



Loughborough
University

17 May 2023 - Health, Safety and Environment Committee Agenda - SAF23-A2

MEETING

17 May 2023 13:30

LOCATION

MS Teams

PUBLISHED

11 May 2023

Agenda

<i>Location</i>	<i>Date</i>	<i>Owner</i>	<i>Time</i>
MS Teams	17/05/23		13:30
1. Business of the Agenda - members should notify the Secretary by midday on Tuesday 16th May if they wish to speak to a starred item			
2. To CONFIRM the minutes of the meeting held on 8th February 2023			13:30
3. To NOTE actions arising from the Minutes			13:35
SECTION A - Items for Discussion			
4. To RECEIVE a Health, Safety and Environment update from the School of Social Sciences and Humanities			13:40
5. TO RECEIVE a Health, Safety and Environment update from the School of Design and Creative Arts			14:00
6. To RECEIVE a Health, Safety and Environment update on the Human Tissue Act			14:20
7. To RECEIVE a summary report by the Director of HSW of issues and actions relating to Health, Safety and Wellbeing, and to CONSIDER issues requiring action by the Committee			14:40
8. To RECEIVE updates in relation to Statutory Compliance Key Performance Indicators and to CONSIDER the compliance for these areas and actions set to move areas to green to ensure these are appropriate:			14:50
8.1. Health, Safety and Statutory Compliance Sub-Committee Report			
8.2. Verbal update on key compliance indicators for Biological/Chemical/Radiation Safety			
9. To CONSIDER the revised Snow and Ice Clearance Policy			15:00
10. To CONSIDER the results of a recent survey of the committee's effectiveness			15:05

Agenda

<i>Location</i>	<i>Date</i>	<i>Owner</i>	<i>Time</i>
MS Teams	17/05/23		13:30

SECTION B - Starred Items

11. To RECEIVE the Sustainability Management Risk Report

12. To RECEIVE the Incident, Near Miss and Fire Data Report

13. To RECEIVE the minutes of the following Sub-Committees (please note these are available as a separate pack on the BI bookshelf):

13.1. GM and Biosafety Committee (4 May 2023)

13.2. Health, Safety and Statutory Compliance Sub-Committee (27 April 2023)

13.3. Sustainability Sub-Committee (14 Feb 2023)

SECTION C - For Information

14. Arising from M23/12 Fire Officer's Report, a letter notifying Leicestershire Fire and Rescue Service of the date when Towers Hall will cease to be occupied

15. Any Other Business

16. Dates of Meetings in 2023/24:

Wednesday 4th October 2023, 14.00-16.00

Tuesday 6th February 2024, 14.00-16.00

Wednesday 15th May 2024, 13.30-15.30



Minutes

SAF23-M1

Minutes of the Health, Safety and Environment Committee held on Wednesday 8 February 2023

Attendance

Members:

Deborah Bowen (ab), Penny Briscoe, Neil Budworth, Claudia Eberlein, Sandy Edwards, Alec Edworthy, Graham Howard, Chris Linton (ab), Liz Monk, Graham Moody, Robin Reeve, David Roomes, Jagjit Samra, Alex Stacey-Midgley, Richard Taylor (Chair).

In attendance:

M Ashby (Secretary), Chris Rielly and Tom Carslake (for M23/3), Rob Sparks and Scott Phillips (for M23/4), Julie Turner (for M23/8, M23/13, M23/14 & M23/15).

Apologies:

Deborah Bowen, Chris Linton

23/1 Minutes

SAF22-M3

The minutes of the meeting held on 5 October 2022 were APPROVED.

23/2 Matters Arising from Previous Meetings

SAF23-P1

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

23/3 Health, Safety and Environment Update: School of Aeronautical, Automotive, Chemical and Materials Engineering

SAF23-P2

- 3.1 The Committee RECEIVED a presentation by the Dean on health, safety and environmental arrangements in the School of Aeronautical, Automotive, Chemical and Materials Engineering.
- 3.2 School updates during HSE Committee meetings tended to be given by Heads of Operations, and the Committee welcomed delivery of the presentation on this occasion by the Dean. It served to provide assurance of the Dean's knowledge of and active engagement with health, safety and environment matters within the School.
- 3.3 The School saw hazardous substances as a significant issue. However, they were not identified as a main risk in its risk register. The Dean and Head of Operations would reflect upon this and consider the addition of hazardous substances to its risk register. **ACTION: AACME Dean, AACME Head of Operations**

- 3.4 The Dean did not participate in the regular health and safety walk arounds that took place in buildings occupied by the School but was made aware of issues of concern that came to light. He was encouraged to attend some of the walks so that staff and students were aware that compliance with health and safety requirements was a priority for the School's Senior Management Team. **ACTION: AACME Dean**

23/4 Health, Safety and Environment Update: Water Hygiene Management

SAF23-P3

- 4.1 The Committee RECEIVED a presentation by the Director of Maintenance, Engineering and Sustainability and the Water Hygiene Manager on water hygiene management on the University campuses.
- 4.2 The following points were NOTED in particular:
- (i) Water monitoring and treatment had improved since the appointment of the Water Hygiene Manager.
 - (ii) The majority of areas of improvement that had been identified in an external audit had been actioned.
 - (iii) Instances where the water temperature was seen to be out of tolerance when tested were categorised as 'urgent' and actioned immediately. However, the majority of test results were not considered to be significant.
 - (iv) There was ongoing work to flush systems across the Loughborough campus on a regular basis.
- 4.3 The Committee was informed that the risk of an instance of Legionella exposure was under control. Towers remained at heightened risk. However, the risk was being managed and actively mitigated with regular monitoring. It did not pose a risk to health, and the building remained occupiable.
- 4.4 Each School had an authorised person who facilitated the fulfillment of statutory duties in relation to water hygiene within the School. The authorised person was responsible for liaising with Estates and Facilities Management to ensure that flushing was carried out within buildings occupied by the School. The Dean of Science would discuss these responsibilities with the authorised person for the School and would raise with fellow Deans responsibilities for water hygiene within Schools. **ACTION: Dean of Science**

23/5 Director of Health, Safety & Wellbeing Update

SAF23-P4

- 5.1 Members RECEIVED an update from the Director of Health, Safety and Wellbeing.
- 5.2 The following points were NOTED in particular:
- (i) The risk of power outages was receding. However, there was a significant risk of them occurring in the winter of 2023/24. Plans to respond to power cuts were well advanced, and precautionary, preparatory work was under way.
 - (ii) The Occupational Health and Wellbeing Service (OHWS) had received a large number of disability updates from employees who were disclosing disabilities and requesting support. In the main, the requests were for adaptations and/or related to upper limb disorders. Many were being referred to Access to Work and/or for physiotherapy.
 - (iii) Estates and Facilities Management had been active in implementing a Safety Road map. Managerial engagement with the initiative had resulted in greater awareness and a significant growth in the number of reported near misses and a potential increase in the number of minor incidents being reported.
- 5.3 Members APPROVED a proposal for the OHWS to run a flu vaccination programme in the Autumn of 2023. **ACTION: OHW Manager**

23/6 Health and Safety Services Annual Report

SAF22-P5

- 6.1 Members CONSIDERED the Health and Safety Services Annual Report. They NOTED progress on the Health and Safety Service Plan for 2021/22 and the Plan for 2022/23.
- 6.2 The following points were NOTED in particular:
- (i) The Health and Safety Service had sought to align its vision and strategic principles with the new University strategy.
 - (ii) Good progress had been made in a number of areas in 2021/22 despite the Service facing challenges in delivering its full programme of work.
 - (iii) The OHWS continued to develop and was well regarded and trusted. Musculoskeletal and mental health issues remained the primary reasons for management referrals to the Service.
 - (iv) The University's Permit to Work systems remained a concern as the use of multiple books and issuing points created system vulnerabilities. The University is in the process of procuring an electronic permit to work system.
- 6.3 Fire and water hygiene risks were noted within the report. A significant ongoing fire safety programme of work was being carried out by Estates and Facilities Management working in collaboration with the Fire Safety Office. The programme prioritised work on student accommodation and would move on to other University buildings in due course. The work was reported as being on track, and the University's fire safety arrangements were said to be in a stronger position than had been the case for some time. Water hygiene issues in Towers were being continually managed.
- 6.4 Members noted that a reference to the number of disability updates could have been included on the Annual Report cover sheet under '*Equality, Diversity and Inclusion Considerations*', given the large number of these updates received from employees who were disclosing disabilities.

23/7 Future Business

SAF23-P6

- 7.1 The Committee RECEIVED a revised plan for the Committee's business for the period May 2023 to February 2024.
- 7.2 It noted the large number of papers included in the agenda papers and the long length of some of the papers. Authors of papers were encouraged to reduce the size of future papers and to highlight risks in areas within their remit, rather than providing general updates.
- 7.3 Members considered the current practice of two or three Schools or Professional Services giving presentations on health, safety and environment arrangements in their areas. Whilst of relevance to the Committee, the presentations were time consuming and could potentially be considered by a different forum such as one of the Committee's sub-committees. The Director of HSW would consider alternative ways for the Committee to receive updates of this kind from Schools and Professional Services. **ACTION: Director of HSW**

23/8 Statutory Compliance Key Performance Indicators

SAF23-P7, SAF23-P8

Members RECEIVED updates on statutory compliance key performance indicators. They NOTED progress for key areas of statutory compliance and actions relating to areas of concern. A number of areas including biological, chemical and radiation safety had seen improvements.

23/9 Resurvey of Health Surveillance Needs in Estates and Facilities Management

- 9.1 Arising from M22/22.2(v), members RECEIVED an update on the resurvey of health surveillance needs in Estates and Facilities Management.
- 9.2 Progress remained slow due to the large number of hourly-paid employees who were unable to access the survey online. Estates and Facilities Management managers would liaise with the Occupational Health and Wellbeing Manager to agree how health surveillance needs could be identified based on job roles rather than by asking each individual. **ACTION: Secretary to inform Director of Maintenance, Engineering and Sustainability**

23/10 Escalation Arrangements for Health and Safety Concerns

SAF23-P9

- 10.1 The Committee CONSIDERED proposed escalation arrangements for health and safety concerns. The paper provided guidance on the broad approach to escalation for various categories of risks, actions and circumstances.
- 10.2 The scenarios that the guidance would apply to were most likely to fall under the remit of Estates and Facilities Management. Staff in that area were aware that the Director needed to be informed of more significant incidents immediately so that he could ensure that the correct course of action was taken. However, this did not necessarily mean that the incident required immediate action beyond informing him.
- 10.3 Members noted that the categories were subjective, though descriptors for issues within the remit of Estates and Facilities Management were covered in its guidance documents. Definitions had not been included in the proposal to give individuals licence to interpret the categories themselves and to escalate health and safety matters as they saw fit.
- 10.4 Members considered whether the categories used could mirror those already in use in risk rating matrices. They noted the importance of keeping the Corporate Communications Team informed of incidents.
- 10.5 The proposed arrangements were APPROVED but would be kept under review. **ACTION: Director of HSW**

23/11 Building Safety Act 2022

SAF23-P10

- 11.1 The Committee had been asked to provide the Vice-Chancellor with an assurance that arrangements were in place to oversee the collective duties as the 'accountable person' under the Building Safety Act 2022. The Act only applied to two buildings on the Loughborough campus, one of which would be taken out of service before the requirements of the Act came into force.
- 11.2 The Committee APPROVED the proposed approach as detailed within the paper.

23/12 Fire Officer's Report

SAF23-P11

- 12.1 The Committee RECEIVED the University Fire Officer's report. It APPROVED proposed changes to the duties and responsibilities of duty holders listed in the Fire Safety Policy arising from the new Building Safety Act.
- 12.2 The emergency voice communication system in UPP halls was no longer supported. Signals from the system and from emergency pull cords in adapted rooms were no longer being received by the halls' hub and the Security gate following an essential IT update. Residential Services were aware, and a temporary arrangement had been put in place whilst a permanent system was being agreed.

- 12.3 The Committee noted that UPP had been made aware that the lack of voice communication capabilities in fire refuges was not best practice in relation to fire safety. The matter would be raised with the company again in a forthcoming meeting between the Vice-Chancellor and UPP's CEO. **ACTION: Director of Estates and FM to brief Vice-Chancellor**
- 12.4 The University had informed Leicestershire Fire and Rescue Service that Towers would cease to be occupied in July 2027. The letter would be included in the agenda papers for the Committee's May 2023 meeting for information. **ACTION: Secretary to inform Fire Officer**

23/13 Annual Report of the Radiation Protection Officer

SAF23-P12

- 13.1 The Committee RECEIVED the Annual Report of the Radiation Protection Officer for 2022. It APPROVED the report and recommended it for submission to Council. **ACTION: Secretary**
- 13.2 No issues of concern had been identified during an Environment Agency inspection in 2022. The Agency had requested that documentation was readily reviewed and updated, and this requirement had been taken on board by the Radiation Protection Officer.
- 13.3 A non-compliance had been investigated when packaging commonly associated with radioactive material was found in a work area. However, upon investigation it transpired that no radioactive material was present or in use in the area concerned.

23/14 Update on Non-Ionising Radiation

SAF23-P13

- 14.1 The Committee RECEIVED an update on non-ionising radiation and APPROVED the following:
- (i) the terms of reference of the Non-ionising Radiation Committee
 - (ii) a new Non-ionising Radiation Policy which combined the Non-Ionising Radiation (Excluding Lasers) Policy and the Laser Safety Policy.
 - (iii) changes to the existing Laser Safety Code of Practice to outline training requirements for users and supervisors.

23/15 Chemical and Biological Safety Annual Report

SAF23-P14

- 15.1 The Committee RECEIVED the Chemical and Biological Safety Annual Report for 2022 and APPROVED proposed priorities for chemical safety in 2023.
- 15.2 The Committee noted that the addition of a new GM2 licence increased the likelihood of a Health and Safety Executive biological safety audit. It APPROVED a programme of biological safety/compliance audits to inform the GM/Biosafety Committee of local and central themes and to enable the Committee to produce an action plan. The action plan would be considered by HSE Committee at its October 2023 meeting. **ACTION: SSTL**
- 15.3 Members noted the positive engagement and significant progress made by the School of Sport, Exercise and Health Sciences in relation to biosafety compliance.

23/16 Occupational Health and Wellbeing Service Update

SAF23-P15

- 16.1 The Committee RECEIVED an update from the Occupational Health and Wellbeing Service.
- 16.2 The following points were NOTED in particular:
- (i) the Service had recently purchased occupational health management software and was initially using it to complete management referrals.

- (ii) it was engaged in interpreting the results of the recent Staff Experience Survey.
- (iii) difficulties experienced by the Service in booking rooms in advance for wellbeing activities.

23/17 University Health and Safety Policy

SAF23-P16

- 17.1 The Committee APPROVED revisions to the University Health and Safety Policy to reflect changes that had occurred within the University over the previous year. More specifically, job titles had been updated, references to the Academic Leadership Team had been removed, and additional responsibilities had been added to reflect the remit of the Director of Estates and Facilities Management.
- 17.2 The Health and Safety Service would change references to Operations Managers in Appendix 3 to Heads of Operations. **ACTION: Director of HSW**

23/18 Dogs on Campus Policy

SAF23-P17

- 18.1 The Committee CONSIDERED a policy position on dogs on campus following the first formal request for an emotional support dog.
- 18.2 The following points were NOTED in particular:
- (i) There was a legal requirement to allow staff and students with a certified need to bring emotional support dogs on to campus.
 - (ii) Other than assistance and emotional support dogs, and dogs in wardens' homes, dogs should not be permitted on campus other than for a specific approved event.
 - (iii) Where an occupant of a building had a serious allergy to animal hair, consultation would need to take place locally regarding the presence of assistance or emotional support dogs.
 - (iv) The policy would also apply to the University's tenants who were based on its campuses so would need to be shared with them.
- 18.3 The Health and Safety Service would amend the proposed policy to incorporate points raised by members. **ACTION: Director of HSW**

23/19 Reports to Health, Safety and Environment Committee

The Committee RECEIVED the following reports:

SAF23-P18

Sustainability Manager's Report

SAF23-P19

Incident and Near Miss Data Report

SAF23-P20

Insurance Claim Trends

23/20 Composition of Health, Safety and Environment Statutory Compliance Sub-Committee

SAF23-P21

The Committee approved changes to the composition and membership of the Health, Safety and Environment Statutory Compliance Sub-Committee.

23/21 Minutes of Sub-Committees

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

SAF23-P22

Chemical Safety Committee (12th January 2023)

SAF23-P23

GM and Biosafety Committee (15th December 2022)

SAF23-P24

Health, Safety and Environment Statutory Compliance Sub-Committee (10th January 2023)

SAF23-P25

Radiological Protection Sub-Committee (8th February 2022, 26th October 2022, 13th January 2023)

SAF23-P26

Sustainability Sub-Committee (27th September 2022)

23/22 Dates of Remaining Meetings in 2022/23

Wednesday 17th May 2023 at **1.30pm**

Health, Safety and Environment Committee



Loughborough
University

Matters Arising from Previous Meetings

Origin: Secretary

Executive Summary

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

Other Committees Consulted

n/a

Action Required:

To note the status of matters arising from previous meetings

Completed – will be removed

Not yet completed

Meeting	Minute	Description	Action	Status
SAF20-M1 & SAF21-M2 SAF22-M3	20/3.2 (iv) & 21/21.2 & 39.2	LSU presentation: Provide information comparing LSU incident rate with those of students' unions at other HEIs.	Director of Union Facilities	Oct 2021: Request circulated to USHA Association network. Only a few responses received. LSU struggling to obtain information from other SUs. Feb 2023: USHA network contacted and details of those institutions willing to benchmark have been passed to LSU
SAF22-M2	29.4	<i>Stress and Mental Health Provision:</i> Establish whether it is possible to obtain better sickness absence data on mental health	Director of HSW	HR have agreed to support this activity but have short-term resourcing issues which means the information is not yet available Oct 22 Update: COO has spoken to HR. Needs to wait until appointment of new data team. HR to provide update in Spring 2023 May 22 Update: New HR colleagues due to start shortly.
SAF22-M2	29.4	<i>Stress and Mental Health Provision:</i> investigate whether routine case reviews can be established Oct 22: COO and Director of HSW to agree way forward	Director of HSW	Agreed and will commence as soon as the short-term resourcing issue is resolved. Feb 23 Update: Interim HR colleagues are being appointed but will be some time before data is easily available. May 23 Update: New HR colleagues due to start shortly but will be some time before data is easily available.
SAF22-M2	29.4	<i>Stress and Mental Health Provision:</i> develop an options paper for the delivery of a stress and mental wellbeing survey Oct 22: COO and Director of HSW to agree way forward	Director of HSW	Approach has been agreed and consultation on the survey questions and structure is about to commence in SBE. Feb 23: Materials have been developed and H&S Service await a start date from SBE May 23: LB has issued this questionnaire.

Meeting	Minute	Description	Action	Status
SAF22-M3	41.2	SDC HSE Update - Consider how incidents in areas where there was said to be no means to benchmark incident rates can be benchmarked	SDC Leadership Team	SDC response: We have had several conversations with other universities, but no one has any data that is remotely comparable. This isn't about a willingness to share but is about the sophistication of their reporting systems. So, we will need to continue to monitor against our own performance and try to reduce incidents as much as we can. Completed
SAF22-M3	41.3	SDC HSE Update - Discuss with OHW Manager implementation of changes to the Mental Health First Aiders (MHFA) initiative.	Head of Performance Programmes	SDC have been informed that the MHFA programme will continue, but participants need to become wellbeing champions first and then apply to become an MHRA. Completed
SAF22-M3	44.8	Consider the installation of sprinklers in future developments	Director of Estates and FM	Director has confirmed that Estates and FM will ensure that this is done as regulations change. They will look at for any new or major rebuild. Completed
SAF22-M3	49.4	Biological and Chemical Safety – Proceed with application for a project GM2 licence	Strategic Scientific Technical Lead	Application has been started. Now waiting for HS Executive to assess
SAF22-M3	51.2	Include revised version of the Sustainability Leadership Scorecard in the revised Sustainability Annual Report	Sustainability Manager	The Sustainability Leadership Scorecard continuing to be used. It is anticipated that the audit will be completed by July 2023.
SAF22-M3	51.3	Plan for meeting the Scope 1, 2 and 3 targets to be considered at February 2023 meeting with a view to agreement being sought be Council in March 2023	Director of Estates and FM & Sustainability Manager	LUNZ group led by the PVC(R&I) is now leading on this, rather than E&FM. April 23 update from Director of Estates & FM: Scope 1 & 2 was set by Council last year and is 2035. Provost is considering the outputs from the Scope 3 working groups set up by LUNZ that will inform a proposed Scope 3 target date to get to Net Zero in preparation for a recommendation to Council in June/July.

Meeting	Minute	Description	Action	Status
SAF23-M1	3.3	Hazardous substances seen to be a significant issue by the School but not identified as a main risk in its risk register. Reflect upon this and consider adding to School's risk register.	AACME Dean and Head of Operations	Dean has confirmed that School will review adding an item to its Risk Register related to storage, handling and disposal of hazardous substances.
SAF23-M1	3.4	Encouraged to attend some School walk arounds so that staff and students are aware that compliance with H&S requirements is a priority for School SMT	Dean of AACME	Confirmed that Dean will join some of the laboratory inspections /audits to raise visibility with staff and students.
SAF23-M1	4.4	Discuss responsibilities with School's water hygiene authorised person and raise with other Deans the responsibilities for water hygiene within Schools	Dean of Science	Dean of Science has consulted Science authorised person and discussed matter with other Deans. Given the testing schedule is controlled and implemented entirely by FM, the Deans considered that most of the responsibility realistically rests with FM. Director of HSW has agreed to discuss this with the Director of Maintenance, Engineering and Sustainability
SAF23-M1	5.3	Run flu vaccination programme in Autumn 2023	OHW Manager	Plans are being drawn up, and the vaccines are on order. Completed
SAF23-M1	9.2	Estates & FM Resurvey of Health Surveillance Needs: Liaise with OHW Manager to agree how health surveillance needs can be identified based on job roles rather than by asking individuals	Director of Maintenance, Engineering and Sustainability	In progress. Meeting held between Director of HSW, OHW Manager, Director of Estates & FM and Director of Residential, Catering and Domestic Services to discuss how to progress.
SAF23-M1	10.5	Keep escalation arrangements for Health and Safety concerns under review	Director of HSW	Ongoing
SAF23-M1	12.3	Lack of voice communication capabilities in fire refuges is not best practice in relation to fire safety and will be raised again with UPP in forthcoming meeting between its CEO and the VC. Brief VC ahead of the meeting.	Director of Estates and FM	Remains an issue. CFO raised this with CEO of UPP during the meeting with the VC on 13th April.

Meeting	Minute	Description	Action	Status
SAF23-M1	12.4	Include Towers occupancy letter to Leics Fire and Rescue Service in agenda papers for May 2023 meeting for information	Fire Officer	Included in May 23 agenda papers. Completed
SAF23-M1	15.2	GM/Biosafety Committee action plan to be considered at October 2023 HSE Committee meeting	Strategic Scientific Technical Lead	
SAF23-M1	17.2	Change Operations Managers references in University Health and Safety Policy Appendix 3 to Heads of Operations	Director of HSW	Complete
SAF23-M1	18.3	Dogs on Campus Policy: Amend to incorporate points raised by members	Director of HSW	Complete

HSE Committee School and Professional Service Progress Update

School of Social Sciences and Humanities (SSH)

Introduction to SSH – Key facts

Total Staff (Apr 2023)	245
Academic RTE	121
SSAT and other	25
SSAR	51
Professional Services (Support)	42
Technical	6

Students (Planning 2022-2023)	2189
UG	1884
PGT	151
PGR	154

Income (FY 2021/22)	
Teaching	£20.4 m
PGR and QR	£2.9 m
Research Grants	£6.1 m

Key H&S Factors:

- Field work for students and staff
- Staff and Student Lab work

Main Risks Identified in Risk Register

- Field Work (UK and Overseas)
 - not all risks being correctly assessed prior to the fieldwork / travel being undertaken
 - staff, students and members of the public being inadvertently exposed to H&S risks
- Loss of IT systems and communication
 - Inability to deliver teaching or research
- Laboratory and Equipment - Student Work
 - Handling and using hazardous substances incorrectly
- Non-Compliance
 - Injury / claim based on non-adherence to policy / law.

Details of any significant Incidents or Near Misses in the last Year and Response to those Incidents

Note :- Including KPIs on incidents, training and safety activity - to be agreed with Chris Burton

KPI Data from Chris Burton:

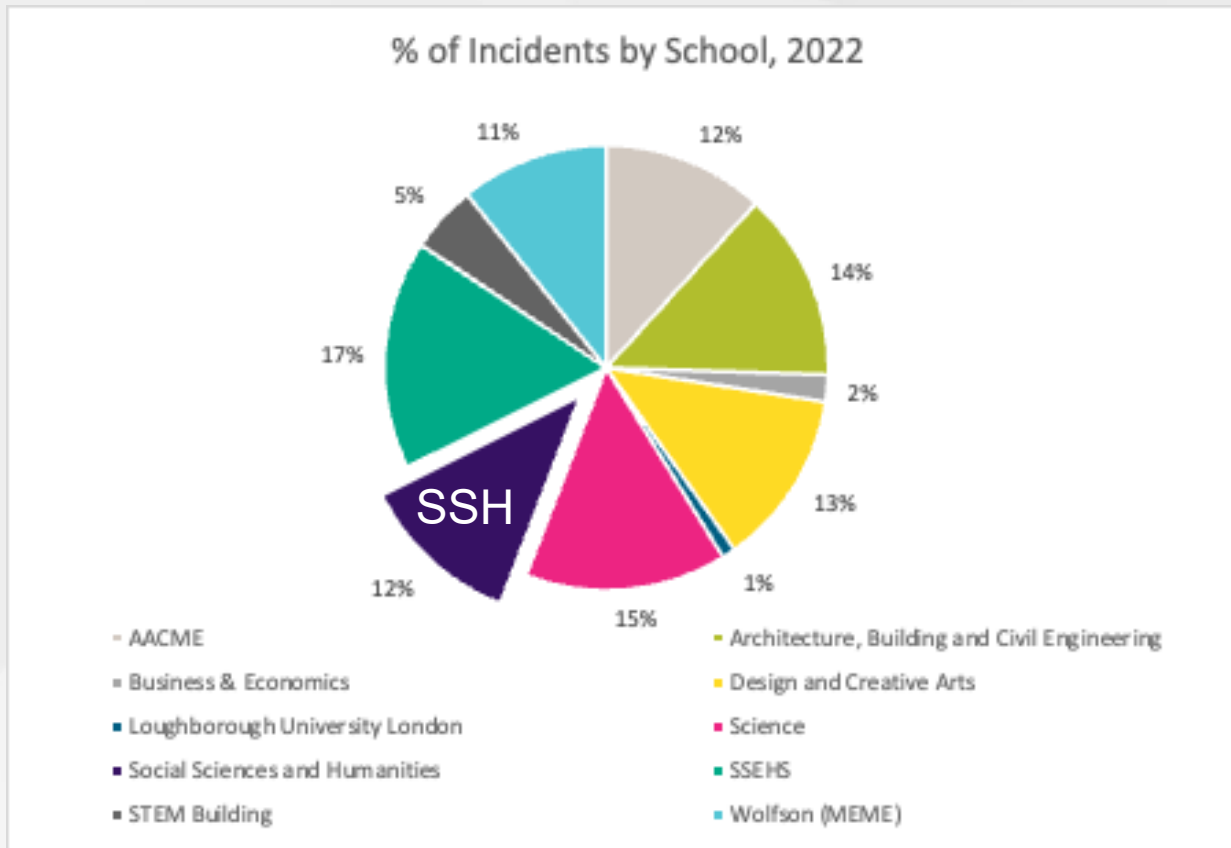
- Number of incidents last year : 12
- Incident rate per 1000 staff: 50.06
- No. of staff receiving training: 27
- 1 – High Severity Near Miss (Jan 2023).

Incident Response

Every incident is reported to the SSH HSE Committee and relevant actions are taken and recorded.

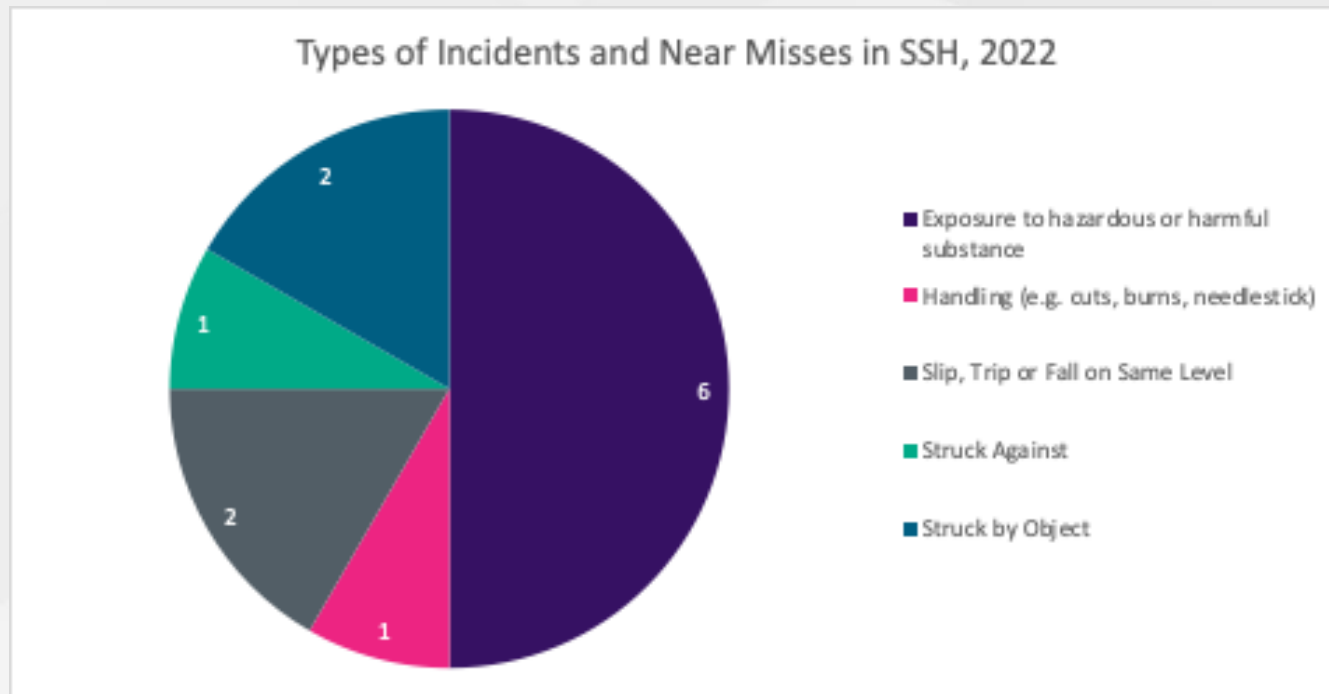
Incidents Data 1

SSH = 12% of all incidents reported by Schools.



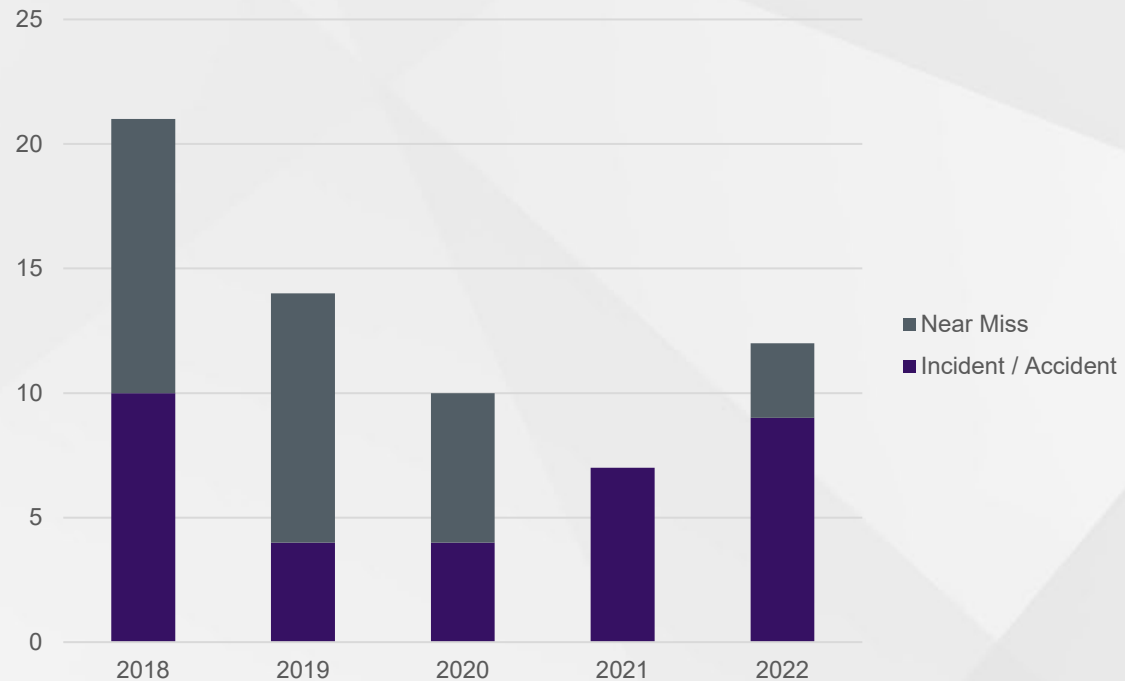
Incidents Data 2

A large amount of our incidents are from Exposures to hazardous or harmful substances (50%).



Incidents Data 3

As we have more and more staff/students return to campus, the number of incidents has gradually increased. However, our near miss have reduced over the 5-year period.



Training data

27 training courses were completed by SSH staff in 2022. The breakdown of these by department is represented by the chart below. The colours represent the specific courses.



Training data 2

83% of new starters completing their 7 core Mandatory Training courses in 2022. The breakdown of these by School is below and SSH as the 2nd highest completion rate.

Table 1: % New Starters Completing all 7 Core Mandatory Training Requirements

Wolfson	88%
SSH	83%
AACME	73%
University Overall	72%
Professional Services	72%
ABCE	71%
SDCA	71%
SSEHS	70%
LU London	69%
Science	69%
SBE	56%

Leadership activity

- HSE Committee is chaired by the Dean 4 times each academic year.
 - Leadership from the Dean and Head of Operations.
 - All 5 Heads of Divisions and, Director of People and Culture.
 - Lab Manager
- Director of People and Culture is a Wellbeing Champion and leads School Health and Wellbeing Initiatives
- New University travel and field work Risk Assessment process

Areas of Focus / Development

- Expand numbers of staff completing Training Courses
- Historical/ out of date chemicals
- Chemical Usage
- DEFRA- Sediment licence controls
- Health and Wellbeing

Environmental KPIs

- Only specific environmental incident relating to SSH in the last 12 months occurred (Jan 2023).
 - High Severity Near Miss (as mentioned in slide 4)
- Focus of SSH is on:
 - CAP
 - WARPit
 - LEAF

Progress on Health and Wellbeing

- SSH key activities to support Wellbeing and Mental Health:
 - Wellness Action Plans
 - Wellbeing lunches
 - Promoting central wellbeing resources to staff
 - PDR training internal to the school
 - Email etiquette good practice
 - School Management staff training

Significant Achievements / Practices that Other Areas Could Learn From

- Wellbeing
 - Dedicated intranet site for staff to access all School information, guidance and all staff news items
 - A range of activities and further work focused on ensuring wellbeing and EDI in the School

Questions?

HSE Committee School and Professional Service Progress Update

SDCA

Introduction to School or Professional Service – Key facts

Total Staff (May 2023)	
Academic RTE	78
SSAT	38
Research Staff	19
Professional Services	59

Income (FY 22/23)	£
Teaching	21,198,917
PGR and QR	2,594,251
Research	1,741,022

F/T Students	
UG	1678
PGT	229
PGR	139

Key H&S Factors:

- Research active, over 4 sites
- One site is across busy main road
- Large PGT and PGR population from UK/EU and overseas
- Practical elements to courses using multimedia

Main Risks Identified in Risk Register

- Loss of power to campus or building
 - Data loss, Bio Materials loss / hazards
- Loss of IT Systems / communication
 - Inability to deliver Teaching or Research
- Bespoke Research Equipment
 - Risk Assessments and a sign off by a senior person before use
 - Injury / claim based on non-adherence to policy/process.
- Waste, Emissions and Discharge
 - Storage of chemicals, disposal of textiles- and print-related materials (especially around Degree Show)
- Staff Mental Health & Wellbeing
 - Some staff experiencing stress at work which has an impact on productivity and activity

Details of any significant Incidents or Near Misses in the last Year and Response to those Incidents

High Severity Incident - March 2022

While weaving on the doobby loom the student used a sewing pin to hold extra yarn to the cloth, which is usual practice, and the pin dug into their knee. Pin punched the skin and then ripped two small holes when coming out. Both holes where very deep and bleeding consistently. Student required stitches due to the severity of injury.

High Severity Near Miss - August 2022

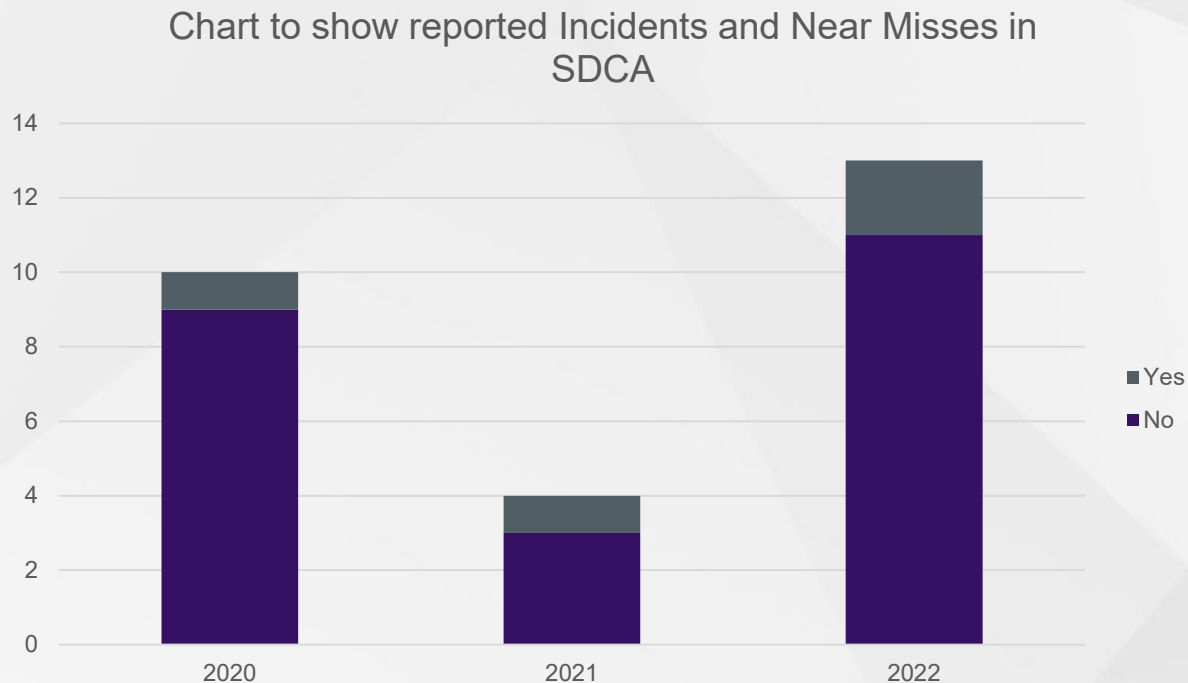
Fire exit locked, unable to open from the inside.

High Severity Incident – October 2022

Student hit by a car on the road whilst crossing from the Design School side of Epinal Way, to the Edward Barnsley building. An ambulance was called and the student was taken to hospital. Student was conscious and could walk with assistance. Injuries required student to stay at home for a few days.

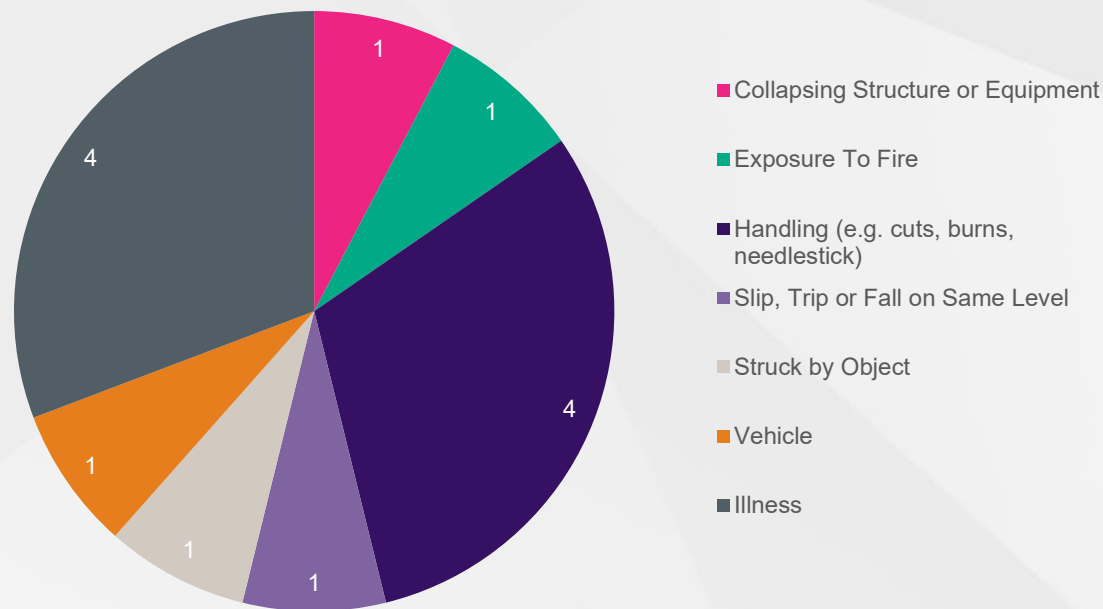
Incident Data

The following chart shows the number of Incidents (purple) and Near Misses (Grey) in SDCA for the last three years. The ratio of Near Misses reported compared to Incidents is lower than we would typically expect to see, which could suggest a reluctance or a lack of awareness of incident reporting.



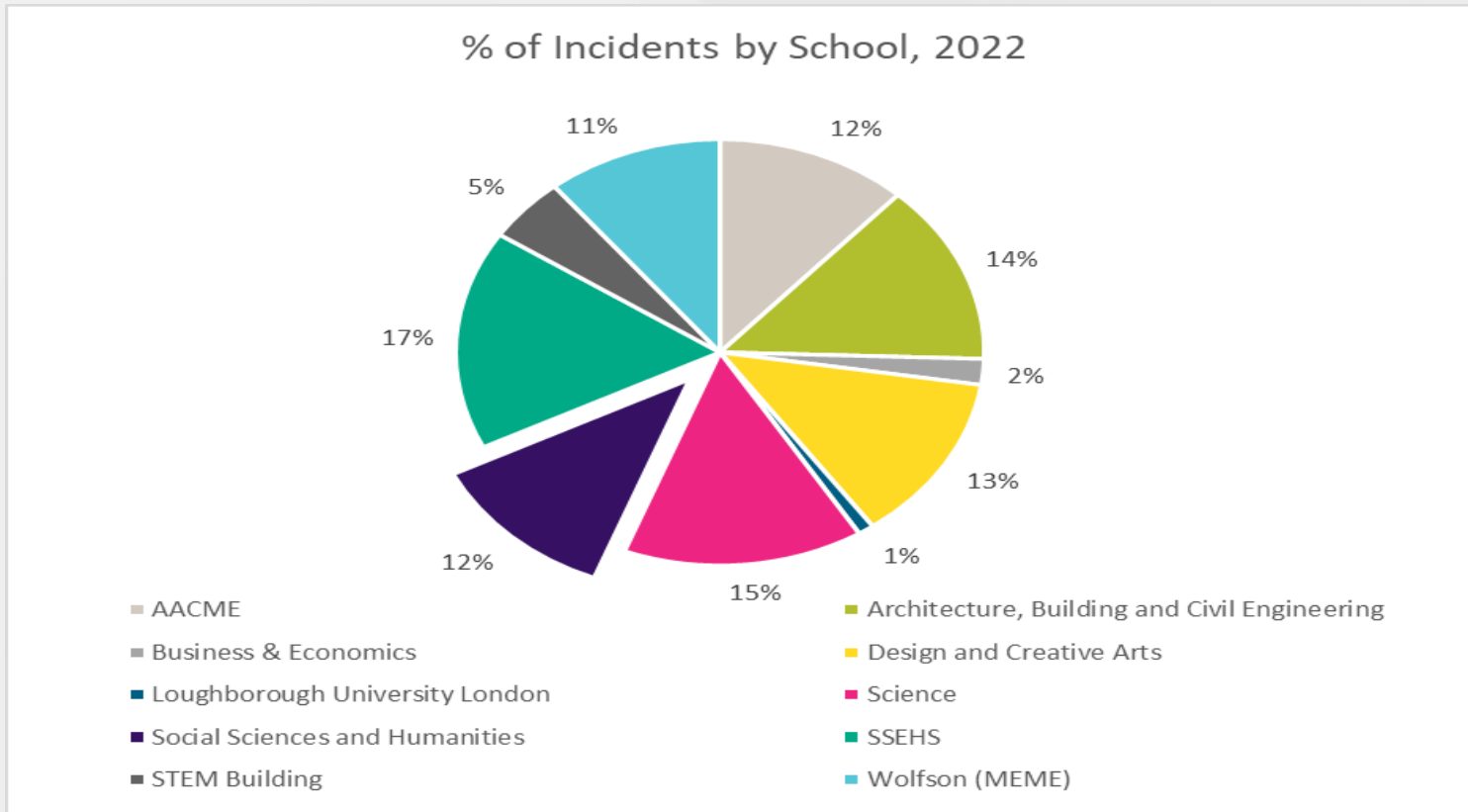
Incident Data

- Types of Incidents and Near Misses in SDCA, 2022



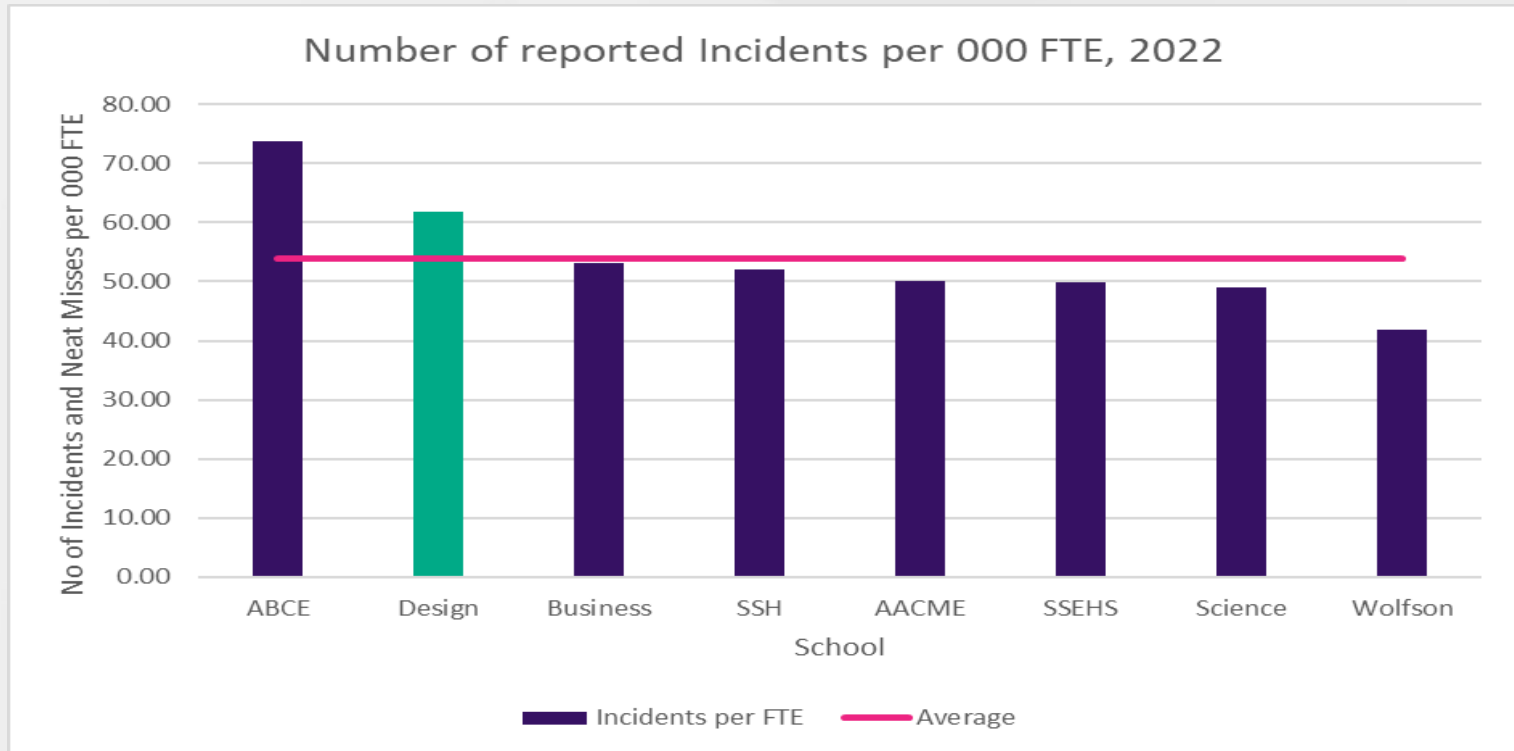
Handling injuries and illness (typically fainting or allergic reactions) are the biggest contributors to incidents and near misses reported in SDCA.

Incident Data



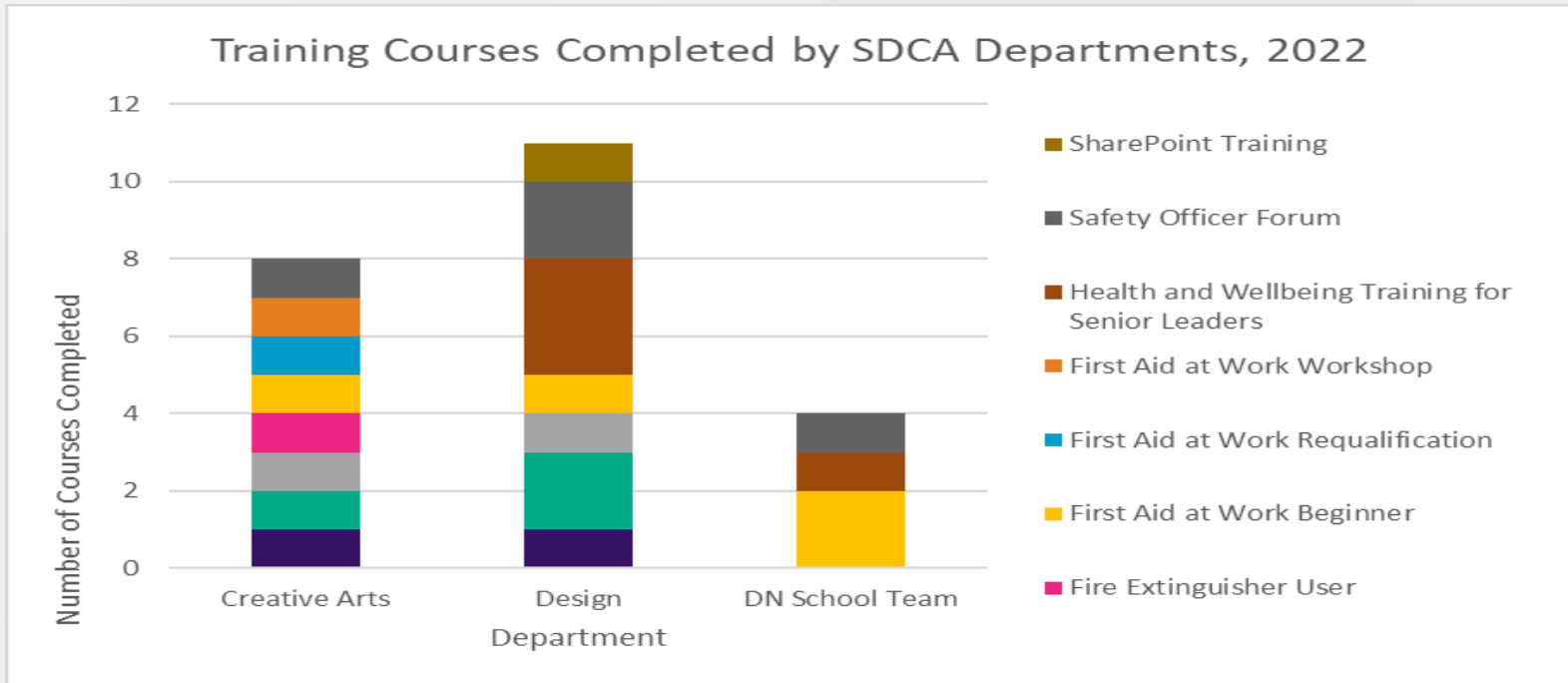
Overall SDCA incidents account for 12% of all the incidents reported by Schools.

Incident Data



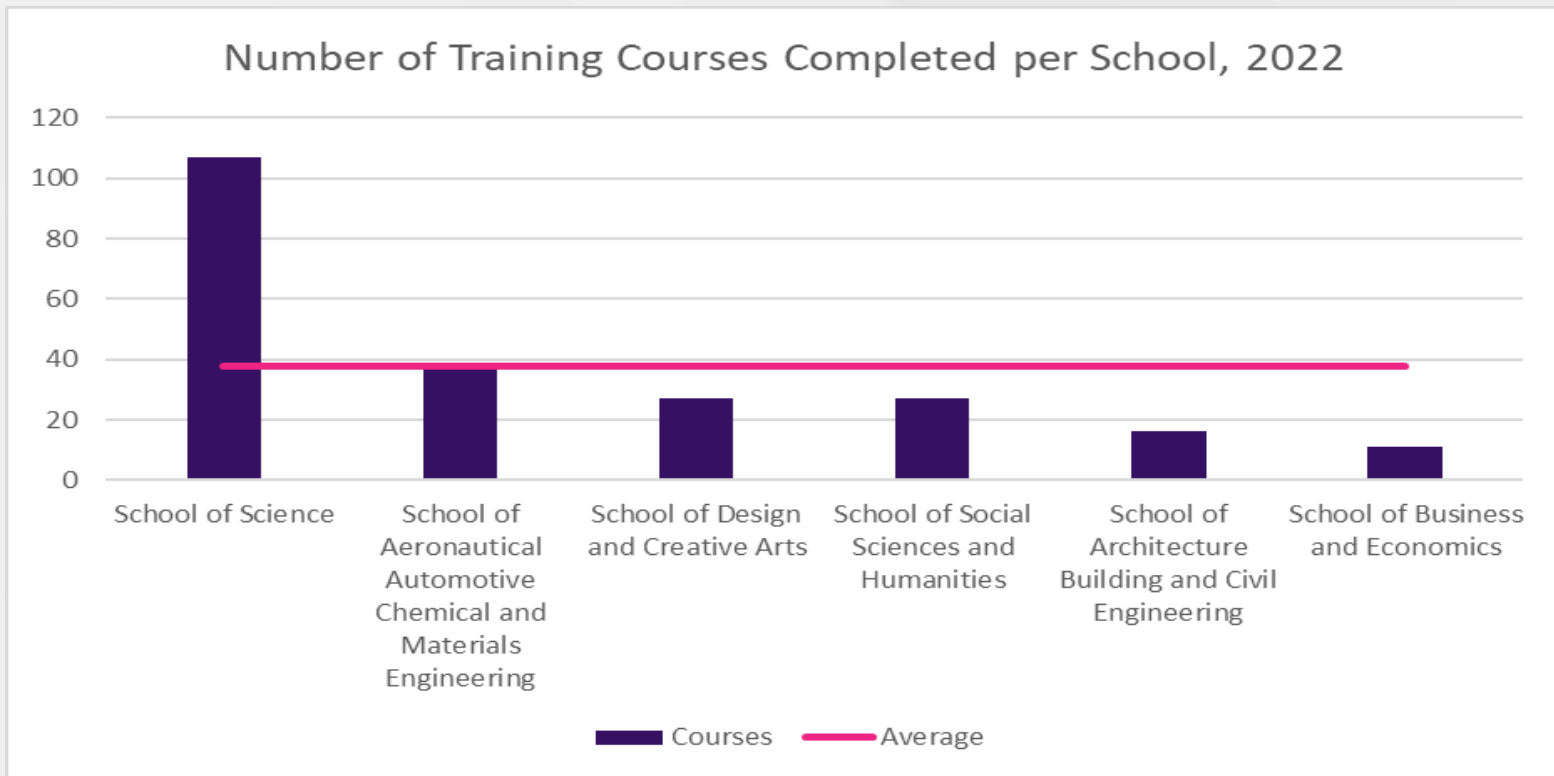
SDCA reported 61 incidents per 1000 FTE. This is higher than the average of 53.970.

Areas of Focus / Development



23 training courses were completed by SDCA staff in 2022. The breakdown of these by department is represented by the chart below. The colours represent the specific courses.

Areas of Focus / Development



Leadership/Training activity

- Leadership training undertaken
 - • NEBOSH General Certificate in Occupational Health and Safety
 - • IOSH – Managing Safely
 - In addition to these our Tech team have completed multiple training events on related subjects such as Legionella, First Aid, PUWER, Non-Iodising Radiation, COSHH.
 - The team have completed Safety Training in some of the above and have had safety training on PUWER related subjects such as Woodworking Machinery, Gas Safety, Noise, Manual handling etc.
 - There are health risks within most workshop spaces, however, these are mitigated with Risk Assessments, training, maintenance, guarding, Personal Protective Equipment (PPE), Portable Appliance Testing (PAT) and many more preventative measures.
- Details of leadership tours
 - VC (2022)
 - Rachel Thomson (Mac Lab/FDT Course – 2022/23)
- SDCA H&S Committee Chaired by HoO and reported back at SLT

Progress on Health

- Main risks
 - Air quality/allergens in Textiles Workshops from fibres
 - Blinding light through some windows in Design School causing migraines for some staff
- Health surveillance
 - Student issue resulting in face fit mask to be worn
- Areas of progress / concern on health and wellbeing
 - Staff stress levels around workload and feeling valued/included, which is being addressed through whole School events/discussions

Environmental KPIs

Org	Date	Who	Details	Incident	Harm	Type	Risk
LDS	03/23	Student	<p>When marking the coursework for DSC006. It was noticed that the students had purchased a diode laser to use as a break beam within their project. The laser is of unknown classification and has not been tested. The risk of harm is unknown. According to the student report, the laser was purchased from here:</p> <p>https://www.amazon.co.uk/gp/product/B091FHTPZP/ref=ppx_yo_dt_b_asin_title_o03_s00?ie=UTF8&psc=1</p>	Near Miss	Exposure to hazardous or harmful substance	Radiation	Low
Fine Art	03/23	Student	<p>I was contacted by 2 students who had been working in one of the fine art studios and reported that there had been a chemical leak, when questioned they stated that it was gas and liquid escaped from a fridge. I sent them to see the departmental safety officer and told them to come back to me if they weren't there. Departmental safety officer was in a meeting so I phoned through the incident to security.</p>	Incident/Accident	Exposure To, Or In Contact With, A Harmful Substance	Chemical	Medium

Main Environmental Risks Identified

- Epinal Way continues to be a hazard for students moving between buildings
- Hazardous Materials (kilns, management of stocks, materials and Workshop equipment)
- Creative Arts site is not energy efficient, nor is it fully accessible
- Climate-controlled rooms in James France Building which potentially may be of risk if not enough oxygen or exposure to high temperatures

Progress in Managing Issues Identified

- Ensure H&S mandatory training is taken up by more staff
- Ensure training and continuous monitoring is given to new starters and students in Workshops
- SLT action following Staff Survey data analysis, to mitigate staff anxiety relating to work activity and culture
- We have reported the Epinal Way main road as a hazard and remind students to be vigilant

Significant Achievements / Practices that Other Areas Could Learn From

- Asset register
 - Given clarity to AED and FM
- Changing cultures to embed the significance of H&S [raising awareness]
 - supported by external presentation. Shared School wide.
 - H&S will be a standing item on every committee
 - We do not work in isolation – work with HS&E and invite their input.
 - Ops manager and SSO sit on central H&S committees
 - Updated JD's for technical staff are explicit regarding H&S responsibility.
 - Increased placement activity supported through central resource.
- LDS utilises in house safety experts and practitioners to advise and support effective School safety management
 - (areas of expertise – DSE compliance, OH, Ergonomics/Human factors)
- Potential to extend critical independent sign off arrangement for bespoke research equipment across whole institution

**HSE Health, Safety and
Environment Committee**



**Loughborough
University**

Consolidated Health, Safety and Wellbeing Report

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

Action Required:

To note areas of risk and actions identified

Executive Summary

This is a summary report of issues and actions relating to Health, Safety and Wellbeing

Other Committees Consulted

None

Equality Diversity and Inclusion Considerations

The report identified a recent case reported in the press regarding employers' duties towards those with Epilepsy. This is relevant to the University.

HSE Committee Report –

Subject area / Statement	Issue to note	Action Required from HSE Committee
Compliance		
<p>Legionella has been detected in the Towers Hall of residence (West Tower). Current interventions are unable to consistently control levels. Point of use filters have been installed throughout West Tower to ensure good water quality and the safety of students.</p>	<p>Engineering solutions are being investigated but are limited. Point of use filters may be required for an extended period of time, possibly through the 23/24 academic year.</p> <p>An external audit using an uninvolved consultant is being commissioned to audit our adherence to best practice and to specifically review the situation and actions within Towers.</p>	<p>To note elevated level of risk and controls in place.</p>
<p>Legionella has been detected in some parts of the hot water system in Cayley. Investigation revealed a partially closed valve which impacted on hot water temperatures. Monitoring was effective in identifying this and corrective action has been taken.</p>	<p>Monitoring systems have been effective in identifying areas of concern and corrective actions have been taken.</p>	<p>To note</p>

Policy & Procedure		
<p>Construction Small Works Policy</p>	<p>Following internal incident review a need has been identified to amend the current policy to:-</p> <ul style="list-style-type: none"> (a) increase the value of 'small works' covered by this policy (b) the process by which non EFM trained and nominated staff from Schools and Professional Services may internally project manage such works. <p>The revised policy will be circulated and training scoped to support implementation from late May/early June.</p>	<p>To note the change in risk profile, which will be managed by enhanced evaluation and control processes overseen by EFM & H&SS</p>
Occupational Health and Wellbeing		
<p>PWC have recently audited the University's approach to wellbeing. Preliminary feedback is that the University is one of the leaders in the sector in terms of material, policy and provision. The only areas highlighted for improvement relate to the use of sickness absence data to proactively target activity, a suggestion of mandatory training for managers and the use of additional metrics to measure progress.</p> <p>It was however noted that some colleagues found it difficult to interact with wellbeing offerings due to lack of time.</p>	<p>Suggested areas of improvement :-</p> <ul style="list-style-type: none"> • Using sickness absence data to proactively target wellbeing activity, • Consideration of mandatory training for managers • the use of additional metrics to measure progress. <p>Outcome of the final report will be circulated to HSE Committee and</p>	<p>To note suggested areas of improvement</p>

	the Occupational Health Team will develop a proposed response.	
<p>Morrisons have recently being fined £3.5 million for failing to protect the health and safety of a member of staff who suffered from epilepsy.</p> <p>The individual was required to climb stairs several times a day to access their locker and to access the break area. During one trip he suffered a seizure whilst climbing stairs and fell. Morrisons were found not to have adequately assessed the risk to the individual.</p>	Staff and student processes are being reviewed to ensure that these risks are fully evaluated.	To note response
The approach to engagement regarding wellbeing is being redefined.		HSE Committee are asked to give their views on the new positioning of wellbeing.
The Business School is in the process of issuing a wellbeing questionnaire to colleagues in the School. This a pilot to test the approach.		
General Safety		
A smart field work form has been circulated to a limited number of users for trial.	If successful, the smart form may be useful as a general risk assessment tool	
Escalation arrangements have been circulated to all schools and services.		
A Health, Safety and Wellbeing committee will be formed for lower risk Professional Services (primarily those based in the Hazlerigg and Rutland buildings). James Henry, Director of Finance, will chair this meeting.		To note progress
An external audit has been conducted on the University's approach to Business Continuity. Findings of the report will be circulated to HSE committee when available, however, the		

auditors were complementary of the University's approach which differs from that used in most of the sector.		
Training has been provided to key staff on the regulatory framework surrounding the use of drones.		
Technical / Scientific		
An inter university Laser Safety Forum is being arranged with funding and support from AURPO. The forums will focus on recent enforcement activity and protection regimes related to high speed lasers.		
An audit has been undertaken on the storage of Human tissue samples to check the level of compliance with the Human Tissues Act. Results will be feedback to eth HSE committee.	Presentation at HSE committee	Discuss and approve recommendations/actions
Biosafety audits are being carried out across campus. These audits include infrastructure checks for compliance to the regulatory requirements but also auditing against procedures, policy, processes, waste disposal and biosafety laboratory culture. SSEHS have just been audited and report is in process. Once all areas have been audited a summary report will be available and discussed within the main GM/Biosafety committee and actions/recommendations discussed within the relevant School H&S committees.	GM/Biosafety committee will escalate any issues/recommendations or actions as necessary to the HSE committee	To note at this point
Decommissioning – last remaining parts of Graham Oldham building will be removed by the end of May. Report is being produced. SSTL prompting Environment Agency to authorise the university to demolish GO Building when scheduled.	Final Decommissioning report will be sent to HSE committee as a starred item for governance	To note
Fire		
Following an upgrade to the University network, concerns have been raised regarding the ability of the refuge communications systems in Elvyn Richards, John Phillips, Hazlerig and Rutland and Robert Bakewell to communicate with the Security Gate House. The fire systems are within the law as the alarm is		To note the risk and on going action

<p>raised within the building concerned. However, no notifications are transmitted outside of the building involved.</p> <p>The same problem also applies to the emergency pull cords in accessible rooms.</p> <p>Discussions are ongoing with UPP regarding the standard to which alarm systems should adhere.</p>		
<p>The Towers Hall of residence has been registered under the Building Safety Act 2022</p>		<p>To note the completion of this action</p>
<p>Building safety report as required by the Building Safety Act is currently being written and is due for submission on the 30th September</p>		
<p>The fire policy has also been updated to reflect the accountable people previously agreed</p>		
<p>Chaplaincy</p>		
<p>Jan Sutton, Head of Chaplaincy has indicated that she will be retiring at the end of August. This marks the end of an era. Jan will be missed. The search for a successor will start shortly</p>		



Snow and Ice Clearance Policy

Origin: Robyn Reeve

Action Required:

To note the new Snow and Ice Clearance Policy (SNIC) and ensure that the need for personal responsibility is communicated to staff and students.

Executive Summary

Following slips on snow and ice a new snow and ice clearance policy has been drafted to improve clearance during adverse weather. Staff and students are expected to take personal responsibility and reasonable action to avoid falls on snow and ice. The grounds and gardens team will manage the deployment of grit and snow clearance operating during normal working hours with an on-call procedure allowing for limited gritting on evenings and weekends.

Other Committees Consulted

None

Equality Diversity and Inclusion Considerations

N/A

Snow and Ice Clearance Policy

Responsibilities

Between November and March, the campus is at risk of snow and ice.

Estates & Facilities Management (EFM) Grounds and Gardens team will do their best to ensure that the main vehicle and pedestrian routes are made safe. The sports grounds and gardens managers will be responsible for:

- Monitoring weather conditions and forecasts.
- Mobilising snow/ice clearance teams as required.
- Maintaining and enforcing the on-call snow/ice clearance rota.
- Ensuring adequate stock of grit.
- Identifying and purchasing suitable equipment for campus.
- Ensuring the maintenance of snow/ice clearance equipment.
- Ensuring that grit bins are appropriately located and filled regularly.
- Carrying out suitable and sufficient risk assessments for snow/ice clearance and equipment and ensuring that all grounds & gardens staff are appropriately trained.
- Monitoring the efficacy of snow and ice clearance through supervisory checks and carrying out service improvements as required.
- Communicating any risks or issues around snow and ice clearance to the property office for tenants to be informed.

EFM - Domestic and Residential Services are responsible for the clearance of footpaths in the student village.

School/Professional Service/Imago Building managers are responsible for reporting unsafe conditions via the reporting process below. They are also responsible for ensuring that localised areas within their control are gritted to make access/egress safe and that internal floors are free from snow, water or other hazards.

All staff and other Campus Users (students, visitors, contractors and member of the public) have a duty of care for themselves and others and during periods of snow and/or ice it is expected that they will take reasonable precautions to prevent accidents, incidents or near misses. This includes:

- Wearing suitable warm clothing
- Wearing appropriate footwear with good grip and adequate support.
- Ensure that vehicles are in a safe, roadworthy condition with adequate tyres for the conditions.
- Taking additional precautions when driving, cycling, or walking across campus e.g. going at a slower pace, or dismount and walk and avoiding very icy areas/sticking to gritted areas
- Making use of grit bins to grit building entrances and pathways.
- Only walking on designated footpaths which have been treated.
- Avoid parking in or walking on high-risk areas.
- Avoid manual handling activities while moving around campus in icy weather.
- Reporting any snow/ice clearance requirements to the EFM Helpdesk immediately.
- Reporting any slip, trip or fall hazards, near misses, accidents and incidents via Evotix.

During snow/ice there is a risk of slipping, tripping, or falling in internal areas due to wet flooring. Building users should monitor the floor and carry out additional mopping or use additional matting. Where necessary domestic services should be contacted to ensure that the area is made safe.

Snow and ice clearance outside of the campus is not the responsibility of the University and staff, students, tenants and visitors are advised to take care when commuting to/from campus.

Priorities

Due to the size of the campus, it is not possible to grit all areas, and pedestrians should ensure that they only use gritted pathways. Secondary paths will not be gritted, and pedestrians should use the main pathways during snow/ice.

The campus has been divided into 5 areas which will be gritted by different teams. Within these areas gritting will be prioritised based on risk, which will impact the response times for gritting. A detailed map of these areas can be found in Appendix A.

1. Main roads the main campus road from East to West entrances will be followed by Towers Way and East Park Link Road and Margaret Key Road (Large Tractor with Gritter)
2. Main paths, the main campus path from East to West entrances will be followed by Towers Way and East Park Link Road and Margaret Key Road (Smaller Tractor with Gritter)
3. Main car parks (where access is possible) (Gator Mounted gritters (x2))
4. Steps & Path Inclines (Hand spreading)
5. Remaining paths & car parks
6. Responses to phone calls
7. Any remaining areas

The entrances to buildings are the building-user's responsibility and they should ensure that these are kept clear from snow/ice so that safe access can be maintained.

The team will endeavour to grit all main roads and pathways by 12 noon on weekdays.

Equipment

All equipment will be maintained as per the manufacturer's instructions.

All equipment will have a visual inspection and thorough test in October and any faulty equipment will be repaired/replaced.

Where suitable roads and carparks will be gritted using vehicle-mounted spreaders.

Areas that are inaccessible with the vehicle-mounted spreaders will be treated with manual walk-behind spreaders.

Where it is not possible to use manual walk-behind spreaders grit will be spread by hand.

Grit bins will be located throughout the campus, locations can be found on Appendix A. Grit bins will be filled regularly throughout the winter by the grounds & gardens teams.

All equipment should be thoroughly cleaned between each period of snow/ice to prevent deterioration.

Gritting Procedure

Weather conditions will be monitored throughout the winter months by the sports grounds or gardens manager.

The Met Office Website will be used to monitor the local forecast at 12:00 each day to determine whether snowy/icy conditions are expected the following day.

When the temperature is expected to drop below 0°C or snow is forecast they issue instructions to the sports grounds and gardens teams to cease their normal activities as soon as it is safe to do so.

All staff will commence gritting as soon as possible and report back to management once it has been completed.

The out-of-hours team will be informed of any remaining areas e.g. carparks which are to be gritted outside of normal working hours.

Security will be informed of the out-of-hours rota.

Should further gritting be required outside of normal working hours security will follow the on-call procedure.

At 8am when grounds & gardens staff arrive on site, they will assess footpaths and carparks and carry out further gritting as required.

Snow Clearance

Where there is heavy snowfall and grit has been ineffective and there is more than 5cm snow on the ground the team will be instructed to carry out snow clearance.

A snow plough will be used to clear snow from the main University Road.

The main University footpath will be cleared by hand using shovels.

Limitations

The department will do their utmost to make campus as safe as possible in snowy or icy conditions, however there are limitations to the effectiveness of grit so they cannot guarantee safe pedestrian or vehicle routes. This is because:

- Grit takes time to become effective and requires vehicle/footfall to work into the snow.
- Grit will not work in severe cold weather (below -8 °C).
- Gritting cannot be carried out when it is raining so pre-emptive gritting can only take place when there is no rain forecast.
- When it is snowing heavily and incessantly gritting has little or no impact.
- It is not possible to grit carparks when vehicles are parked.
- Salt is damaging to certain surface materials e.g. resin bonded pathways and specialist grit is required.
- Salt is damaging to the natural environment and cannot be spread close to grass and other habitats.

In the event of exceptionally severe snow/ice it will be up to the Senior Management Team to issue warnings, guidance and/or determine whether the campus needs to close for normal operations. Communications should be distributed to staff, students and tenants warning them of adverse weather conditions and any precautions they are expected to take in addition to this policy.

Whilst an out-of-hours call out rota is in place for snow and ice clearance it is only possible for the main campus roads to be gritted outside of working hours. Therefore, if conditions occur between 16:00 and 08:00 or over weekends full snow/ice clearance cannot take place until the next working day.

Reporting and Escalation Procedures

Where there is an unforeseeable change in weather conditions or there are high-risk hazardous areas during the working week (Monday-Friday 08:00 to 16:00) this must be reported immediately via the Estates and Facilities Management Helpdesk on:

01509 222121

Requests for snow/ice clearance and gritting **must not** be raised via Archibus.

Outside of working hours, including weekends, where pre-emptive gritting has not been possible any snow/ice should be reported to security on:

01509 222141

Accidents, incidents and near misses because of snow/ice must be reported immediately at:

[Assure - Portal \(sheasure.net\)](https://sheasure.net)

This includes any slips, trips, falls whether they result in injury or not, traffic incidents, damage to property and situations that could result accident or injury. You should provide as much detail as possible including the exact location, description of the incident, names of any witnesses and take photographs where it is safe and appropriate to do so.

If there are problems with the snow/ice clearance or the policy has not been followed you should contact the Sports Grounds Manager, Will Relf on:

01509 210954

07971 636136

Or the Gardens Manager, Kaz Setchell on:

01509 222107

07971 636075

Where conditions are severe the grounds or gardens management team may declare areas of the campus to be unsafe. In this instance they will escalate to the Director of Estates and Facilities Management, Graham Howard, and the Chief Operating Officer, Richard Taylor, for emergency procedures to be enacted.

Health, Safety and Environment Committee



Loughborough
University

HSE Committee – Committee Effectiveness

Origin: Secretary

Action Required:

Consider the results of a survey of members views on the effectiveness of HSE Committee.

Executive Summary

Following a request by Governance and Nominations Committee, HSE Committee agreed (M22/42.2) to carry out a survey of members' views on HSE Committee's effectiveness. An online survey was carried out in late April 2023, and a summary of responses is provided below.

Other Committees Consulted

N/A

Equality Diversity and Inclusion Considerations

EDI question included in survey.

Summary of Survey Responses

Ten responses were received out of a possible 15 responses.

Committee's Purpose

All respondents considered the Committee's purpose clear. One member commented that the Committee was very clear on the health and safety strands but that it may need to review its environment focus given the University's ambitions to be carbon net neutral. They posed the question: *'What value does the Committee add to ensuring the University is doing the right things in terms of the environment and sustainability, and how do all those things link together?'*

Focus of the Agenda

Most respondents (9) believed that the Committee was considering the right items in order to fulfil its purpose. One member felt that the agenda should focus more on risks and the management of them, rather than lengthy reports updating on whole service areas.

Agenda Papers

Most respondents (7) found the agenda papers easy to work with. The same number considered that the papers provided the right information, in a usable format, and helped them to understand what was expected of them at the meeting. One member welcomed the use of Board Intelligence for handling the paper pack.

Four members considered that the agenda papers were too long. Five were critical of the number of papers being considered at each meeting. They highlighted difficulty in navigating the meeting pack and the risk of issues getting lost as members did not have time to read all of the papers. Suggestions for improvements included an executive summary for each paper with a clearly identified purpose and suggested actions.

Four respondents felt that improvements could be made around the communication of decisions. Some felt that more work was needed on cascading and communicating outside core Committee members, particularly to communicate decisions to other parts of the University, partners and tenants where they might also be impacted. Another suggested the circulation of a bulletin of decisions after each meeting and separating them from the broader minutes.

Meetings

Most respondents (9) considered that the meetings were good use of their time. All considered that meetings enabled active discussion and that they allowed an appropriately diverse range of viewpoints to be heard. One member noted that a very full agenda resulted in less time for discussion of individual agenda items such as the presentations which, themselves, raised a number of potential items for discussion.

A member proposed that all of the Committee's meetings should be in person to provide members with the opportunity to interact. The Committee currently meets in person once a year and meets via Microsoft Teams twice a year.

EDI Objectives

Members suggested the following ways to enable the Committee to support the University's EDI objectives:

- Make members aware of the Committee's current practice in relation to the University's EDI objectives and how this aligns to the new strategy led by the PVC(EDI).
- Ensure EDI impact assessment exercises are completed for major policy changes.
- Regularly review membership to ensure parity of gender, ethnicity and protected characteristic.
- Review whether individual members can be representative of minority characteristics, and not just representative of Departments and Schools.
- Ensure that the paper template is inclusive, egs. whether screen readers can be used, and whether the paper colour or font size can be changed.
- Provide an option for members to talk through the papers with someone if the paperwork is a barrier.
- Ensure that members are given time by their line managers to read the paperwork.

General Points

The responses included some from new committee members who felt ill-equipped to respond to some of the questions and who were challenged by the size of the committee pack. One appreciated the various presentations at meetings.

One respondent commented on the format of the survey. A number of questions only permitted a 'Yes/No' answer and did not allow members to convey that their answer applied for only some of the time.

One member proposed that the Committee's membership be reviewed to ensure that it does not include individuals who do not need to be there.

Survey Questions

1. Is the Committee's purpose clear? Y/N
2. Is the Committee considering the right items to fulfil this purpose? Y/N
3. *Opportunity to expand on answers to 1.and 2.*
4. Do you find the papers easy to work with? Y/N
5. Do the papers provide the right information in a usable format, and help you to understand what is expected of you at the meeting? Y/N
6. Are there any improvements the Committee can make around communication of decision? Y/N
7. *Opportunity to expand on answers to 4.,5. And 6.*
8. Is there anything more that can be done to enable the Committee to support the University's EDI objectives? Y/N
9. Are the meetings good use of your time? Y/N
10. Do they enable active discussion? Y/N
11. Do they allow an appropriately diverse range of viewpoints to be heard? Y/N
12. Do you have any suggestions for improvements regarding the practical arrangements for meetings? Y/N
13. Feel free to add any further comments about the meetings generally.

Sustainability Management Risk Report

Origin: Robyn

Action Required:

To note the risks.

Executive Summary

A summary of sustainability risks including adverse weather, environmental management, league tables and Control of Substances Hazardous to Health (COSHH).

Other Committees Consulted

N/A

Equality Diversity and Inclusion Considerations

N/A

Paper Details

Issue / subject area	Statement of the status of the risk	Concerns, actions required or point to note
Snow and Ice	Following slips on ice in December 2022 a revised SNIC policy has been implemented	Committee to note the revised policy and that the Health and Safety Service will communicate the need for personal responsibility from staff and students in adverse weather conditions.
Environmental auditing	The system audit usually completed in March 2023 could not be carried out due to supplier commitments, negotiations are in place with NTU to carry out audits of each other's EMS systems	Lack of time between system audit being completed and ISO140001 accreditation audit could limit time to address any recommendations.
Unidentified chemicals	Several unidentified chemicals have been found in plant rooms across	Contractor to attend site in May 2023 to assist with

	campus posing an environmental risk should they be spilled/transported.	identification and removal of the chemicals.
Environmental Management System	The EMS legislative risk register has not been reviewed since August 2022	The register may be out of date so the EMS would not manage risk arising from new or amended legislation. Environmental Manager will focus on this from May-June 2023 ahead of the ISO140001 audit in September.
League table performance	Performance in sustainability league tables is poor as this has only recently become a priority for the University. Marginal improvements were made ahead of 2022 league tables but the impact of this was limited. To make the required process requires a cross-university working group to ensure that all stakeholders are working to improve the results as many elements sit beyond the control of the sustainability team.	Honours Committee are reviewing this.
Artificial grass	Following criticisms via social media it was suggested that we replace astroturf outside of Stem Lab however this still has 19 years of life left (25 years following installation in 2017) and is non-recyclable	Disposing of the existing artificial turf and replacing with natural grass will cause further damage to the environment as the waste would end in landfill, this would also impact the School's use of the land on open days. Utilisation of social media to criticise operations should be deterred, as this impacts the reputation of the University and its sustainability efforts. The team are open to discussions so that staff are provided with the full facts. Social media criticisms are demoralising to the team who take a lot of pride in their work and contributions to biodiversity.



Incident, Near Miss and Fire Data

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

Action Required:

To note analysis

Executive Summary

This paper is an analysis of incidents and near misses. The Health, Safety and Wellbeing Service use this data to target activity.

Other Committees Consulted

None

Equality Diversity and Inclusion Considerations

None

Incident, Near Miss and Fire Data

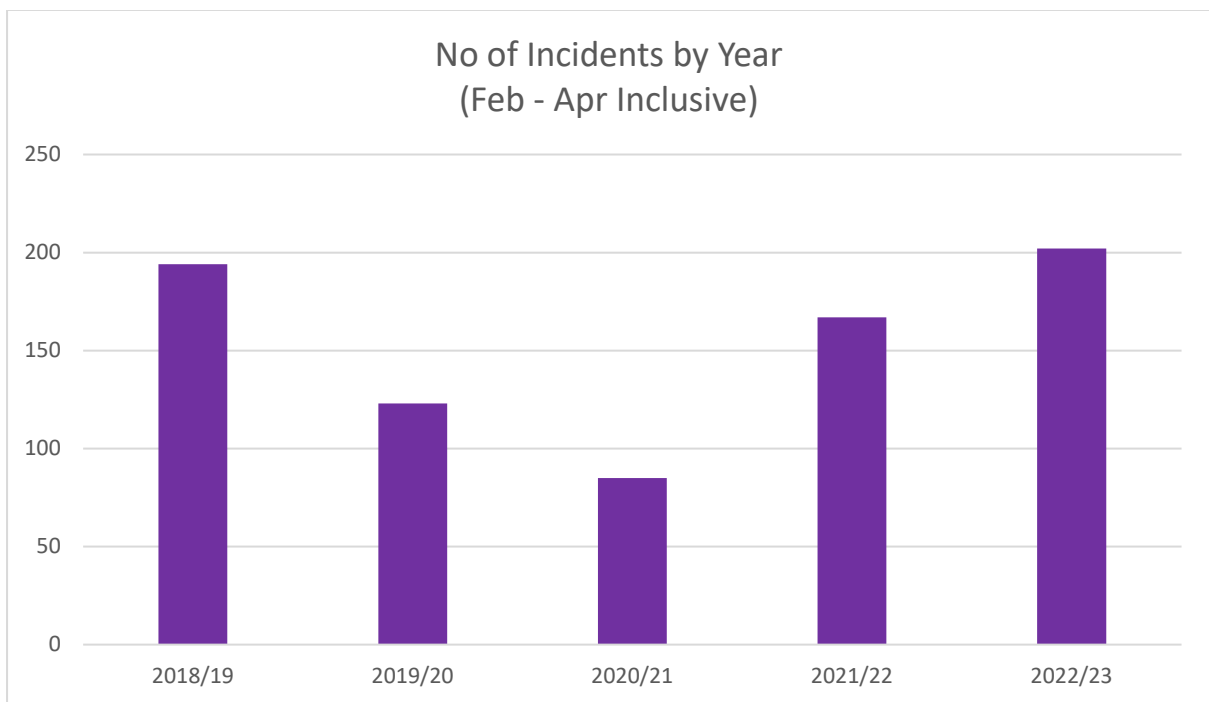
Serious Incidents

There were 2 RIDDOR reportable incidents in the reporting period.

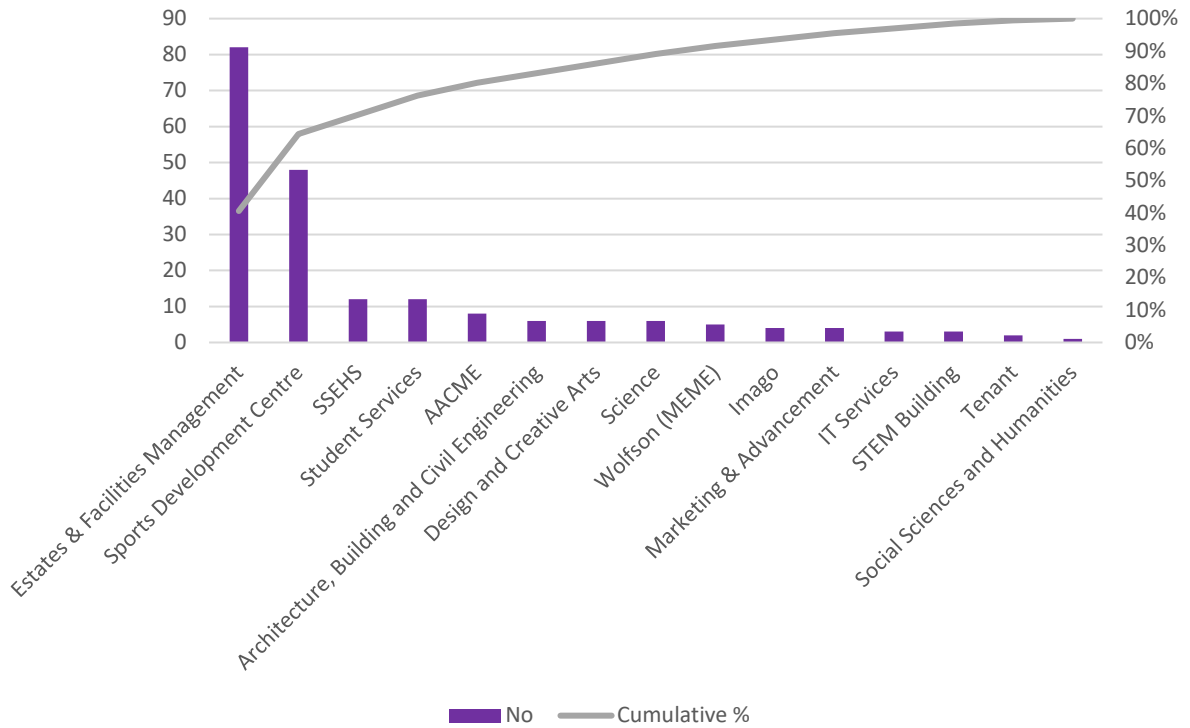
HSE Ref	Date	Org Unit	Accident Type	Type of RIDDOR	Summary
1319FBDB1	13/02/2023	Chemistry	Handling (Cuts)	Injury to non-worker taken directly to hospital for treatment	Student was cutting glass slides using a glass cutter. Student tried to snap the middle of the slide and it slipped out of his hand and cut his knuckles.
8E14BA817D	07/02/2023	Catering & Retail	Lifting or Carrying (Sprain)	7 Day Work Related Incapacitation Injury	While lifting a gastro tin which had food in Mohammed felt a pop in his left wrist, which left to a slight swelling to his left wrist, and couldn't close his left hand

There were no Incident Review Panels.

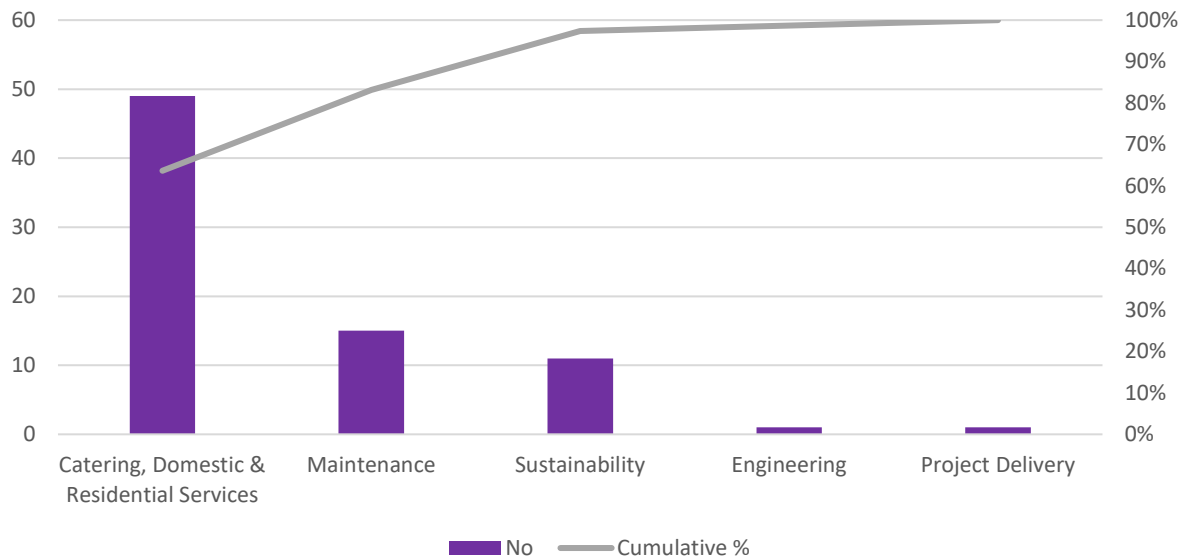
Incident Data and Graphs (excluding Fire Alarm Incidents)



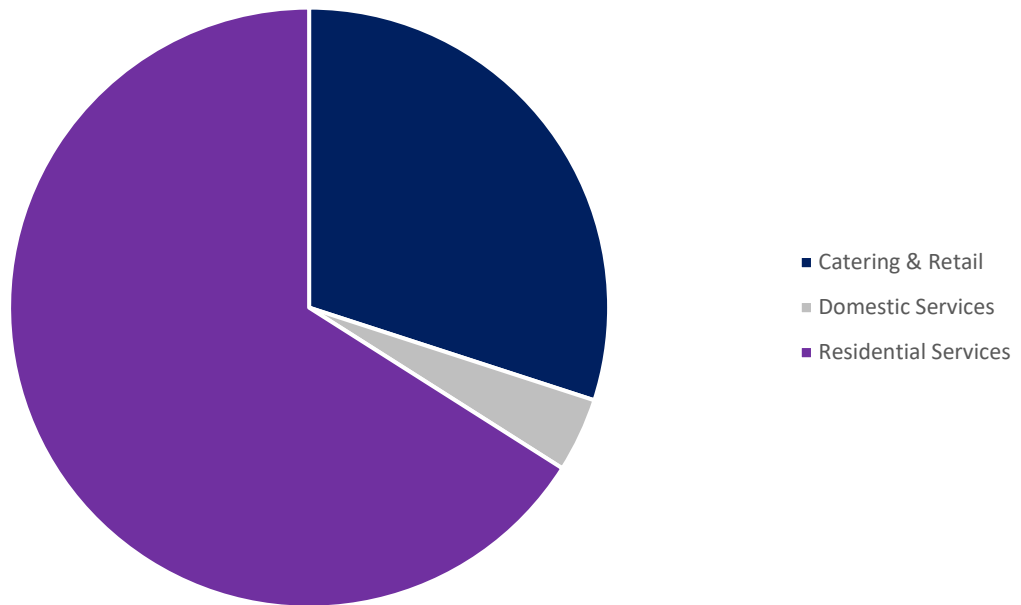
Pareto Analysis of Incidents by School or Department Feb - Apr 2023 (Inclusive)



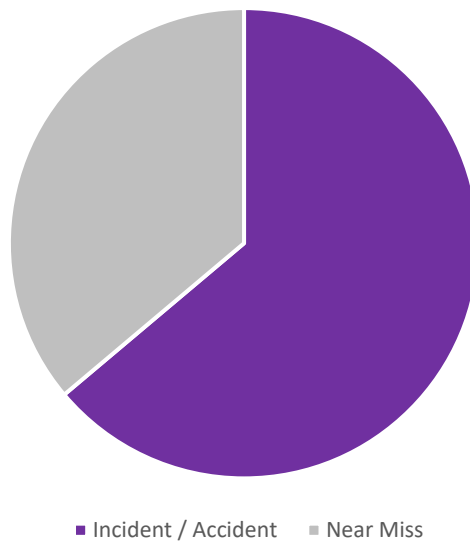
Pareto Breakdown of EFM Incidents Feb - Apr 2023 (Inclusive)



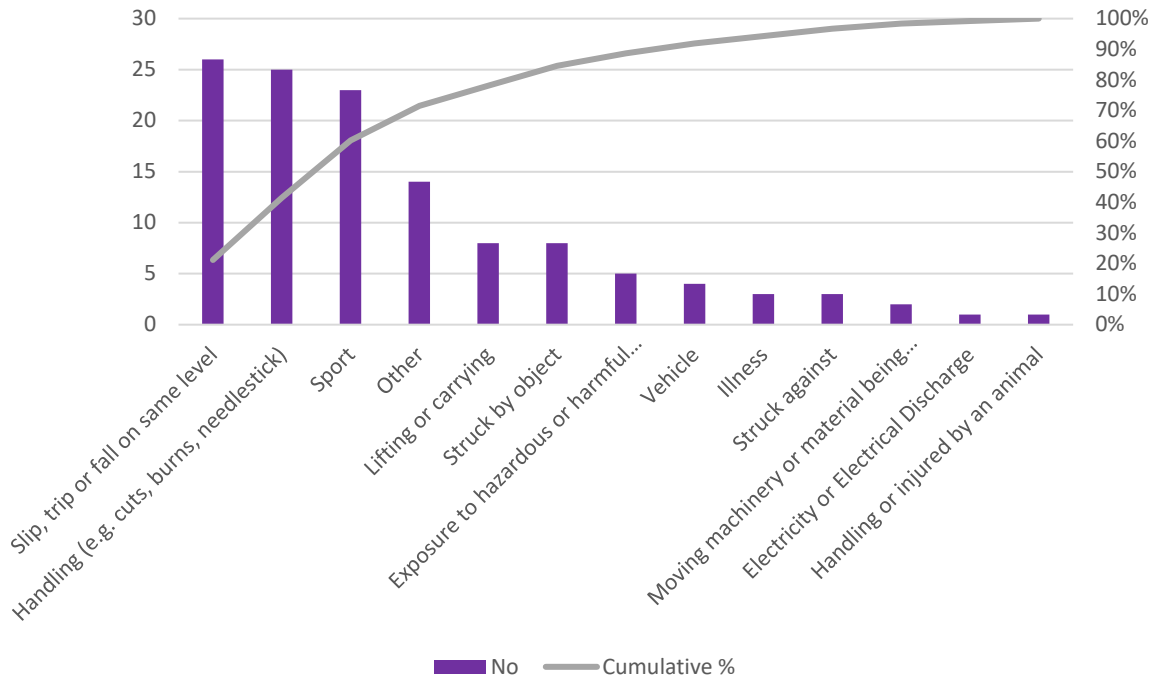
Breakdown of Incidents in Catering, Domestic and Residential Services (Feb-Apr Inclusive)



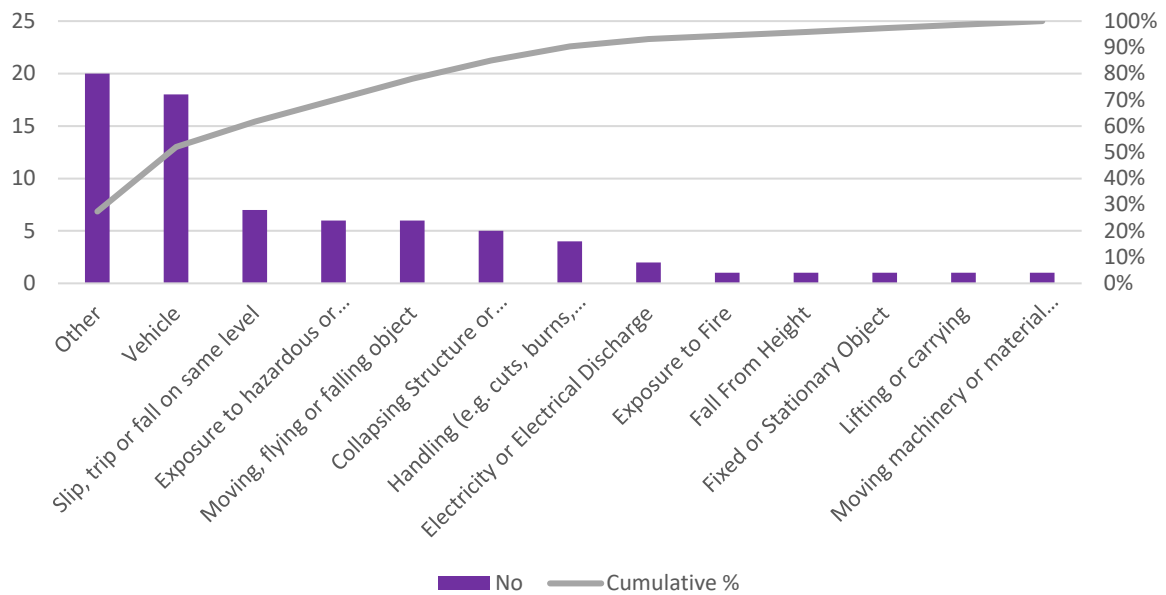
Profile of Incident Types - Near Miss v Accident (Feb-Apr Inclusive)



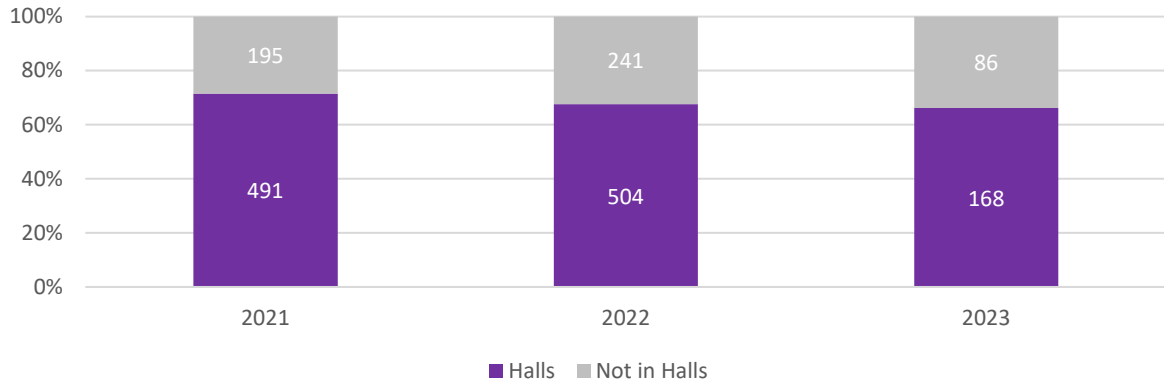
Pareto Analysis of Incidents and Accidents (Feb-Apr Inclusive)



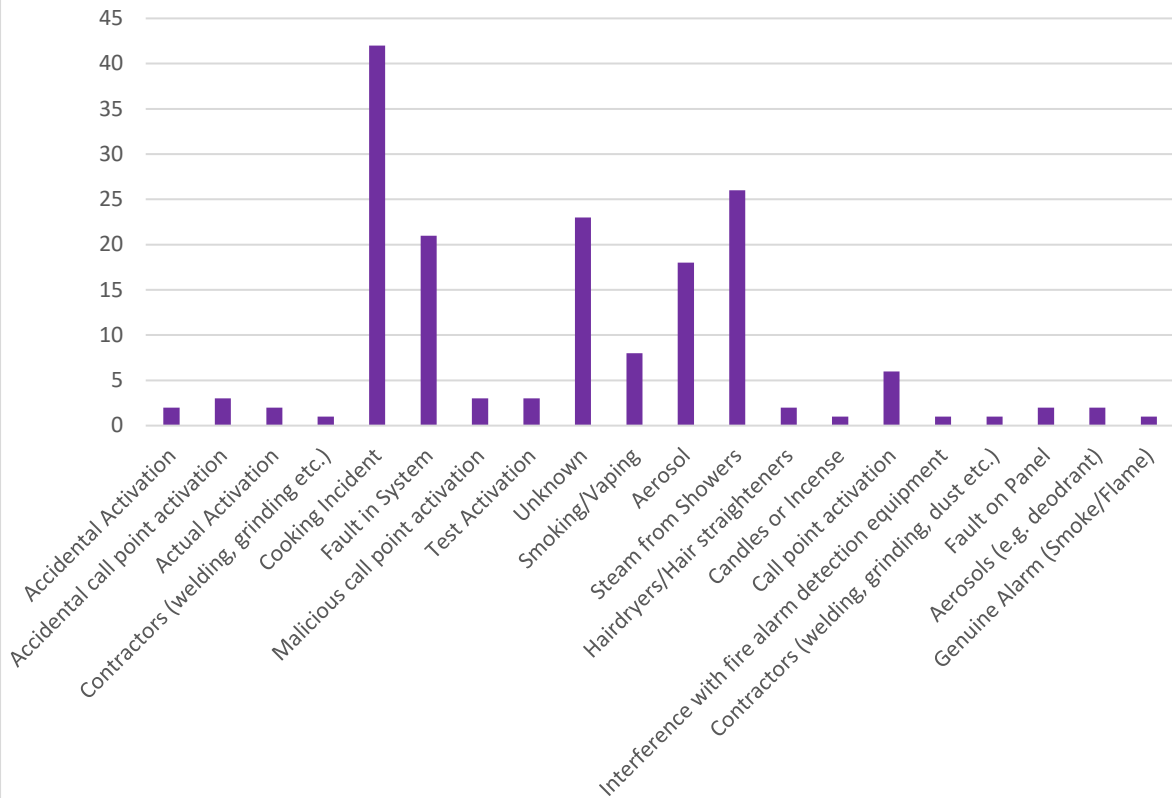
Pareto Analysis of Near Misses (Feb-Apr Inclusive)



Split of Fire Alarm Activations in Halls and Non-Halls by Year (Full 2021,2022, Jan-Apr 2023 Inclusive)



Fire Alarm Causes in Halls, 2023



Fire Alarm Causes in Non Halls 2023

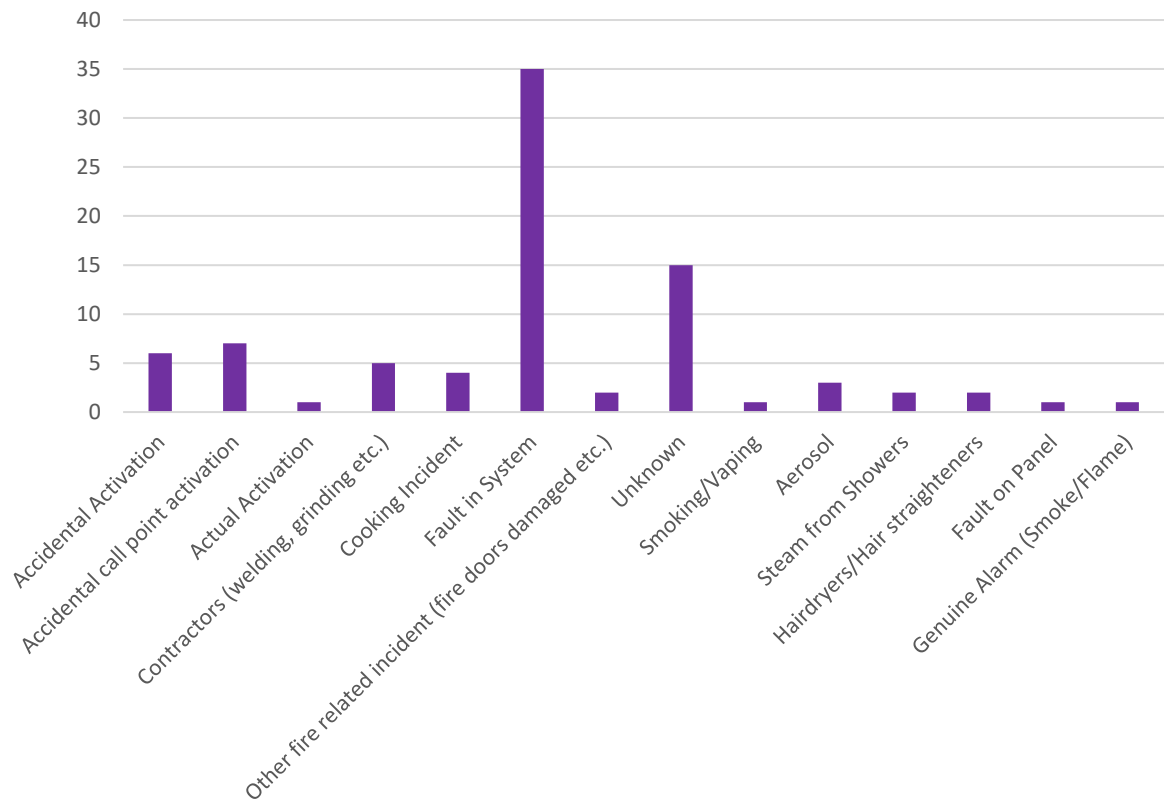
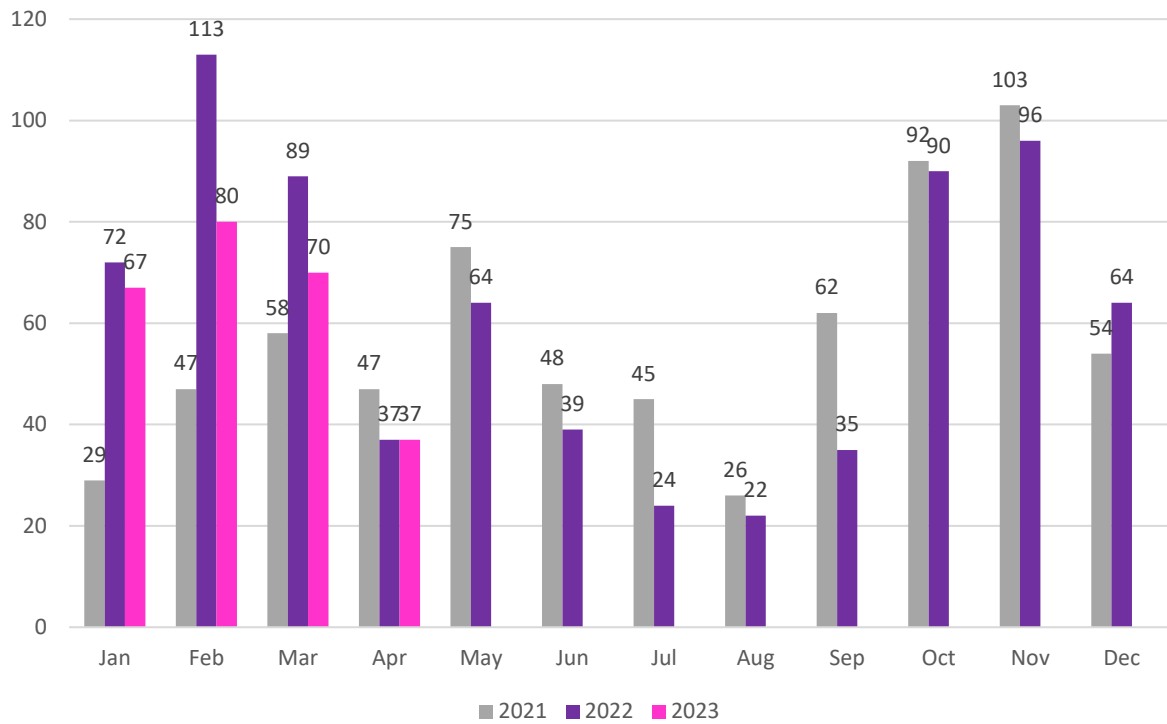
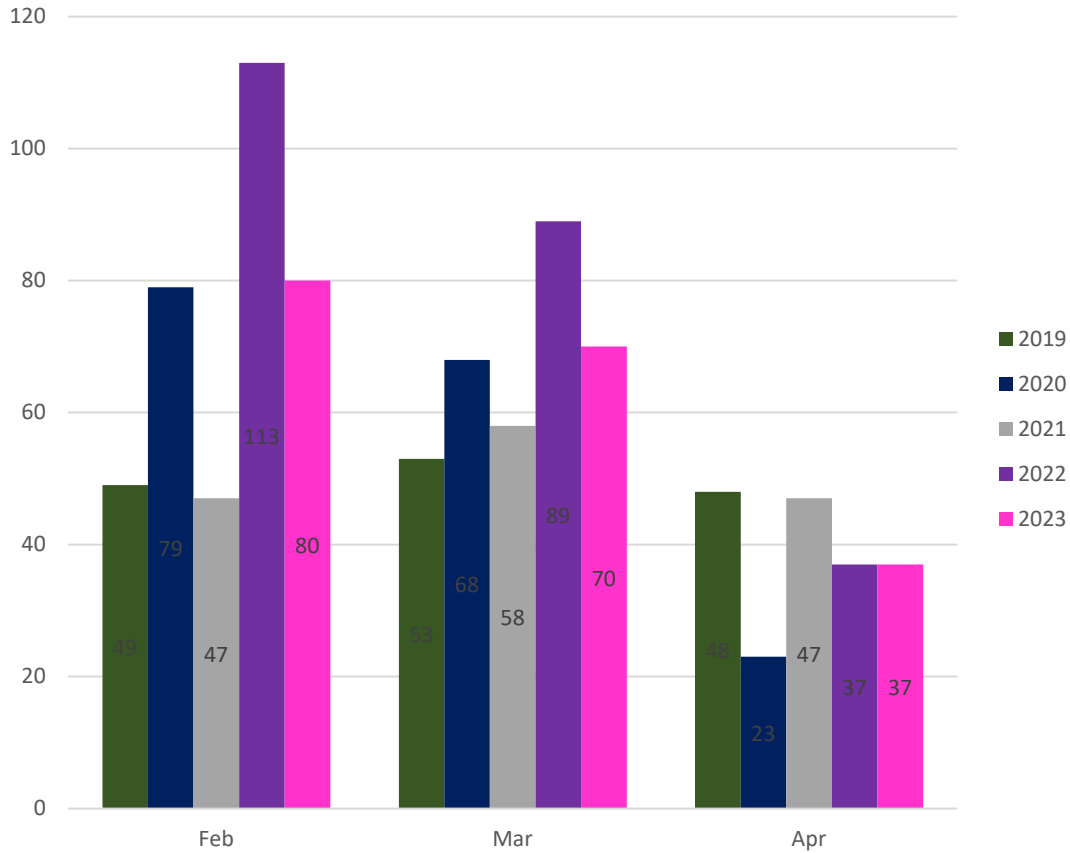


Chart to compare monthly fire alarms in 2021, 2022 and 2023 by month



Analysis of Fire Alarms for the reporting period, last 5 years



Pareto Analysis of Fire Alarms in LU Halls in the Reporting Period

