Health, Safety and Environment Committee

Loughborough University

# AGENDA
# SAF17-A2

## Notice of meeting

The next meeting of the Health, Safety and Environment Committee will take place at 2.00pm on Wednesday 7 June 2017 in the Jennings Council Chamber, 201.1.12, Hazlerigg Building.

Martine Ashby, Secretary

## 1 Apologies for Absence

## 2 Business of the Agenda

To give notice of intention to speak to any starred items, which otherwise will be taken without discussion. Any member wishing to speak to a starred item is asked to give notice to the Secretary by midday on Tuesday 6 June 2017.

## 3 Minutes

**SAF17-M1**

To confirm the Minutes of the meeting held on 8 February 2017.

## 4 Matters arising from previous meetings

**SAF17-P19**

4.1 To note actions arising from the Minutes

4.2 To note any other matters arising.

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# SECTION A – Items for Discussion

## 5 Constitution, Terms of Reference and Membership

**SAF17-P20**

Arising from M17/3 to consider the proposed constitution and terms of reference of the proposed newly constituted Health, Safety and Environment Committee and the Health, Safety and Environment Consultative Forum.

## 6 Report from the Health, Safety and Risk Manager

**SAF17-P21**

To receive a progress report from the Health, Safety and Risk Manager on the implementation of the Health and Safety Service and Plan for 2016/17.

## 7 Report from Environmental Manager

**SAF17-P22**

To receive a report from the Environmental Manager.

## 8 Report from Radiation Protection Officer

**SAF17-P23**

8.1 To receive an update from the Radiation Protection Officer;

8.2 To receive an update on actions to be taken to ensure compliance with the revised Ionising Radiation legislation.

## 9 Biological/GM and Chemistry Safety Update

**SAF17-P24**

9.1 To receive an update from the Radiation, Biological and Chemical Safety Officer;

9.2. Arising from M17/18 to consider the development of a policy for the management of resources associated with a member of staff, on the departure of the member of staff from the University

## 10 Report from University Fire Officer

**SAF17-P25**

To receive a report from the University Fire Officer.

## 11 Accident and Insurance Statistics

**SAF17-P26, SAF17-P27**

11.1 To receive incident data for the first quarter of 2017

11.2 To receive a report on accidents and insurance claims for the periods 1 January to 31 March 2017.

## 12 Health and Safety Statutory Compliance Sub-Committee

**SAF17-P28 (to follow)**

12.1 To receive the minutes of the meeting held on 18 May 2017

12.2 To receive a verbal report from the Chair.

## 13 Health and Safety Risk Register

**SAF17-P29**

To receive an update on progress in collating the Health and Safety Risk Register.

## 14 Health and Safety Training

**SAF17-P30**

To receive an update on Health and Safety Training for general staff and safety officers.

## 15 Occupational Health Service

**SAF17-P31 (to follow)**

Arising from 17/14 to receive an update from the Director of Human Resources on the University's Occupational Health Service.

## 16 Stress Management Policy

**SAF17-P32**

Arising from M17/15 to approve the Stress Management Policy.

## 17 Development of a Stress and Mental Wellbeing Strategy

**SAF17-P33**

To receive an update on work to develop a stress and mental wellbeing strategy and to comment on the direction of travel.

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# SECTION B – Starred Items for Approval

## *18 Construction Small Works Policy

**SAF17-P34**

To approve proposed changes to the Construction Small Works Policy.

## *19 Radiological Protection Sub-Committee

**SAF17-P35**

To receive the minutes of the meeting of the Radiological Protection Sub-Committee held on 9 May 2017.

## *20 Annual Report of the Ethics Approvals (Human Participants) Sub-Committee

**SAF17-P36**

To receive and to note the Report of the Ethics Approvals (Human Participants) Sub-Committee for 2016/17.

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# SECTION C – Items for Information

**None**

## 21 Any Other Business

## 22 Dates of Meetings in 2017/18

27 September 2017

7 February 2018

6 June 2018

Author – Martine Ashby
May 2017
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# Health, Safety and Environment Committee

Loughborough University

# Minutes
# SAF17-M1

Minutes of the Health, Safety and Environment Committee held on Wednesday 8 February 2017

## Attendance

***Present:***
Spencer Aryeetey, Mark Biggs, Andrew Burgess, Neil Budworth, Sandy Edwards, Alec Edworthy, Kay England, Marc Gibson, Ann Greenwood, Rod Harrison, Nik Hunt, Allan Jones, Alice Kirkaldy, Mark Lewis, Chris Linton (Chair), Harshad Purohit, Brian Reed, Julie Turner, Hugh Weaver

***In attendance:***

James Stapleton (Item 6), Elizabeth Stokoe (Item 7), Emily Hofstetter (Item 7), Tanya Osborne (Acting Secretary)

***Apologies***
Manuel Alonso, Rob Allan, Martine Ashby, Tom Carslake, Suzanne Dexter, Geoff Feavyour, David Fulford, Tony Goodall, Andrew Gomez, Irvin Hendrickson, Jude Hoy, Rachael Jermyn, Hershil Patel, Bob Temple, Richard Taylor, Cristian Tileaga

## 17/1 Minutes

**SAF16-M3**

1.1 The minutes of the previous meeting held on 28 September 2016 were confirmed as an accurate record.

## 17/2 Matters Arising from the Previous Meetings

**SAF17-P1**

2.1 Actions arising from the previous minutes were NOTED and their current status confirmed. The Committee noted the following actions as resolved:

i) SAF15-M2:15/18
ii) SAF16-M1:16/3(iii)
iii) SAF16-M1:16/11.4
iv) SAF16-M2:20.2(viii)
v) SAF16-M2:20.3
vi) SAF16-M2:23.2
vii) SAF16-M2:32.2
viii) SAF16-M2:33.3
ix) SAF16-M2:34.2(ii)
x) SAF16-M3:44.2 (ii)

xi) SAF16-M3:44.3
xii) SAF16-M3:45.2
xiii) SAF16-M3:45.3
xiv) SAF16-M3:49.2 (iv)
xv) SAF16-M3:51.6
xvi) SAF16-M3:53.2
xvii) SAF16-M3:54.4
xviii) SAF16-M3:55.2
xix) SAF16-M3:55.3
xx) SAF16-M3:56.2
xxi) SAF16-M3:60.2
xxii) SAF16-M3:60.3

2.2 The following actions were identified as open or ongoing:

i) SAF16-M2:18.4:
ii) SAF16-M2:20.3
iii) SAF16-M3:42.2 (iv)
iv) SAF16-M3:45.1
v) SAF16-M3:54.2
vi) SAF16-M3:60.2
vii) SAF16-M3:60.3

2.3 The remaining actions are dealt with during this meeting of the Committee.

2.4 The Committee had a small number of updates on the outstanding actions

i) SAF16-M3:45.2 basic principles have been set and work will be ongoing in looking for specific proposals

ii) SAF16-M3:52.2 is an environmental health issue, and the Committee are assured that a solution has been found that meets sustainability requirements.

iii) SAF16-M3:60.2 it was reported that reviews of policies are around two thirds complete with regard to ensuring they adequately cover the London Campus

## 17/3 Constitution, Terms of Reference, and Membership

**SAF17-P2**

3.1 The Committee received a report from a working group set up to review the consultation, terms of reference and membership of the Committee. It agreed with the proposals supplied regarding the future of the Committee and the creation of a consultative forum. The Committee agreed that this change be recommended to Council.

3.2 The Committee suggested that as the new format of the Committee develops, consideration be given to how the independent members of the Committee are contributing, and that the Committee consider including a representative from industry.

*i) Action: That the proposed changes to the constitution, terms of reference and membership of HSE for it to become the Health, Safety and Environment Executive Committee be referred to Senate and Council for approval, along with the proposal for the creation of a consultative forum. HSR Manager to provide paper.*

## 17/4 Health and Safety Annual Report

**SAF17-P3**

4.1 The Committee commented on the new format of the report, and gave appreciation for its readability. It was suggested that a hard copy of the report be made available to Council members.

*i) Action: HSR Manager A hard copy of the Health and Safety Annual Report to be presented to the next meeting of Council*

## 17/5 Environmental Manager's Report

**SAF17-P4**

5.1 It was noted that while progress against targets was generally good, there had been an unexpected increase in generation of food waste. Work is ongoing to identify possible causes, though it is suggested that this may simply be linked to a greater number of staff, students, and events on campus during the reporting period in comparison to the previous reporting period.

## 17/6 Health and Safety Risk Register

**SAF17-P5**

6.1 The Committee was pleased to hear that progress on collating the risk register is likely to meet target, and that currently about a third of all risk register workshops had been completed. It was noted that, due to feedback, colleagues were being allocated three months to finalise their risk register entry, an increase from the one month initially allocated. So far, the most cited risks among Schools and professional services were: events, equipment, personal attack, competence of staff in health and safety roles, and lone working.

6.2 The Committee was keen to establish that the ongoing work on the health and safety risk register was appropriately linked to the university-wide risk framework. They were assured that, where relevant, issues were being referred back to the risk owners, particularly where risk was related to campus infrastructure and IT.

## 17/7 Research into Effective Safety Conversations

**SAF17-P6**

7.1 The Committee was presented with initial research findings on conversations within health and safety areas. It was noted that effective conversation strategies include: having a mutual awareness and respect for roles; having an understanding of expectations; not opening by offering extreme solutions; taking a strategy of not over-reaching when moving toward a goal; providing solutions and help up front; finding solidarity within the conversation.

7.2 It was noted that the health and safety advisors across the University will be trained in the practical outcomes of the research in May.

## 17/8 Annual Report of the Radiation Protection Officer

**SAF17-P7**

8.1 The Committee received the annual update of the Radiation Protection Officer for 2016.

8.2 The Committee noted that there was an upcoming change to Regulation 99 that would come into effect from 1st January 2018, and that proposals to align the University with the new iteration of the regulation would likely be presented at the next meeting of the Committee. These proposals were likely to primarily affect those who use X-rays, and are likely to require a registration process for students involved with work in X-rays.

8.3 It was confirmed that all incidents and non-compliance detailed in the report are satisfactorily involved. The Committee noted a higher number of external audits than usual at this point in the cycle.

8.4 The Committee also noted that the exit of the UK from the EU would affect membership of the European Atomic Energy Community (EAEC, or Euratom), which would in turn have implications on the reporting requirements that the University currently hold to this organisation. The Committee were assured that once there was greater clarity on Euratom membership this would be reported back.

## 17/9 Biological / GM and Chemistry Safety Update

9.1 The Committee received a verbal update form the Radiation, Biological and Chemical Safety Officer.

9.2 It was noted that a further need for training in Control of Substances Hazardous to Health (COSHH) was recognised, along with training on chemical safety, in those Schools and Professional Services who interact with hazardous chemicals.

9.3 The Committee was pleased to hear that progress was made in ensuring that there was now an additional layer of approval during the procurement process that would enable the Health and Safety Officer to better monitor purchase of hazardous materials or equipment. The Committee noted that there are still potential issues arising with materials or equipment purchased outside of the standard procurement route, and that work is ongoing to address this.

9.4 The Committee was pleased to hear that the University now holds a new Category 2 licence in Chemistry.

## 17/10 University Fire Officer's Report

**SAF17-P8**

10.1 The Committee heard that, of the 3 incidents under report, only one was of ongoing concern. This was an incident relating to floodlights. This incident was fully investigated, and a further eight actions were identified to help prevent any further incidents.

10.2 It was noted that a draft paper on fire alarm isolation was expected to be presented at the next meeting of HSSC. Relating to this, a number of false fire detections in halls of residence had been identified to be caused by improper use of extraction hoods over cooker units, and that giving additional signage and instruction to students may help reduce incidents while file alarm isolation policies were being refined.

## 17/11 Accident and Insurance Statistics

**SAF17-P9, SAF17-P10, SAF17-P11, SAF17-P12**

11.1 The Committee received a paper from the Health, Safety and Risk Manager recommending the data that should be routinely provided to HSE committee and Council. This paper was approved and would be forwarded to Council for consideration. The Accident and Insurance data provided to the February HSE committee would also be forwarded to Council.

11.2 The Committee noted the reports and discussed what other potential benchmarking sources were available. It was noted that because of the University's composition and situation it was difficult to find comparators within local groups who share such data.

11.3 The Committee noted a change in insurer and were informed of the difference in services available, in particular use of a portal to interrogate information. The Committee was pleased to note that the majority of outstanding cases were moving toward settlement.

11.4 The Committee had some concern about the potential for an increase in historical asbestos-related claims, and it was noted that this trend would need to be monitored.

## 17/12 Training Matrix

12.1 The Committee received a verbal update from the Deputy Health and Safety Manager on changes to the Training Matrix.

12.2 The Committee heard that four modules had been developed, categorised into high, medium and low risk training environments. The first module covers law, policy, and the role of the health and safety officer, including some occupational health. The second module covers generic hazards, such as work at height. The third module is specialised and vocational, aimed at specific job responsibilities. The fourth module will offer some form of accredited training, though this is still in development. Training courses will be recorded on the staff records database. The training matrix was being designed to align with the PDR framework.

i) *Action: Fire Safety Officer and Deputy Health and Safety Manager to bring forward a full report on the training matrix to the next meeting of the Committee.*

## 17/13 Health, Safety and Environment Statutory Compliance Sub-Committee

**SAF17-P13**

13.1 The Committee received the minutes of the Sub-Committee's meeting held on 11 January 2017.

13.2 The Committee agreed the revised terms of reference, constitution and membership of the sub-Committee.

13.3 The Committee heard that new representatives were still being identified. The Committee also noted that the work of the sub-Committee was being subjected to external audit. The Committee was satisfied with the work of the sub-Committee thus far, and heard that the inclusion of members from within academic schools had been of particular benefit.

## 17/14 Occupational Health

14.1 The Committee received a verbal update from the Health, Safety and Risk Manager on the University's Occupational Health Service and heard that recent staffing increases had helped alleviate the backlog in this area of work.

i) *Action: Director of Human Resources to prepare a full update for the next meeting*.

## 17/15 Stress Policy

15.1 The Committee received a verbal update from the Health, Safety and Risk Manager on the Stress Policy and noted that the revised policy was finalised and was waiting to be uploaded on to the HR Web site.

*i) Action: Chair to liaise with Director of Human Resources about communication strategy and approval process for the revised policy.*

## 17/16 Health and Wellbeing of Working Age Population

16.1 The Committee received a verbal update from the Health, Safety and Risk Manager on development of principles for the introduction of a wellbeing offering for University staff and noted that this area of work was still ongoing.

## 17/17 Policy and Guidance on Unmanned Aircraft Systems (Drones)

**SAF17-P14**

The Committee approved a new policy on unmanned aircraft systems.

## 17/18 Staff Exit Policy

18.1 The Committee received a verbal update from the Radiation, Biological and Chemical Safety Officer on the proposed new policy for the management of resources associated with a member of staff, on the departure of the member of staff from the University.

18.2 It noted that work was being undertaken in conjunction with Human Resources to ensure that there is a greater consistency in this area. It is anticipated that improvements to logging the procurement of hazardous materials and equipment would facilitate this process. A policy was expected to be presented to Human Resources Committee.

## 17/19 Radiological Protection Sub-Committee

**SAF17-P15**

19.1 The Committee received the minutes of the Radiological Protection Sub-Committee held on 11 January 2017.

## 17/20 Health and Safety Strategic Framework

**SAF17-P16**

20.1 The Committee approved the proposed health and safety vision, its strategic principles and its broad strategic themes.

## 17/21 Safeguarding Policy

**SAF17-P17**

21.1 The Committee approved the revised new University policy following further work to identify required revisions to the policy to ensure that it could be operated on the London campus and to ensure consistency with the University's AUP (Acceptable Use Policy) for IT Equipment.

## 17/22 Policy and Code of Practice for Electricity at Work

**SAF17-P18**

22.1 The Committee approved the revised new Policy and Code following minor corrections and amendments in relation to use on the London campus.

## 17/23 Change to Constitution

23.1 The Committee approved the following amendment to the Constitution of the Committee with immediate effect:

"Director of Campus Living' to be replaced by 'Director of Campus Services'.

*i) Action: Secretary to seek approval from Senate and Council.*

## 17/24 Other Business

24.1 There was no other business raised.

## 17/25 Date of Next Meeting

- 7 June 2017

Author – Tanya Osborne
Date – 9th February 2017
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# Health, Safety & Environment Committee

Loughborough University

#

Paper Title: Matters Arising from Previous Meetings

Author: Martine Ashby (Secretary)

| | |
|---|---|
| **1. Specific Decision Required by Committee** | **To note the status of matters arising from previous meetings** |
| **2. Relevance to University Strategy** | **Means for the Sub-Committee to monitor agreed actions which may be associated with the University Strategy** |
| **3. Executive Summary** | **The table overleaf details the statuses of matters arising from previous meetings of the Health, Safety and Environment Committee** |
| **4. Essential Background Information** | **Previous minutes of HSE Meetings** |
| **5. Risks, Risk Mitigation and Governance/ Accountability** | **To ensure actions taken following HSE meetings** |
| **6. Implications for other activities** | n/a |
| **7. Resource and Cost** | None |
| **8. Alternative Options considered** | None |
| **9. Other Groups/Individuals consulted.** | Name individuals |
| **10. Future Actions, Timescales & Frequency of Review by this Committee.** | Next opportunity for review: Meeting in September 2017 |
| **11. Success Criteria (KPIs)** | None |
| **12. University Executive comment (required for Council papers only)** | n/a |

| | Completed |
|---|---|
| | Not yet Completed |

| Meeting | Minute | Description | Action | Status |
|---|---|---|---|---|
| **SAF15-M2** | 15/18 | Non-ionising radiation (excluding lasers) policy to be considered at September meeting. New policy and generic risk assessment to be completed by the end of 2015. | Radiation Protection Officer | To be completed before legislation is in place in July 2016.<br><br>Policy approved at Sept 15 HSE meeting (15/M36). Guidance documents are still being written. Action is still ongoing. Status update given at June 16 meeting Sept 16 update: Guidance documents to be considered by Non-ionising Radiation Committee. Should be complete by Feb 17 HSE meeting **Feb 17 Update: Policy complete but guidance docs not on web yet. Confirmed closed at Feb 17 meeting** |
| **SAF16-M1** | 16/3(iii) | Policy for use of Unmanned Aerial Vehicles to go to Oct 2016 meeting | HSR Manager | Update included under agenda item 4.4. Draft policy to go to Sept 16 meeting.<br><br>**Sept 16 update: Draft policy and guidance to go to Feb 17 meeting**<br><br>**On agenda Confirmed closed at Feb 17 meeting** |
| **SAF16-M1** | 16/11.4 | Review Health and Safety Office's webpages to respond to comments during HSE meeting and mend broken weblink | HSE Manager | HSR Manager confirms that new HS Administrator will update webpages.<br><br>June 16 Meeting: Noted that on track.<br><br>**Sept 16 update: work ongoing.**<br><br>**Feb 17 Update: ongoing reviewing comms strategy. Confirmed closed at Feb 17 meeting** |

| Meeting | Minute | Description | Action | Status |
|---|---|---|---|---|
| **SAF16-M2** | 18.4 | Submit unmanned aerial vehicle policy to Sept 16 meeting | Deputy Health and Safety Manager | New policy and guidance to come to Feb 17 meeting **Feb 17 Update: On agenda** |
| **SAF16-M2** | 20.2(viii) | Undertake review of Waste Strategy. Report back on progress at Sept16 meeting | Environmental Manager | Update to be provided in EM report to Sept 16 meeting **Confirmed closed at Feb 17 meeting** |
| **SAF16-M2** | 20.3 | Remind Deans + Heads of Prof Services to display Univ Environmental Policy and Standards and Sustainability Charter in key areas | Environmental Manager | Update to be provided in EM report to Sept 16 meeting |
| **SAF16-M2** | 23.2 | Consider whether GM/Biological Safety Committee has appropriate expertise in all applicable areas | RPBCS Officer | Members only from a limited no of Schools. However this reflects where expertise lies. Membership to be reviewed at Sept 17 GM/BS Com meeting **Confirmed closed at Feb 17 meeting** |
| **SAF16-M2** | 23.3 (v) | Tighten up identification of COSHH materials at purchase stage | RPBCS Officer | Ongoing. Update included in Biological/GM and Chemical Safety Report (Sept 16)<br><br>**Feb 17 update: On agenda** |
| **SAF16-M2** | 26.4 | Include more leading indicators in accident and insurance reports in next year (agreed at June 16 meeting) | HSR Manager | Currently being developed **Feb 17 update: On agenda** |
| **SAF16-M2** | 31.3 | Develop School/ Departmental Safety Officer Training Matrix further to take into consideration comments from June 16 meeting. Submit revised version to Sept 16 meeting | Deputy Health and Safety Manager | **Feb 17 update: On agenda** |
| **SAF16-M2** | 32.2 | Make Schools and relevant services aware of relevant elements of Asbestos Policy | HSR Manager | In progress. Policy currently being rolled out. **Confirmed closed at Feb 17 meeting** |
| **SAF16-M2** | 33.3 | Inform Schools and relevant Services of Policy for Using LEV Systems and in particular of requirement to maintain log | HSR Manager | In progress. Roll out plan has been agreed **Confirmed closed at Feb 17 meeting** |

| Meeting | Minute | Description | Action | Status |
|---|---|---|---|---|
| **SAF16-M2** | 34.2(ii) | HSSC Sub-Committee to provide HSE with reassurance on a regular basis that the water safety governance structure remains in place and functioning | HSSC Chair and Secretary | **Confirmed closed at Feb 17 meeting** |
| **SAF16-M3** | 41.2 | Working group to review constitution, terms of reference and membership and report back to Feb 17 meeting | HSR Manager | Recommendations on Feb 17 agenda **Feb 17 update: on agenda** |
| **SAF16-M3** | 42.2(ii) | New drone policy and guidance to be considered at Feb 17 meeting | Deputy HSR Manager (HW) | Draft policy on Feb 17 agenda **Feb 17 update: on agenda** |
| **SAF16-M3** | 42.2 (iv) | Safety communication research findings to be presented at Feb 17 meeting. | HSR Manager | Presentation on Feb 17 agenda **Feb 17 update: on agenda** |
| **SAF16-M3** | 42.2 (iv) | Deliver practical training on safety communication in Oct 17 | HSR Manager | **Feb 17 update: Expected May** |
| **SAF16-M3** | 44.2 (ii) | Review Environmental Management System to incorporate London campus | Environmental Manager | **Confirmed closed at Feb 17 meeting** |
| **SAF16-M3** | 44.2 (iv) | Investigate possibility of presenting one-off events separately in waste report in future | Environmental Manager | **Feb 17 update: on agenda** |
| **SAF16-M3** | 44.3 | Make corrections to University Environmental Policy prior to signing by VC | Environmental Manager | **Confirmed closed at Feb 17 meeting** |
| **SAF16-M3** | 45.1 | Make web links to guidance generated from research findings available to members | Secretary | **Feb 17 update: check with Secretary** |
| **SAF16-M3** | 45.2 | Develop principles for the introduction of wellbeing offering for University staff using outcomes of SSEHS research to present at Feb 17 meet | Director of HR, Dean of SSEHS | **Confirmed closed at Feb 17 meeting** |
| **SAF16-M3** | 45.3 | Contact School's Technical Resources Manager for advice on School's treadmill desks and similar equipment | Members | **Confirmed closed at Feb 17 meeting** |
| **SAF16-M3** | 47.2 | Review of chemical procurement process in 2017 to also focus on existing training | HSR Manager | HSR manager notes this is part of H&S Plan. Revised chemical safety training is being developed and will be offered to AED first **Feb 17 update: on agenda** |

| Meeting | Minute | Description | Action | Status |
|---|---|---|---|---|
| **SAF16-M3** | 47.3 | Take lead, working with others, in developing a staff exit strategy. | Director of HR | **Feb 17 update: on agenda** |
| **SAF16-M3** | 48.2 (ii) | Introduce permit process to ensure contractors aware of University requirements | Fire Officer | **Feb 17 update: on agenda** |
| **SAF16-M3** | 48.2 (iii) | Report back at Oct 17 meeting on use of alternative devices in two halls to reduce number of false fire alarm activations | Fire Officer | **Feb 17 update: on agenda** |
| **SAF16-M3** | 49.2 (iv) | Seek clarification from Fire Officer on clause in Bespoke Building Design Fire Strategy Policy | Alec Edworthy | **Confirmed closed at Feb 17 meeting** |
| **SAF16-M3** | 51.6 | Liaise regarding the development of a plan to improve the OH Service | COO, Director of HR | **Confirmed closed at Feb 17 meeting** |
| **SAF16-M3** | 52.2 (iii) | Discuss with imago their use of plastic glasses for serving drinks | Environmental Manager | **Feb 17 update: on agenda** |
| **SAF16-M3** | 53.2 | Discuss with University Compliance Engineer scaling up of training approach to meet compliance requirements | Deputy Health and Safety Manager (HW) | **Confirmed closed at Feb 17 meeting** |
| **SAF16-M3** | 54.2 | Liaise with Brian Reed to fill vacant academic representative position on HSSC | Deputy COO | **Feb 17 update: ongoing** |
| **SAF16-M3** | 54.4 | Provide revised terms of reference and constitution for consideration at Feb 17 meeting | HSSC Secretary | **Confirmed closed at Feb 17 meeting** |
| **SAF16-M3** | 55.2 | Liaise to identify possible changes to Safeguarding Policy to ensure covers acceptable use of computers | Director of Students Services, Alec Edworthy | **Confirmed closed at Feb 17 meeting** |
| **SAF16-M3** | 55.3 | Make changes to Safeguarding Policy to ensure applicable on London campus and takes into consideration acceptable use of computers | Director of Students Services | **Confirmed closed at Feb 17 meeting** |
| **SAF16-M3** | 56.2 | Seek information from Secretary to Audit Committee on instances of local procedures being overload on top of University procedures | Secretary | **Confirmed closed at Feb 17 meeting** |

| Meeting | Minute | Description | Action | Status |
|---|---|---|---|---|
| **SAF16-M3** | 59 | Forward comments on effectiveness of HSE Committee to the HSR Manager | Members | **Feb 17 update: on agenda** |
| **SAF16-M3** | 60.2 | All health and safety policies to be reviewed to ensure cover London campus | HSR Manager | **Feb 17 update: ongoing** |
| **SAF16-M3** | 60.3 | Make changes to Electricity at Work policy and code of practice as supplied by Alec Edworthy | Technical Services Manager | **Feb 17 update: ongoing** |
| **SAF17-M1** | 3.2(i) | Refer proposed changes to Constitution, TOR and Membership to Senate and Council for approval along with proposal for consultative forum. Provide paper | HSR Manager | Paper proposing revised committee and new forum considered at March meetings of Senate and Council. TOR + Constitution to be considered by Senate and Council in June/July 17 |
| **SAF17-M1** | 4.1(i) | Hard copy of the H&S Annual Report to be presented to next meeting of Council | HSR Manager | |
| **SAF17-M1** | 12.2(i) | Bring forward a full report on the training matrix to June meeting | Fire Safety Officer and Deputy Health and Safety Manager | Report on health & safety training requirements for general staff and safety officers included in June 17 meeting agenda papers |
| **SAF17-M1** | 14(i) | Prepare a full occupational health update for June meeting | Director of Human Resources | |
| **SAF17-M1** | 15 9(i) | Liaise about communication strategy and approval process for the revised Stress Policy | Chair + Director of Human Resources | |
| **SAF17-M1** | 23.1 | Seek approval for change to constitution from Senate and Council (Director of Campus Living) | Secretary | Change approved by Council |

# Health, Safety & Environment Committee

Loughborough University

Date: 18th May 2017

**Paper Title:** Proposals from the Working Group on the review of the constitution, terms of reference and membership of the Health, Safety and Environment Committee.

**Origin:** **Neil Budworth Health - Safety and Risk Manager**

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|---|---|
| 1. Specific Decision Required by Committee | To approve :-<br>The Health, Safety and Environment Committee are asked to approve the membership and terms of reference of the proposed newly constituted Health, Safety and Environment Committee and the Health, Safety and Environment Consultative Forum for consideration by Council and Senate such that the new committee structure could be initiated in the new academic year. |
| 2. Relevance to University Strategy | Developing a culture of delivering excellence in all that we do and raising our standards |
| 3. Executive Summary | A working party was established to review the function and membership of the Health, Safety and Environment Committee. The working party is recommending a significant change to the role and membership of the committee and the establishment of a consultative forum. |
| 4. Essential Background Information | The broad structure of the new committees was agreed in February, HSE committee are now being asked to agree the detailed arrangements. |
| 5. Risks, Risk Mitigation and Governance/ Accountability | Risks associated with transitioning from one set of structures to another - continuity of work and the continued engagement of key stakeholders. High levels of engagement and communications mitigate these risks |
| 6. Implications for other activities | The proposals would mean a substantial change for the way in which the Sustainability and Social Responsibility Committee operate |
| 7. Resource and Cost | Administration costs associated with an additional meeting |
| 8. Alternative Options considered | The working group benchmarked and considered a number of models used at other Universities and institution before recommending the proposed solution. |
| 9. Other Groups/Individuals consulted. | Wide consultation through a variety of routes – Deans, Operations Managers, Directors of Professional services, recognised Trades Unions, Safety Officers |
| 10. Future Actions, Timescales and Frequency of Review by this Committee. | If approved, proposals and constitution and terms of reference to be submitted to the next Council meeting with the new structure to be established in the new academic year |
| 11. Success Criteria (KPIs) | |
| 12. University Executive comment (required for Council papers only) | |

# Proposals on the Restructuring of the Health, Safety and Environment Committee

## Background

The February meeting of the Health, Safety and Environment Committee recommended substantial changes to the structure of the Health, Safety and Environment Committee. These recommendations were subsequently reviewed by both Council and Senate. Following these reviews the Health, Safety and Risk Manager was tasked with progressing the steps needed to :-

- Establish a smaller Health, Safety and Environment Committee, which would replace the current Health, Safety and Environment Committee to bring a greater focus on strategy, delivery and assurance.
- Establish a Consultative Forum to ensure wide consultation on Health, Safety and Environmental matters.

The next stage in making these groups a reality was the development of the membership and terms of reference for each group. The proposals for each group are detailed below and have been through a due consultation process.

The Health, Safety and Environment Committee are asked to approve the membership and terms of reference detailed below for consideration by Council and Senate such that the new committee structure could be initiated in the new academic year.

## The Membership of the Reformed Health, Safety and Environment Committee

The proposed membership of the committee is as follows :-

Chair :- Deputy Vice-Chancellor,
Chief Operating Officer
Deputy Chief Operating Officer
A Dean selected on a rotating basis
An Operations Manager selected on a rotating basis
Two Lay members, one of whom shall be a member of Council
Student Union Representative
One representative from each of the recognised Trades Unions (3 in total)

**Ex officio members**
Health, Safety and Risk Manager
Sustainability Manager
Human Resources Director

# Loughborough University HSE Committee Proposed Terms of Reference

1. To act on behalf of, and to advise, Senate and Council and senior management on matters of health, safety and environmental policy, structure and communications; and to recommend any action necessary to ensure the health and safety of staff, students and members of the public (including contractors and visitors to University premises);
2. To develop and agree the strategic approach to be adopted in relation to Health, Safety, Environmental and Sustainability management:
3. To receive and act on reports, both written and verbal, on the health, safety and environmental performance and plans of schools and professional services:
4. To keep under review the University's legal and statutory obligations with regard to health, safety and environmental regulation compliance and to identify through regular monitoring and bring to the attention of senior management and/or Senate and Council areas where compliance is at risk or not being achieved;
5. To receive reports on health and safety and environmental audits, accident statistics, communications with enforcing authorities, and from relevant sub-groups, and to make recommendations to relevant University management of any corrective action required;
6. To receive aggregated absence statistics and reasons for such absences on a similar basis;
7. Specifically to receive reports from sub-committees which have been established to ensure compliance with legal requirements; eg the Radiological Protection sub-committee:
8. Where appropriate to seek out and promote areas of good practice;
9. To receive updates on changing legislation and to review and assist in the development of policies and procedures to enable the University to meet all statutory requirements;
10. To ensure all levels of University management are aware of their safety and environmental obligations and through the receipt of regular monitoring reports to ensure these obligations are being discharged appropriately;
11. To set up and oversee sub-groups of the Committee and to commission reports from these sub-groups as is necessary to assist the Committee in the development of policy and procedure. To produce terms of reference for environmental management and sustainability sub-group(s) of the Health, Safety and Environment Committee;
12. To monitor staff training and development programmes as they relate to health, safety and environmental issues to ensure appropriate training is provided to enable all managers safely to discharge their duties;
13. To receive reports and review personal safety for staff, students and visitors on University premises, particularly where it could impinge on health and safety;

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

## Loughborough University Health, Safety and Environment Consultative Committee Proposed Membership

The Committee:

1. is established by the Vice-Chancellor;
2. shall be constituted to meet the requirements of the Safety Committees and Safety Representatives Regulations 1977 and the Health and Safety (consultation with Employees) Regulations 1996;
3. may co-opt up to two (2) members;
4. will meet at least three (3) times a year, once in each semester;
5. may make recommendations or observations to the Health, Safety and Environment committee

**Proposed Membership**

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

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

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

1. To act as a consultative forum, normally meeting three times each academic year, for the consideration and discussion of draft health, safety, environment, sustainability and social responsibility policies and procedures;
2. To receive reports on health, safety and environmental audits, accident statistics, communications with enforcing authorities, and from relevant groups, and to make recommendations to relevant University management of any corrective action required;
3. To discuss reports of significant accident and incident investigations carried out, which could have an impact University wide;
4. To seek out and promote areas of good practice;
5. To receive updates on changing legislation and to review and assist in the development of policies and procedures to enable the University to meet all statutory requirements;
6. To provide the main focus for consultation with staff on health, safety, environment, sustainability and social responsibility issues which have University-wide application;
7. To promote co-operation between the University and its employees on all matters relating to their health, safety, environment, sustainability, social responsibility and wellbeing;
8. To receive a report at each meeting from the Health, Safety and Risk Manager and the Sustainability Manager, providing an overview of the work in progress including areas of strategic interest.
9. To consider and comment as appropriate on:
10. Corporate Health, Safety Environmental and Sustainability Policy
11. University-wide safety and environmental guidance notes
12. Safety and Environmental Training
13. To consider Health, Safety, Environmental and Sustainability issues raised by members or drawn to the Committee's attention where they have University-wide implications or, when they affect only one part of the University, it has not been possible to effect a resolution at the local level;
14. To receive an annual report from the Health, Safety and Risk Manager and the Sustainability Manager which will constitute the annual report on Health and Safety;
15. To review the adequacy of safety and health communication and publicity in the workplace;

# Health, Safety & Environment Committee

Loughborough University

Date: 17/5/17

**Paper Title:** Report from the Health, Safety and Risk Manager

**Origin:** Neil Budworth

| | |
|---|---|
| 1. Specific Decision Required by Committee | For information – to note and acknowledge activities and progress since last meeting |
| 2. Relevance to University Strategy | Aligned with University policy |
| 3. Executive Summary | Update on current progress across the University |
| 4. Essential Background Information | Report provides details of significant progress and challenges across the University |
| 5. Risks, Risk Mitigation and Governance/ Accountability | Details within the document |
| 6. Implications for other activities | |
| 7. Resource and Cost | |
| 8. Alternative Options considered | |
| 9. Other Groups/Individuals consulted. | |
| 10. Future Actions, Timescales and Frequency of Review by this Committee. | |
| 11. Success Criteria (KPIs) | |
| 12. University Executive comment (required for Council papers only) | |

# Review of Progress for the
# Health and Safety Service and Plan for 2016 /17

Prepared by Neil Budworth, Health, Safety and Risk Manager 16th May 2017

## Purpose of Report

The purpose of this report is to give an update on significant events and achievements to date and to review the progress made during the 2016/17 academic year so far.

### Strategic / Structural Development

Incident Reporting System

In order to improve the reliability and consistency of the reporting of incidents, the incident reporting process is to be automated.

With the support of IT services a software package has been purchased and is currently being configured to match the University requirements. The aim is to launch the new processes into the University on, or around, the 1st October 2017. This system will replace 4 manual reporting processes and a variety of unregistered spreadsheets which contain some personal data.

The package will also make the escalation of incidents to key staff more consistent and the production and analysis of data easier.

Risk register

The development of the University wide health and safety specific risk register is progressing to plan and is subject of a separate report to this committee.

Review of the Health, Safety and Environment Committee

The progress on this item is the subject of a separate report to the committee.

Mental Health and Stress

The University Health and Safety Service developed a full programme of events to mark Mental Health Awareness week. Events ranged from meeting guide dogs, through soccercise to the Mindball challenge. As well as being fun, the events raised awareness and allowed the team to engage with people on the subject of mental health.

The week was also used to launch the use of Mental Health First Aiders in Science. Led by the Dean volunteers have been sought to act as mental health first aiders. The volunteers will be trained to an internationally recognised syllabus in May and June and will proactively help the school to identify and tackle the early stages of distress. The scheme will be used as a pilot to test the effectiveness of mental health first aiders, and if successful, the aim is to spread their use across the University.

The first steps have also been taken to develop a University wide Stress and Mental Well Being strategy. A working group has been estalished and briefing material prepared. The details of the proposal so far are contained in a separate paper to this committee. The department of graphic communication and illustration have been engaged to see if they are able to support the development of a communication concept around this issue.

<u>Dangerous Substances Explosive Atmospheres Regulations (DSEAR)</u>

A brief review of a number of buildings across campus has been undertaken by an independent consultant to determine how well we comply with recent changes to the guidance on the use and storage of potentially explosive materials.

- The review highlighted the following significant areas of concern:
- Storage of chemicals (volume and segregation)
- Storage of cylinders (internally and externally) (flammable and non-flammable)
- Labelling of hazards in storage cabinets/cupboards
- Zoning of natural gas pump rooms

Broadly speaking the standards in teaching laboratories were acceptable, but in other areas significant risks were being created through the storage and use of large volumes of inappropriately stored solvents and gases.

Deans of the relevant schools have been briefed on the issues identified and we will work with them to develop local action plans. A training session has been arranged for the 20th June so that School staff can become familiar with the requirements relating to potentially explosive substances. We are also in the process of appointing a Duty Authorised Person (DAP) and defining a supporting structure.

Guidance on storage of chemicals and segregation

Partly as a result of the DSEAR assessment above, and partly due to a number of chemical related incidents the University guidance on the storage and segregation of chemicals is being re written. This is being done as a matter of priority with the aim of issuing it across the University in June.

## Report on significant Incidents

Suspected Cases of Legionella

The University were contacted by Charnwood Borough Council following the notification to them of a 'confirmed' case of Legionella. The individual concerned was regular user of Burleigh Springs and on this basis Charnwood Borough Council, with the support of a Health and Safety Executive specialist inspector visited Burleigh Court and Burleigh Springs to investigate if the pool and Spa were the source of the case. Initially the possibility of significant enforcement action was mooted.

A small University team rapidly gathered the relevant data and were able to satisfy Charnwood Borough Council's and HSE's concerns. This was only possible due to the effort and record keeping that has been put into place in the last few years.

The visit highlighted a few areas for improvement relating to the identification and management of ancillary equipment, record keeping and refresher training which have now being actioned

On the basis of the information received and the actions taken both Charnwood Borough Council and HSE were happy with our approach and plan no further action.

Serious Cycle injury to Member of Staff

A member of staff suffered a serious leg injury whilst cycling from the west of the campus through the village to the east of the campus.

It appears that the staff member hit a fire hose which was placed across the road to provide an emergency water supply to the halls during a water main repairs.

The incident raises the questions regarding the management of internal roads during maintenance work. It also raises fundamental questions regarding the management of traffic flow, particularly bicycles on the internal road system.

The incident will be the subject of an internal incident review panel which will ensure that the roots causes of the incident have been identified, discussed and disseminated.

Gas Escape in S Building

Following a power outage in late March a strong smell of gas was identified in a number of rooms in S building. Upon investigation it was identified that a gas tap had been left on in a fume cupboard, in a lab which was thought to be unused. This has been classified as a high potential near miss and will be the subject of an internal incident review panel which will ensure that the roots causes of the incident have been identified, discussed and disseminated.

## General Progress

Two training sessions have been held based on the research into developing effective safety conversations conducted in collaboration with Department of Social Sciences. Representatives from a number of Universities who also took part in the study attended. A paper based in the initial findings of the research was presented at the Universities Health and Safety Association (USHA) conference in Leeds. A second article is currently being planned for the IOSH magazine.

The University also held an inter University Laser Safety meeting in February this year to discuss common problems and find common solutions. More than 20 institutions were represented at the meeting and the Health and Safety Executive and Public Health England also attended. On the basis of the meeting the Health and Safety Executive is investigating the guarding standards of some equipment provided to the University sector and have initiated discussions with Amazon regarding the laser pointers that hey supply into the UK. The HSE are also in preliminary discussions with John Tyrer with the intention of potentially funding a PhD student to examine some of the laser safety issues identified.

Efforts are continuing to measure and control the use of laser pointers at the University. So far more than 200 have been tested with 20% being found to be powerful enough to cause harm.

During March a briefing was arranged for the school of Arts by Ron Reid of Shoosmiths Solicitors. Mr Reid spent a few hours exploring the responsibilities and work practices with the school.

## Section 2 Progress on Annual Plan 2016/2017

**Fire safety**

| AIM | TARGET | Progress and Comments |
|---|---|---|
| Routine business | • Fire risk assessment – annual exercise to update these documents<br>• Fire marshal training<br>• Evacuation chair training and drills<br>• Refuge alerter tests<br>• Personal Emergency Evacuation Plans<br>• Overseeing the fire extinguisher maintenance contract<br>• Carrying out fire alarm test<br>• Carrying out fire drills<br>• Ensure fire signage meets standards set out in BS9999<br>• Review of effectiveness of fire safety committee | • Complete<br>• Fire marshal training – on going – on target<br>• Evacuation Chair training and drills – complete<br>• Refuge alert tests – complete<br>• Personal Emergency Evacuation Plans – produced where required – process streamlined<br>• Overseeing fire extinguisher maintenance contract – ongoing – on target<br>• Fire alarm tests – on going – on target<br>• Fire drills – on going – on target<br>• Signage – ongoing<br>• Effectiveness of committee - Review underway purpose and aims reviewed and committee being operated in a more strategic manner – so far on target |
| New Project projects | • To review procedures for action to be taken in the event of a fire alarm failure in an occupied building<br>• To refresh and tighten controls to be used in the effective isolation and recommission in of fire alarm systems (eg via Permit to Work)<br>• To identify the main causes of false alarms and test and implement methods for the reduction of false alarms.<br>• To embed the fire design strategy<br>• Review the current service/maintenance of E/lighting | • Fire alarm failure processes – complete<br>• Introduction of a permit to work for fire systems – Facilities Services redrafting to minimise workload impact.<br>• Effectiveness of planned intervention has been evaluated and pilot has been expanded to a whole hall of residence.<br>• In going - on target<br>• Initial window of opportunity missed. Will be undertaken during the Christmas break |

| | | |
|---|---|---|
| | to assist in assessing the University as sufficient E/lighting and is compliant<br><br>• Review of potentially explosive atmospheres assessments | • Independent consultant appointed to review compliance – some issues identified. Deans briefed and plan to rectify challenges underway. |

**Radiation**

| AIM | TARGET | Progress and Comments |
|---|---|---|
| Routine business | • Radiation monitor calibrations<br>• Sealed source leakage tests<br>• Ongoing risk assessments and registrations<br>• Open radioisotope accounting<br>• Radioactive waste management<br>• Euratom accounting for nuclear material<br>• Training for new radiation workers/refresher training<br>• RPS audit meetings<br>• Audit of Radiochemistry including isotope audit<br>• Audit of Equipment producing ionising radiation<br>• Audit of sealed sources | • On-going.<br>• Audit of equipment producing ionising radiation planned for the July 2017<br>• Monitor calibrations underway |
| New work for 2016/17 | Preparation work in readiness for changes in legislation: an EU directive has been published which will require transposition into UK legislation in 2018. This will affect the primary piece of legislation covering work with ionising radiation – the Ionising Radiation Regulations 1999.<br><br>Preparation for the decommissioning of the Graham Oldham building | • IRR17 draft is available and system and procedures currently being updated to be consistent with new regulations. RPS's will receive training on a regular basis as more information is available<br><br>• Work on going to plan the decommissioning of the Graham Oldham building – Financial implications |

| | | |
|---|---|---|
| | RPA portfolio preparation | and case in development<br>• On-going. Should be submitted in June |

**Health and Safety**

| AIM | TARGET | Progress and Comments |
|---|---|---|
| Policy | • Review of all LU Health and Safety policies | • Mostly complete – on target - fundamental review of chemical and travel policy initiated. |
| Audit | • Implement the USHA HASMAP auditing process. | • Auditors trained, software options identified – further roll out Q3 2017 |
| Compliance issues | • Continue to develop compliance data gathering and reporting processes.<br>• Develop clear compliance KPIs | • |
| Training | • To provide the following courses:<br><br>First Aid Beginner<br>First Aid Refresher<br>Defibrillator Training<br>First Aid Workshop<br>Fire Marshal Awareness<br>COSHH<br>DSO Training<br>Compressed Gas – Connecting Regulators (online and Practical)<br>Decanting liquid Nitrogen<br>Portable Appliance testing<br>Management and Risk Assessment of Manual Handling Operations<br>Manual Handling Safe Lifting Techniques<br>Noise at Work and Risk Assessment<br>Radiation Protection<br>Laser safety<br>Emergency preparedness training<br>Vibration<br>Bomb Threat training<br>Accident and Near Miss Reporting and Investigation | • Full programme of training developed and is being delivered to plan. Training volumes have risen.<br>• New training on following being developed:<br>Chemical safety<br>COSHH form practical training<br>Biological Safety<br>Non-Ionising radiation safety |

| | | |
|---|---|---|
| | Small Works<br>Asbestos<br>DSEAR<br>Working at Height<br>Safe use of Ladders<br>IOSH Managing Safely<br>Risk Assessment<br>RPE Workshop<br>Non ionising radiation safety training course to be held regularly<br>UV safety training for people working directly with UV sources | |
| New Work 2017 | • Continued development of the University risk register and associated plans<br>• Drone guidance to be implemented<br>• Stress policy review<br>• Identification and implementation of an incident reporting and analysis software solution<br>• Review of the Health and Safety communication strategy<br>• Development and implementation of a biological safety assessment form<br>• End to end review of chemical management process and development and delivery of a programme of work following the review<br>• Harmonisation, simplification and automation of the fieldwork, travel and ethics safety form. | • Development of risk register on target – see separate report.<br>• Drone policy and guidance developed, publicised and implemented.<br>• Minor updates to stress policy, but Stress and Mental Wellbeing Strategy working party has been set up to fundamentally look at the University approach to this issue.<br>• Software identified, project plan developed. Initial estimate of go live date 1st October 2017.<br>• Not started as of yet<br>• Assessment forms have been converted to a smart electronic format – good user feedback now on 2nd draft.<br>• Guidance on chemical storage and segregation to be issued June 2017. Training on chemical safety will go live in October.<br>• Initiated – awaiting first draft of electronic form. |

| | | |
|---|---|---|
| | • Review of laser safety standards across the campus.<br>• Additional work activities and audit priorities will be considered as the outputs of the risk registers develop. | • Underway – Aurora have been appointed to support on one contentious system. |

# Health, Safety & Environment Committee

Loughborough University

Date: 07/06/2017

**Paper Title:** **HSE Committee Update for the period February to May 2017**

**Origin:** Environmental Manager – Nik Hunt

| | | |
|---|---|---|
| 1. | Specific Decision Required by Committee | The report is for information only and no specific actions are required by the Committee. |
| 2. | Relevance to University Strategy | Embedding Sustainability |
| 3. | Executive Summary | • The development plan targets for the current year are well underway with 8/14 on track and 6 slightly behind schedule but not of major concern.<br>• Work on the EMS is on track and expansion of the scope to include imago operations, some aspects of tenanted areas and Loughborough London is now underway. A peer audit of our EMS has been conducted and the internal compliance audit has been conducted. The external re-accreditation audit is planned for early August.<br>• There have been four environmental incidents all of which were dealt with correctly and efficiently by Security / FM.<br>• Due to other business pressures and priorities the new Waste Action Plan (to replace the previous Waste Strategy) is still in development.<br>• Three procedures have been reviewed and communicated to the relevant stakeholders. A review of the Management of Laboratory Reagents, Chemicals and Solvents is progressing well and a review of the documents relating to environment and construction, refurbishment and maintenance of the estate is ongoing<br>• Waste data is presented and the general waste whilst still up has not increased since the last report. Food waste however continues to increase and requires further management but is reflective of increased operations across the retail, catering and imago ltd areas. It should however be noted that whilst the disposal cost of food waste this year is estimated as £44K the overall waste in resources is valued to be at least £176K.<br>• the Building Regulations 2010 (As amended) have now been added to the list of environmental legislation we have to consider as the increasing environmental content is of relevance<br>• Training is currently focussing on pollution prevention and spill response where 160 people have been trained so far and by the end of the year this is likely to have increased to 200. This is of particular relevance given the recent £20M Thames Water fine for pollution which is detailed. |
| 4. | Essential Background Information | Previous reports and papers. |
| 5. | Risks, Risk Mitigation and Governance/ Accountability | All relevant to risk mitigation as part of Environmental Management. |
| 6. | Implications for other activities | Reducing waste can reduce resource use and decrease spend |
| 7. | Resource and Cost | The increased waste has effected the budget but is being managed |
| 8. | Alternative Options considered | N/A |
| 9. | Other Groups/Individuals consulted. | Sustainability Manager, Environment Agency, External Contractors, Campus Living, other departments |
| 10. | Future Actions, Timescales and Frequency of Review by Cttee. | Nothing of note |
| 11. | Success Criteria (KPIs) | Waste Action Plan Targets, Legal Compliance, maintaining the EMS |
| 12. | University Executive comment (required for Council papers only) | N/A |

# Environmental Management

**Subject: HSE Committee Update for the period February – May 2017**

**Origin: Environmental Manager, Nik Hunt**

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**Purpose of the report**

To provide a report on environmental management activities in the following areas for the year just passed and for the year to come.

1. Progress against Development Plan targets
2. Environmental Management System Update
3. Environmental Incidents
4. Progress against Objectives and Targets
5. Processes and Procedures
6. Current waste data
7. Legislation
8. Training & Emergency Spill Response Exercise

**Executive Summary: Please see cover sheet.**

**Update on Activities:**

1. **Progress against Development Plan targets 2015/16**
   The development plan for 2016/17 can be seen in Appendix 1 with commentary of progress against each task including a traffic light system for progress. There are 10 targets for this year with a further four carried over, of these:
   - 8 are on track or complete
   - 6 have commenced and are not quite where we had anticipated being at this stage but are being progressed.

2. **Environmental Management System (EMS) ISO14001 Update**
   A peer audit of our EMS was undertaken by Nottingham Trent University in March and resulted in 3 Minor Non-Conformance's (NC) and 6 Recommendations. Minor NC 1&2 are closed off with ongoing work required for 3. All recommendations are being considered as part of the continual improvement and work towards the summer external audit.

   This was followed by our internal compliance audit in March. This covered 3 Schools (CBS, Design School, SSEHS) and 2 Professional Services (FM and CS) and resulted in 3 Minor NC and 24 OFI's (Opportunities For Improvement). All parties have agreed to complete the NC's by the end of May 2017 and OFI's within a 4-6 month period.

   Work is now ongoing to incorporate imago Ltd and Loughborough London into the scope of the EMS as well as the relevant clauses within the tenant's leases.

   The External audit will take place on the 8/9th August and it is likely that one or two Schools may be visited but much of this year's audit will be based on central management functions.

3. **Environmental Incidents**
   There have been four recorded environmental incidents since the last meeting and these are summarised in Appendix 2. Three involved diesel/petrol and one was oil from a motorbike which had been knocked over, all were dealt with correctly and efficiently by Security / FM.


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## 4. Progress against Objectives and Targets

**Waste Strategy:** Due to other business pressures and priorities the new Waste Action Plan (to replace the previous Waste Strategy) is still in development.

## 5. Processes and Procedures

Since the last meeting there has been a review of:

- Procedure 3.6.71 Hazardous Waste following the introduction of new pre-assessment requirements.
- Procedure 3.6.61 Waste Areas Fire Risk Assessment
  Both of the above are available on our website.
- Procedure 3.6.82 The Waste Hierarchy – this is a guidance document for cleaners and caretakers and therefore this is not available on our website.

These have been communicated to the relevant stakeholders.

The review of the documents pertaining to Sustainability and Environmental Management as it relates to construction, refurbishment and maintenance of the estate is ongoing.

The review of the procedure 3.6.30 Management of Laboratory Reagents, Chemicals and Solvents is progressing well, with input from key stakeholders.

## 6. Current waste data

The table in Appendix 3 details the waste data for 2016/17 upto April 30th along with previous year's data. This is shown excluding construction waste. Key points of note are:

- In my last report general waste for the first five months was up on the same period last year by 96 tonnes, this waste has levelled off and has not increased further so the general waste remains at 96 tonnes up.
- Food waste was up by 27 tonnes at Christmas and this trend has continued with food waste being up by 40 tonnes now. Investigations are still ongoing and controls are still being applied but identifying factors to date are:
  - Imago ltd business has increased and this is resulting in more food waste but the food waste per bednight has only marginally increased
  - Campus living are producing more food waste in catered halls but 57,000 extra meals have been served
  - Campus retail operations are up and the service style has been changed in one or two operations and this is creating more food waste

  The main concern in this area is that it would be hoped that increasing business levels would result in less waste because any surplus would be used up. However if there is a set proportion of preparation, over production and plate waste per meals served then the volume of food waste will increase and this appears to be the cause. The focus therefore for the next academic year has to be on driving down all three elements. **The cost for the disposal of food waste for the year is now forecast to be £44K. Disposal only represents a fraction of the true cost of the wasted food and in a commercial world this fraction would be 10%. As our operations differ I would allow 25% but this would mean the wasted resources associated with this waste stream are actually in the region of £176K**

- Overall waste this year is therefore forecast to be up on last year but is likely to be in keeping with previous peak years.
- Recycling rates and waste to landfill remain in line with targets
- We are continuing to follow up on previous actions to reduce waste and this includes:
  - Working with building operatives to seek ways of reducing waste
  - Working to reduce the use of disposables – the Loughborough Cup Campaign has resulted in 19,000 less cups in 7 months.

## 7. Legislation


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Although there are no changes in legislation to report, the Building Regulations 2010 (As amended) have now been added to the list of environmental legislation we have to consider as the increasing environmental content is of relevance:

These regulations are supported by approved documents on a number of key areas of which the following are of particular environmental importance:

- Part E – Resistance to the passage of sound
- Part G – Sanitation, hot water safety and water efficiency
- Part H – Drainage and Waste disposal
- Part L – Conservation of Fuel and Power
- Regulation 7 Materials and Workmanship

## 8. Training

Another series of training sessions on spill response are being run, over 160 people have now attended this and by the end of this year this will be over 200.

**Why is Pollution Prevention so important?**

Thames Water was recently fined more than £20m for an environmental pollution incident, the largest fine handed out since the change in regulations in 2014. Previous to this incident Thames Water had a history of pollution offences with around 87 incidents in 8 years, costing £842K in fines. The judge however felt that the fine should reflect the value of their operating profit (£742m in 2015/16). The following is the briefing note produced for Richard Taylor.

**Briefing note from Sustainability Team on Thames Water Case**

Environment Agency investigations revealed that managers had disregarded risks identified by their own staff and had failed to react adequately to thousands of high priority alarms used to alert them to the serious problems at the treatment works.

What is perhaps different is that the judge has set the precedent that it should not be cheaper to offend than to take appropriate precautions. Historically this has always been an issue that has challenged enforcement of environmental law.

The court/judge has sent a clear message to large organisations that significant penalties will now be handed down for environmental offences.

*'This fine dramatically changes the landscape for infrastructure and other companies that have committed breaches of environmental law. Fines awarded at this level will damage profitability and grab the attention of board members, particularly when combined with the adverse publicity associated with this sort of news'. Georgie Messant, Environment Lawyer*

**Lessons for LU**

- The Environmental Management System is effective at risk reduction and managing compliance. We have a robust one in our accreditation to ISO 14001.
- Clean up costs can be a small percentage of fine costs. Perhaps a review on the risk register as fines would now be much higher if we did pollute.
- Trends in non-compliance/conformance should be monitored and mitigated against not ignored. The new governance structure allows for this to be reported and reviewed. Any history of repeated non-compliance will go against a company.
- The judge has reacted in accordance with The Environmental Civil Sanctions (England order 2010) and Environmental Damage (Prevention and Remediation) England Regs 2015. We have procedures in place for both these.


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# Appendix 1: ENVIRONMENTAL MANAGEMENT DEVELOPMENT PLAN 2016/17 - progress report

| 1 | 2 | 3 | 4 |
|---|---|---|---|
| **Investing in People** | **Educating for Success** | **Growing Capacity & Influence** | **Raising Standards and Aspirations** |

| | **Objectives for Year 2016 To 2017** | | | | **Date:** |
|---|---|---|---|---|---|
| | **Specific Objectives** | **Enter Heading No.*** | **Measures** | **Date by** | **Progress** |
| **1.** | EMS – continued development of the system to achieve ISO14001:2015 and environmental compliance. | 4 | • Internal System Audit (peer)<br>• Internal Compliance Audit<br>• External Audit | Feb 17<br>Apr 17<br>July 17 | Peer audit and internal compliance audit complete. External audit is 8/9th August. |
| **2.** | Development and delivery of a Sustainable Cup Campaign | 2 | • Successful Marketing Campaign<br>• Sales of Reusable Cups<br>• Recycling of disposable cups<br>• Reductions in disposable cups | Oct 16<br>Dec 16<br>Dec 16<br>July 17 | Almost 2500 cups sold. Cup recycling still needs more work. Over 19,000 less disposable cups used in retail outlets year to date. |
| **3.** | Training in General<br><br>Delivery of an online Environmental Sustainability Training Module | 1,2,4 | • Module on Learn<br>• Undertaken by 1000 Students<br>• Undertaken by 250 Staff | Sep 16<br>Dec 16<br>July 17 | 133 staff have now passed the test and we continue to promote this. A major promotion is being planned for the incoming students in Sept |
| **4.** | Continue work with General Waste contractor on communication and engagement with staff | 1,2,4 | • Programme of communication and engagement / training<br>• Programme delivered | Aug 16<br><br>July 17 | Continuing to engage with high waste areas with Waste contractor but slightly behind schedule. |
| **5.** | Ongoing Waste Audits of Academic Buildings | 2,4 | • Engagement with Schools and Service Departments as a result of findings | July 17 | More waste audits still required. |
| **6.** | Ongoing Waste Audits of student halls through Grime Scene Investigations | | • Engagement with Halls of Residence and Students as a result of findings | July 17 | Not as many done as we would like but still progressing |
| **7.** | EMS – Testing of emergency response procedures | 1,4 | • Follow up to exercise held to improve procedures. | Feb 17 | Complete |
| **8.** | Continued delivery of the Environment League through the Environmental Management Assistant and Students Union | 1,2,3,4 | • Evidence of engagement from the halls<br>• Recycling levels maintained and ideally improved. | Ongoing | Competition year complete, term 3 is start of the new completion. |
| **9.** | Academic and Operational Environmental Synergies | 2,3,4 | • Look for further opportunities for engagement with academic departments<br>• Engage with one new department | | Complete – 2 guest presentations delivered and sat in on Sustainable manufacturing presentations |
| **10.** | Budgetary Management | 4 | • Deliver operations within budgetary constraints | | Early overspend has been managed but final expenditure will depend on next few months |


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| | | | | | |
|---|---|---|---|---|---|
| | **CARRIED OVER FROM 2015/16** | | • | | |
| | Duty of Care Audit Inspections on any waste contractors not audited in the last 12 months | 4 | • Follow all waste streams from point of inception to point of disposal. | Dec 17 | Complete |
| | Roll out of ISO14001 into imago Ltd | 1,2,3,4 | • Accreditation for imago ltd. | Dec 17 | Progressing on track |
| | Developing Sustainable Procurement | 3,4 | • Reconvene Working Group<br>• Get allocated support from Procurement<br>• Support review of Objectives, Targets and Strategy<br>• Agree and set target for Flexible Framework Level 4 | July 17 | No Change - Started and working with procurement advisors, some evidence of increased communication of Sustainable procurement practices. |
| | Appraise and report on the option of introducing food waste segregation in staff areas. | 4 | • Fully informed report<br>• Present to HSE Cttee | Oct 16 | Looking to introduce via a volunteer scheme – about 12 volunteers come forward. |

| | | | |
|---|---|---|---|
| **Not Started** | | **Started and not running according to schedule** | |
| **Started and on track or Complete** | | **Significantly behind schedule and of major concern** | |

## Appendix 2: Summary of Environmental Incidents (February – May 2017)

| | | | | | |
|---|---|---|---|---|---|
| 59 | Oil leak from students Vehicle | 04.05.17 | Near miss | Pollution of brook-legislative breach. | Spotted by Security and cleaned up by FM |
| 58 | Petrol spill | 23.03.17 | Near miss | Pollution of brook-legislative breach. | Reported to and cleaned up by Security, cause was motorbike |
| 57 | Petrol or Diesel spill | 20.03.17 | Near miss | Pollution of brook-legislative breach. | Reported to Security cleaned up by FM, no known cause. |
| 56 | Diesel Spill | 19.02.17 | Near miss | Pollution of brook-legislative breach. | Reported to Security cleaned up by FM, no known cause. |

## Appendix 4: Waste Data – excluding construction


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| | | 2010/11 | | 2011/12 | | 2012/13 | | 2013/14 | | 2014/15 | | 2015/16 | | 2016/17 TO DATE | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **HESA** Non Residential | **Waste Total For:** | Tonnes | % of Sub total | Tonnes | % of Sub total | Tonnes | % of Sub total | Tonnes | % of Sub total | Tonnes | % of Sub total | Tonnes | % of Sub total | Tonnes | % of Sub total |
| D73.C13a | Recycled | 495.4 | 60.30% | 762.53 | 76.79% | 657.16 | 80.12% | 634.28 | 78.10% | 671.87 | 77.91% | 671.12 | 78.74% | 580.06 | 79.03% |
| D73.C13b | Incineration | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | | 0.00% | | 0.00% | 0.00 | 0.00% |
| D73.C13b | Composting | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | | 0.00% | | 0.00% | | 0.00% |
| D73.C13b | Anaerobic Digestion | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | | 0.00% | | 0.00% | 0.648 | 0.09% |
| D73.C13b | Landfill | 252.1 | 30.69% | 87.99 | 8.86% | 36.62 | 4.46% | 39.93 | 4.92% | 42.76 | 4.96% | 40.68 | 4.77% | 34.40 | 4.69% |
| D73.C13d | Used to Create Energy | 74 | 9.01% | 142.45 | 14.35% | 126.49 | 15.42% | 137.94 | 16.98% | 147.72 | 17.13% | 140.54 | 16.49% | 118.83 | 16.19% |
| D73.C13c | Other | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | | 0.00% | | 0.00% | | 0.00% |
| | **SUB TOTAL** | **821.5** | | **992.97** | | **820.27** | | **812.15** | | **862.36** | | **852.34** | | **733.94** | |
| | | | | | | | | | | | | | | | |
| D73.C14a | Recycled | 371.9 | 37.64% | 504.42 | 45.85% | 556.06 | 54.51% | 613.84 | 54.43% | 621.69 | 53.68% | 604.55 | 53.18% | 388.82 | 49.89% |
| D73.C14b | Incineration | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | | 0.00% | | 0.00% | 0.00 | 0.00% |
| D73.C14b | Composting | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | | 0.00% | | 0.00% | | 0.00% |
| D73.C14b | Anaerobic Digestion | 151.5 | 15.33% | 235.27 | 21.39% | 195.04 | 19.12% | 209.9 | 18.61% | 226.50 | 19.56% | 216.19 | 19.02% | 193.72 | 24.86% |
| D73.C14b | Landfill | 340.4 | 34.45% | 137.62 | 12.51% | 60.39 | 5.92% | 68.25 | 6.05% | 69.59 | 6.01% | 70.94 | 6.24% | 44.19 | 5.67% |
| D73.C14d | Used to Create Energy | 124.3 | 12.58% | 222.81 | 20.25% | 208.62 | 20.45% | 235.77 | 20.91% | 240.38 | 20.76% | 245.05 | 21.56% | 152.64 | 19.59% |
| D73.C14c | Other | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | | 0.00% | | 0.00% | | 0.00% |
| | **SUB TOTAL** | **988.1** | **% of All** | **1100.1** | **% of All** | **1020.1** | **% of All** | **1127.76** | **% of All** | **1158.16** | | **1136.72** | | **779.37** | |
| D73.C01a | Recycled | 867.3 | 47.93% | 1266.95 | 60.53% | 1213.22 | 65.92% | 1248.12 | 64.34% | 1293.57 | 64.02% | 1275.66 | 64.13% | 968.88 | 64.02% |
| D73.C01b | Incineration | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0.00 | 0.00% | 0.00 | 0.00% | 0.00 | 0.00% |
| D73.C01b | Composting | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0.00 | 0.00% | 0.00 | 0.00% | 0.00 | 0.00% |
| D73.C01b | Anaerobic Digestion | 151.5 | 8.37% | 235.27 | 11.24% | 195.04 | 10.60% | 209.9 | 10.82% | 226.50 | 11.21% | 216.19 | 10.87% | 194.37 | 12.84% |
| D73.C01b | Landfill | 592.5 | 32.74% | 225.61 | 10.78% | 97.01 | 5.27% | 108.18 | 5.58% | 112.35 | 5.56% | 111.62 | 5.61% | 78.58 | 5.19% |
| D73.C01d | Used to Create Energy | 198.3 | 10.96% | 365.26 | 17.45% | 335.11 | 18.21% | 373.71 | 19.26% | 388.11 | 19.21% | 385.60 | 19.39% | 271.47 | 17.94% |
| D73.C01c | Other | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0.00 | 0.00% | 0.00 | 0.00% | 0.00 | 0.00% |
| D73.C01 | **All Wastes Total** | **1809.6** | | **2093.07** | | **1840.37** | | **1939.91** | | **2020.52** | | **1989.062** | | **1513.31** | |
| | **Adjusted recycling figure** | | 56.30% | | 71.77% | | 76.52% | | 75.16% | | 75.23% | | 75.00% | | 76.87% |

**Composting – because we compost on site we do not record this tonnage as it is closed loop on site**
**Other =** waste mass from the estate that is disposed of by other offsite methods. This may include mechanical biological treatment and offsite autoclave.


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# Health, Safety & Environment Committee

Loughborough University

Paper Title: **University Fire Officer's report for the period 1st January 2017 to 30th April 2017**

Author: **Mr R M Harrison, University Fire Officer**

| | |
|---|---|
| **1. Specific Decision Required by Committee** | **None. Report to be received and noted** |
| **2. Relevance to University Strategy** | To identify any deficiencies in the University Fire Policy and Strategy |
| **3. Executive Summary** | Brief on small fire incident, Robert Bakewell student halls of residence and Rutherford Common room both incidents incurred the attendance of LF&RS. Update on fire alarm system isolations in University buildings. Update on alternative devices to reduce the number of false fire alarm and fire alarm incidents in student halls of residence. Brief on recent Dangerous Substances Explosive Atmospheres Regulations (DSEAR) inspection in a number of academic buildings. |
| **4. Essential Background Information** | Previous reports |
| **5. Risks, Risk Mitigation and Governance/ Accountability** | Legal compliance |
| **6. Implications for other activities** | Lost time by University Staff due to false alarms |
| **7. Resource and Cost** | Revenue loss by University Staff due to false alarms |
| **8. Alternative Options considered** | N/A |
| **9. Other Groups/Individuals consulted.** | Health and Safety Services, Facilities Management Health and Safety |
| **10. Future Actions, Timescales & Frequency of Review by this Committee.** | Report at next University committee |
| **11. Success Criteria (KPIs)** | Reduction in the number of false fire alarms, positive response to occupants responding to fire alarms and investigating the cause. |
| **12. University Executive comment (required for Council papers only)** | |

**1. Fire Incidents**

**There has been 2 Fire Incidents during the reporting period Robert Bakewell (E Block) and Rutherford Common Room**

Robert Bakewell (E Block) ground floor kitchen oven grill fire 24TH March

**Timeline**

20:34hrs The Bold alarm signal activated in the security gatehouse indicating a fire alarm at the Robert Bakewell followed by a telephone call from the sub warden confirming full evacuation in progress and asked security to attend as she could see smoke coming from one of the windows.

20:41hrs Security responds to investigate and upon arriving on site request for the Fire & Rescue Service attend (F&RS).

20:47hrs F&RS arrived. Security escort to incident. By this time the fire had been put out by security (B22) before the fire service arrived.

20:47hrs Covering warden attending, Campus Living Duty Manager and Security Management informed.

20:55 F&RS checked the kitchen and vented the area.

21:14 Rod Harrison informed.

21:32 F&RS stand down requesting the kitchen is not used until the electrical wiring has been tested.

21:35 Student allowed back into building (kitchen secured and power isolated)

**Findings**

The cause of the fire was a student cooking bacon under the grill, this caught fire and the student panicked and tried to put the fire blanket over the fire but it did not extinguish the fire, eventually the fire blanket also caught fire. The smoke/fire produced within the confines of the cooking area in the kitchen was sufficient to cause fire damage to the cooker and surrounding kitchen units with local smoke damage (see attached photos) along with the residue foam extinguisher medium around the seat of the fire and to surrounding room/equipment.
Some residents were reported to pause when evacuating to take photograph/video of the fire, slightly delayed their evacuation.

**Recommendations**

Security officers to be commended in dealing with the fire and reducing the fire damage. The students were reminded via social media on the importance of not to leave any cooking unattended. We communicated this incident via Student Label and emphasized on the speed at which fires can spread and not to delay in evacuating.

## Label Fire Article

Recently in Robert Bakewell and Elvyn Richards there have been kitchen fires. In Robert Bakewell the kitchen is now out of use to the students in the flat. Both of these fires were caused by unattended cooking. Luckily nobody in either hall was hurt but the main worry about a fire is the speed at which it spreads. Some of you may have seen the infamous video of a bedroom fire where a pair of hair straighteners was chucked directly on to the bed and within 30 seconds the whole bed was on fire.
Some key things you NEED to know:

- Don't leave your cooking unattended for any reason
- Fat catching fire is the most dangerous thing
- Keep your grill pan clean as it reduces the chance of a fire
- If you don't know how to use fire extinguishers or fire blankets safely then just raise the alarm and get out
- And please, please, please don't stop to take a photos/selfies or videos – you might get a quick snapchat out of it but what about if it spreads and the person 30 seconds behind you can't quite get out?

Nobody likes being evacuated in to the cold in their PJ's so just have a think next time you consider leaving your cooking! Just remember, **fires don't pose, they burn**.

**Rutherford Common Room** 11TH May 2017

**Timeline**

13:48hrs The Bold alarm signal activated in the security gatehouse indicating a fire alarm at the Cayley/Rutherford Dining Room followed by a telephone call from the Marilena Cipolla (Front of House Manager) confirming a fire and that a full evacuation was in progress and asked security and fire service to attend as there was a fire in Rutherford Common Room.

14:52hrs Security attended and the room to be slightly smoke logged, a plastic recycling bin containing cans and plastic bottles and a chair damaged by fire inside Rutherford Common Room. The fire had been already extinguished by Gillian Moore (Campus Living). LF&RS requested to attend contacted by Security Control

14:56 LF&RS contacted by Security Control

15:00hrs LF&RS attended. The single fabric covered chair and bin were removed into open air by LF&RS. It was agreed with Geoff Feavyour (LU Security Manager) that the Rutherford Common room would be kept secured until further notice.

15:23hrs A email was sent to Matthew Frost (Rutherford Warden) informing him of the fire and asking him to speak with Rutherford students to ascertain if they have any information regarding the fire.

**Findings**

John Sanderson (LF&RS Officer in Charge) reported that considering the time of day and the location of the bin (near the common room door) and no-one was in the common room at the time. This may have been deliberately started, although no conclusive evidence was noted at the time . Another theory is that someone may have wiped up spilt alcohol with a cloth and thrown it into the bin, and someone else may have later discarded smoking materials in the same bin.

The actions of Gillian Moore (Campus Living) who is a University-trained fire marshal, use of a 9L water extinguisher to extinguish the fire prevented a more serious fire, Gillian has been commended for her swift action. With exception to the bin and the chair (see photos), there was only very slight damaged caused by the fire.

Mathew Frost (Rutherford Warden) emailed all Rutherford Hall students asking them to inform him of anything that may have witnessed. He also spoke to committee and the more senior members of the hall and arranged for the dining room to be properly locked with no card access after meals finish for the time being. A further Hall memo was sent that reinforced the message to students about locking/shutting block doors etc, and keeping an eye out for people they don't recognise in hall.

**Recommendations**

- Review the current terms and conditions in regards to the use of the common rooms.
- Review the current security arrangements including access time.
- Review the current cleaning regime.

Fiona Cooper (Campus Living Health & Safety Co-ordinator) has been asked to investigate the above and report back her findings.

Please also note upon the request from LU Security Manager, LF&RS have recommended the incident is reported to the police, this has been actioned and the incident reference 300 17/5/17. The police have since indicated that they have no lines of enquiry

**2. Fire alarm system isolations in University Buildings**

Health and Safety Service have sent a 4th Draft to the Facilities Development and Facilities Services teams. To date this guidance being redrafted further to minimise workload impact. With the S & W building project commencing I have concerns that if this isn't implemented soon we could incur further near misses and unwanted false fire alarms disrupting staff /student and visitors still occupying parts of the buildings

**3. Update on alternative devices to reduce the number of false fire alarm activations caused by smoke/steam from cooking in student Halls.**

Following a successful limited trial of door alarm devices ( "Door Screamers"), in communal kitchens in Telford Courts and Falkner/Eggington. It has been agreed that the experiment will be extended and that Door Screamers will be installed to the remainder of communal kitchens within Telford Halls. The aim is to fit these by the end of summer. We will continue to monitor the effectiveness of these devices and, if cooking related false alarms, reduce further in Telford, we will recommend a wider deployment of the technology.

**4. Dangerous Substances Explosive Atmospheres Regulations (DSEAR)**

A brief review in a number of buildings across campus has been undertaken to determine how well we comply with recent changes to the guidance on the use and storage of potentially explosive materials. That highlighted the following significant areas of concern:

- Storage of chemicals (volume and segregation)
- Storage of cylinders (internally and externally) (flammable and non-flammable)
- Labelling of hazards in storage cabinets/cupboards
- Zoning of natural gas pump rooms

Broadly standards in teaching laboratories were acceptable, but in other areas significant risks were being created through the storage and use of large volumes of inappropriately stored solvents and gases. Deans of the relevant schools will be briefed on the issues identified and we will work with them to develop local action plans. A training session has been arranged for the 20th June so that School staff can become familiar with the requirements

relating to potentially explosive substances. We are also in the process of appointing a Duty Holder and a safety forum.

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

| | **January 2017** | **February 2017** | **March 2017** | **April 2017** | Total |
|---|---|---|---|---|---|
| **Number of Activations** | 33 Residential<br>1 Dining Halls<br>7 LU Building | 48 Residential<br>2 Dining Halls<br>7 LU Building | 31 Residential<br>1 Dining Halls<br>10 LU Building | 20 Residential<br>0 Dining Halls<br>12 LU Building | 132<br>4<br>36 |
| **Activations involving F&RS** | None | None | 1 R/Bakewell Block E | None | 1 |
| **Genuine Fires** | None | None | 1 small localised kitchen fire | None | 1 |

**Loughborough University Buildings (Academic & None-Academic):**

| | | |
|---|---|---|
| 1 Brockington | 1 Brockington Ext | 3 Burleigh Court |
| 1 Charnwood/Garendon | 1 Clyde Williams | 1 Dan Maskell Tennis |
| 1 FM Building | 2 FM Yard & Boiler House | 2 Haslegrave |
| 1 Hazlerigg | 3 James France | 4 Link Hotel |
| 2 Martin Hall | 5 NCSEM | 2 Performance Cent |
| 3 S Building | 1 Schofield | 1 Sir Dennis Rooke |
| 1 Stewart Mason | 1 Swimming pool | 1 Test house Holywell Pk |
| 1 Test house Holywell Pk | 1 Wavy Top | |

**NOTE the 5 false alarms in NCSEM were caused by contractors working on the roof**

**Dining Halls:**

| | | |
|---|---|---|
| 1 Cayley/Rutherford D/Hall | 0 Faraday/Royce D/Hall | 0 David Collett D/Hall |
| 3 Village Restaurant D/Hall | 0 William Morris D/Hall | 0 Towers D/Hall |

**Halls of Residence (University Managed)**

| | | | |
|---|---|---|---|
| 2 Butler Court | 11 Cayley | 2 David Collett | 25 Falk / Egg |
| 14 Faraday | 14 Royce | 2 Rutherford | 10 Telford |
| 3 Towers | 0 University Lodge | 16 UPP Blocks | 3 Whitworth |

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

<u>Note regarding Unite premises</u>

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

Harry French (7)

Holt (6)

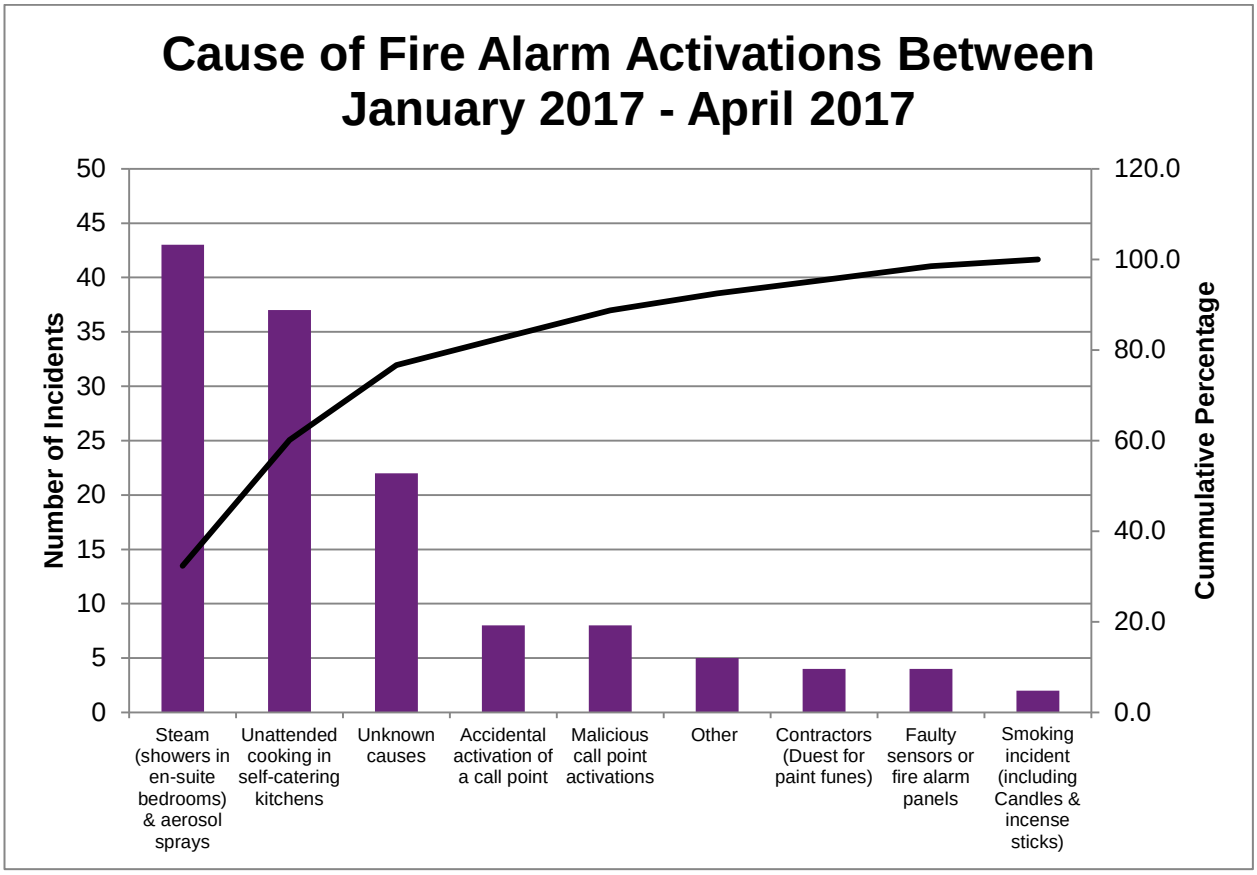
Waterways (2)

William Morris (6)

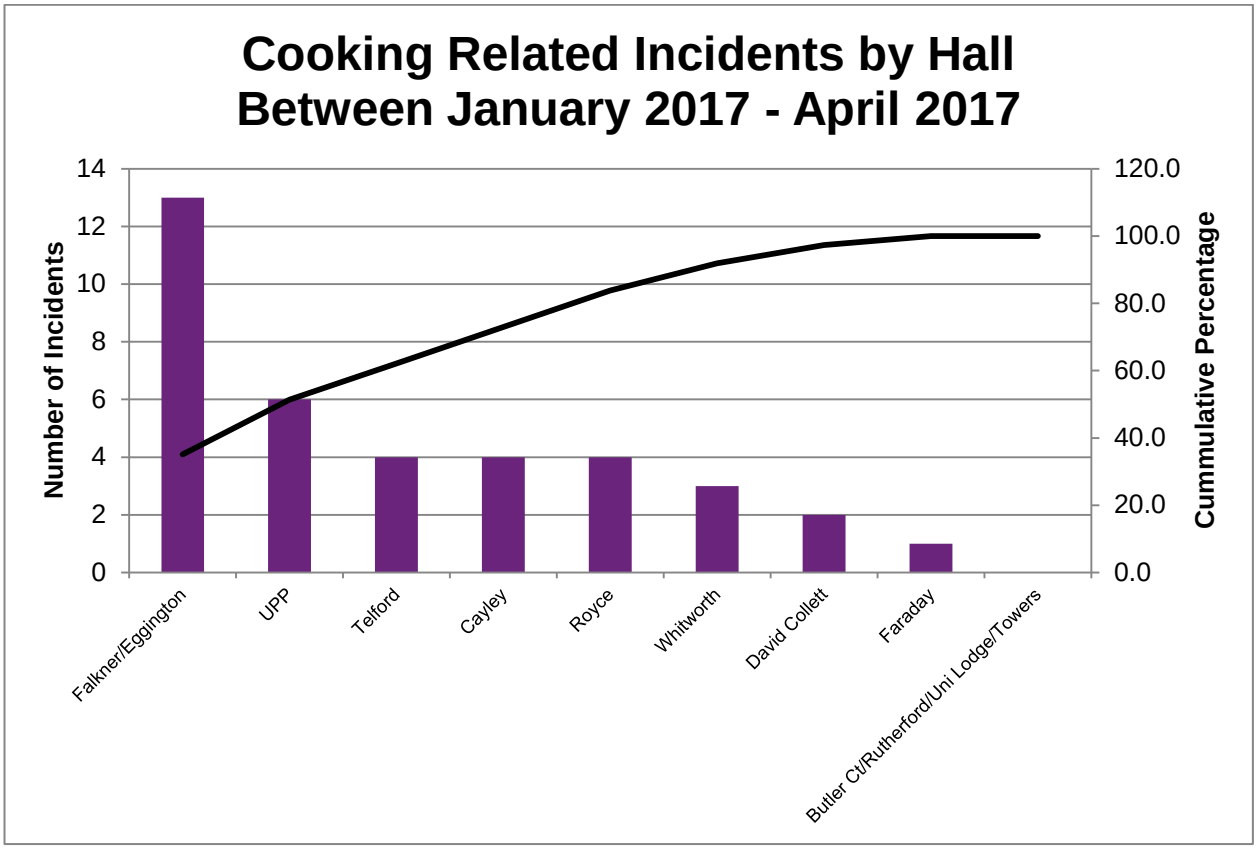
There were 3 instances of fire alarms that didn't have a known cause.

(All above information gathered from period (1/01/17 –30/4/17) Mr R M Harrison –University Health & Safety Service

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




**Cooking Related Incidents In LU Halls Of Residence:**



SAF17-P26
7 June 2017

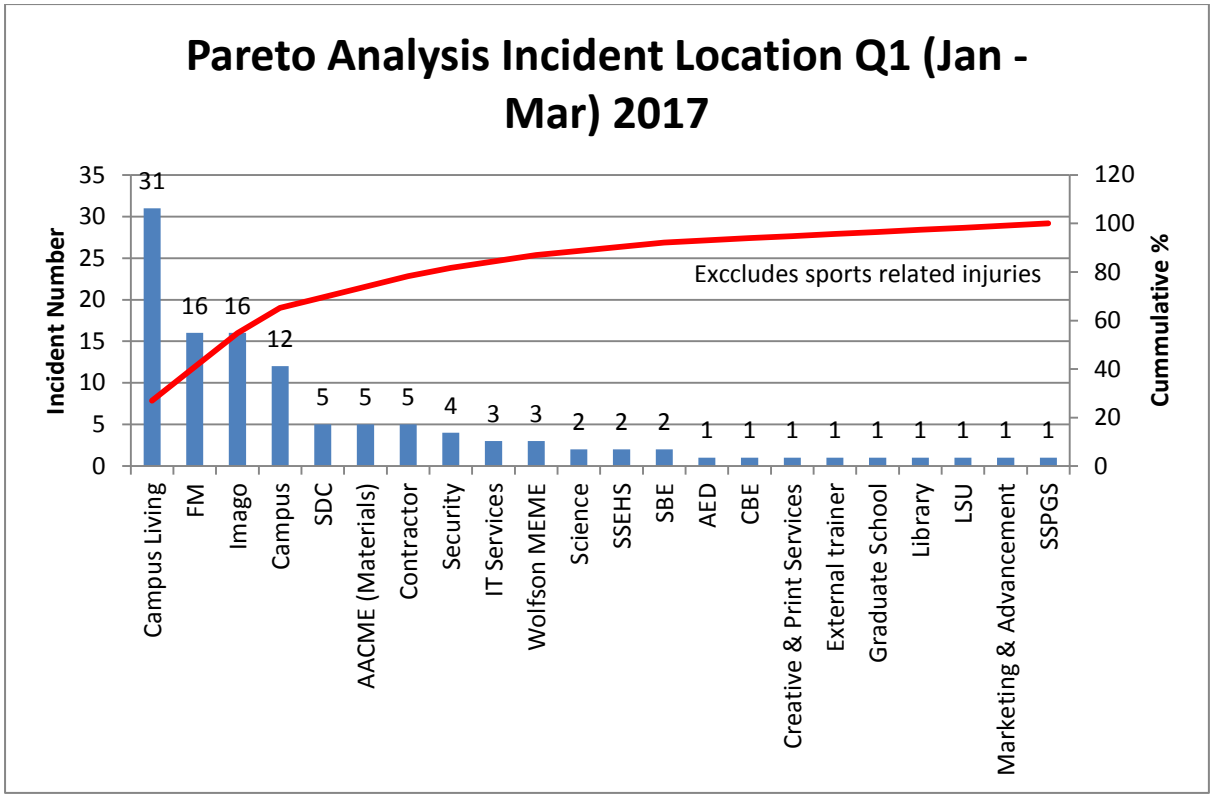
# Health, Safety & Environment Committee

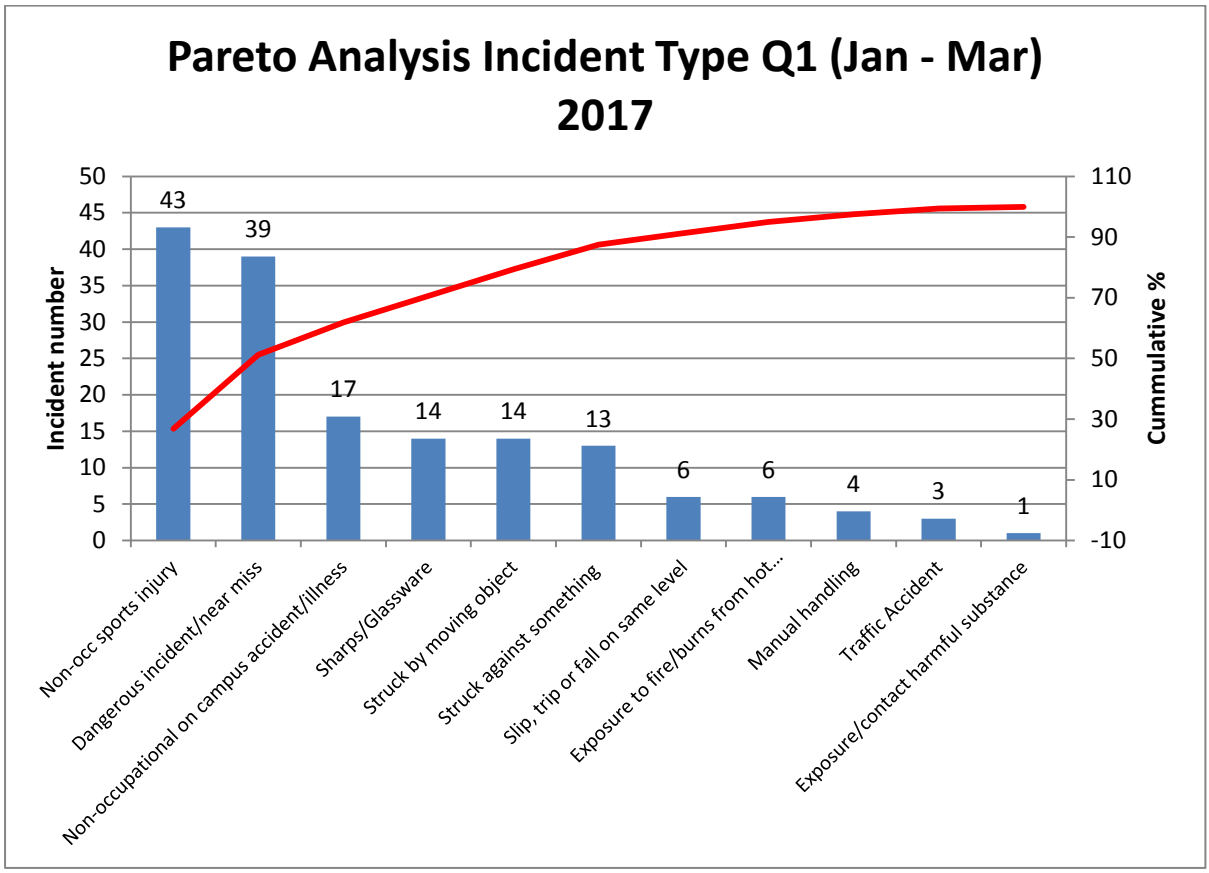
Loughborough University

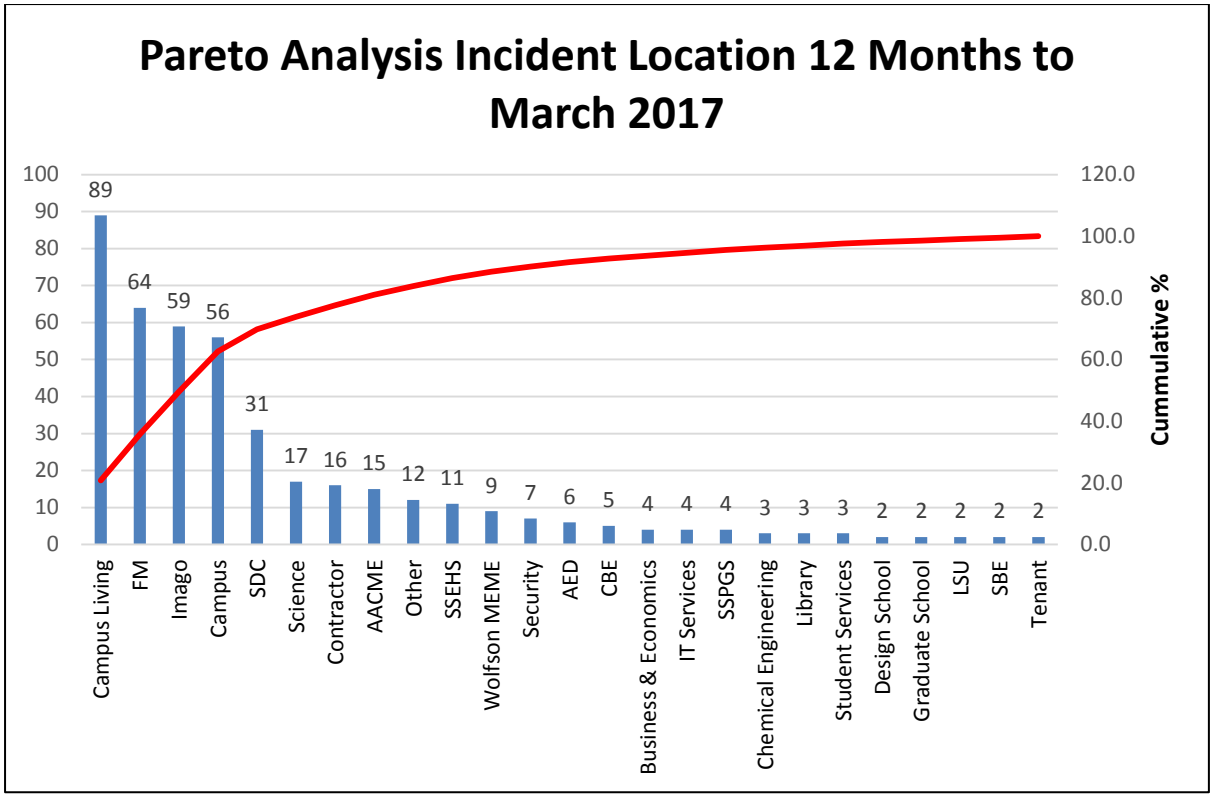
Paper Title: Accident statistics for the period 1 January 2017 to 31 March 2017 inclusive.

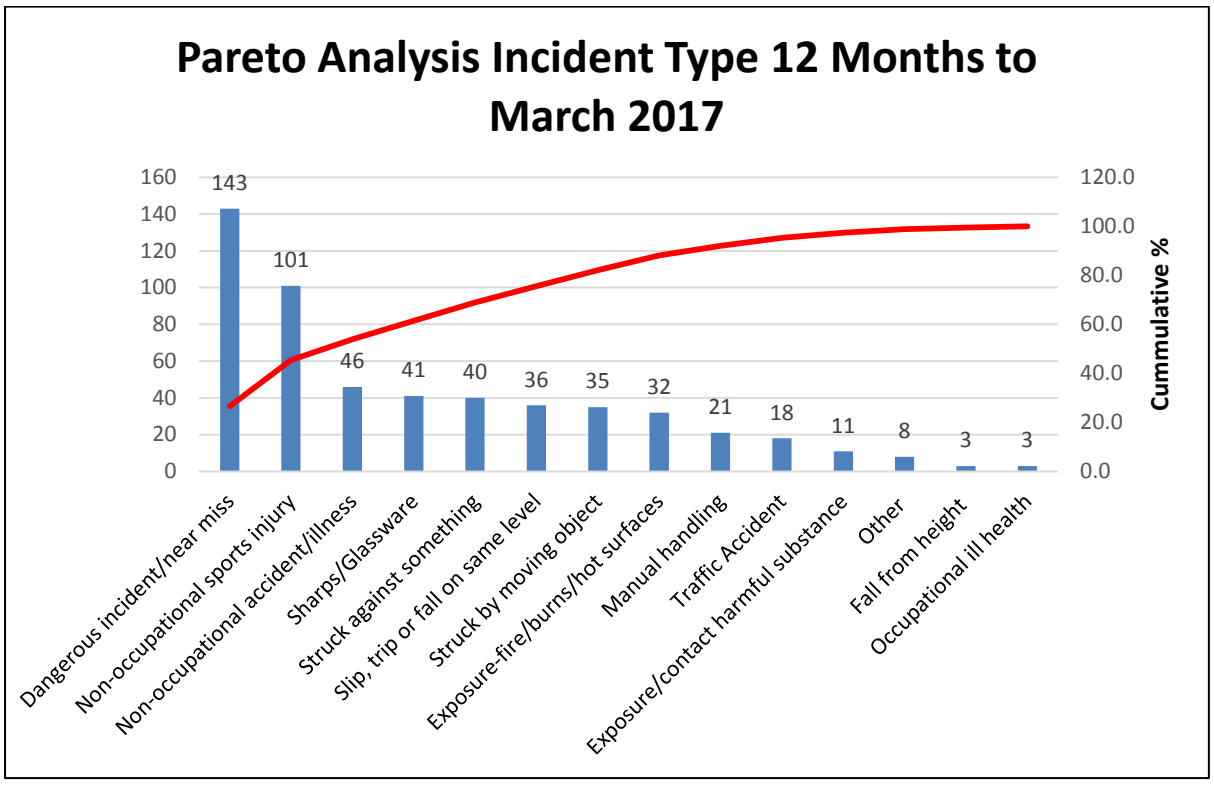
Author: Hugh Weaver, Deputy Health and Safety Manager

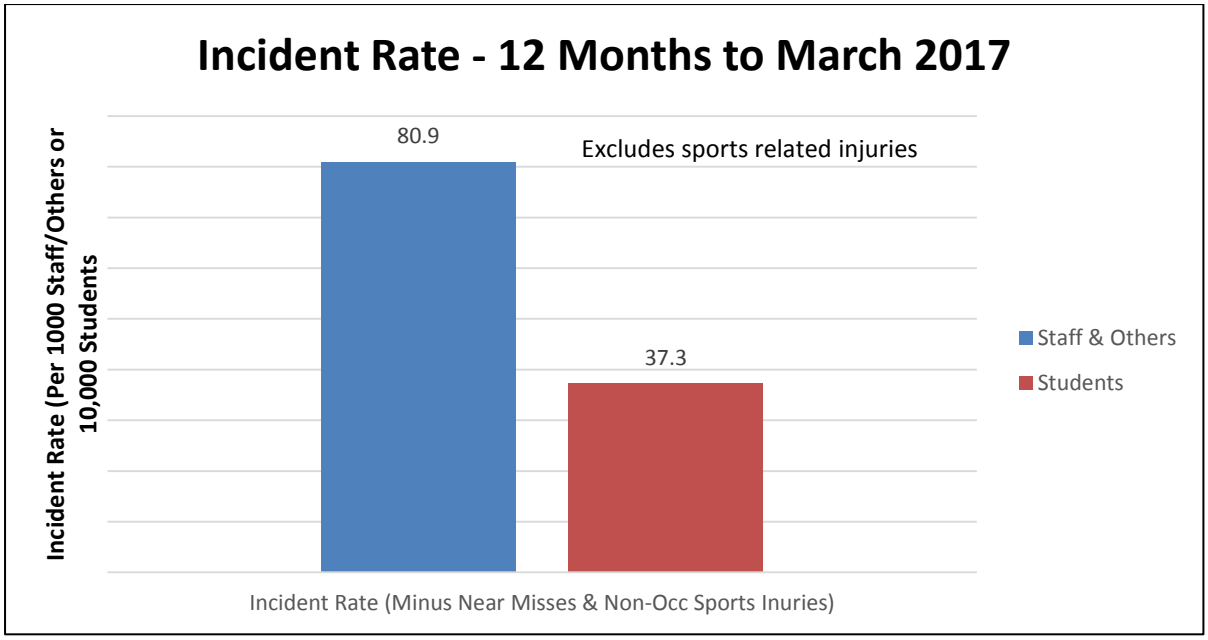
| | |
|---|---|
| **1. Specific Decision Required by Committee** | To note the information contained within the report |
| **2. Relevance to University Strategy** | Embedding compliance with relevant UK health and safety legislation, University health and safety policy and guidance into the University strategy |
| **3. Executive Summary** | To keep the HSEC informed of accidents statistics, including injuries, dangerous occurrences and near miss data for the period stated. |
| **4. Essential Background Information** | N/A |
| **5. Risks, Risk Mitigation and Governance/ Accountability** | Relevant to legal risk related to failure to comply with relevant legislation from enforcement action, claims for negligence and other losses / costs |
| **6. Implications for other activities** | N/A |
| **7. Resource and Cost** | Potential for costs relating to possible enforcement action, claims, damage to plant and the infrastructure etc |
| **8. Alternative Options considered** | N/A |
| **9. Other Groups/Individuals consulted.** | USHA national HE sector incident statistics |
| **10. Future Actions, Timescales & Frequency of Review by this Committee.** | Report to every university HSEC |
| **11. Success Criteria (KPIs)** | No HSE enforcement action against the University. Overall reduction in RIDDOR notifications, injuries and claims |
| **12. University Executive comment (required for Council papers only)** | To note the information contained within the report |

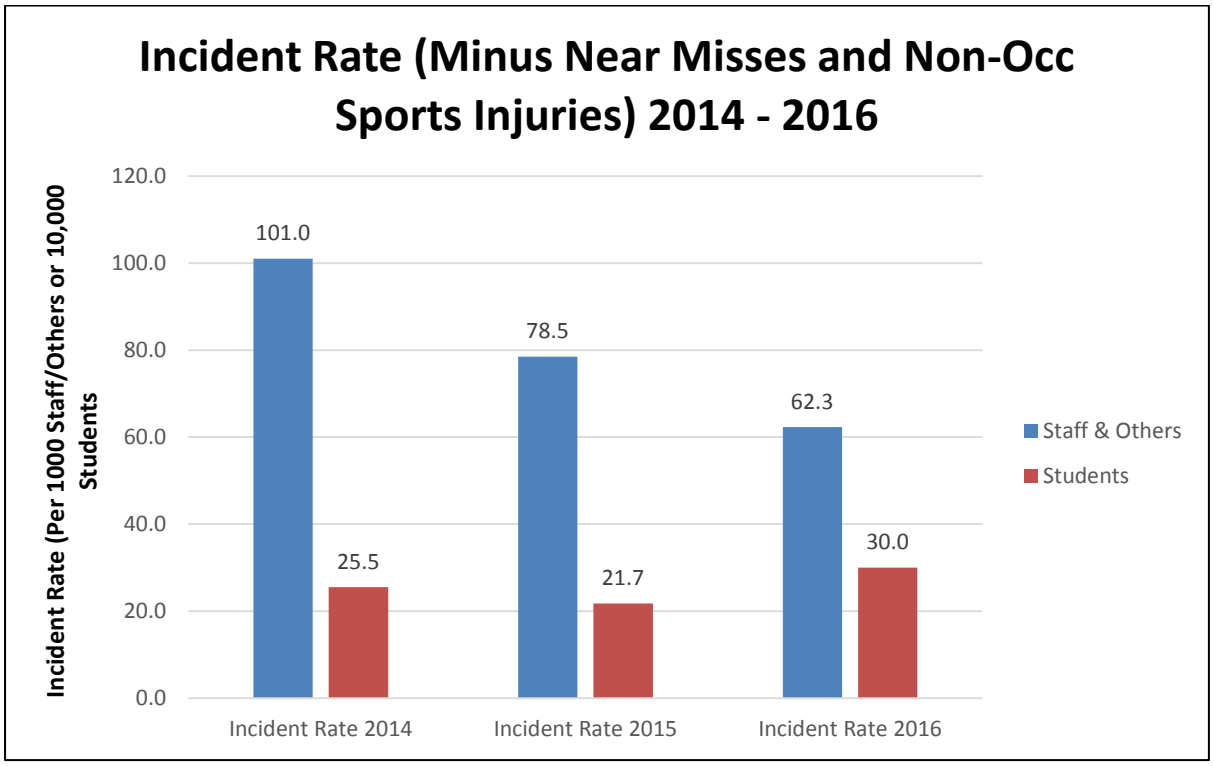

Pareto Analysis Incident Location Q1 (Jan - Mar) 2017
Incident Number
Cummulative %
Excludes sports related injuries
31
16
16
12
5
5
5
4
3
3
2
2
2
1
1
1
1
1
1
1
1
Campus Living
FM
Imago
Campus
SDC
AACME (Materials)
Contractor
Security
IT Services
Wolfson MEME
Science
SSEHS
SBE
AED
CBE
Creative & Print Services
External trainer
Graduate School
Library
LSU
Marketing & Advancement
SSPGS

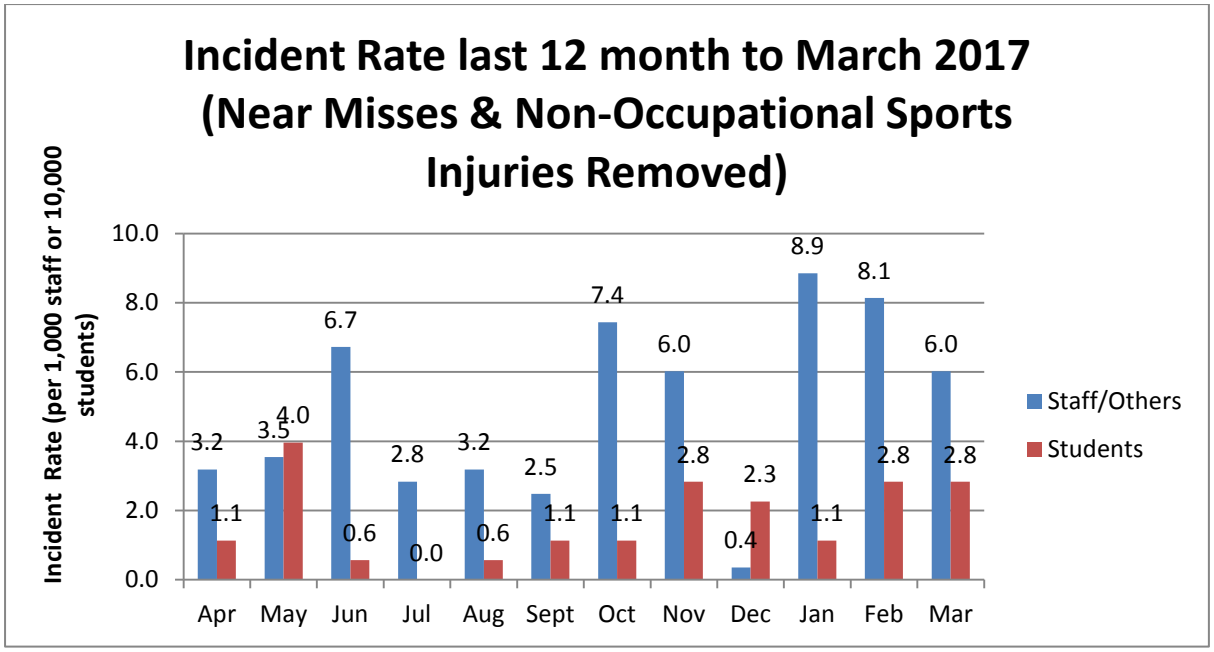

Pareto Analysis Incident Type Q1 (Jan - Mar) 2017
Incident number
Cummulative %
43
39
17
14
14
13
6
6
4
3
1
Non-occ sports injury
Dangerous incident/near miss
Non-occupational on campus accident/illness
Sharps/Glassware
Struck by moving object
Struck against something
Slip, trip or fall on same level
Exposure to fire/burns from hot...
Manual handling
Traffic Accident
Exposure/contact harmful substance

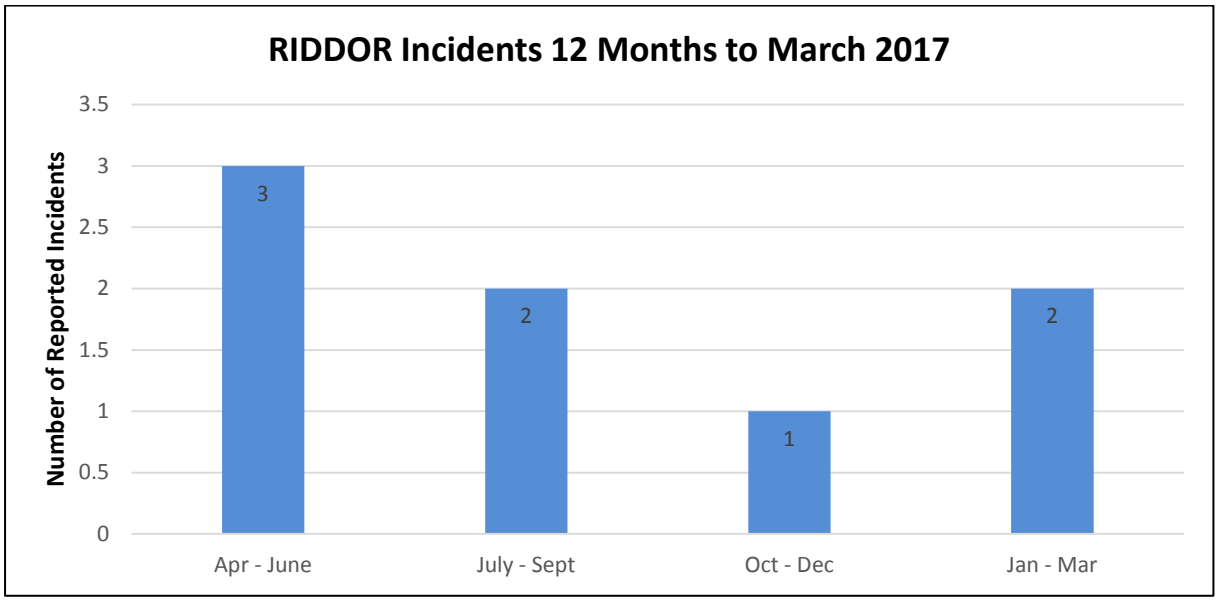

Pareto Analysis Incident Location 12 Months to March 2017
100
90
80
70
60
50
40
30
20
10
0
120.0
100.0
80.0
60.0
40.0
20.0
0.0
Cummulative %
89
64
59
56
31
17
16
15
12
11
9
7
6
5
4
4
4
3
3
3
2
2
2
2
2
Campus Living
FM
Imago
Campus
SDC
Science
Contractor
AACME
Other
SSEHS
Wolfson MEME
Security
AED
CBE
Business & Economics
IT Services
SSPGS
Chemical Engineering
Library
Student Services
Design School
Graduate School
LSU
SBE
Tenant


Pareto Analysis Incident Type 12 Months to March 2017
160
140
120
100
80
60
40
20
0
120.0
100.0
80.0
60.0
40.0
20.0
0.0
Cummulative %
143
101
46
41
40
36
35
32
21
18
11
8
3
3
Dangerous incident/near miss
Non-occupational sports injury
Non-occupational accident/illness
Sharps/Glassware
Struck against something
Slip, trip or fall on same level
Struck by moving object
Exposure-fire/burns/hot surfaces
Manual handling
Traffic Accident
Exposure/contact harmful substance
Other
Fall from height
Occupational ill health


Incident Rate - 12 Months to March 2017
Incident Rate (Per 1000 Staff/Others or 10,000 Students
80.9
Excludes sports related injuries
37.3
Staff & Others
Students
Incident Rate (Minus Near Misses & Non-Occ Sports Inuries)


Incident Rate (Minus Near Misses and Non-Occ Sports Injuries) 2014 - 2016
Incident Rate (Per 1000 Staff/Others or 10,000 Students
120.0
100.0
80.0
60.0
40.0
20.0
0.0
101.0
25.5
78.5
21.7
62.3
30.0
Staff & Others
Students
Incident Rate 2014
Incident Rate 2015
Incident Rate 2016


Incident Rate last 12 month to March 2017 (Near Misses & Non-Occupational Sports Injuries Removed)
Incident Rate (per 1,000 staff or 10,000 students)
10.0
8.0
6.0
4.0
2.0
0.0
3.2
1.1
3.5
4.0
6.7
0.6
2.8
0.0
3.2
0.6
2.5
1.1
7.4
1.1
6.0
2.8
0.4
2.3
8.9
1.1
8.1
2.8
6.0
2.8
Apr
May
Jun
Jul
Aug
Sept
Oct
Nov
Dec
Jan
Feb
Mar
Staff/Others
Students


RIDDOR Incidents 12 Months to March 2017
Number of Reported Incidents
3.5
3
2.5
2
1.5
1
0.5
0
3
2
1
2
Apr - June
July - Sept
Oct - Dec
Jan - Mar

**Health, Safety and Environment Statutory Compliance Sub-Committee**

Loughborough University

# Minutes
# HSSC17-M2

Minutes of the meeting held on 18 May 2017

## Attendance

***Present:***
Andrew Burgess (Chair), Neil Budworth, Chris Riley, Paul Walker, Steve Warren, Nik Hunt

***In attendance:***
Tanya Osborne (Secretary)

***Apologies received from:***
James Stapleton, David Howell

## Business of the Agenda

No items were unstarred.

## 17/12 Minutes

The Committee RECEIVED the minutes of the previous meeting

**HSSC17-M1**

12.1 The minutes of the meeting held on 11 January 2017 were CONFIRMED.

# SECTION A – Items for Discussion

## 17/13 Construction Small Works Policy

The Committee RECEIVED a revised Construction Small Works Policy and RESOLVED to endorse it to Health, Safety and Environment Committee.

**HSSC17-P9 – Construction Small Works Policy**

13.1 The policy had been previously seen by the Committee (minute 17/3.1 refers). The Committee discussed the revisions, and supported the policy being endorsed to the Health, Safety and Environment Committee subject to a number of minor revisions:

i) Making clearer the reasoning behind the value amounts and changing this for a ceiling price that would specify the costs of all works undertaken within the project, to avoid people taking on excessive administrative burden to keep small projects under the cost threshold;

ii) Making clearer that university procurement rules were also applicable to projects;

iii) A number of minor typographical errors.

13.2 The Committee discussed in brief the current practice of re-charging departments for Construction Small Works valued at under £10,000, and noted that the University is currently in the process of removing the 10% fee for these works in order to make the service more cost-effective. Schools and Services would still be able to hire insured contractors to undertake works, particularly in cases where capacity to undertake the work centrally was not available.

13.3 The Committee agreed to ENDORSE the policy to Health, Safety and Environment Committee subject to the above changes.

Action: James Stapleton to make amendments to the policy before submitting it to Health, Safety and Environment Committee.

## 17/14 Update on Lifting Operations and Lifting Equipment Regulations (LOLER) Policy

The Committee discussed a pre-consultation draft of the LOLER policy

**HSSC17-P10 – LOLER paper**

14.1 The Committee were presented with an early draft of the forthcoming LOLER Policy, for comment prior to starting the consultation process.

14.2 The Committee noted that the current LOLER Policy was in a different style to the other policies that had been seen by the Committee. The benefits and disadvantages of the presentation were discussed. It was emphasised by the Committee that all forthcoming policies should take a user-focused approach and should follow the format of having a brief overview and then the detail in appendices so that users can find the most relevant information to them quickly and effectively.

14.3 The Committee noted that the draft document named the COO as the duty holder. It was felt that this should be noted as the VC.

14.4 The Committee also noted that the draft did not specify a DAP, and felt it was important that there was a single DAP nominated for the area for consistency.

## 17/15 Pressure Systems Audit

15.1 The report from the Pressure Systems Audit was not available to the Committee. The Chair gave an oral update about the ongoing changes in this area.

15.2 It was reported that a full report will be available by Summer and that this would be circulated to the Committee before the next academic session.

15.3 As a result of the audit, the University are moving the asset list so that it can be managed in-house, in order to ensure that the data is robust and appropriate.

## 17/16 Update on Appointments of DAPs

16.1 The Committee heard that, due to restructuring in Facilities Management, a number of Duty Authorised Persons had been lost. Progress to identify new DAPs was underway. Other new areas have emerged that would also require DAPs to be appointed.

## 17/17 Schedule for Compliance Questionnaires

**HSSC17-P13**

**HSSC17-P13a**

17.1 The Committee heard the plan for the forward schedule of compliance questionnaires, noting that the next questionnaire scheduled was the F Gas questionnaire in July. Schedules were set up until March 2018, but would remain flexible enough to change in the event of external impetus.

17.2 The Committee felt that the format was improved and helpful.

17.3 The Committee discussed the meaning of the percentages given against compliance areas and heard that these percentages do not indicate the extent to which there is compliance but are a measure of the risk assessment in areas of compliance. It was noted that the outcomes of audit were often subject to circumstance, but that the percentages measures give a degree of assurance as to the outcome of a potential audit.

17.4 It was confirmed that people only received questionnaires where it was known to be relevant to their school or service. The Committee were pleased to hear that in some cases the questionnaires were acting as a prompt for individuals to make changes in order to be compliant.

17.5 Some discussion was had regarding whether it would be desirable for schools to be able to view and edit the data held in the maturity matrix. It was agreed that it would be beneficial for schools to be able to view the data in their Health, Safety and Environment meetings, but that for assurance purposes editing should only be done by FM staff.

## 17/18 Burleigh Court Water System Investigation

**HSSC17-P14**

18.1 The Committee heard an account of the recent incident involving a water systems investigation at Burleigh Court which was instigated by the Borough Council. The Committee extended their thanks to those who were involved in the investigation, noting that it was a good test of the skills, expertise, and hard work involved in improving the management of water safety compliance at the University.

18.2 The process highlighted areas of potential risk, in particular where certain niche equipment fell under several different regulations, and where there was potential to be behind on legislative updates.

## 17/19 University Safety and Health Association (USHA) Statutory Compliance Document

**HSSC17-P15**

19.1 The Committee noted the draft document. It was felt useful to have a sense of the variety of legislation and regulation that was in place, but the Committee felt that the current format inhibited the use of the document. It was also noted that the purpose of the document was unclear in its current presentation.

## 17/20 Responsibility for Statutory Maintenance

**HSSC17-P16**

20.1 The Committee received a draft of a handover document outlining responsibilities for building maintenance, designed to be generic to any potential new building. The intention of the document was to make clear to all involved parties who would be responsible for which areas of maintenance and make clear the requirements in that area.

20.2 The Committee supported the principles behind the document. It was felt that the introductory text in the document could be clarified slightly so that its purpose is more easily understood.

## 17/21 Forward Planning for the work of the Committee

21.1 The Committee agreed that it would be helpful to develop an order of business for the upcoming work of the Committee.

## 17/22 Audit on Health and Safety Compliance Governance

22.1 The Committee noted that the report from the recent audit on Health and Safety Compliance Governance was not yet published. The Chair reported that the outcome of the audit was mostly positive, and that a small number of actions coming out of the report will be the responsibility of the Committee.

## 17/23 Compliance with the Dangerous Substances (Explosive Atmospheres) Regulations

23.1 The Committee noted that while a report was available, it wasn't yet in a state where it could be shared with the Committee.

23.2 The report is expected to highlight issues with two areas. The first is the quantity of flammable materials currently stored in laboratories, and the second is the method by which chemical substances are currently organised when they are stored.

23.3 The report is also expected to make recommendations about the way that natural gas is stored and distributed across campus, but these recommendations are currently being checked in order to ensure that they are being made based on a correct interpretation of the current regulations.

23.4 A full report would be given to the Committee in due course.

# SECTION B – Starred Items for Approval

There were no starred items for approval.

# SECTION C – Starred Items for Information

There were no starred items for information

## 17/24 Any Other Business

### Update on F Gas and EMS Non-Conformance

24.1 It was reported that good progress was being made against F-Gas compliance issues, and that a compliance questionnaire was expected to be sent out soon.

24.2 There were no major EMS Non-Conformances to report, and in the last 9 months there had been one major non-conformance, 9 minor non-conformances, and 6 opportunities for improvement.

### Agenda Setting

24.3 The Chair reminded the Committee that the agenda was generally set six weeks in advance of the meeting, and that items for the agenda should be notified to the secretary in advance of this. Dates of the agenda settings meetings would be notified to the Committee in future.

### Terms of Reference of the Committee

24.4 The Chair reported that the terms of reference of the Committee would be reviewed thoroughly in time for the September meeting of the Committee, with a particular view to ensuring that Environment and Sustainability issues are being given appropriate levels of representation.

## Date of Next Meeting

- Tuesday 12th September 13:30 Pearce Committee Room
- Wednesday 10th January 14:00 Pearce Committee Room
- Wednesday 2nd May 10:00 Pearce Committee Room

Author – Tanya Osborne
Date – 19 May 2017

# Health, Safety & Environment Committee

Loughborough University

Paper Title: Update from the Deputy Health, Safety and Risk Manager on progress in developing the Risk Register

Author: James Stapleton 8th May 2017

| | |
|---|---|
| **1. Specific Decision Required by Committee** | **To note the update to the development of the H&S Risk Registers** |
| **2. Relevance to University Strategy** | Raising standards and aspirations (by managing health and safety performance more effectively across the University) |
| **3. Executive Summary** | The University H&S Service has been working with departmental colleagues since 2017 to understand their own risks and to subsequently manage them. This is an update to the Committee. |
| **4. Essential Background Information** | In June 2016, approval was given by the HSE Committee to the production of H&S Risk Registers for each School and Professional Service. |
| **5. Risks, Risk Mitigation and Governance/ Accountability** | This paper provides assurance to the HSE Committee that the programme for undertaking the risk registers is being worked through. |
| **6. Implications for other activities** | No specific implications identified |
| **7. Resource and Cost** | Initial 0.5 day time resource for Schools and Professional Services SMTs to undertake a departmental risk profiling exercise, with the support of H&S Service staff given to the larger departments. Following this, additional time resource needed to produce an action plan to manage the risks, and allocated resource & training costs to implement the action plan. |
| **8. Alternative Options considered** | General guidance is available on the HSE website but this paper sets out a coordinated, structured approach across the University. |
| **9. Other Groups/Individuals consulted.** | Benchmarking has recently taken place with the University of Nottingham, University of Warwick, and De Montfort University. |
| **10. Future Actions, Timescales & Frequency of Review by this Committee.** | Programme of Risk Register workshops to be worked through. All Risk Registers to be produced by the end of Q4 2017. Each team also has to produce a resultant action plan to manage their risks. |
| **11. Success Criteria (KPIs)** | 1. The production of a risk register for each school / department.<br>2. The production of resultant action plans to manage risks identified. *(Both owned by the School or Professional Service.)*<br>3. The production of a coordinated H&S audit programme, owned by the H&S Service. |
| **12. University Executive comment (required for Council papers only)** | |

**Progress against programme**

H&S Risk Register Workshops undertaken to 8th May 2017, since July 2016, are listed below (13 completed out of 23 planned):

Schools

- School of the Arts, English and Drama 08/09/16
- Loughborough University London 20/10/16
- School of Social, Political and Geographical Sciences 09/11/16
- School of Science 15/12/16
- Wolfson School of Mechanical, Electrical and Manufacturing Engineering (MEME) 02/02/2017
- Loughborough Design School 16/03/2017
- School of Business and Economics 12/04/2017

Professional Services

- Imago Ltd 21/07/16
- Student Services 15/08/16
- Facilities Management 21/11/16
- Marketing and Advancement 05/12/2016
- Campus Services 13/03/2017
- IT Services 30/03/2017

The programme for the risk register workshops is on schedule to be complete by the end of Q4 2017.

**Top 5 risk frequencies identified so far:**

- Equipment / material / substance use (particularly for Schools)
- Events
- Personal safety
- H&S Competence / knowledge of procedures
- Lone working

Since the previous update in January 2017, the safe use of equipment / materials / substances has now overtaken events as the most frequent risk activity highlighted by Schools and Services in their H&S risk registers

**Progress against production of School and Service action plans**

Schools and Services are progressing in the production of their action plans. Some are at a more advanced stage than others, but all of them recognise the importance of them producing suitable action plans to manage the H&S risk that they have identified.

From September 2017, all Schools and Services will submit a short assurance report (to a standard format) that will give the HSE Committee a summary of progress against individual action plans. This standard format template will be developed in the coming months and guidance given to each School and Professional Service on how to complete the assurance report.

James Stapleton

Deputy University Health, Safety and Risk Manager

18th May 2017

# Health, Safety & Environment Committee

Loughborough University

Paper Title: Update report on health & safety training requirements for general staff and safety officers

Authors: Hugh Weaver, Deputy Health and Safety Manager & Rod Harrison Fire Safety Officer

| | |
|---|---|
| **1. Specific Decision Required by Committee** | To consider and approve the update to the proposals for the training of staff and School and Departmental Safety Officers |
| **2. Relevance to University Strategy** | This links to the strategic theme of a culture of delivering excellence in all that we do – Investing in the quality of advice near to the point of decision to improve the speed and quality of support |
| **3. Executive Summary** | This paper recommends an approach to the training of staff and Departmental and Schools Safety Officers based on the risk profile of the relevant School or Professional Services. Training matrix has been developed and course descriptions included. |
| **4. Essential Background Information** | There is an existing network of safety officers and related personnel, however their training has not previously being defined in a structured way. |
| **5. Risks, Risk Mitigation and Governance/ Accountability** | Failure to train staff to a level required by their job and responsibilities could lead to non-compliance issues and costs |
| **6. Implications for other activities** | None |
| **7. Resource and Cost** | Ongoing training resource costs and time away from role. |
| **8. Alternative Options considered** | Status quo considered and rejected |
| **9. Other Groups/Individuals consulted.** | Key stakeholders have been consulted on the detail of the changes. |
| **10. Future Actions, Timescales & Frequency of Review by this Committee.** | Following pilot training in a School, full training programme will be finalised , advertised and offered from the beginning of the new term in September 2017. To be reviewed every 2 months. |
| **11. Success Criteria (KPIs)** | Within 12 months safety officers will be trained as required, having completed mandatory or risk assessed training courses. |
| **12. University Executive comment (required for Council papers only)** | |

## Health and safety training update

This report follows previous progress reports (both written and verbal) on 28 September 2016 and 8 February 2017 to the University Health Safety & Environment Committee's (HSEC) by the Deputy Health & Safety Manager. The report for the committee of 28 September 2016 asserted that under the current University Health and Safety Policy, overall legal responsibility for ensuring the safety of staff, students and others who may be affected by School activities resides with the Dean of School. Deans of School should satisfy themselves that the Departments within their area of responsibility have suitable and sufficient arrangements in place to meet all statutory requirements. This includes ensuring that either a School Safety Officer (to act for the whole School) and/or Departmental Safety Officers are appointed. (In the absence of a nominated officer this role shall default to the Dean of School or Head of Professional Service).

Following the September 2016 report, a consultation was carried out with Schools and Professional Services asking for comment and guidance on the best way to deliver the programme. We emphasised that we were acutely aware of the pressures upon peoples time at work so we wanted to know what was the best way to deliver this training with the least impact on officers time. Four replies were received and taken into consideration.

The verbal report to the February 2017 HSEC meeting further built on the information previously provided and the action from the 8 February meeting required the Deputy Health and Safety Officer and Fire Officer to bring forward a full report on the training matrix to the next meeting of the HSEC on 7 June 2017.

This report outlines further amendments to the new training regime for new and existing Safety Officers and the update of the staff training matrix. The Safety Officer training is intended for new SSO's / DSO's, established SSO's / DSO's who require refresher training, and other departmental staff with health and safety management responsibilities, such as Laboratory Supervisors, Technical Supervisors, Technical Managers or Facilities Managers, who may also find the training useful. This is to ensure that training remains up to date and meets current needs, meets policy requirements and raises the profile of Safety Officers in general.

The February HSEC received a verbal update on progress on the development of health and safety training matrices for general staff and safety officers. They were informed that the generic staff training matrix had been updated and was available for use in the PDR process. (See Appendix1 – "Staff safety training matrix").

The Safety Officers training matrix has been further reviewed and refined so as to be more robust, simple for stakeholders to use and easier to manage and administer. (See Appendix 2 – "Safety Officer training matrix 2017") The training plan for safety officers involves four modules categorised into high, medium and low risk working environments.

Hugh Weaver, Deputy Health & Safety Manager

Training records will be updated on the staff records database in iTrent, (the University staff information and training management system) for each Safety Officer (and staff member where required). The training matrices have been designed to align with the PDR framework.

The risk ratings are based on a dynamic risk assessment of hazards in each School. A training development plan must be put in place. The training matrices encompass these risk ratings weighed against the training available. Each course is assessed against each rating and the training is deemed mandatory or risk assessment based, dependent on the Safety Officers Schools risk rating profile.

**Safety Officer training matrix 2017 – amendments made since February 2017**

**Module 1 - Foundation**

Timing reduced to 2.5 hours

Core subjects list updated to include mention of First Aid at Work and Emergency First Aid training.

**Module 2 - Introductory Training Modules**

Timing of course; 2.5 hours

Mandatory for all Safety Officers.

Bite sized training covering topics in “Module 2 – Recommended Training”. Dealing with the basic principals in order to allow the Safety Officer and their manager to assess which courses they require further more detailed knowledge in.

**Module 2 – Recommended Training**

Practical Fire Extinguisher training – Risk Assessments (R/A) for high risk Schools/Departments included.

Fire Safety Plus (Online awareness) – delivery time increased to one hour (dependent on user).

Manual Handling Safe Lifting Techniques – Mandatory for high risk Schools/Departments.

Management and Risk Assessment of Manual Handling Operations – delivery time reduced to 2 hours, altered to R/A for low risk Schools/Departments.

COSHH awareness – delivery time reduced to 2 hours, altered to R/A for medium and low risk Schools/Departments.

Asbestos Awareness on-line, delivery time increased to one hour, (dependent on user), altered to R/A for medium and low risk Schools/Departments.

Hugh Weaver, Deputy Health & Safety Manager

Noise Awareness – delivery time reduced to 1.5 hours, R/A for low risk Schools/Departments.

**Module 3 – Specialist Training**

Biological Safety altered to R/A for high risk Schools/Departments.

Ionising and Non Ionising Radiation – Mandatory for all high risk areas (with the exception of Civil and Building Engineering).

Safe Use of Lab Gases course removed – online course only. Completion of which is compulsory prior to attending other Gas Safety courses.

Fieldwork/travel risk assessments deleted – there is no such training offered at present.

Construction Small Works – mandatory training for all risk levels in Schools/Departments.

Work at Height – delivery time increased to one day.

**Module 4 – Accredited**

NEBOSH Diploma – removed.

NEBOSH Certificate – R/A for all levels of risk in Schools/Departments.

IOSH Managing Safely – mandatory for all levels of risk in Schools/Departments.

IOSH Working Safely – removed.

“Recommended” (“R”) and “Ideal” (“I”) training options – removed to simplify system.

**Piloting of new safety officer training modules**

Work on the new matrices reached a point at the end of February 2017 where a pilot of the modules was arranged. The School of Business and Economics (SBE) was chosen to pilot Modules 1 (Foundation) and 2 (Introductory training modules). This was successfully undertaken during February 2017. The training was delivered by the Deputy Health and Safety Manager. The School Safety Officer, Operations Manager and other members of staff with health and safety responsibilities attended. Feedback was excellent and constructive. The Safety Officer is part of a generally low risk school and the additional health and safety training courses that she and others now need to undertake from Module 2 (Recommended training) have been identified. An example is Manual Handling Safe Lifting Techniques. The Safety Officer has organised Manual Handling Safe Lifting Techniques training for all those at most risk from manual handling. Around 20 staff in total. The School already has staff who have undertaken a module 3 (specialist training) course (PAT testing).

Hugh Weaver, Deputy Health & Safety Manager

## Next Steps on the Matrix

- Continue ongoing assessment of refresher training trigger periods
- Arrange Radiation and Biological training dates with University Radiation Protection, Biological and Chemical Safety Officer
- Arrange new COSHH Training courses, to supplement existing COSHH awareness training, with University Radiation Protection, Biological and Chemical Safety Officer and others and incorporate in matrix. (New courses planned; COSHH risk assessment, COSHH – Chemical Safety and COSHH – Emergency Spills to be offered from September 2017). Add these to both matrices.
- Arrange training dates for all other courses, post on iTrent and advertise to University
- Amend University safety policy to include both new training matrices.

## Other actions taken

- Monthly reports are produced by the University Health and Safety training co-ordinator showing courses run, date of course, numbers attending and hours of training provided. An illustration of training volume for one month is attached as Appendix 3.
- A gap analysis has been undertaken by the University Health and Safety training co-ordinator of safety officers training records in order to identify precisely gaps in safety officers training. This will assist the effective targeting of training resources.
- The detailed financial account undertaken by the University Health and Safety training co-ordinator on the costs of delivering the 2016-17 training schedule, showed that the existing budget is inadequate. There was an over-spend in 2016-17. If the same level of training is to be delivered in 2017-18 the budget must be increased. The reasons for doing so are to maintain legal compliance and to avoid legal action including prosecution and insurance claims, meet the strategic aims of the University, meet policy requirements, raise competency levels, satisfy stakeholders expectations, lower the risk of incidents (and associated costs) and most importantly, keep people safe in the workplace.
- The generic staff safety training matrix (Appendix 1) has been updated and can be used to identify personal development training objectives for staff.

## Fire Safety Training

The Fire Safety team have developed a programme of fire training courses to fulfil statutory training requirements and to ensure all staff with a role to play in a fire safety are suitably trained to carry out their duties. This includes the roles of Fire Co-ordinators and Fire Marshals. The training provided includes;

- The Fire safety awareness course (Online),
- Fire Marshal training,
- Fire Marshal refresher training via Learn,

Hugh Weaver, Deputy Health & Safety Manager

- Fire panel training, and,
- Fire extinguisher user training.

Hugh Weaver, Deputy Health & Safety Manager

## APPENDIX 1 – Staff safety training matrix

**TRAINING MATRIX MAY 2017**

**KEY:** M Mandatory / M* Organised by Department / RA Risk Assessed / R Recommended / I Ideal / HR High Risk / MR Medium Risk

| Staff Categories | Local H&S and Fire induction | Compressed Gas Safety awareness (online) | Compressed Gas safety - Connecting regulators (practical) | BOC Safe Use of Laboratory Gases | BOC Safe Decanting of Liquid Nitrogen | DSE assessor course | DSE Workstation Risk Assessment & training (Online) | DSE PACE risk management software training | Radiation Protection Supervisors - open sources and X ray | Monitoring and decontamination exercises | General radiation Awareness | Radiation Legality Training | Laser SafetyAwareness | Fire Safety Plus (Online Awareness) | Fire Extinguisher training | Fire Marshal training | Fire Marshall Refresher | Construction small works | Risk Assessment Awareness | First Aid at Work beginner | Defib training | First aid refresher training | First Aid at Work Worksop | Emergency First Aid | Management and risk assessment of manual handling operations | Manual Handling safe lifting techniques | COSHH Awareness | Workplace Noise Risk Assessment | Workplace Noise General Awareness | Asbestos awareness (Online) | Security threat policy and procedures awareness | Accident and near miss reporting | Personal safety awareness | Hydrogen Safety Awareness | NEBOSH NGC | IOSH Managing Safely | IOSH Working Safely | Competence for the Inspection & Testing of Electrical Equipment (PA Testing) | The Provision and Use of Work Equipment Regulations 1998 (PUWER) | Woodworking Machinery Operator Training | Towers Scaffold | Undertaking HASMAP |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| All Staff | M* | | | | | M* | RA | RA | | | | | | M | RA | RA | | | RA | RA | RA | RA | RA | RA | | RA | RA | RA | RA | RA | RA | RA | RA | RA | | | I | RA | | | | |
| Small Works Coordinators | | RA | RA | | | | | | | | | | | M | | | | M | M | | | M | | | | | | | | M | | | | | | | | | | | | |
| Wardens | | | | | | | | | | | | | | M | | M | M | | | M | | M | | | | | | | | | | | | | | | | | | | | |
| Sub Wardens | | | | | | | | | | | | | | M | | M | M | | | M | | M | | | | | | | | | | | | | | | | | | | | |
| Laser Safety Officer | | | | | | | | | | | | | M | M | | | | | | | | | | | RA | | | | | | | M* | RA | | | | RA | RA | | | RA | |
| Radiation Protection Supervisor | | | | | | | | | M | | | | | M | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Radio Chem Workers | | RA | RA | RA | RA | | | | | M | | | | M | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Registered Radiation Workers | | | | | | | | | | | M | M | | M | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Security staff | M* | | | | | | | | | | | | | M | | M | M | | | M | M | M | | | | M* | M* | | | | M | M* | | | | | | | | | | |
| Technical/Maintenance/Facility Managers | | RA | RA | RA | | | RA | | | | | | RA | M | | RA | | M* | M | | | | | | RA | | | | | | | | | | R | | | | | | RA | RA |
| Lab Technical/Maintenance staff | | M* | M* | M* | M* | | | | | | | | RA | M | | RA | | | M | | | | | | RA | M | M* | RA | | M | | M | | | | | | M | M* | | M |
| Academic Supervisors/Research Associates | M* | | | | | | RA | | | | | | | M | | | | | RA | RA | RA | RA | RA | RA | RA | RA | RA | RA | | | | RA | | | | R | | | | | | |
| Heads of Department/Support Services | M | | | | | | RA | | | | | | | M | | | | | RA | | | | | | | | | | | | | | | R-HR I-MR | R | | | | | | | I |
| Deans and Ops Manager | M* | | | | | | RA | | | | | | | M | | | | | RA | | | | | | | | | | | | | | | R-HR I-MR | R | | | | | | | I |

This document forms part of the University Health and Safety Policy

Hugh Weaver, Deputy Health & Safety Manager

# APPENDIX 2 Safety Officer training matrix 2017

| MODULE / COURSE | LENGTH | REFRESH PERIOD | HIGH RISK | MEDIUM RISK | LOW RISK |
|---|---|---|---|---|---|
| **Module 1 - Foundation** | | | | | |
| Safety Officer general H&S awareness; H&S management, risk assessment, role of safety officers, role of H&S Service, role of H&S Committees, Occ. Health (inc. DSE), inspections, accident investigations and First Aid. | **2.5 HRS** | **Not refreshed** | **M** | **M** | **M** |
| **Module 2 – Introductory Training Modules** | | | | | |
| Bite size training on courses in "Module 2 – Recommended training" | **2.5 HRS** | **Not refreshed** | **M** | **M** | **M** |
| **Module 2 – Recommended training** | | | | | |
| Fire Safety Plus (Online awareness) | **1 HR** | **5 years** | **M** | **M** | **M** |
| Practical Fire Extinguisher | **1.5 HRS** | " | **RA** | - | - |
| Risk Assessment Awareness | **2 HRS** | **Not refreshed** | **M** | **M** | **M** |
| Manual Handling Operations | **1.5 HRS** | **3 years** | **M** | **RA** | **RA** |
| Management and risk assessment of manual handling operations | **2 HRS** | " | **M** | **M** | **RA** |
| COSHH Awareness | **2 HRS** | " | **M** | **RA** | **RA** |
| Asbestos awareness (Online) | **1 HR** | " | **M** | **RA** | **RA** |
| Accident and near miss reporting | **2 HRS** | " | **M** | **M** | **M** |
| Noise awareness | **1.5 HRS** | " | **M** | **M** | **RA** |
| **Module 3 - Specialist training** | | | | | |
| Radiation (Ionising) | **2 HRS** | **3 years** | **M** | **RA** | **RA** |
| Radiation (Non Ionising) | **TBC** | **5 years** | **M** | **RA** | **RA** |
| Biological safety | **TBC** | " | **RA** | **RA** | **RA** |
| Construction Small Works | **2 HRS** | " | **M** | **M** | **M** |
| Dangerous Substances and Explosive | **HALF DAY** | **3 years** | **M** | **RA** | **RA** |

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| | | | | | |
|---|---|---|---|---|---|
| Atmospheres training | | | | | |
| Compressed gas safety awareness (online) | **30 MINS** | " | **RA** | **RA** | **RA** |
| BOC safe decanting of liquid Nitrogen | **HALF DAY** | " | **RA** | **RA** | **RA** |
| Compressed gas safety – connecting regulators (practical workshop) | **HALF DAY** | " | **RA** | **RA** | **RA** |
| Competence for the Inspection & Testing of Electrical Eqpt (PAT testing) | **2 DAY** | " | **RA** | **RA** | **RA** |
| PUWER | **1 DAY** | " | **RA** | **RA** | **RA** |
| Laser safety awareness | **2 HRS** | " | **RA** | **RA** | **RA** |
| Work at Height (e.g. tower scaffold training) | **1 DAY** | " | **RA** | **RA** | **RA** |
| **Module 4 - (Accredited training)** | | | | | |
| NEBOSH Certificate | **2 WEEKS PLUS REVISON EXAM AND ASSESSMENT** | **N/A** | **RA** | **RA** | **RA** |
| IOSH Managing Safely | **4 DAYS PLUS EXAM & ASSESSMENT** | **N/A** | **M** | **M** | **M** |

**Key**

**M - Mandatory training**

**RA – Need based on risk assessment by School / Professional Service**

## APPENDIX 3 - Table showing training managed by UH&SS during March 2017

| | Date | No's | Hours | Total Hours |
|---|---|---|---|---|
| Control of Substances Hazardous to Health (COSHH) Awareness | 01/03/2017 | 5 | 1 | 5 |
| British Sign Language | 01/03/2017 | 8 | 2 | 16 |
| Display Screen Equipment Risk Assessment (PACE Risk Management Software) | 01/03/2017 | 14 | 3 | 42 |
| Control of Substances Hazardous to Health (COSHH) Awareness | 01/03/2017 | 5 | | 0 |
| British Sign Language | 02/03/2017 | 7 | 2 | 14 |
| British Sign Language | 03/03/2017 | 5 | 2 | 10 |
| Control of Substances Hazardous to Health (COSHH) Awareness | 08/03/2017 | 5 | 1 | 5 |
| First Aid at Work Refresher | 13/03/2017 | 11 | 12 | 132 |
| BREEAM Awareness | 14/03/2017 | 6 | 7 | 42 |
| Fire Marshal | 15/03/2017 | 13 | 3.5 | 45.5 |
| Managing Working at Height | 16/03/2017 | 6 | 7 | 42 |
| Control of Substances Hazardous to Health (COSHH) Awareness | 22/03/2017 | 6 | 1 | 6 |
| Control of Substances Hazardous to Health (COSHH) Awareness | 22/03/2017 | 6 | 1 | 6 |
| Asbestos Register Demonstration | 22/03/2017 | 27 | 0.5 | 13.5 |
| Asbestos Register Demonstration | 22/03/2017 | 14 | 0.5 | 7 |
| Asbestos Register Demonstration | 22/03/2017 | 23 | 0.5 | 11.5 |
| Asbestos Register Demonstration | 22/03/2017 | 16 | 0.5 | 8 |
| Manual Handling Operations - Safe Lifting Techniques | 22/03/2017 | 5 | 2 | 10 |
| Asbestos Register Demonstration | 22/03/2017 | 16 | 0.5 | 8 |
| Asbestos Register Demonstration | 22/03/2017 | 13 | 0.5 | 6.5 |

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| | | | | |
|---|---|---|---|---|
| Basic Food Hygiene (Level 2 Food Hygiene) | 23/03/2017 | 13 | 6 | 78 |
| First Aid at Work Beginner | 27/03/2017 | 10 | 18 | 180 |
| Concierge Induction | 27/03/2017 | 15 | 6 | 90 |
| C.A.T and Genny Operator Course | 28/03/2017 | 8 | 3.5 | 28 |
| Trench Support and Confined Space Awareness | 29/03/2017 | 10 | 7 | 70 |
| **TOTALS** | **25** | **267** | **88** | **23496** |

Hugh Weaver, Deputy Health & Safety Manager

# Health, Safety & Environment Committee

Loughborough University

Date: 17/5/17

**Paper Title:** Stress / Mental Wellbeing Policy

**Origin:** Neil Budworth

| | |
|---|---|
| 1. Specific Decision Required by Committee | To approve the Stress Management Policy |
| 2. Relevance to University Strategy | Aligns with the strategic aim of investigating in our staff. |
| 3. Executive Summary | The Stress / Mental Wellbeing policy has been through a consultation process, albeit some time ago. The policy outlines the philosophy of the University and sets out key responsibilities. |
| 4. Essential Background Information | Mental wellbeing at work is a key issue of concern for the University. The policy sets out the top level philosophy and responsibilities. There are minor changes from the previous policy (removing broken links etc). The aim would be to update this policy further as our approach to this subject develops. |
| 5. Risks, Risk Mitigation and Governance/ Accountability | This is the risk mitigation strategy |
| 6. Implications for other activities | |
| 7. Resource and Cost | None at this stage |
| 8. Alternative Options considered | |
| 9. Other Groups/Individuals consulted. | The policy has been subject to consultation albeit some time ago. |
| 10. Future Actions, Timescales and Frequency of Review by this Committee. | Upon approval the policy will be loaded on to the intranet. As a parallel exercise the plan is to develop a comprehensive mental wellbeing / stress management programme and then update the policy to reflect the main elements of this strategy |
| 11. Success Criteria (KPIs) | Ultimately this should result in a reduction in stress, anxiety and depression and an improvement in both the staff survey scores and the sickness absnce rate. |
| 12. University Executive comment (required for Council papers only) | |

# Policy for the Management of Mental Wellbeing

The University is committed to providing a safe and healthy working environment for employees through the management of both physical and psychological hazards.

Further, it recognises that the effective management of psychological hazards is important for high performance and success throughout the University as a result, for example, of increased motivation and efficiency. It is also likely to contribute to reduced sickness absence and improved employee job satisfaction.

The University acknowledges the distinction made by the Health and Safety Executive (HSE) between ***pressure***, which can be a positive state if managed correctly and ***excessive*** pressure leading to loss of control which can be detrimental to health.

Legal duties to manage psychological hazards in the workplace arise out of The Health and Safety At Work Act (1974) and the Management of Health and Safety Regulations (1999). The HSE provides Guidance on how to comply with these requirements in the form of the "Management Standards for Work-Related Stress".

## Policy implementation

The aims of this policy are to establish an effective and consistent approach to the management of workplace pressure throughout the University and to provide supporting services where cases of stress-related ill-health are identified. Measures that will be taken to support this implementation will include:

- Risk assessment at an organisational and where necessary a local level in order to identify and minimise potential causes of excess pressure in the workplace. (the organisational level stress risk assessment is included as Appendix 1)
- Use of information from a variety of sources including the University Staff survey; sickness absence data; and management information to inform risk assessment and action planning
- Provision of training for managers regarding the legal and practical implications of unmanaged pressure and stress, and their associated responsibilities
- Provision of training and/or information for staff regarding their own responsibilities for managing pressure and the steps they can expect the university to take
- Effective management of individuals reporting stress-related ill-health, including provision of support through confidential referral services, for example, Human Resources, Occupational Health, Counselling, Confide
- Effective and frequent communication during any change process
- Sensitive and planned management of return to work, following sickness absence
- Mandatory implementation of workload agreements in academic departments
- Promotion of partnerships between management, individuals and the recognised trade unions

## Responsibilities

### Organisational Responsibilities

- The University Council has overall responsibility for this policy, in particular in ensuring that policies and procedures are designed to achieve compliance with legislation.

- Human Resources Committee is responsible for overseeing the policy and ensuring its effectiveness.

- Organisational risk assessment will be carried out as part of the HR section of the University's risk register.

### Responsibility of Deans of School and Directors of Service

- Ensure that local risk assessments are carried out where there is reason to believe that the organisational level assessment is no longer relevant (for example where there is evidence that the organisational controls are not being fully effective). The local assessment should, specifically relate to the elements referenced in the HSE management standards :- demands, control, support, roles, relationships and change.

- Consider how their own personal management style can influence the well-being and performance of those within the School or Section, and take action to modify this where necessary.

- Ensure that all staff in their area who have management or supervisory roles, understand and act on their responsibilities.

- Seek to identify symptoms of stress related ill-health at an early stage, provide support to staff who are undergoing difficulties and encourage/arrange referral to other parties as appropriate.

- In discussion with Human Resources, act appropriately and reasonably on reports from Occupational Health regarding individual staff members.

- Provide management reports as required.

- Attend any training arranged to support this policy.

### Responsibility of Managers and Supervisors

- Consider how their own personal management style can influence the well-being and performance of those for whom they are responsible, and take action to modify this where necessary.

- Ensure that other staff reporting to them (directly or indirectly), who have management or supervisory roles, understand and act on their responsibilities including the effective management of pressure and recognition of stress-related difficulties.

- Seek to identify symptoms of stress related ill-health at an early stage, provide support to staff who are undergoing difficulties and encourage/arrange referral to other parties as appropriate

- In discussion with Human Resources, act appropriately and reasonably on reports from Occupational Health regarding individual staff members

- Attend any training arranged to support this policy

**Responsibility of Human Resources**

- Support all staff in implementing this policy

- Liaise with Occupational Health, managers and individuals to support staff who have reported stress-related ill-health

- Contribute to training for managers regarding implementation of this policy and associated procedures

- Monitor sickness absence data and advise local line management as appropriate

**Responsibility of Occupational Health**

- Provide individual support for individuals who have either self-referred or been referred by their manager and/or Human Resources in relation to stress-related ill-health.

- Where appropriate, and whilst maintaining appropriate confidentiality, provide reports to Human Resources regarding individuals who report stress related ill-health, advising on possible control measures and adjustments.

- Contribute to training for managers regarding implementation of this policy and associated procedures

- Contribute to training for employees on measures they can take personally to manage their own health and reduce the impact of workplace pressures

**Responsibility of the Health and Safety Service**

- To advise all parties on any matters relating to the application of, and compliance with, relevant Health and Safety legislation.

- To support local managers with the assessment of local stress and anxiety issues where required and to provide appropriate forms and tools for the effective diagnosis of the issues involved.

**Responsibility of All Employees**

- Comply with this policy and related procedures

- Take reasonable care of their own health and safety and that of others likely to be affected by their actions.

- Report as appropriate, if they believe that their own health is at risk as a result of workplace pressures. Ideally, this report should be made to the line manager but where this could be problematic, initial discussion may be with a Human Resources Adviser or Occupational Health Adviser in strictest confidence.

- Support colleagues and treat them with respect.

- Where appropriate, raise with management cases where colleagues are displaying signs of stress-related ill-health.

## Further information

Further information is available from the following

*Managing the Causes of Work-Related Stress; a step-by-step approach using the Management Standards* (HSE 2nd edition, 2007). See http://www.hse.gov.uk/stress/index.htm

# Appendix 1 Loughborough University Organisational Stress Risk Assessment

This risk assessment considers , using an approach based on the Health and Safety Executive's Stress Management Standards,  the potential risks and controls at an organisational level – should any school or department feel that their risk profile varies from that of the University as a whole, additional assessments should be made.

Risk Area DEMAND: Includes issues such as workload, work patterns, and the work environment.

| **The standard is**<br><br>• Employees indicate that they are able to cope with the demands of their jobs.<br>• Systems are in place locally to respond to any individual concerns | **What should be happening/states to be achieved**:<br><br>• The organisation provides employees with adequate and achievable demands in relation to the agreed hours.<br>• People's skills and abilities are matched to the job demands.<br>• Jobs are designed to be within the capabilities of the employees.<br>• Employees' concerns about their work are addressed. |
|---|---|
| **POSSIBLE ISSUES** | **ORGANISATIONAL CONTROLS IN PLACE** |
| Work Overload<br>Long Hours | Employment contract specifies hours of work and terms and conditions<br>Mandatory workload planning in academic areas |
| Too little or inadequate training for the job | Strong internal staff development function and offering |
| Inadequate resources for the job – financial, tools, equipment, people, time | Finance and budgetary process allow for forward planning |
| Excessive workload/pressure | Mandatory workload planning in academic areas – managerial and supervisory training to allow workloading to be managed in all areas<br>Also monitored through the Staff Survey |
| Poor work environment | Adequate health and safety support, space allocation |

CONTROL: How much say the person has in the way that they do their work.

| **The standard is**<br><br>• employees indicate that they are able to have a say about the way they do their work; and<br>• systems are in place locally to respond to any individual concerns | **What should be happening/States to be achieved**:<br><br>• where possible, employees have control over their pace of work;<br>• employees are encouraged to use their skills and initiative to do their work;<br>• where possible, employees are encouraged to develop new skills to help them undertake new and challenging pieces of work;<br>• the organisation encourages employees to develop their skills;<br>• employees have a say over when breaks can be taken; and<br>• employees are consulted over their work patterns |
|---|---|
| **POSSIBLE ISSUES** | **ORGANISATIONAL CONTROLS IN PLACE** |
| Not being able to balance the demands of work and life outside of work | • Flexible working<br>• HR policies to support family commitments?<br>• Personal development training courses<br>• Other training courses (time management?)<br>• Health promotion activity |
| Lack of control over work<br>Fixed deadlines occurring in different parts of the year | • Work allocation models<br>• Training in leadership and management so that managers are open to flexible arrangements and job sharing etc |
| Conflicting work demands | • Regular one to one meetings with managers<br>• Planning processes |

CHANGE: How organisational change is managed and communicated in the organisation

| **The standard is** | **What should be happening/States to be achieved**: |
|---|---|
| • Employees indicate that the organisation engages them frequently when undergoing an organisational change; and<br>• Systems are in place locally to respond to any individual concerns | • The organisation provides employees with timely information to enable them to understand the reasons for proposed changes;<br>• The organisation ensures adequate employee consultation on changes and provides opportunities for employees to influence proposals;<br>• Employees are aware of the probable impact of any changes to their jobs. If necessary, employees are given training to support any changes in their jobs;<br>• Employees are aware of timetables for changes; and<br>• Employees have access to relevant support during changes. |
| **POSSIBLE ISSUES** | **ORGANISATIONAL CONTROLS IN PLACE** |
| Fears about job security<br>Poor communication – uncertainty about what is happening<br>Not enough time allowed to implement change<br>Inexperience/fear of new technology<br>Lack of skills for new tasks<br>Not enough resource allocated for change process | Change management – change team<br>Consultation with Union and staff representatives<br>Training in managing change<br>Opportunities for upskilling – SD courses publicised – linked to PDR<br>Regular communication from senior leadership |

ROLE: Whether people understand their role within the organisation and whether the organisation ensures that the person does not have conflicting roles

| **The Standard is that:**<br>• Employees indicate that they understand their role and responsibilities; and<br>• Systems are in place locally to respond to any individual concerns. | **What should be happening/States to be achieved:**<br>• The organisation ensures that, as far as possible, the different requirements it places upon employees are compatible;<br>• The organisation provides information to enable employees to understand their role and responsibilities;<br>• The organisation ensures that, as far as possible, the requirements it places upon employees are clear; and systems are in place to enable employees to raise concerns about any uncertainties or conflicts they have in their role and responsibilities. |
|---|---|
| **POSSIBLE ISSUES** | **ORGANISATIONAL CONTROLS IN PLACE** |
| Clear lines of accountability and responsibility | Contained within job roles and descriptions<br>Reviewed during professional development reviews and / or with changes<br>Leadership and management courses provided |
| Lack of communication and consultation | Communication systems through web etc available<br>Leadership and management courses provided |

RELATIONSHIPS: Includes promoting positive working to avoid conflict and dealing with unacceptable behaviour

| **The Standard is that:** | **What should be happening/States to be achieved:** |
|---|---|
| • Employees indicate that they are not subjected to unacceptable behaviours, e.g. bullying at work; and<br>• Systems are in place locally to respond to any individual concerns. | • The organisation promotes positive behaviours at work to avoid conflict and ensure fairness;<br>• Employees share information relevant to their work;<br>• The organisation has agreed policies and procedures to prevent or resolve unacceptable behaviour;<br>• Systems are in place to enable and encourage managers to deal with unacceptable behaviour; and<br>• Systems are in place to enable and encourage employees to report unacceptable behaviour. |
| **POSSIBLE ISSUES** | **ORGANISATIONAL CONTROLS IN PLACE** |
| Lack of procedures to resolve workplace conflict | Mediation<br>Counselling services<br>Equality and diversity policies and training<br>Team development opportunities – work with Staff Development |
| Lack of procedures for staff to report concerns or failure to act on stress indicators e.g. rising staff absence, turnover of staff | Policy – bullying and harassment<br>Compulsory bullying and harassment and diversity and inclusion training<br>OH function<br>Absence management – to help staff not just to get people back in work and develop presenteeism<br>Union and staff representation on key committees<br>Whistle blowing policies |
| Inconsistent approach to dealing with unacceptable behaviour | Policy – bullying and harassment<br>Training<br>Union input |

SUPPORT: The level of support provided by line managers and peers.

| **The Standard is that:** | **What should be happening/States to be achieved:** |
|---|---|
| • Employees indicate that they receive adequate information and support from their colleagues and superiors;<br>• Systems are in place locally to respond to any individual concerns. | • The organisation has policies and procedures to adequately support employees;<br>• Systems are in place to enable and encourage managers to support their staff;<br>• Systems are in place to enable and encourage employees to support their colleagues;<br>• Employees know what support is available and how and when to access it;<br>• Employees know how to access the required resources to do their job; and<br>• Employees receive regular and constructive feedback |
| **POSSIBLE ISSUES** | **ORGANISATIONAL CONTROLS IN PLACE** |
| Not understanding University roles | Inductions provided at University and College / Department level |
| Individual needs | Mandatory training on, and active support of diversity and inclusion<br>Strong process for reasonable adjustment? |
| Sickness | Absence management procedures and training in place<br>Implementation and support for fit notes<br>Structured and supported return to work system provided |
| Complaints | Grievance and disciplinary procedures in place |

Current Support

**General Training for Managers**

Managing Sickness Absence
Monitoring Sickness Absence
Difficult conversations for Managers and Leaders
Becoming a resilient manager
Delegating authority in the workplace
Becoming an effective leader
Bullying and Harassment
Respecting diversity
Coaching to enhance performance
Coaching and mentoring
Managing Change
Leading Innovation and Change
Probation Review
Performance and Development Reviews
Performance and Development Reviews for Reviewers
Recruitment and selection

**Training to Support Individual Coping**

Building your own resilience
Building your own resilience (follow up)
Mindfulness
Time Management
Assertiveness Skills
Dealing with Change

**On Line Resources (Managers' Toolkit)**

Stress in the Workplace
Recognising symptoms of stress
Common causes of workplace stress
A useful approach to stress management
The Manager's role in Preventing Stress
Top Tips for Managing Employee Burn out
How Well do I Manage Stress in my Team
Helping Employees return after a Stress Related Absence
How to Manage Stress in Your Team

**Wellbeing and Preventative Actions**

Mandatory PDRs
Mandatory Workload Planning (academics)
Flexible working
Sport and leisure facilities and classes on campus
My lifestyle – free sports on campus
Campus walking routes

**Support Once Issue Raised**

Staff counselling
Occupational Health *
Mediation
Helpline (UCU Members)

# Health, Safety & Environment Committee

Loughborough University

Date: 19/5/17

**Paper Title:** Stress / Mental Wellbeing Working Party

**Origin:** Neil Budworth

| | |
|---|---|
| 1. Specific Decision Required by Committee | None - to receive an update on the work to develop a stress and mental wellbeing strategy and to comment on the direction of travel. |
| 2. Relevance to University Strategy | Aligns with the strategic aim of investigating in our staff. |
| 3. Executive Summary | A limited life working party has been set up to develop a strategic approach to stress and mental wellbeing across the University. The group will have held one meeting by the time the HSE committee meets and the initial thoughts of this group will be presented. |
| 4. Essential Background Information | |
| 5. Risks, Risk Mitigation and Governance/ Accountability | This is the risk mitigation strategy |
| 6. Implications for other activities | The stress and mental wellbeing strategy will have University wide implications, hence a cross University working group has been established, the membership of which is wide ranging. |
| 7. Resource and Cost | None at this stage – budget bids will be made as programme elements become clearer. |
| 8. Alternative Options considered | Developing a strategy with little or no stake holder engagement – Not developing a strategic approach. |
| 9. Other Groups/Individuals consulted. | Wide ranging consultation will be part of the project plan. |
| 10. Future Actions, Timescales and Frequency of Review by this Committee. | If the HSE committee accepts broadly the direction of travel of the working group the working group will further develop and consult on the overall strategy. |
| 11. Success Criteria (KPIs) | Ultimately this should result in a reduction in stress, anxiety and depression and an improvement in both the staff survey scores and the sickness absence rate. |
| 12. University Executive comment (required for Council papers only) | |

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# Stress and Mental Wellbeing Strategy Working Party Progress

## Background

Mental wellbeing and stress have recently become high profile issues which the University must manage. As well as being issues that are consistently highlighted as key issues during the development of the University's health and safety risk registers, they are also issues that have been raised and debated at senior management teams.

Stress and mental wellbeing also feature prominently in the staff survey and a number of academic departments have identified, and are currently trying to deal with stress and mental health related issues.

In addition to our internal concerns the Health and Safety Executive have recently announced a renewed focus on the management of stress and mental wellbeing and a new strategy and supporting material was launched on the 16th March 2017.

Our inability to effectively manage stress and mental wellbeing has, in the last year, resulted in more than 3,400 days of absence at a cost of more than £1.7 million to the University. However, the absence data alone does not reflect the impact that stress and stress related absence has on the morale and productivity of individuals, teams and departments.

To start to tackle the issue of mental health in a positive, co-ordinated way a limited lifespan working party has been established to develop a recommended strategy for the University.

The committee met for the first time on the 22nd May, which meant that the outcomes of that meeting were not available in time for the papers deadline for the HSE committee meeting. Hence a verbal update will be given.

## The Aim of the Working Group (TBC)

The aim of the working group is :-

**To develop a fit for purpose end to end mental health and stress management programme**

Specifically :- to develop a programme that will support those who work within the University and reduce the number of individuals suffering from mental health and stress related issues and provide support for those who are suffering

## How will this be achieved?

By

- Identifying and understanding best practice and available resources
- Developing a strategic framework
- Populating the framework with possible interventions
- Testing – the framework and major elements of the framework both through piloting and with stakeholders.
- Agreeing final proposals, which will then be submitted to the senior leadership teams and HSE committee

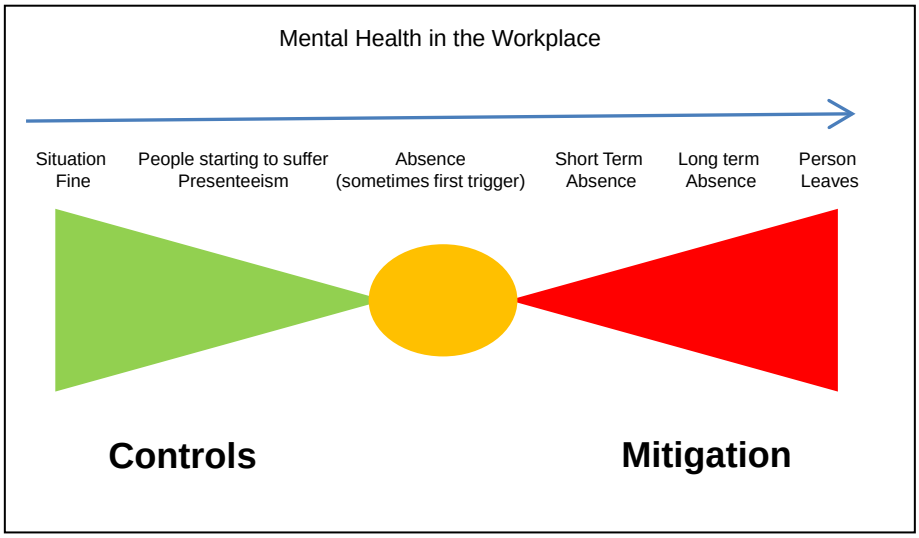
The members of the working group are as follows :-

| | |
|---|---|
| Neil Budworth | – Health and Safety Service |
| Jacqui Glass | – Due to role with Staff Survey |
| Manuel Alonso | – Student Services (meetings 2 and 3) |
| Veronica Moore | – Student Services |
| Eugenie Hunsicker | – UCU Representative |
| Fehmidah Munir | – SSEHS (input on well being research) |
| Cheryl Travers | – Business School (input on relevant research) |
| David Wilson | – Representative of the staff survey group |
| Mark Davies | – Sports Development |
| Rob Allan | – HR (Meetings 2 and 3) |
| Lindsey Brown | – HR (Meeting 1) |
| Jan Sutton | – Chaplaincy |
| Stewart Robinson | – Dean (Business School) |
| Judy Billington | – Operations Manager (Design School) |
| Helen Bentley | – Counselling Service |
| Emma Leech | - Marketing and Communications |

## Discussion

To aid the working group benchmarking material has been gathered and collated into a single workspace. Information has been collated from trade associations, trades Unions, employer groups, regulators, research bodies, other Universities and published case studies. Working group members have been encouraged to review as much or as little of the background material as they wish, but for the sake of time, key findings were summarised by the Health, Safety and Risk Manager so that they can be discussed by the working group.

To aid the discussion a structure will be proposed, based on the following continuum.




In terms of the management of stress and mental wellbeing interventions will categorised into one of three approaches :-

- Primary interventions – Dealing with the stressors at source
- Secondary interventions – Helping people to cope
- Tertiary interventions – Picking people back up

These in themselves will not be effective as they need to be backed up by some overarching enabling activities. Initiatives must be communicated effectively, individuals need to know what they are responsible for and we need a way of monitoring both the implementation of any strategy, but also the effectiveness of any intervention.

The possible interventions in each of these categories as well as the overarching themes will be discussed in turn and options debated during the life span of the working group.

The HSE committee will be updated with the current proposals from the working group.

# Health, Safety & Environment Committee

Loughborough University

***Paper Title:*** Proposed revision to the Construction Small Works Policy

Author: James Stapleton

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|---|---|
| **1. Specific Decision Required by Committee** | **To APPROVE the proposed changes to the Construction Small Works Policy** |
| **2. Relevance to University Strategy** | Raising standards and aspirations |
| **3. Executive Summary** | The Construction Small Works Policy has been shortened and clarified to make it easier to follow, and also to highlight the legal implications if Schools and Services wish to manage their own small works. |
| **4. Essential Background Information** | In some cases, the current Policy is not being adhered to, and hence there is a risk of non-compliance with the CDM Regulations. Details of work undertaken are not being passed to the Engineering Services Team, making it difficult for this team to maintain a current asset list, and maintain against it |
| **5. Risks, Risk Mitigation and Governance/ Accountability** | The risks are non-compliance with the CDM Regulations if Schools and Services manage their own works. This can be mitigated by following the guidance in this Policy. |
| **6. Implications for other activities** | Engineering Services are aware that they will probably receive more applications for Construction Small Works as a result of reinforcing this Policy, and they want to provide a quality service to their customers. |
| **7. Resource and Cost** | |
| **8. Alternative Options considered** | |
| **9. Other Groups/Individuals consulted.** | Schools, Services, Facilities Management and the HS&E Compliance Sub-Committee have been consulted upon in the review of this Policy. |
| **10. Future Actions, Timescales & Frequency of Review by this Committee.** | |
| **11. Success Criteria (KPIs)** | Compliance with the Construction Small Works Policy |
| **12. University Executive comment (required for Council papers only)** | |

## Background

The Construction Small Works Policy has been in place in its current form for approximately 7 years. It was originally introduced to give some Schools and Services the flexibility to undertake some of their own small works. This Policy review has been triggered by a number of factors:

- Feedback received from Schools that the existing Policy was too long, and in some areas unclear
- Main principles of the Policy were being lost in the detail
- Some projects recently undertaken were investigated, finding that some of them stepped outside the boundaries of the Policy – resulting in compliance gaps
- There are specific, far reaching, legal responsibilities that need complying with for any Construction Work - the client has to discharge very specific duties under the CDM Regulations

Investigations into some recent construction small works by Schools and non-FM Services have revealed some areas where the CDM requirements were not discharged. These have included:

- No formal appointments of Principal Contractor or Principal Designer
- No formal record of regular H&S inspections, hence no evidence of performance monitoring
- Pre-construction information was not formally issued at tendering stage to the contractor
- Construction Phase Health and Safety Plan had not been produced by the Principal Contractor

In one case, a live project had to be stopped and handed over to Engineering Services to complete. In some cases, Engineering Services are not being made aware of changes made to the electrical and mechanical services, and hence have no current asset data records to maintain against.

## Changes to the Policy

The Policy has been reduced to just 4 pages (down from the current policy of 12 pages). This will allow a greater focus on the main principles of the Policy, which is that the mechanical and electrical services cannot be altered, added to or removed by any School or non-FM Professional Service - this remains the sole responsibility of the Facilities Development and Facilities Services team as developers and maintainers of the Campus Estate. Another Policy change is the removal of permission where Schools and non-FM Services can spend up to £5k on 'general refurbishment projects', as comments were received during consultation that this allowance is ambiguous, and was promoting over ambitious 'small' works to be undertaken. An overall project maximum value of £1000.00 has been created.

The revised policy has been consulted upon by Schools, Services, FM and the HS&E Compliance Sub-Committee, and comments have been incorporated.

## Summary

To ensure the University remains compliant with the CDM Regulations, it is important that Facilities Development and Engineering Services manage the vast majority of construction work on behalf of the University. The revised Policy clarifies this position, and also clarifies the limited circumstances when Schools and non-FM Services can manage Construction Small Works themselves.

This Policy revision was endorsed (with minor amendments regarding the max. £1k project value) by the HS&E Statutory Sub-Committee Committee on 18th May 2017.

James Stapleton

Deputy University Health, Safety and Risk Manager

18th May 2017

**Loughborough University**

**Construction Small Works Policy**

## Introduction

All University construction work, which includes new-build, refurbishment and internal decoration, is normally arranged by Schools and Professional Services contacting either Facilities Development (for larger projects) or Facilities Services (for smaller works and refurbishments). Initial contact can be made via the FM Helpdesk http://www.lboro.ac.uk/services/fm/contact/ Tel: 01509 222121.

There are **very limited** instances when Schools and Professional Services can commission and deliver their own construction small works. The objective of this policy is to clarify those limited instances, and also to highlight the additional legal responsibilities placed on Schools and Professional Services if they manage their own small works.

Only Facilities Services, as custodians of the Campus Estate, can arrange and undertake any work that involves alterations to the mechanical, electrical and building service installations due to the significant installation hazards, and future infrastructure maintenance liabilities.

If in any doubt, contact the Head of Engineering, David Howell D.Howell@lboro.ac.uk

## The principles of allowable Construction Small Works

In principle, Construction Small Works must not affect the infrastructure of any building, i.e. there are to be no alterations or work of any description to mechanical (i.e. water and gas), electrical, or building service (i.e. fire alarm) systems.

Some examples of approved Small Works are listed below. Some of these examples are likely to affect the fabric of the building, e.g. from drilling which could potentially disturb asbestos containing materials (ACM), or strike buried services such as electrics and gas. **It will be the responsibility of the School or Professional Service to identify and manage all of these risks.** *Asbestos register link: http://web.lucion.co.uk/*

A login name and password will be required when viewing the register for the first time.

Please see overleaf for some examples of allowable Construction Small Works.

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| | Item(s) |
|---|---|
| 1. | **Floor coverings for small areas such as offices** For advice, contact the Furniture and Design Service. Schools will be required to place orders directly with the contractor. *(If the existing flooring is to be disturbed, then as there is a possibility that the existing floor covering may contain asbestos containing materials (ACMs), there is a risk that asbestos fibres could be released if disturbed. Before any flooring is disturbed, STOP and seek advice from FM.) Asbestos register link: http://web.lucion.co.uk/* |
| 2. | **Free standing furniture items** For advice, contact the Furniture and Design Service. Schools will be required to place orders directly with the contractor. |
| 3. | **Internal signs** (non-illuminated) that can be mounted without affecting the fabric of the building, and must follow corporate guidelines. |
| 4. | **Blinds** that do not affect the fabric of the building. For advice, contact the Furniture and Design Service. Schools will be required to place orders directly with the contractor.<br>If you are planning to drill into the fabric of the building, then STOP and seek advice from FM, as there is a risk of striking buried services (such as electricity and gas, disturbing asbestos, and also affecting the structural integrity of a building. Contact the FM Helpdesk fmhelp@lboro.ac.uk and consult with the asbestos register http://web.lucion.co.uk/ |
| 5. | **Noticeboards / Whiteboards / Screens** Installation of shelves / notice boards / blinds & curtains, that require fixings drilled into the walls: Full Risk Assessment must be completed to ensure services are not being affected, also check with Asbestos Register http://web.lucion.co.uk/ |
| 6. | **Internal Decoration** Painting of a wall in a School or Department controlled area with no fabric interference (e.g. the surface being painted is not damaged) or rubbing down of paint. Consult with the asbestos register http://web.lucion.co.uk/ |
| 7. | **Shelving** that does not affect the fabric of the building. |

**The Construction, Design and Management (CDM) Regulations 2015**

Schools and Professional Services must be aware of, and discharge, ALL of the Regulation responsibilities and duties if they undertake their own small construction work. The CDM Regulations places legal duties on a number of key stakeholders, especially the Client – each School and Professional Service will be the 'client' if they commission and manage their own construction small works.

CDM 2015 legally defines "Construction work" as the carrying out of any building, civil engineering or engineering construction work and includes the construction, alteration,

conversion, fitting out, commissioning, renovation, repair, upkeep, redecoration or other maintenance (including cleaning which involves the use of water or an abrasive at high pressure, or the use of corrosive or toxic substances), de-commissioning, demolition or dismantling of a structure. In summary – any construction work!

The links below provide further information on the extensive duties involving CDM 2015:

- General information on CDM 2015: http://www.lboro.ac.uk/media/wwwlboroacuk/content/facilitiesmanagement/downloads/fmhealthsafety/annexes/anx_g_rev2_150501.pdf

- A summary of the duties of CDM 2015: http://www.hse.gov.uk/construction/cdm/2015/summary.htm

- A flowchart summary of the requirements of CDM 2015: http://www.citb.co.uk/documents/cdm%20regs/cdm%20regs%20infographic%20-%20final.pdf

**What do Schools and Professional Services need to do to manage their own construction small works?**

There are a number of client duties that must be discharged to comply with CDM 2015. These duties are summarised below:

- Approve the work project outlined and allocates the financial resource.
- Appoint a nominated person(s) to be known as Small Works Competent Person. Ensure this person:
    - has attended the University Construction Small Works Training Course
    - Has the competence to undertake risk assessments
    - Ensure this person is qualified to NEBOSH Construction Certificate standard. This competency is required as the work, irrespective of its size, will involve discharging the strict requirements of CDM 2015 which includes, where necessary, the management of Contractors.

- Carry out the required risk assessments, and ensure the Contractors undertake suitable and sufficient risk assessments. This may include checking the University asbestos register. (If there are any queries, please contact the FM Helpdesk.)
- Small Works Competent Person includes fire risk assessment and contacts the University Fire Officer if there are any concerns or queries, especially if there is a change to the fire protection of the building.
- Produce the pre-construction information, and issue to all tendering contractors.
- Evaluate all tender returns, following the University procurement guidelines.
- Formally appoint a Principal Contractor and Principal Designer (if more than one contractor is employed) – see link:
- Review and approve the Principal Contractor's risk assessment and method statements – these must be project specific
- Ensure the Contractors receive a H&S Induction
- Ensure the contractors sign in and out when entering and exiting the building
- Consult and liaise with any neighbours to ensure members of the public are not adversely affected

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- Monitor the health and safety performance of the contractors throughout the contract, and take the necessary steps to address poor performance
- Liaise with FM to ensure that any necessary permits (i.e. hot work permits) are issued to manage the works
- Accept work on behalf of the University on completion of the works
- Ensure that the Health and Safety File is passed to Facilities Services at the end of the Project (if more than one contractor is employed)
- Pass all as-built information to Engineering Services, so that the University asset records are updated.

A link to the procedures page used by Facilities Development and Engineering Services, to access some of the standard tools and templates to discharge the above requirements, is linked here http://www.lboro.ac.uk/services/fm/services/fmhs/safe-systems/ (scroll down to '*Annex G – Working with Contractors*' for the relevant guidance).

**Choice of Suppliers**

Facilities Services appoint regularly used contractors. For a latest version of recommended contractors to use, please contact the FM Helpdesk fmhelp@lboro.ac.uk If Schools and Professional Services are considering appointing their own Contractors, they must ensure they are competent prior to work commencing.

All contractors appointed will be required to attend and commit to the standard Facilities Management Contractors HS&E induction prior to commencing any works on the University Campus. This is to ensure they understand and will comply with our work ethics and practices. There are 2 ways that this induction can be delivered:

1. By attending the FM Contractors HS&E Induction, which is held daily in the FM Building at 8.45am. To register individuals for an induction, please contact the FM Helpdesk fmhelp@lboro.ac.uk
2. By the School or Professional Service delivering the Induction themselves. A link to the PowerPoint presentation can be found by clicking below: http://www.lboro.ac.uk/media/wwwlboroacuk/content/facilitiesmanagement/downloads/Contractors%20Induction%202015%20v4%20Feb%202016%20without%20videos.pdf

In addition to the FM Induction, a local specific H&S induction, delivered by the School, will **also** be required prior to commencing work, to highlight hazards to the Contractor.

School and Professional Service Budget Holders can make direct contract with their chosen supplier(s), arrange meetings and negotiate their own scope of works and order values where the Budget Holder is fully responsible for funding the works costs. Works must not exceed the maximum values shown above.

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## Revision control

| Version | Summary of key changes | Changed by | Date |
|---|---|---|---|
| 3 | Updated and reduced policy to focus on the limited number of circumstances in which Schools and Services can manage their own construction small works. Further updated following consultation with Schools and Services. Overall maximum value of projects now set to £1000.00. | J Stapleton | 18th May 2017 |

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