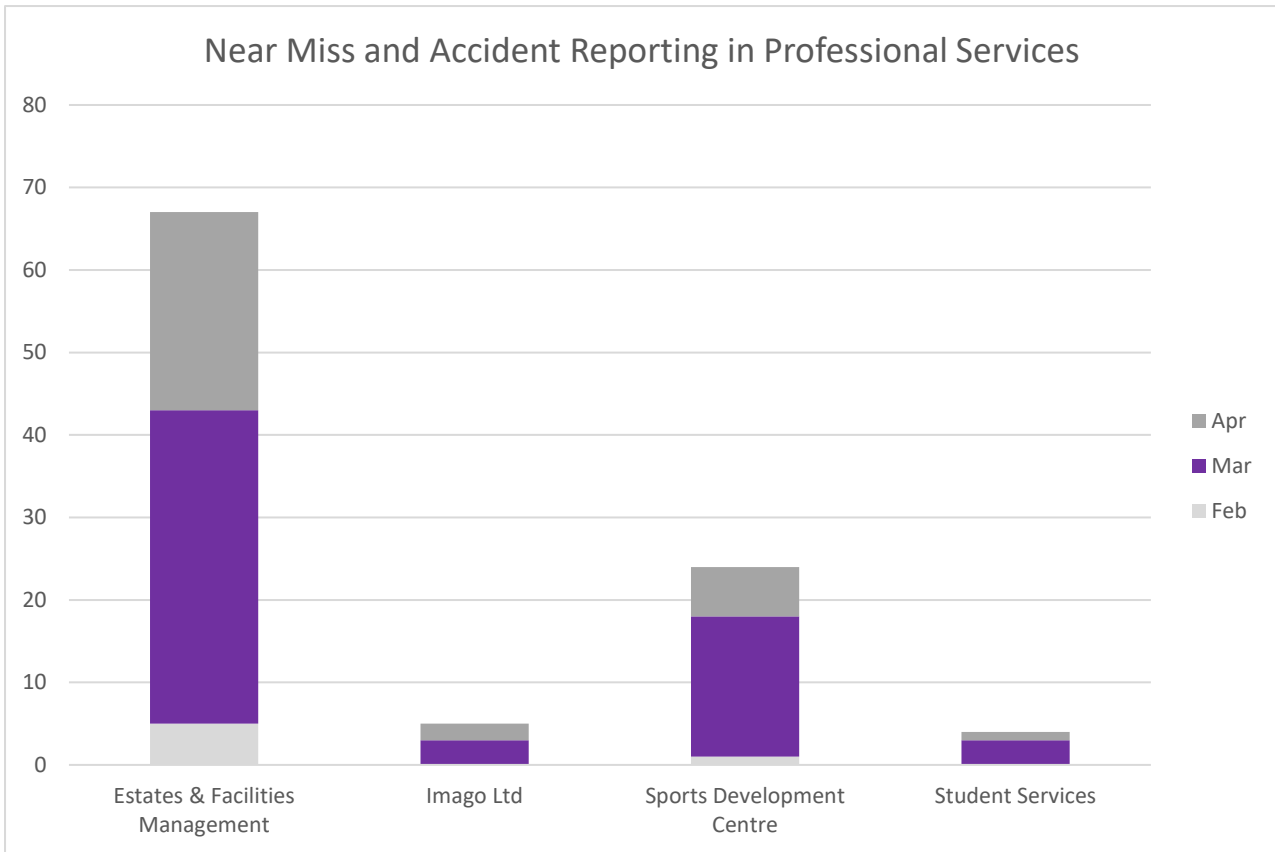
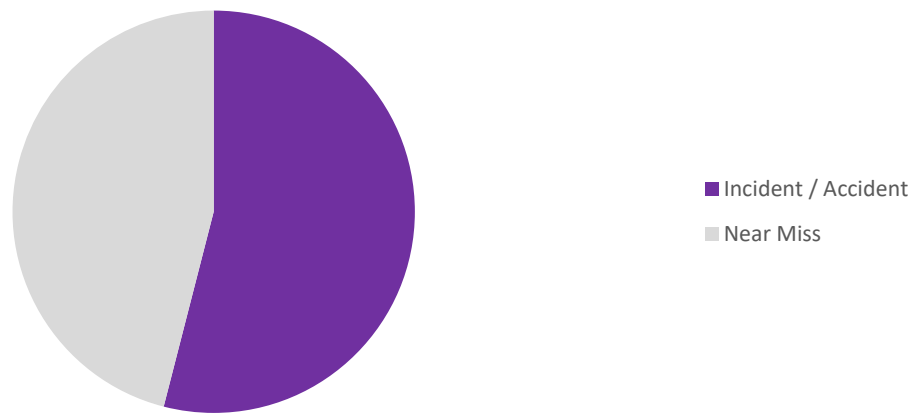
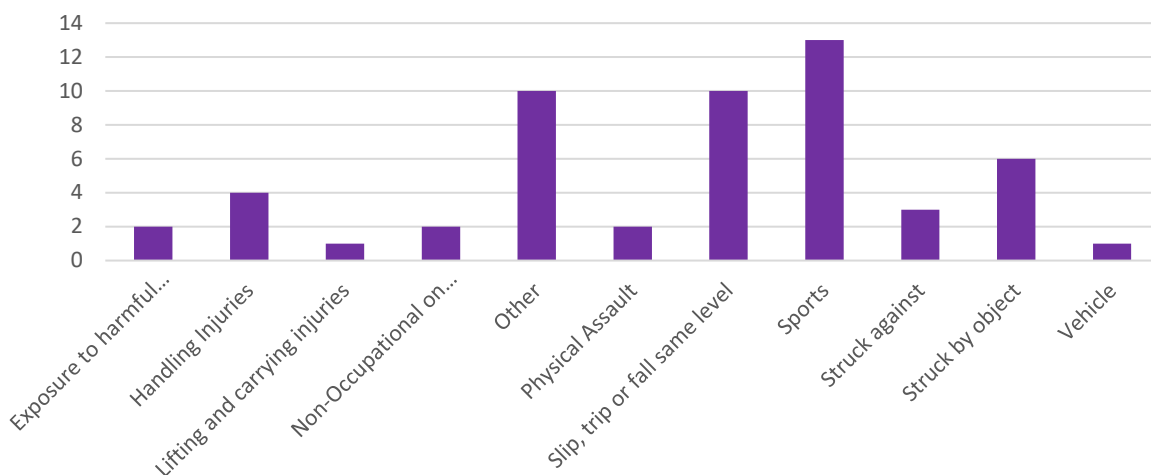


Chart to Show the Ratio of Incidents:Near Misses in Professional Services

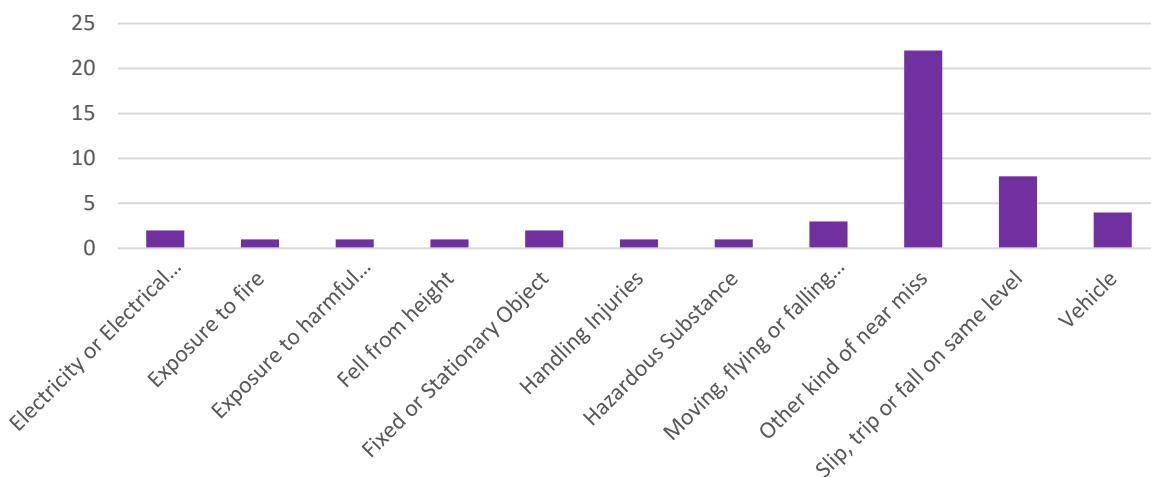


There is an ongoing programme to drive the ongoing reporting of near misses which seems to be having some success.

Types of Incidents Reported in Professional Services



Types of Near Misses Reported in Professional Services



Ethics Review Sub-Committee Annual Report 2021/22

Origin: Jacqueline Green, Research Governance Officer

Executive Summary

The terms of reference of the Ethics Review Sub-Committee require the submission of a copy of its annual report to the Health, Safety and Environment Committee

Other Committees Consulted

Ethics Review Sub-Committee/Ethics Committee

Equality Diversity and Inclusion Considerations

n/a

Action Required:

Health, Safety and Environment Committee to note the annual report 2021/22

Annual Report from the Ethics Review Sub-Committee 2021-2022

1. Terms of Reference

The Terms of Reference for the Ethics Review Sub-Committee are available on the Sub-Committee's website at: <https://www.lboro.ac.uk/committees/ethics-review/termsreference/>

The Sub-Committee meets three times each year. Sub-Groups A and B meet to consider proposals in those months that the Sub-Committee is not meeting.

2. Membership

Sarah Barnard (School of Business and Economics) had joined the Sub-Committee as joint representative. Charlotte Style is the Student Union representative for 2021/22. Kris Clements (SSEHS) and Chris Stevens (Centre for Faith and Spirituality) had joined as co-opted members.

Sarah Mills had been appointed as Chair for Sub-Group B.

Details of the current membership are available on the website:

<https://www.lboro.ac.uk/committees/ethics-review/compositionandmembership/>

3. Ethics Review Submissions

This report covers submissions from May 2021 – April 2022 submitted through the online ethics system, LEON. LEON was introduced during 2020 and fully replaced the previous paper-based process in October 2020.

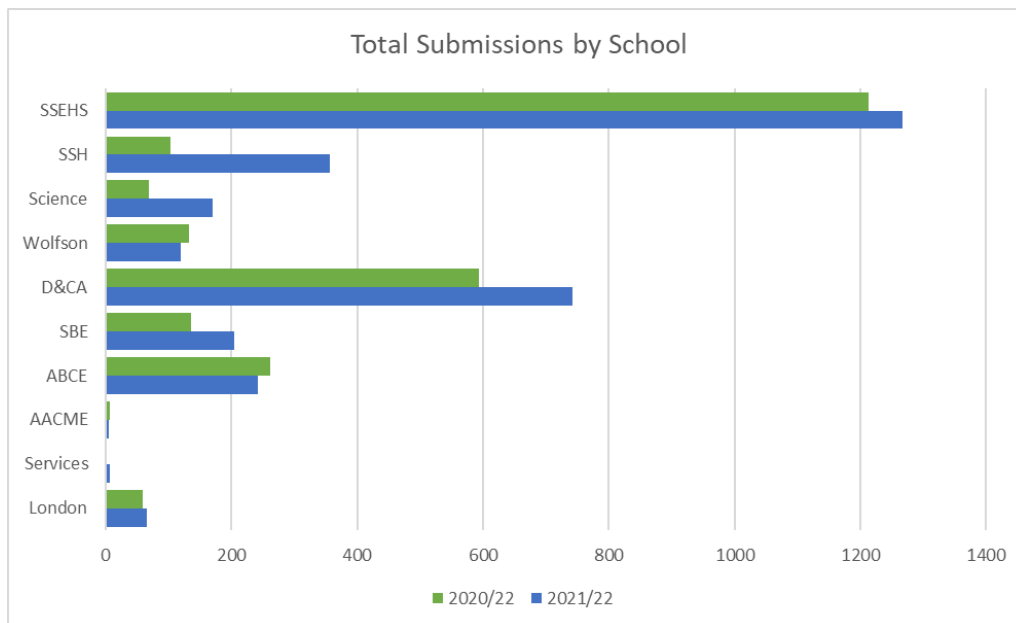
Current figures for final outcomes at 9 May 2022 (figure in brackets - as of 12 May 2021)

Submission Type	Favourable	Unfavourable
High Level	386 (161)	62 (24)
Medium Level	538 (232)	28 (14)
Low Level	2637 (1106)	81* (44)
Animal	13 (3)	2
Security Sensitive	6 (4)	1

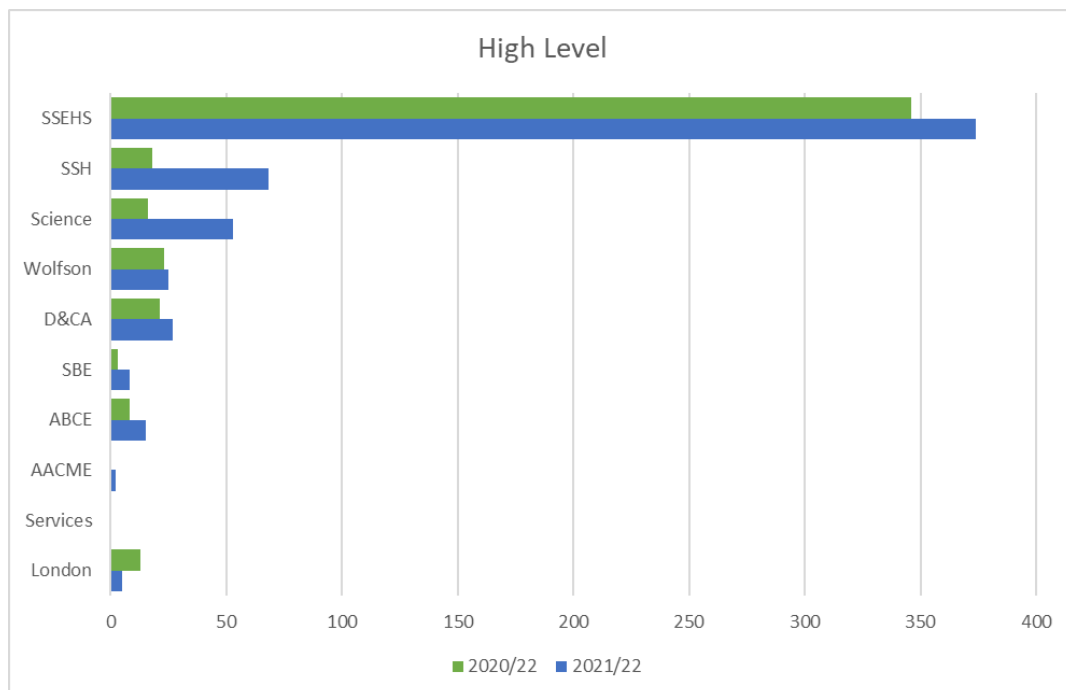
* Low Level submissions are reviewed by the School since October 2022. Spot checks (5%) are carried out by the Research Governance Administrators to identify erroneous submissions.

4. Submissions by School

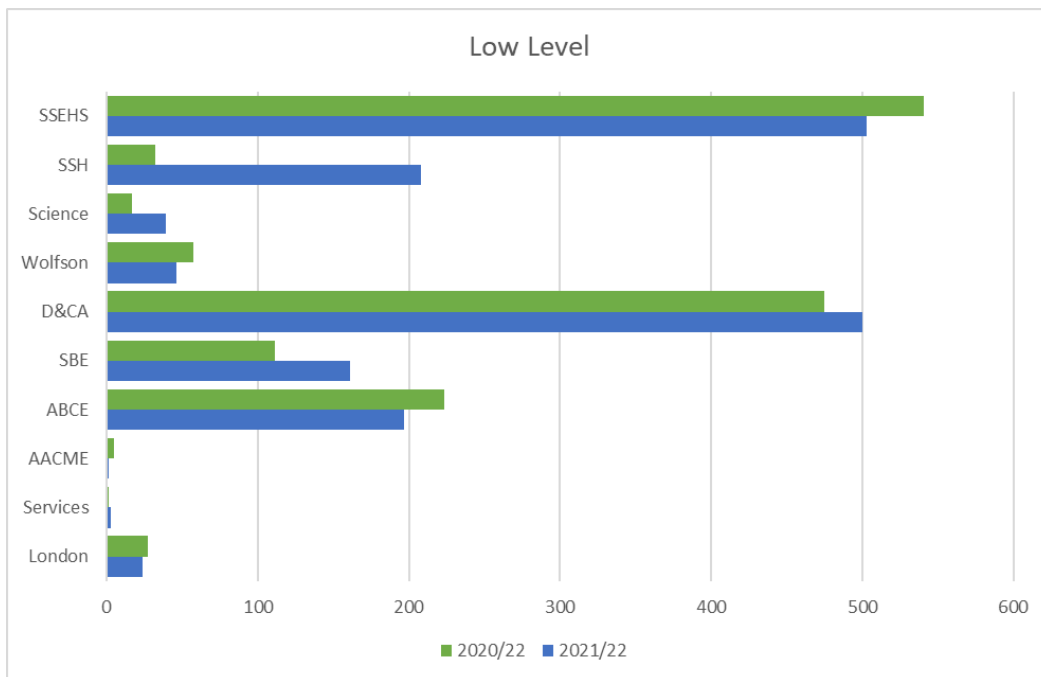
The table below shows the number of submissions per School for 2021/22 compared to 2020/21. Figures show increases in submissions as the process becomes embedded. As expected, based on previous reports from the paper system, SSEHS are submitting the highest number of submissions. SSH and Science are now using the system but numbers from Loughborough University London remain low.



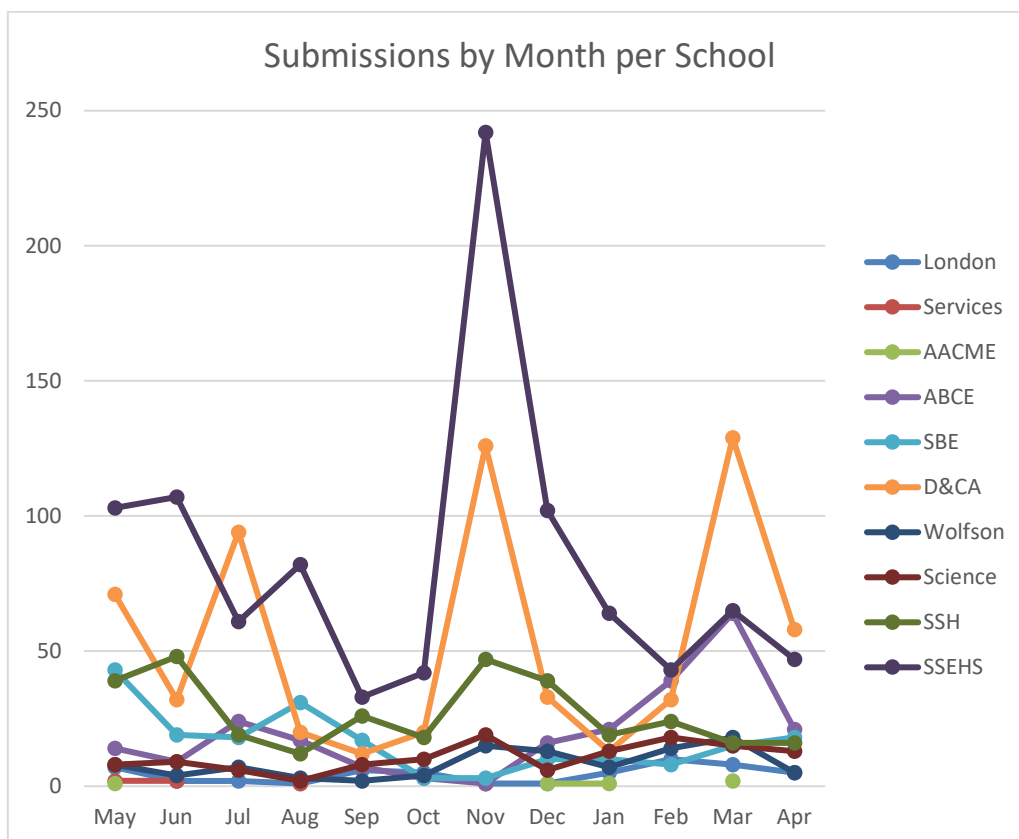
Further analysis shows that the majority of high level submissions are submitted by SSEHS. This represents the School's physiological studies but also the submission of significant numbers of high level undergraduate psychology proposals. Other Schools submit relatively low numbers of high level submissions. Increases in SSH and Science represent increased engagement and the lifting of pandemic restrictions.



The chart below shows the breakdown of low level submissions by School.



The following chart shows the number of submissions each month by School. This reveals when the Sub-Committee should expect to see peak workloads from particular Schools. The Wolfson School and Design and Creative Arts have peaks for submissions from undergraduate studies in November and for prototype testing in March. SSEHS have a peak for undergraduate submissions which falls in November and December, which is earlier than the previous year.



5. Summary

This initial review of submissions through the online system indicates that the high level and medium level processes have continued to operate as expected based on the previous paper system. Indeed, we are seeing improved engagement from some Schools, such as Business and Economics.

The process for low level submissions has revealed a significant lack of engagement with basic ethics practice. The Sub-Committee is working with individual Schools to address these issues and will also be providing further ethics guidance and training. Updated templates have been provided and have proved effective. In addition, we will continue to develop the online ethics system and the guidance documentation to address any process issues that arise.

These figures and charts show that the online process has become embedded within Schools during 2021-2022. The system is under constant review and a new reporting function has recently been introduced by the supplier to provide further information as required.

GM and Biosafety Committee



Loughborough
University

MINUTES

GMBC22 – M1

Minutes of the meeting held on 9th March 2022

Attendance

Present: Julie Turner (Chair), Donna Bentley, Karen Coopman, Kul Sikand, Nik Hunt, Oliver Preedy, Sarah Van Zoelen, Tony Goodall, Chris Burton (secretary)

Apologies: Brian Cousins, Neil Budworth, Carolyn Kavanagh, Katie Glen, Rob Thomas, Paul Roach

22/1 Approval of Minutes

GMBC21-M2

The minutes of the previous meeting held on 14th October 2021 were confirmed as an accurate record.

22/2 Matter arising from the minutes

Action tracker discussed

Ref	Update	Who	Status
20/11/20	OP to talk to Jonathan regarding safety cabinets and the need for them to be able to do a KI test.	Oliver Preedy	Outstanding
21/18	Cool zone Recalibration JT to find out how recalibration of Cool zone is paid for	Julie Turner	Outstanding
21/18	Out of hours security information JT to ask security to update the list of areas they can go into, what PPE is required and why	Julie Turner	Outstanding
21/19	Issues with E&FM	Julie Turner	Julie, Nik and H&S to meet with

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	<p>JT to write to E&FM as Chair of GM/Bio Committee about the Chemical Engineering Bio Safety Cabinets and the temperature controls in S3 and STEM Bio Lab.</p> <p>Also meet with Rob Sparks regarding responsibility for ducted and non-ducted Bio Safety Cabinets and UV Bulb for School of Science</p>		<p>Rob Sparks to come up with process for Bio Safety Cabinets including disposal of filters and responsibilities.</p> <p>There was a discussion in the meeting regarding many aspects of Bio Safety Cabinets.</p>
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22/3 Covid-19 Update (Julie Turner)

- Govt rules have meant it's very difficult to know what cases we have on campus as we cannot mandate testing and self-isolation.
- Testing has reduced from 1500 to 100 per week.
- ATC closing end of March.
- Wavy Top testing open until at least October for symptomatic, right to fly etc
- Contingency stocks are being held back and contingency plans are in place.
- Signage to be removed at Easter.

22/4 HTA update (Karen Coopman & Donna Bentley)

- Generally running well – license is up to date.
- There have need several staffing changes. Neil Martin in SSEHS looking to step down as PD, Jim Reynolds has taken over from Paul Thomas in Chemistry, Holly Thomas and Pauline King assisting.
- Internal audits are revealing some samples in the wrong locations so there is a need to get on top of that. SSEHS has done this very well over Covid breaks. As workloads increase, we need to be aware of this and maintain good practices such as audits.
- There is an issue with freezer space in Clyde Williams. Solutions have been presented to SLT but this is highlighting a cultural issue that some staff are relying on audits as a prompt for good housekeeping. It is estimated that almost 50% of available space is being wasted.
- This has led to a requirement for Policies to be written regarding best practice in terms of retention times for samples and for PI's and Deans to have more responsibility.
- Technicians shared sample retention worries with the COO who is the license holder which has brought this into a sharper focus.

22/5 Occupational Health update (Sarah Van Zoelen)

- Not much to add.

22/6 Update from CBE

- Power outage planned for Good Friday. Generator to be borrowed from SSEHS but CBE is looking to purchase it's own.
- Generator to be purchased locally but advice to be sought from FM – still early in the process but JT reminded the group to consider DSEAR for fuel storage.
- Waiting for VSE's to get fixed – the PO is in so shouldn't be long.

22/7 Update from Chemical Engineering

- Not much to add other than the safety cabinets that were discussed in the matters arising.

22/8 Update from SSEHS

- Nothing to add.

22/9 Update from Science

- Nobody from Science in attendance.

22/10 Incidents / Near Miss investigations

- None really, just some instances of fainting in labs.
- JT reminded the group to report near instances.

22/11 Any Other Business

- Bio audits will take place in the near future with a “how can we help” approach from H&S.

Membership

- Sweta Ladwa and Brian Cousins have left the University and should be removed from the Committee. JT proposed Eleanor Braithwaite from STEM and Emily Gale from Science as new members.
- KC suggested Elisa Mele from AACME, Yang Liu or Sotiris Korossis from Wolfson
- KC suggested someone from ABCE should be added. Bethany Gregory was suggested by JT and seconded by TG.
- KC suggested that Design might need some representation and JT suggested Geography for the same reasons.

Clinical Waste

- Bins are cancelled from April for the ATC
- ATC has a lot of visors to give away if anybody needs some (circa 20k) and a quantity of Tiger Bags if anybody needs them too.
- PHS contract to be renewed unless anyone is having any issues – JT suggested NH to check directly with stakeholders.

Meeting Format Changes

- JT suggested guest speakers might be a good addition to committee

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- KC suggested the committee could look for common themes for discussion ahead of meetings to focus them more.
- OP suggested a proforma with Key Performance Indicators to discuss.
- OP suggested we could examine a specific Risk Assessment each time.
- JT suggested an “Audit” agenda item.

21/12 Future meeting dates

06/07/2022

16/11/2022