



Minutes

SAF22-M2

Minutes of the Health, Safety and Environment Committee held on Wednesday 25 May 2022

Attendance

Members:

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

In attendance:

M Ashby (Secretary), Manuel Alonso and Angela Truby (for M22/23), Nick Jennings, Oliver Preedy (Observer), Rob Sparks (for M22/22), Sarah Van-Zoelen (for M22/28 & 29), Julie Turner (for M22/25, 26 & 27)

22/20 Minutes

SAF22-M1

The minutes of the meeting held on 2 February 2022 were APPROVED.

22/21 Matters Arising from Previous Meetings

SAF22-P20

- 21.1 Actions arising from previous minutes were NOTED and their current status confirmed.
- 21.2 Arising from M22/5.3 where a lead person was to be identified in each multiple occupancy building to oversee fire warden coverage, members NOTED that this action would be completed by June. **ACTION: Director of HSW**

22/22 Health, Safety and Environment Update: Estates and Facilities Management

SAF22-P21

- 22.1 The Committee RECEIVED a presentation by the Director of Estates and Facilities Management and the Head of Maintenance and Engineering on health, safety and environmental arrangements in relation to areas of Estates and Facilities Management excluding Catering, Domestic and Residential Services.
- 22.2 The following points were NOTED in particular:
 - (i) The Facilities Team was experiencing recruitment issues, and this had led to under-resourcing. Measures had been put in place to reduce risks associated with the shortage of staff. These included the identification of peaks and troughs, triaging by managers, empowering staff to say 'no' and meetings with Operations Managers to manage expectations.

- (ii) Staff shortages had the potential to impact upon the mental health of existing staff. Senior managers in Estates and FM were aware of this risk and were making additional efforts to engage with and be available for staff. They were encouraged in their efforts to minimise instances of stress amongst staff and the potential for staff to cut corners.
- (iii) Estates and FM had put in place a twelve-month, rolling, improvement plan, in the form of a safety road map. The plan focused on leading indicators to reduce the lagging areas of hazard supporting and reporting, and injuries and incidents.
- (iv) A small number of cases of Covid 19 that occurred early in 2020 had been categorised as RIDDOR reportable incidents in line with Health and Safety Executive criteria at the time. Its criteria had subsequently changed, so cases had not been reported in this way from that point.
- (v) An Estates and FM Safety Score Card had been included in the presentation. The card indicated that risk assessment completions had been recorded as being at 50 per cent in March, compared to a target of 90 per cent for that month. Members were informed that the risk assessments were conducted as part of a cycle of assessments. All areas were being assessed but not necessarily at the point at which they had been scheduled to be carried out.

Secretary's Note: At the HSE Committee meeting in May the Estates and Facilities Management report stated that the health surveillance was nearing completion. This referred to the closing date of the survey. Data identified after the May HSE Committee meeting revealed that the resurvey of health surveillance needs in Estates and Facilities Management achieved only a 22 per cent completion rate. It is estimated that the survey will be close to full completion by October. HSE Committee will be updated on the progress of this activity at the October meeting.

22/23 Health, Safety and Environment Update: Student Services

SAF22-P22

23.1 The Committee RECEIVED a presentation by the Associate Chief Operating Officer and Director of Student Services, and the Head of Operations for Student Services.

23.2 The following points were NOTED in particular:

- (i) The most significant risks faced by the Service arose from their interactions with students who were at risk, aggressive or incapacitated, from the impact of this requirement upon staff, and from lone working and hall-related events.
- (ii) A range of actions were in place to mitigate risk. The Service considered three of these to be areas of good practice: a protocol and meetings for students who were considered to be at risk, a serious student incident process, and structured staff supervision, support and reflective practice.
- (iii) The effectiveness of mitigating actions was monitored through staff absence patterns and take-up of measures that were in place to support staff. Staff were also encouraged to provide feedback to their managers.
- (iv) Counselling was available to staff via the Employee Assistance Programme. Student Services also had limited capacity to offer counselling to staff if referred by HR. However, this provision was unlikely to be scalable.
- (v) Training for front-line staff, such as the Security Team, tended to be in response to be a specific need. However, ad hoc sessions were also made available by the Service, for example in relation to racial discrimination.

22/24 Director of Health, Safety & Wellbeing Report and Covid Update

SAF22-P23

24.1 Members RECEIVED an update from the Director of Health, Safety and Wellbeing.

24.2 The following points were NOTED in particular:

- (i) There had been a peak in Covid 19 cases in February. A lessons-learnt exercise had been held in May, and contingency planning for the next academic year would take place in June. These plans would be shared with the campus trade unions. The Health and Safety Service was thanked by the UCU representative for the excellent arrangements that had been put in place during the Pandemic.
- (ii) The Occupational Health and Wellbeing Team had become established, and demand and levels of respect for the Service were at an all-time high.
- (iii) Water quality in Towers hall of residence continued to be monitored following previous challenges with Legionella. The monitoring had provided evidence of a consistent improvement in water quality.
- (iv) A decision had been made to outsource the programme of inspection of fire doors due to difficulties in recruiting and retaining suitably-qualified staff to undertake the role. The Fire Officer had developed an inspection approach based on life risk.
- (v) The University was to be audited by Leicestershire Fire and Rescue Service in June.

22/25 Statutory Compliance Key Performance Indicators

SAF22-P24, SAF22-P25

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

25.2 A small number of non-ionising radiation and biological/genetic modification KPIs had been flagged as red in the RAG rated report. This was due to planned internal audits that were behind schedule, rather than being areas of concern.

22/26 Radiation Protection Update

SAF22-P26

26.1 The Committee NOTED current and planned decommissioning work on the Graham Oldham Building. It APPROVED a recommendation to leave in the ground a pipe which may have a very low level of radiological contamination and to record its location to inform future work in the area. **ACTION: SSTL**

26.2 The Committee NOTED the need to make available to staff information on the University's experimental work which was covered by legislation and which required permits/licences or had specific restrictions. Making this information available to staff would ensure that they remained compliant with the radiation permit, particularly when recruiting new academic staff. The Committee APPROVED the creation of a webpage noting the areas of experimental work, the permit/licence holder, designated person responsible and a brief description of restrictions. The weblink would be circulated to Schools and Professional Services. **ACTION: SSTL**

26.3 The Environment Agency had asked the University to consider reducing the area covered by its permit to only cover areas that were currently used for work using radiation or that were likely to be used for this purpose in the future. The Committee APPROVED a downsizing of the permitted area for radiation work which would still allow flexibility for researchers to move between different laboratories and for potential new research. **ACTION: SSTL**

22/27 Biological Safety – Human Tissue Authority Audit Update

- 27.1 The Committee RECEIVED an update on biological safety from the Strategic Scientific Technical Lead. It NOTED action being taken by the School of Sport, Exercise and Health Sciences to ensure compliance ahead of a forthcoming HTA audit. The Committee set a deadline of the end of July for the Chair to receive assurance from the School that the outstanding issues had been addressed. Confirmation of assurance should be sent to the Committee Secretary by this deadline. **ACTION: SSEHS Dean and Operations Manager**
- 27.2 The Committee NOTED the importance of staff escalating issues where these became apparent in order to provide senior managers in Schools/Professional Services with the opportunity to resolve the issues.

22/28 Occupational Health and Wellbeing Service Update

SAF22-P27

- 28.1 The Committee RECEIVED an update from the Occupational Health and Wellbeing Manager. It CONSIDERED a proposal for a School/Professional Service ratio of wellbeing champions of one for every 50 employees. This ratio would allow the Occupational Health and Wellbeing Manager to work with Schools and Professional Services to plan appropriate levels of local support for their staff. The Committee APPROVED the proposed ratio of wellbeing champions to employees.
- 28.2 Members NOTED increasing waiting times for ambulances in the area were putting pressure upon Security staff to deliver first aid to the injured. Further consideration needed to be given to how and where the University could administer to injured individuals on occasions where there were expected to be long waits for ambulances. **ACTION: Director of HSW, OHWM.**

22/29 Stress and Mental Health Provision

SAF22-P28

- 29.1 Arising from M22/5.4, the Committee CONSIDERED a report on the University's stress and mental wellbeing provision and areas which might need to be strengthened.
- 29.2 The report revealed that a number of the tools currently employed to measure levels of stress and poor mental health were not effective. Some areas, such as sickness absence monitoring, could be improved using different monitoring tools. Current sickness absence records for academic staff were known to be incomplete. However, despite their limitations, these records were effective as a measure to spot trends.
- 29.3 The report listed a number of enabling projects which, together, were designed to provide the foundations for staff to thrive. They were seen to be appropriate initiatives for the University to pursue.
- 29.4 The Director of Health, Safety and Wellbeing will consult with HR colleagues on four specific issues:
- To find out whether it was possible to obtain better sickness absence data on mental health
 - To investigate the possibility of conducting lesson learnt exercises after significant stress or mental wellbeing cases
 - To investigate whether routine case reviews could be established
 - To develop an options paper for the delivery of a stress and mental wellbeing survey
- ACTION: Director of HSW**
- 29.5 It was noted that the Committee membership did not include a representative from Human Resources. The Director of HSW would discuss with the Director of HR the possible inclusion of a senior Human Resources colleague on the Committee. **ACTION: Director of HR, Director of HSW**

22/30 Environmental Compliance Report

SAF22-P29

- 30.1 The Committee NOTED the Environmental Compliance Report.
- 30.2 Members NOTED a non-conformance identified in relation to the clarity of how senior management would be involved in the Environmental Management System Management Review process as required by the ISO14001:2015 standard. The appointment of a Chair for the newly-formed Sustainability Sub-Committee was to be considered, alongside other options, at a forthcoming meeting of the Sub-Committee.
- 30.3 The Committee ENDORSED a recommendation by the Director of Estates and Facilities Management that he should Chair the new Sub-Committee and report any issues to the Senior Management Team. **ACTION: Director of Estates and FM**

22/31 Future Business

SAF22-P30

- 31.1 The Committee APPROVED a proposal that the Committee should follow two streams of future business. The Committee would continue to receive presentations from Schools and Professional Services on their approaches to the management of health, safety and wellbeing. In addition, from the October 2022 meeting onwards, the Committee would receive presentations on the management of key risks so that it could be assured that the relevant controls were in place. The Committee would be able to ask for further details on a particular issue at each meeting. All of the presentations would take place at the beginning of meetings.
- 31.2 The Director of HSW would work with the Secretary to schedule presentations for the 2022/23 academic year. **ACTION: Director of HSW**

22/32 Committee Effectiveness

SAF22-P31

- 32.1 The agenda papers for the meeting had been circulated via Board Intelligence. Board Intelligence users were able to share notes with other named users or with the whole Committee. However, the latter approach was discouraged.
- 32.2 Members were asked to forward to the Secretary their comments on the effectiveness of the Committee and also their observations on viewing the agenda papers via Board Intelligence. Their comments would be considered by the Chair. **ACTION: HSE Members**
- 32.3 Members NOTED that the Committee had proven itself open to change, having made significant changes to its membership in recent years. They noted that the Health and Safety Service was represented in the Committee's constitution by its Director. His direct reports were able to submit reports to the Committee and to attend, if appropriate, rather than being members in their own right. The Committee's composition and terms of reference would be circulated to members to consider when reflecting upon the effectiveness of the Committee. **ACTION: Secretary**
- 32.4 Members reflected upon their experience of HSE Committee meetings held via Microsoft Teams during the Pandemic. They observed that the format had proved effective and convenient. They AGREED to continue to hold Teams meetings in the future but to hold one in-person meeting per year to provide members with the opportunity to meet face to face. **ACTION: Secretary**
- 32.5 The Vice-Chancellor noted that, when taking up his appointment, he had quickly become aware of the range of activity for which he was ultimately responsible. He was assured that the various activities were supported by teams of highly professional staff. He thanked members for their work to date.

22/33 Appointment of Sustainability Manager

33.1 Members NOTED the appointment of a new Sustainability Manager. The new post holder would join the University at the end of May.

22/34 Reports to Health, Safety and Environment Committee

The Committee RECEIVED 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

22/35 GM/Biosafety Committee Minutes

SAF22-P35

The Committee RECEIVED the minutes of the meeting of GM and Biosafety Committee held on 9 March 2022).

22/36 Valediction

The Committee thanked retiring members Ruth Casey and Paul Conway for their valued contributions.

22/37 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