



AGENDA

SAF21-A2

Notice of meeting

The next meeting of the Health, Safety and Environment Committee will take place at 2.00pm on Wednesday 26 May 2021 and will be conducted remotely via Microsoft Teams.

M Ashby, Secretary

1 Apologies for Absence

2 Business of the Agenda

To give notice of intention to speak to any starred items which otherwise will be taken without discussion. Any member wishing to speak to a starred item is asked to give notice to the Secretary by midday on Tuesday 25 May.

3 Minutes

SAF21-M1

To confirm the minutes of the meeting held on 3 February 2021.

4 Matters Arising from Previous Meetings

SAF21-P29

To NOTE actions arising from the Minutes.

SECTION A – Items for Discussion

5 Health, Safety and Environment Update: School of Architecture, Building and Civil Engineering

SAF21-P30

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

6 Report from the Director of Health, Safety and Wellbeing

SAF21-P31

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

7 Coronavirus Response

SAF21-P32, SAF21-P33

7.1 To RECEIVE an update on the University's Coronavirus response;

7.2 To RECEIVE an update on Covid 19 testing on campus and ENDORSE current resting provision.

8 Statutory Compliance Key Performance Indicators

SAF21-P34, SAF21-P35

To RECEIVE updates in relation to statutory compliance key performance indicators:

- (i) Health, Safety and Environment Statutory Compliance Sub-Committee Report;
- (ii) Ionising/Non-Ionising Radiation, Chemical, Biological/GM and HTA KPIs.

9 Radiation Protection Update

SAF21-P36

9.1 To NOTE and ENDORSE radiological non-compliances and associate recommendations;

9.2 To NOTE an update on decommissioning and permit requirements;

9.3 To NOTE an update on HSE changes to registrations/consent under IRR17.

10 Chemical and Biological Safety Update

SAF21-P37

To CONSIDER proposed changes to the human participation work health and safety element.

11 Fire Safety Update

SAF21-P38

11.1 To RECEIVE a fire safety update;

11.2 To CONSIDER proposed criteria to determine appropriate standards to apply in the event of a significant refurbishment;

11.3 To CONFIRM a commitment to the current Fire Risk Assessment review period for accommodation and to CONSIDER a proposed wider position on University Fire Risk Assessments review periods;

11.4 To NOTE agreed actions that have moved the fire compliance KPI from red to amber.

12 Occupational Health and Wellbeing Service Annual Report

SAF21-P39

To RECEIVE the annual report of the Occupational Health and Wellbeing Service.

13 Sustainability Annual Report

SAF21-P40

To RECEIVE the Sustainability Annual Report

14 Future Business

SAF21-P41

To CONSIDER proposed items of business for future meetings

15 Committee Effectiveness

SAF21-P42

To CONSIDER the effectiveness of the Committee.

SECTION B – Starred Items for Approval

***16 Fire Safety Policy**

SAF21-P43

To APPROVE a revised version of the existing University Fire Policy.

***17 Safeguarding Policy**

SAF21-P44

On the advice of the Director of Student Services, to APPROVE proposed changes to the Safeguarding Policy.

***18 Reports to Health, Safety and Environment Committee**

To RECEIVE the following reports:

- (i) **SAF21-P45**
Environmental Compliance Report
- (ii) **SAF21-P46**
Accident Data Report
- (iii) **SAF21-P47**
Annual Report of Ethics Review Sub-Committee for 2020/21

***19 Minutes**

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

- (i) **SAF21-P48**
GM/Biosafety Committee (24th March 2021)
- (ii) **SAF21-P49**
Health Safety Environment Statutory Sub-Committee (22nd April 2021))
- (iii) **SAF21-P50**
Non-Ionising Radiation Committee (25th March 2021)
- (iv) **SAF21-P51**
Radiological Protection Sub-Committee (18th May 2021)

SECTION C – Items for Information

20 Any Other Business

21 Valediction

***22 Dates of Meetings in 2021/22**

Wednesday 6 October 2021 at 2.00pm

Wednesday 2 February 2022 at 2.00pm

Wednesday 25 May 2022 at 2.00pm

Author – M Ashby
May 2021

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Minutes

SAF21-M1

Minutes of the Health, Safety and Environment Committee held on Wednesday 3 February 2021

Attendance

Members:

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

In attendance:

M Ashby (Secretary), Julie Turner (for M21/7, 9 and 10), Sarah Van-Zoelen (for M21/11).

21/1 Minutes

SAF20-M2, SAF20-M3

- 1.1 The Committee NOTED that the meeting scheduled for 20 October 2020 had been cancelled to allow members to concentrate on the University's response to the Covid 19 pandemic. Routine business which would have been raised at that meeting had been considered via circulation and is summarised in M21/14 below.
- 1.2 The minutes of the meetings held on 3 June and 15 September 2020 had been approved via circulation in October 2020.

21/2 Matters Arising from Previous Meetings

SAF21-P1

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

21/3 Constitution, Terms of Reference and Membership for 2020/21

SAF21-P2

The Committee APPROVED its Constitution, Terms of Reference and Membership for 2020/21 subject to the reference to the 'Health, Safety and Risk Manager' being changed to the 'Director of Health, Safety and Wellbeing'. **ACTION: Secretary**

21/4 Report from the Director of Health, Safety and Wellbeing

SAF21-P3, SAF21-P28 (additional paper)

- 4.1 Members RECEIVED an update from the Director of Health, Safety and Wellbeing and NOTED a Notice of Contravention letter relating to the management of Legionella in Towers.

4.2 The following points were NOTED in particular:

- (i) Demand for support by the Occupational Health and Wellbeing Service had continued to grow since the last meeting and with it greater appreciation of the Service.
- (ii) A confirmed case of Legionnaires' disease in a hall of residence had led to the University receiving a Notice of Contravention. When notified of the case the University had moved swiftly to provide alternative accommodation for those affected and to disinfect the water system. A detailed internal investigation into the building's water system had been carried out. A wider review had also been instigated into the approach to buildings where temperature was used as the primary control measure. Lessons learnt would be applied across the University.
- (iii) The University's Fire Officer had left the University, and arrangements had been made for his responsibilities to be taken on by another member of staff. Work was under way to address compartmentalisation breaches.

21/5 Coronavirus Response

SAF21-P4

5.1 Members RECEIVED an update on the University's Covid 19 response.

5.2 The following points were NOTED in particular:

- (i) Lateral flow testing had been in operation on both campuses throughout the current academic year.
- (ii) The University had received very positive feedback following an audit of the Social Distancing and Coronavirus management arrangements by PwC.
- (iii) Approximately 25 per cent of students living on campus had returned to their halls. It was less clear how many students had returned to the Loughborough area, but it was estimated that up to 40 per cent of the student population had returned in total.

5.3 The Health and Safety Service was thanked for keeping the campus unions informed of developments throughout the pandemic and for responding constructively to their challenges. In turn, the unions were thanked for the way in which they had engaged positively with University colleagues during this time.

21/6 Health and Safety Annual Report

SAF21-P5

6.1 Members CONSIDERED the review of progress on the Health and Safety Service Plan for 2019/20 and the programme of work for 2020/21.

6.2 The following points were NOTED in particular:

- (i) The Health, Safety and Wellbeing Service had redirected a significant proportion of its resources to support the University in the issues arising from the Covid-19 pandemic. Occupational Health had seen a rapid growth in referrals, and a number of tools and resources had been deployed to support staff wellbeing.
- (ii) The contractor induction management process had been moved online. Contractors now needed to complete the process prior to arrival. This was part of a much wider review which had taken full advantage of available technology.
- (iii) Overall accident numbers had been relatively low in 2020 due to the small number of people working and studying on campus. However, there had been ten RIDDOR accidents, an increase on the previous reporting period. Most of these were slips, trips or falls. There was no obvious explanation for the increase.

6.3 The Health and Safety Service was commended for the action that it had taken during the pandemic to minimise risk on campus. Their approach had been adopted by a number of other institutions across the UK, and they had been seen as a sector leader because of their approach.

21/7 Statutory Compliance Key Performance Indicators

SAF21-P6, SAF21-P7

- 7.1 The Committee RECEIVED the following:
- (i) a report on statutory compliance key performance indicators from the Health, Safety and Environment Statutory Compliance Sub-Committee.
 - (ii) an update on ionising/non-ionising radiation, chemical, biological/GM and HTA KPIs.
- 7.2 Members noted that the Fire DAP area had been categorised as Red using a Red-Amber-Green rating system. However, it may be recategorised as Amber in the near future as the issue was under control. In this case, Red signified that significant issues had been identified and management programmes were being put into place. There is no risk to life due to effective detection, alarm and evacuation processes.
- 7.3 Some other areas had been given an Amber rating. The Committee noted that actions had been identified to mitigate the issues raised and therefore understood that they were manageable.

21/8 Health, Safety and Environment Risk Rating

SAF21-P8

- 8.1 The Committee CONSIDERED a recommendation that the University's Health, Safety and Environment overall risk rating should remain at Amber.
- 8.2 In February 2020 the Committee had rated the University's risk as Amber due to the need for remedial work to be carried out to ensure compliance with HTA requirements. Considerable work had been undertaken since then to ensure that the risk was mitigated and, as a result, the matter had been resolved. However, there remained risks associated with the Covid 19 pandemic, Legionella and fire compartmentalisation which meant that the risk rating could not be reduced from Amber at this stage. Measures were in place to mitigate these risks, and all three areas were being monitored on a regular basis.
- 8.3 The Committee AGREED to recommend the Amber risk rating to Senate and Council.
ACTION: Secretary

21/9 Human Tissue Authority Compliance

SAF21-P9

The Committee RECEIVED an update on compliance with Human Tissue Authority requirements. It noted, in particular, that the School of Sport, Exercise and Health Sciences had made significant improvements to ensure compliance with HTA requirements. The Committee thanked the School for the considerable work undertaken to ensure compliance and acknowledged the School's commitment to continuing this work. **ACTION: SSEHS Operations Manager to convey thanks**

21/10 Annual Radiation Protection Report

SAF21-P10

- 10.1 The Committee ENDORSED the 2020 Annual Report of the Radiation Protection Officer and RECOMMENDED it for submission to Council. **ACTION: Secretary**
- 10.2 Members noted that the University would in future be required to report to the Office for Nuclear Regulations for nuclear material, rather than the European Commission under Euratom, following the introduction of new Nuclear Safeguards legislation in January 2021.

21/11 Health and Wellbeing

SAF21-P11

- 11.1 The Committee RECEIVED an update on health and wellbeing plans and progress from the Occupational Health and Wellbeing Manager.
- 11.2 The following points were NOTED in particular:
- (i) The Occupational Health and Wellbeing Service had carried out flu vaccinations in November 2020 following relocation of the Service to more suitable facilities. The Committee was supportive of the Service offering targeted flu vaccinations in 2021 noting that 'at risk' staff were likely to be offered vaccinations by the NHS. **ACTION: Occupational Health and Wellbeing Manager**
 - (ii) The Service had received initial approval for software implementation by the IT Portfolio Board with some restrictions and changed its Occupational Health Physician provision.
 - (iii) Recent data had revealed increased use of the services provided by the Employee Assistance Programme (EAP). The University received an anonymised summary of use. Some 30 per cent of calls were work-related with the rest linked to other issues. The number of staff accessing the programme to seek help for mental health issues was above the national average. However, the EAP had been successful in significantly reducing the number of staff who went on to require support from the University's Counselling Service.
 - (iv) Two thirds of calls to the EAP were from academic staff. This was a new development. Academic staff did not normally engage with campus wellbeing services but were seen to be doing so increasingly during the pandemic. It was noted that returning to campus had helped some academic staff to overcome feelings of anxiety that they were experiencing. Some staff were publicly recommending the service to their colleagues.
 - (v) The Occupational Health and Wellbeing Service intended to focus on mental health over the next year in anticipation of a predicted increase in demand in the population as a whole, and in young people in particular.
- 11.3 The Occupational Health and Wellbeing Service was thanked for its wide-ranging support for staff during the pandemic and for remaining accessible to staff who continued to work on campus throughout the pandemic. It was also thanked for the part that it had played in facilitating the return to work of staff who had been experiencing difficulties during this time.

21/12 Loughborough University Climate Risk Assessment

SAF21-P12

- 12.1 The Committee RECEIVED a brief on the University's climate risk assessment and CONSIDERED a proposed approach for the assessment.
- 12.2 The following points were NOTED in particular:
- (i) A number of the listed risks were also noted in the recent FM strategy document.
 - (ii) The list of risks included the risk to passengers from high temperatures on public transport. This risk was particularly relevant to staff and students on the London campus. It would be noted as relevant to the University.
- 12.3 Members APPROVED the approach. The University Climate and Environment Task Group would provide the Committee with an update at its June 2021 meeting. The update would outline the five most significant risks faced by the University. It would note not only the current situation for each but also the direction of travel over a number of years using models for several decades in the future. **ACTION: Sustainability Manager**

21/13 Contractor Management Framework

SAF21-P13

- 13.1 The Committee CONSIDERED a revised Contractor Management Framework, following consideration of the proposed changes by the Health, Safety and Environment Statutory Compliance Sub-Committee and Estates Management Committee. The Contractor Management Framework formed part of the Contractor Management Policy which had been approved by the Committee via circulation in October 2020. The Health and Safety Service wished to update the Framework to incorporate steps being taken to improve engagement and management of contractors.
- 13.2 The Committee APPROVED the proposed changes to the Contractor Management Framework.

21/14 Business Considered via Circulation in October 2020

The Committee RATIFIED business considered by the Committee via circulation in October 2020. Papers circulated to members in October are available here:

[\\ws1.lboro.ac.uk\COMMITTEE-HSE\2020\OCTOBER 2020 PAPERS](https://ws1.lboro.ac.uk/COMMITTEE-HSE/2020/OCTOBER%202020%20PAPERS)

- (i) The minutes of the following HSE meetings were CONFIRMED:
- | | |
|----------|-------------------|
| SAF20-M2 | 3 June 2020 |
| SAF20-M3 | 15 September 2020 |
- (ii) The following were APPROVED subject to the correction of minor grammatical errors in the Permit to Work, and Risk Assessment & Safe Systems of Work policies:
- SAF21-P14*** **Contractor Management Policy** - New policy
- SAF21-P15*** **Permit to Work Policy** - New policy
- SAF21-P16*** **Risk Assessment & Safe Systems of Work Policy** - Revised version of existing policy
- SAF20-P52 **Environmental Policy** - 2020 version endorsed
- SAF20-P53 **HSESCSC Terms of Reference and Constitution**
- * Updated versions, following correction of minor grammatical errors after October circulation.*
- (iii) The following were RECEIVED/NOTED:
- SAF20-P54** **Work Plan for Climate Strategy Development**
Members were also asked to identify consultees to be approached and documents that may be relevant, especially in the inception and framing phase.
- SAF20-P55** **Matters Arising from Previous Meetings**
- SAF20-P56** **Report from the Director of Health, Safety and Wellbeing**
- SAF20-P57** **HSESCSC Meeting Report including:**
- Compliance Dashboard
- Minutes of HSESCSC meeting on 15th September 2020
- SAF20-P58** **Fire Door Non-compliance Update**
- SAF20-P59** **Employers & Public Liability Report**
- SAF20-P60** **Accident Data Report**

21/15 Terms of Reference and Composition of Sub-Committees for 2020/21

SAF21-P17

15.1 The Committee NOTED the terms of reference and composition of the following sub-committees:

Chemical Safety Committee
GM/Biosafety Committee
Non-Ionising Radiation Committee
Radiological Protection Sub-Committee
Sustainability and Social Responsibility Sub-Committee

15.2 The Committee APPROVED changes to the terms of reference and composition of the following sub-committee:

Health Safety Environment Statutory Compliance Sub-Committee

21/16 DSEAR Policy

SAF21-P18

On the advice of Chemical Safety Committee and Health, Safety and Environment Statutory Compliance Sub-Committee, the Committee APPROVED proposed changes to the DSEAR Policy.

21/17 Reports to Health, Safety and Environment Committee

The Committee RECEIVED the following reports:

- (i) **SAF21-P19**
Sustainability Manager Report
- (ii) **SAF21-P20**
Fire Officer's Report
- (iii) **SAF21-P21**
Accident Data Report
- (iv) **SAF21-P22**
Insurance Claims Report

21/18 Minutes of Sub-Committees

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

- (i) **SAF21-P23**
Chemical Safety Committee (16th December 2020 meeting - *in the form of agenda & action log*)
- (ii) **SAF21-P24**
GM/Biosafety Committee (30th July and 30th November 2020 meetings)
- (iii) **SAF21-P25**
Health, Safety and Environment Statutory Compliance Sub-Committee (14th January 2021)
- (iv) **SAF21-P26**
Radiological Protection Sub-Committee (23rd September 2020 and 13th January 2021)
- (v) **SAF21-P27**
Sustainability and Social Responsibility Sub-Committee (11th May and 6th October 2020)

21/19 Date of Remaining Meeting in 2020/21

Wednesday 26 May 2021

Health Safety and 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 status 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 October 2021 |
| 11. Success Criteria (KPIs) | None |
| 12. University Executive comment (required for Council papers only) | n/a |

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| |

Completed – will be removed

Not yet completed

| Meeting | Minute | Description | Action | Status |
|----------|----------|---|------------------------------|---|
| SAF19-M2 | 31.3 | Discuss with Procurement Team possibility of putting in place University-wide service contracts for lab equipment | SSDO | SSDO working with Procurement & Schools. Will be helped when new Biolab Network Manager in post. Jan 2021 update Post removed. Action on hold due to Covid priorities May 2021 update Still on hold |
| SAF19-M2 | 31.4 | Ask Biolab Network to identify which elements from report on the University's future biological infrastructure needs can be taken forward. | SSDO | Biolab Network to be set up once Biolab Network Manager is in post. Jan 2021 update Post removed. Action on hold due to Covid priorities May 2021 update On hold although collaborating with a similar project in the research office |
| SAF19-M2 | 32.3 | Integrate new process for delivering retention of items with value with the new Exit Policy | SSDO | Being progressed by SSDO and FM Projects Portfolio Manager. Jan 2021 update Policy was to be considered at Oct 2020 meeting but is on hold due to Covid priorities. May 2021 update On hold |
| SAF20-M1 | 3.2 (iv) | LSU presentation: Provide information comparing LSU incident rate with those of students' unions at other HEIs. | Director of Union Facilities | LSU has approached a small number of other students' unions to seek data for a comparison. However, those contacted do not currently collect this data. LSU to contact other students' unions after lockdown in order to provide this comparison May 2021 Update: On hold due to pandemic. LSU Director of Finance and OPS suggests HSE may wish to review this action or defer until student unions are operational. |
| SAF20-M1 | 4.3 | Identify triggers to use to provide consistent approach in blacklisting third-party accommodation providers where University cannot be assured of health and safety of its students | Head of Campus Services | June 2020 update: Planned meeting deferred due to Covid 19 outbreak Jan 2021 Update: HS Service looking at this afresh with FM OPS Manager following recent Legionella concerns. |

| Meeting | Minute | Description | Action | Status |
|----------|--------|---|------------------------|--|
| SAF20-M1 | 5.4 | Include data in incident reports to HSE to allow direct comparisons to be made between individual Schools and Professional Services | Head of HS | <p>Jan 2021 Update: The spreadsheets are now in place to deliver this information, but given the much lower numbers at present, the opportunity is being taken to error check the reporting. The reports will be in place for the June 2021 HSE meeting.</p> <p>May 2021 update There are concerns regarding the accuracy of the data used in this report. These challenges have also coincided with changes to the H&S Services administration team. A fresh look will be taken at this with a view to presenting it at the next HSE Committee meeting.</p> |
| SAF20-M1 | 7.2 | Task Group to report to HSE in October outlining magnitude of climate risks that have been identified | Sustainability Manager | <p>Feb 2021 update Update given to HSE.</p> <p>May 2021 update Ongoing work to identify key risks. A report will be brought to the October 21 meeting on the top 5 risks and associated recommendations.</p> |
| SAF20-M1 | 8.1 | Statutory Compliance KPIs: Set completion date for remedial F-Gas work | Sustainability Manager | <p>Jan 2021 update: Planned date for full compliance was March 2021. Not now possible to assess full compliance until Dec due to staff resource & contractor delays. However, new process and procedures will be established by March and an interim audit will have been undertaken to assess compliance against these for the months of Jan and Feb. Being monitored monthly against key KPI.</p> <p>May 2021 update: Monthly KPI assessments being raised with the contractor. New processes and procedures are still being finalised. Improvement in the number of assets which can be evidenced as serviced but the contractor is still not hitting KPI timescales. Work ongoing.</p> |
| | | | | |

| Meeting | Minute | Description | Action | Status |
|----------|------------|--|---------------------------------|--|
| SAF20-M2 | 30.2 (iii) | Fire Officer Report Imago Management Team to report fire safety deficiency findings to Imago Board and HSE in due course | Chief Executive of Imago Venues | Report received from Chief Executive of Imago Venues. Investigations have been completed and actions assigned. Rob Sparks and James Holt investigated. May 2021 update. This issue has prompted a wider discussion regarding inspection and maintenance of fire doors and equipment and the standards which should be used in refurbishment projects. This issue will now be addressed in the University Fire Officer's Report |
| SAF21-M1 | 3 | Change 'Health, Safety and Risk Manager' reference to 'Director of Health, Safety and Wellbeing' in HSE constitution | Secretary | Confirmed Completed |
| SAF21-M1 | 8.3 | Convey Committee's Amber risk rating to Senate and Council | Secretary | Confirmed Completed |
| SAF21-M1 | 9 | Convey HSE's thanks to SSEHS for considerable work undertaken to ensure compliance and its acknowledgment of the School's commitment to continuing this work. | SSEHS Operations Manager | Confirmed Completed |
| SAF21-M1 | 10.1 | Submit Radiation Protection Report to Council | Secretary | Confirmed Completed |
| SAF21-M1 | 11.2 | Offer targeted flu vaccinations in 2021 noting that 'at risk' staff are likely to be offered vaccinations by the NHS. | OH & Wellbeing Manager | May 2021 update Flu vaccines are on order. Same criteria will be applied for offering as last year. Offering initially to business critical staff who are unable to access a vaccine via their GP. Remaining will be offered more widely. |
| SAF21-M1 | 12.3 | Provide HSE with an update at June 2021 meeting. Update will outline five most significant risks faced by the Univ, note current situation for each and direction of travel over a number of years using models for several decades in the future. | Sustainability Manager | May 2021 update Update to be considered at October 2021 meeting |

HSE Committee School and Professional Service Progress Update

School of Architecture, Building and Civil Engineering

May 2021

ABCE Background

Our vision is to be the world's leading integrated centre for built environment research and education, attending to the entire lifecycle of both buildings and infrastructure through our research, teaching and enterprise programmes.

National rankings:

- **1st in the UK for Building**
The Times and Sunday Times Good University Guide 2020
- **Top 10 in the UK for Architecture**
The Complete University Guide 2021
- **Top 10 for Graduate Prospects for Civil Engineering**
The Times and Sunday Times Good University Guide 2020
- **Top 5 in the UK for Teaching Quality in Building**
The Times and Sunday Times Good University Guide 2020
- **6th in the UK for Student Experience in Architecture**
The Times and Sunday Times Good University Guide 2020
- **Top 10 in the UK for Course Satisfaction in Civil Engineering**
The Guardian University Guide 2020

ABCE – Facilities

Diverse T, R, and E activities across 5 university buildings.

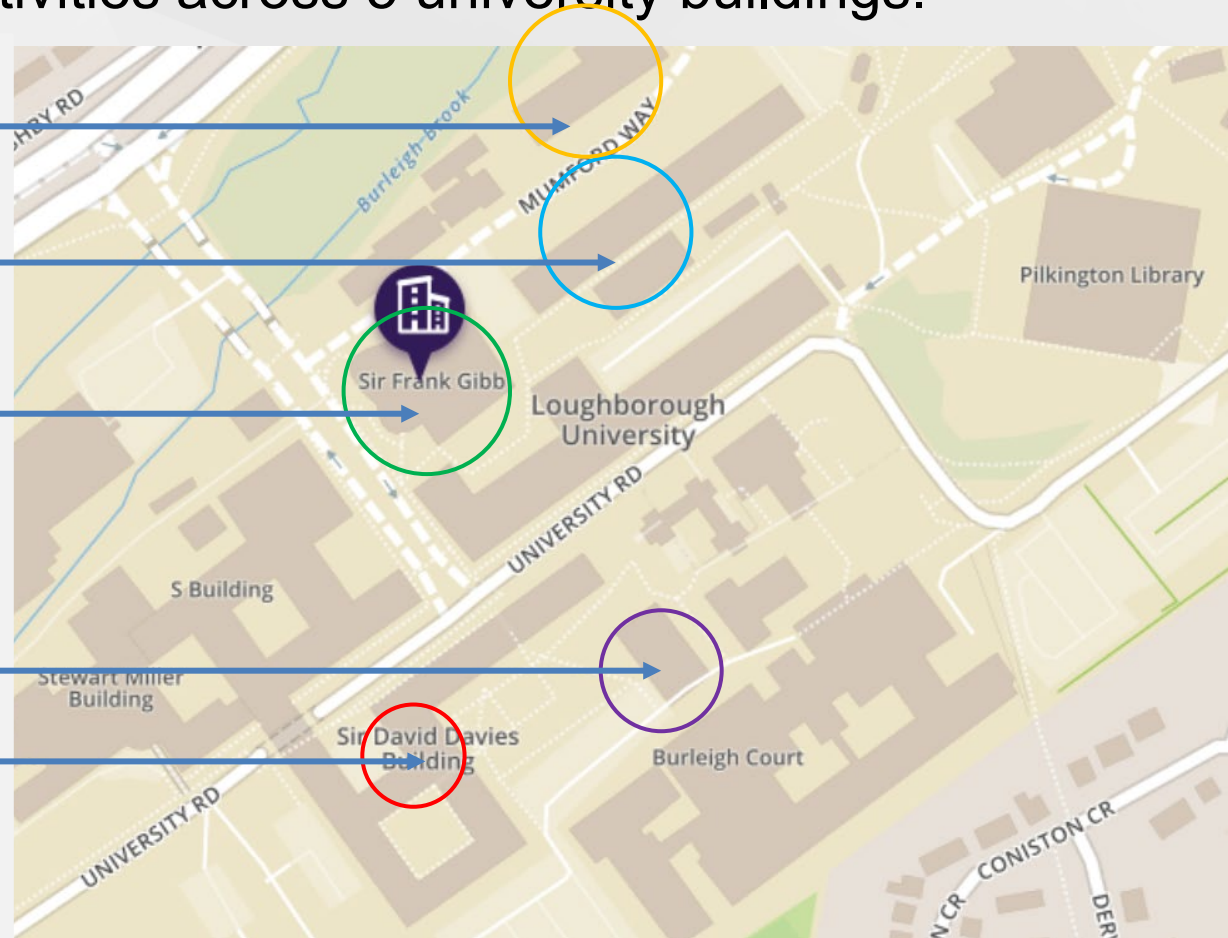
- John Pickford

- Sir Frank Gibb Labs

- Sir Frank Gibb

- Keith Green

- Hewson Studio



HSE KPIs

No of Audits May 1 2020 – April 30 2021

Building Audits = 4

Covid Audits = 8 (marking out and review)

No of Audits planned for 2021 = 4

No of HSE Committee Meetings between May 1 2020 and April 30 2021–
= 4

No of HSE Committee meetings planned in 2021–
= 4 (including hand over to Acting Dean in July)

Safety

Number of incidents (May 1 2020 – April 30 2021) - 0

Incident rate per 1,000 staff (May 1 2020 – April 30 2021) – 0

No. of staff receiving training YTD (May 1 2020 – April 30 2021)

43 Staff, 19 courses, 118 attendances

Environment

Number of incidents (May 1 2020 – April 30 2021) - 0

Incident rate per 1,000 staff (May 1 2020 – April 30 2021) - 0

Consideration of zero near misses and incidents

We recognise that we would not expect our incident data to be zero so our SSO & 3 DSOs have looked into this. We believe this is due to:

- Significant reduction in practical activity in ABCE on campus during Covid-19
- All lab and field based teaching and research activities reviewed for H&S with extra scrutiny due to Covid.
- Recognition that personal incidents are not always recorded despite encouragement
- The following high incident (low risk) activities by students were scheduled for spring term and took place at home or substituted.
 - Architecture studio work and assembly
 - Analogue workshops
 - Civil Engineering Part B structural modelling
- Restricted access to laboratory space, card-swipe or escorted entry only i.e. no open-access
- Majority of field activities postponed or on campus – i.e. minimal off campus working.

Main Risks Identified in Risk Register

| Risk | Action |
|--|--|
| • Water Tower | Works completed (covers highest risk). |
| • Lone working during COVID | No lone working for high or medium risk activities. Low risk use lone worker App. |
| • Impact of stress on performance of staff | Ongoing restructure of programmes, reallocated teaching to reduce and balance workload. Additional allocations to recognise online delivery. |
| • Management of mental health | All buildings covered (15 MHFA). Buildings opened to enable return of staff and researchers who benefit from being on campus. |
| • Wellbeing | Integrated into PDR. Promote good selection of university and external resources and support. Frequent staff meetings, virtual coffee mornings and online socials. |
| • Water quality lab not staffed | Academics provided supervisory cover until lab technician post unfrozen and chemist appointed. |

Main Environmental Risks Identified

| Risk | Action |
|--|--|
| <ul style="list-style-type: none">Water quality lab not staffed for one year. | Lab technician post unfrozen and chemist appointed. HS & Environment in water labs assessed as first role. |
| <ul style="list-style-type: none">Students not following waste processes | Addressed in updated student inductions delivered by SSO and DSOs |
| <ul style="list-style-type: none">Insufficient waste storage in Keith Green Building | Alternative storage containers sourced. |
| <ul style="list-style-type: none">Over ordering materials | Close scrutiny of orders, and stock levels, factoring in shelf life and disposal costs. |
| <ul style="list-style-type: none">Incorrect disposal of waste. | Allocated staff responsible for different waste streams (hazardous, WEEE, plastics, wood, metal etc.) |

Significant Achievements / Practices that Other Areas Could Learn From

General

1. Creating a school team of SSO and DSOs to provide both specialisms and cover and use a shared mailbox: abce-hse@lboro.ac.uk
2. Work with ABCE Research Hub Committee, DC and LU HSO to identify HSE training needs of Doctoral Students and RAs

COVID Specific:

1. Mandatory covid safety inductions for all staff and research students returning to work after lockdown
2. Video tour of the main teaching building to reassure staff and students that we were Covid secure
3. Thinking outside the box to safely deliver fieldwork activities on campus – i.e. achieving learning outcomes within travel restrictions

Outstanding Priorities / Challenges

- Implementing improved PhD student HSE training with other university agencies and cognate disciplines.
- Working with STEM schools to ensure we have fire marshal and first aid cover in Sir David Davis.
- PUWER – continue to implement. Following progress in this area during home working.
- Maintain the high emphasis on HSE implemented during COVID.
- Embedding good wellbeing practice within the PDR and continuing to follow up through the year.
- Getting staff back to work and reassuring them we are COVID secure.
- Improving awareness of MHFA in school, particularly as staff return to the work place.

Health, Safety and Environment Committee



Paper Title: Director of Health, Safety and Wellbeing Report

Origin: Neil Budworth

Date: 10th May 2021

| | |
|---|--|
| 1. Decision Required by Committee | For noting |
| 2. Executive Summary | Summary of activity for noting. A verbal briefing will be given on Fire related issues, water management and the existence of a private gas network. |
| 3. Committees/Groups previously considering item. | None |

Director of Health, Safety and Wellbeing's Report

Prepared by Neil Budworth, Director of Health, Safety and Wellbeing May 2021

Purpose of Report

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

Covid 19 Response

An update on the University's response to Covid 19 is included in a separate report

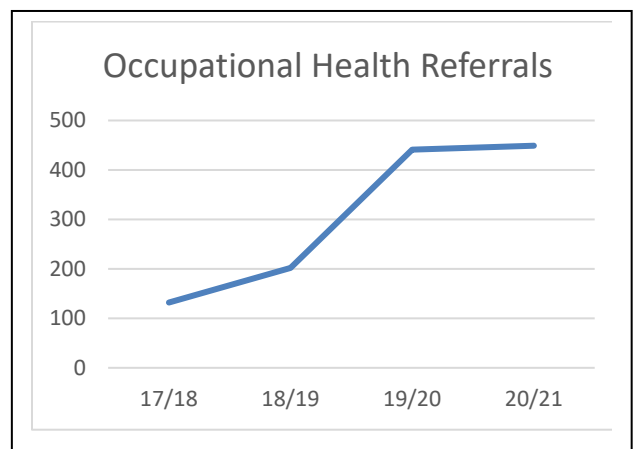
Occupational Health and Wellbeing

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

Demand for the Occupational Health Service continues to be high and good progress is being made in preparation for the launch of the health and wellbeing framework.

The service has been successful in recruiting a new part time Occupational Health Advisor who will start in August.

Increasingly the Loughborough University Occupational Health team are being recognised as the benchmark in the sector and have presented at the UHR conference as well as being featured in Occupational Health magazine.



Decommissioning

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

Incidents

An Incident Review Panel was held in February to review the investigation into the unauthorised modification of furnaces and the potential exposure of staff and students to hazardous substances. There were 4 recommendations :-

1. Standardised training for PhD students would have been helpful in instilling a University safety culture and also informing students how to raise issues if their academic supervisor is not supportive. This should be in addition to the specific induction to their area of work.
2. Staff and students should all be encouraged to report an issue which they consider to be unsafe and to call out bad practice.
3. Some additional training of PIs in their Health and safety responsibilities.
4. Where serious findings are found during inspection or audit, actions should be fast tracked and monitored closely.

The health and safety service are currently seeking to progress these recommendations.

Legionella

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

In response to the most recent case a significant number of water samples were taken from Towers. Whilst all monitoring data showed the water system to be healthy, legionella was detected in 7 of the 18 samples taken.

Since the last HSE committee meeting an extensive programme of investigation and engineering work has been undertaken in Towers. The immediate cause of the issue appears to have been a combination of low water usage and system design. Extensive work has been undertaken to understand the detail of the water system and to improve water flow around the building.

However, the fact that the issues in Towers could exist and not be identified by our monitoring systems has raised wider concerns regarding the water management system. An independent audit has been commissioned to see if the failing identified in Towers exist elsewhere. In addition trending data is now being produced routinely and the Water Safety Group has been re-established. The Estates and Facilities team are also looking at how the Water Duty Authorised Person role is resourced with a view to ensuring that all Legionella risk assessments are re updated in a timely manner.

The Health and Safety Executive issued the University with a Notice of Contravention relating to the management of the water system within Towers. A Notice of Contravention is issued when the inspector believes that there has been a breach of the law. The Notice states how the law has been broken and what steps must be taken. The issuing of a Notice of Contravention also allows HSE to charge for their time. We have complied with all of the immediate requirements of the notice and are liaising with the Health and Safety Executive on the longer term elements.

Fire

A fire evacuation has taken place for the Charnwood / Garendon building, other evacuations are postponed until the Covid 19 risk reduces. The aim is to establish a full programme of evacuations in the new academic year.

We are continuing to review the lessons emerging from both the Grenfell Towers tragedy and the fire in The Cube student accommodation block in Bolton. The most recent information and images from the Bolton fire show a very rapid spread. Whilst our fire standards should mean that in the event of a fire we do not experience this speed of spread, it nevertheless underlines the importance of our detection and total evacuation strategy.

We have also been working with the Estates and Facilities Management team to examine how the routine inspection, testing and remediation of fire doors, fire alarms and fire extinguishers are managed. Whilst there have been resourcing issues around this work, it is now believed that there are plans in place which should ensure that things are delivered to requirements.

Veteran Fire have been contracted to deliver the fire risk assessments for a number of buildings. This was required as a longer term staff absence had caused a significant backlog in the risk assessment programme.

Specific proposals are made relating to the frequency of fire risk assessments in the paper on fire safety management.

A request has been received from the Universities Minister to participate in a survey on halls of residence and cladding.

Gas Safety

It has been determined that parts of the gas system on the East Midlands campus form a private gas network and that we will be required to produce a gas safety case for the management of this network.

This has only just come to light as the legislation in this area is complex and the network arrangements on campus are also complex with different gas network operators operating parts of the system. The Health and Safety Executive were initially unclear as to whether we were the operators of the gas network, but have determined that we are the operators and hence have to develop a safety case.

The operations on campus are not unsafe, rather this is an administrative exercise to ensure all issues have been covered. The HSE have issued a Notice of Contravention on this matter as it allows them to charge for their time in dealing with the issue.

The development of a safety case is a significant piece of work which may take up to a year to fully develop. We continue to liaise with HSE on this issue.

Training

Delivery of Health and Safety training, either face-to-face or via Teams continues with the full suite of programmes available.

The development of online training continues with the launch of Personal Wellbeing whilst COSHH, Security Threat and Working at Height Awareness are being written.

Uptake of the Health and Safety Induction has been good with 256 completing training since launch in October 2020.

For the period outlined, 1,085 have completed online training. In respect of taught courses, 15 courses have run between 1 January 2021 to 30 April 2021 with 104 people in attendance. Work continues in supporting the One Stop Approach to training and the induction/mandatory training review being undertaken by Organisational Development.

Neil Budworth
Director of Health, Safety and Wellbeing

Health, Safety and Environment Committee



Paper Title: Covid 19 Response Update

Origin: Neil Budworth

Date: 10th May 2021

| | |
|---|---------------------------------|
| 1. Decision Required by Committee | For noting |
| 2. Executive Summary | Summary of activity for noting. |
| 3. Committees/Groups previously considering item. | None |

Covid 19 Update

Covid 19 continues to dominate the activity of the Health and Safety team, with a significant number of staff devoted to the response.

Since the last HSE Committee :-

Routine asymptomatic testing has been established on campus. We are routinely achieving a compliance level for testing in last 10 days of 94-96%.

Loughborough is by far the sector leader in testing, both in absolute test numbers and percentage compliance, with most Universities achieving compliance rates in the 30% region and 40 Universities achieving compliance rates of less than 10%.

Social distancing continues to be in place across the campus and compliance is generally very good. Further students are expected to be able to return from 17th May.

Discussions are being held with regional health officials regarding the vaccination strategy for students which is anticipated to start in June. Regional officials have been made aware of the short time window available in June.

Planning is underway for the new academic year based on a number of scenarios.

Outbreak management plans which take into account the Public Health response have been agreed with the regional public health team who are now in the process of documenting the plans.

We continue to be at the heart of the discussion on standards and guidance with DfE, UUK, PHE and other key stakeholders.

HSE COMMITTEE



Loughborough
University

Paper Title: Covid Testing on campus May 2021

Origin: Julie Turner

Date: 19/05/2021

| | |
|---|---|
| 1. Decision Required by Committee | Endorsement of current testing provision |
| 2. Executive Summary | To update HSE committee on the Covid19 testing programme including: <ul style="list-style-type: none">• Asymptomatic testing using lateral flow devices.• Symptomatic testing using PCR• Fit to Fly and test and release• Potential day 2 and 8 provision• Antibody testing |
| 3. Committees/Groups previously considering item. | Silver Logistics and Gold Covid groups have regular updates |

Covid19 Testing on campus

Covid19 internal testing at the university is organised via a Microsoft form which uses Power automate/Power apps and SharePoint (collectively called Connect and Protect) to triage what tests or queries the student/staff have/need.

Since Connect and Protect was set up in October it has received 120,063 submissions (on 18th May 2021).

Connect and Protect software enables automated emails from asymptomatic testing, covid logistics and connect and protect to ensure everyone who needs the information receives it at the same time.



For example, when an international student's Test and Release day 5 test result comes back, C&P notify the student and update the dashboard, and this automatically updates Covid Logistics.

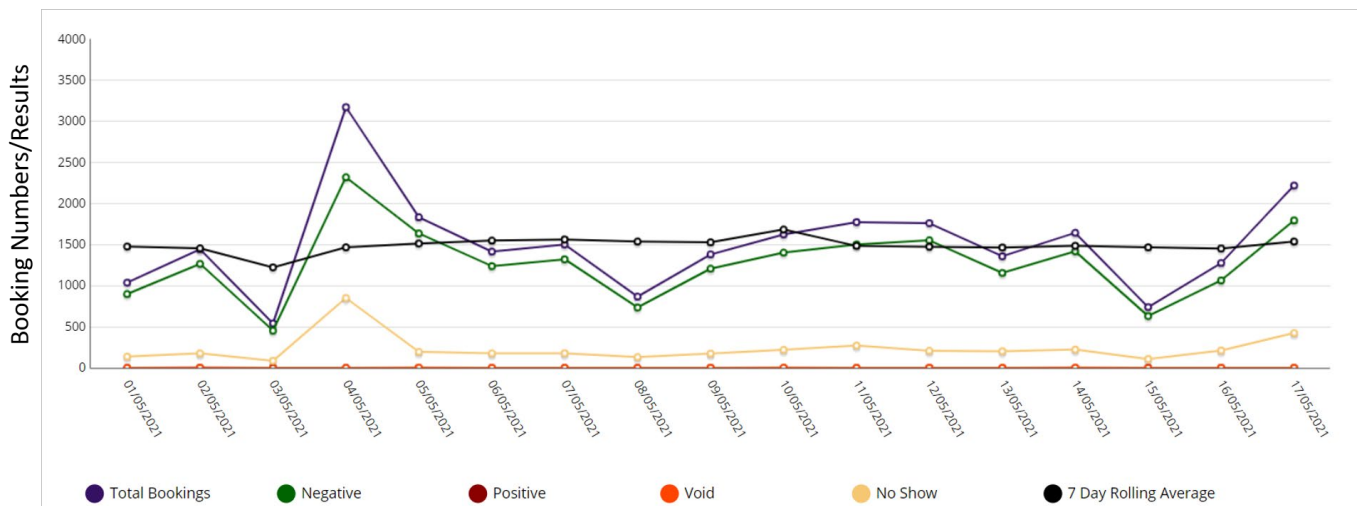
If a positive is reported through asymptomatic testing, this immediately flags through to C&P so the individual can be called, contacts traced, households put in isolation and the individual booked in for a confirmation PCR test.

Asymptomatic Testing

The asymptomatic testing centre in Martial Arts has a daily capacity of running over 3000 tests (although this is capped when not needed). There are 65 available booking slots every 15 minutes. The average queue time is between 5-10 minutes.



Asymptomatic Testing Figures 1/05/2021 to 17/05/2021



Currently the centre is carrying out over 9000 tests per week. As of 18/05/2021 there were 9342 actively testing: 4669 on campus and 4673 off campus.

10-day compliance rate is 93.7% (97.3% on campus and 88.1% off campus)

30% of students are having more than 1 test a week.

Testing compliance is checked automatically on entry to the library, gyms, sport facilities and parcels. Random spot checks are also carried out in the dining halls and laboratories/workshops.

The lateral flow devices are also being used to test human participants within SSEHS to support research.

The testing centre is also accessible to Loughborough student's union and Imago staff.

Symptomatic Testing

Any staff or student who feels symptomatic who contacts C&P is tested where possible within a few hours via RT-PCR in Wavy top building using Randox accredited cartridges. This allows student particularly to be released out of isolation with their household quickly if the results are negative.

Positives from the asymptomatic testing centre are also tested via the PCR system.

Between October and May over 5000 symptomatic PCR tests were carried out, most of these between October to December.

Fit to Fly certifications

The testing centre is also carrying out PCR tests for staff and students that need to travel outside the UK when UK travel restrictions allow. The individual is also provided with a testing certificate.

In December 2020 alone, the testing centre carried out 636 fit to fly tests. The running total of these tests is now 926.

This service is also used by elite athletes needing to travel, sporting bodies and Loughborough College. Sporting bodies/events have been supported by this testing capability include:

- Leicester Riders
- LTA
- UK ProLeague Tennis
- English Netball
- UK Swimming
- British Weightlifting
- British Triathlon
- ParaPowerlifting

Test centre also carry out antibody testing for students requiring entry into China (need PCR test and antibody test)

Test to Release (potential day2/8 tests)

Students or staff wanting to be release early from quarantine on day 5 (after entering the UK) book a Test and Release test through C&P. These swabs are carried out by the testing team within Wavy top and sent via helicopter to Randox Labs in Ireland for testing. Randox are government accredited to carry out the required Test and release tests.

All the administration is carried out by the testing team within Wavy top to make it easier for the students. To date the centre has carried out 837 test and release tests.

Going forward if needed this can be extended to include the day 2/8 tests currently required by the government.

Antibody Testing

Loughborough university is involved with DHSC and PHE in a research project looking at the presence of Covid antibodies within the student population. Student volunteers are being tested within Wavy top testing centre and the tests being set off to an external lab.

In December students from Faraday and Rutherford Halls were asked to participate as these halls had early outbreaks of Covid around October time. 70% of the students tested showed antibodies and 73% of those had no symptoms.

Following on from that the project is now testing 1000 students for antibodies both naturally acquired antibodies and the S spike antibody.

The results so far for this second study are:

289 students tested with results (so far)

93 positives 32.18%

104 students tested were in Halls.

42 students were positive from halls (40.38% of people tested in Halls was positive)

30 students out of those 42 - 71.42 % did not know they had covid.

Out of those 30 students, 21 were self-isolating in a household with a covid + student.

183 students tested who live in private accommodation.

51 students were positive (28% of students tested in private accommodation were positive)

39 students out of those 51 – 76.47% did not know they had covid.

Out of those 39 students, 11 were self-isolating in a household with a covid + student.

Health, Safety and Environment Committee



Paper

Title: Health Safety Environment Statutory Compliance Sub Committee Meeting Report

Origin: Rob Sparks **Date:** 14th May

| | |
|---|---|
| 1. Decision Required by Committee | For information and update from the HSESCSC Committee |
| 2. Executive Summary | <p>The revised management system has continued with good engagement from the Duty Appointed Persons. Their plans are maturing and achieving demonstrable improvements in most areas.</p> <p>As previously reported fire compliance remains a high priority area, for which extensive remediation plans for both building compartmentation and fire door integrity are well into delivery phases. In the last report Legionella was escalated as an area of concern, following a single reported case in November, by PHE, in Towers Halls. This issue has now been resolved, however a lessons learned exercise has promulgated a number of improvement initiatives to reduce risk across the campus.</p> |
| 3. Committees/Groups previously considering item. | HSESCSC |

Health Safety and Environment Statutory Compliance Sub Committee (HSESCSC) Report to HSE Committee

1. Revised Process. The revised process of managing University compliance has continued across the 12 areas of compliance reporting into the subcommittee. Every month each Duty Appointed Person (DAP) has a 1 to 1 progress report meeting with the compliance management team. They report on:
 - a. DAP Action Log. To track issues, actions and decisions raised during the meetings, an action log is kept and monitored for progress. This enables the team to hold themselves to account with the compliance team and the DAP Group.
 - b. DAP Master Schedule. Each DAP has maintained a master schedule or a project delivery plan, which provides a road map of activities and events against a timeline. Each activity is a deliverable, that is needed to achieve and maintain compliance.
2. The process continues to work well, with action plans maturing and demonstrable improvement across most areas. The meetings are well attended and more recently we have had some changes to the team, as some colleagues have recently left the university. Additionally, the

process is receiving further support from the Deputy Health, Safety and Risk Manager, who has brought in external experience of similar processes used in other universities.

3. HSESCSC Report Meeting. The HSESCSC met on 22nd April. The meeting consists of a summary report by each DAP, highlighting progress, issues, and current status. A copy of the minutes of this meeting appears in Section B (SAF21-P49) for reference and the compliance dashboard is attached. In summary (RAG Rating):

- Eight areas are amber
- Four areas are green.
- Eight areas have an improving trend, the remainder are level, for which three are already green.
- Fire is the only area that is amber and level.
- There are no reds.

Areas of High Priority

4. As reported previously there are two areas of significance, to highlight to the HSE committee. These are:

5. Fire Compliance. The new Fire DAP has undertaken a thorough review of University fire compliance. He is driving more rigour and accountability than the previous incumbent and has established a detailed plan which covers off a multitude of fire related areas. Management of fire extinguishers, completion of fire risk assessments and emergency light testing have each received more scrutiny and as such a number of gaps have been found and subsequently addressed. However, there remains two areas of high priority.

a. Building Fire Compartmentation. Building Fire Compartmentation. The building fire compartmentation project is on plan targeting the highest priority areas in order. Areas completed so far include Whitworth Tower David Collett blocks A, B,C & D. Block F is due to complete in June. Passive fire protect to roof voids within the student village will take place summer 2021. Overall investment will be ~£650k for FY 2020/21

There is currently £500k allowed in FY 2021/22 which has been ringfenced for Towers. Further allowance maybe required for Butler Court and Faulkner & Eggington but there is currently no more allowance in the next FY and these may be pushed back to FY 2022/23. This is to be confirmed by the LTM sub-committee.

b. Fire Doors. Fire door remediation has continued, prioritising residential areas over all others, balancing the risk to life with risk to assets. There are 9,000 residential fire doors, of which 50% have been inspected and 1,100 remediated and fully complaint. This level of progress is not acceptable and has been due to high levels of absence in the compliance team. Whilst there is a capital project in the next two financial years to conclude fire door remediation, it has been recognised and approved by the LTM Sub Committee the need to accelerate the plan, through the allocation of funds into this FY.

6. L8 Legionella. Whilst Legionella is rated as amber and an improving trend to full compliance, it is necessary to update from the last report submitted on the Towers legionella remediation plan, which was on target for completion by the 11th Feb. Whilst the plan was completed on time, the following test results returned positive demonstrating there was a systemic legionella issue in the building and it could not be re-occupied. Subsequently, a thorough review of the Towers water systems was commissioned, concluding in the implementation of significant infrastructure changes. Following the works, further testing took place which demonstrated that

legionella was now under control and the building was approved for occupancy on the 19 April by management group in consultation with the approved engineer.

7. Also, a formal response to the letter of contravention received from the HSE has been issued by the University director of Health Safety and Wellbeing, outlining the actions taken to far. Whilst the actions completed justified the reoccupation, there are several procedural issues and L8 management actions that are still in process, in order to satisfy the requirements of the HSE.

a. Water Management Safety Group. This has now been reinstated with TOR's developed. Chaired by the deputy head of the EHS team, the aim is to drive broader process control and management accountability into water management and ensure that the requirements listed by the HSE and fully implemented, whilst further reducing risk across the University estate.

b. Water Safety Duty Appointed Person. The demands of this role and the need for process impartiality have directed the team to consider the establishment of a full-time water safety DAP role, in place of the part time role it currently occupies. This role will provide sufficient resources and expertise to deliver the HSE recommendations. A proposal will be submitted to Operations, for their consideration.

HSESCSC – Initiatives

8. Newsletter. The first edition of a compliance newsletter was circulated to operations managers in March, providing feedback and general information on compliance and where support is required from the schools and professional services to drive higher levels of compliance. The second newsletters will be issued in June and the process will continue.

Rob Sparks
Head of Engineering, Maintenance and Sustainability
HSESCSC Chair

Attachments:

1. HSESCSC - Compliance Dashboard – April 21
2. Newsletter – March 21

| DAP Area | Apr | May | DAP | Area Highlights |
|------------------|-----|-----|--------------------------|--|
| Asbestos | | | Paul Walker | <ol style="list-style-type: none"> 1. Training – Staff attendance at training needs improving. 2. We are now fine-tuning records and updating of information. 3. Reinspection's being carried and are up to date. |
| DSEAR | | | Oliver Preedy | <ol style="list-style-type: none"> 1. Risk Assessments – Not yet completed for all areas of compliance. 2. Risk Assessments – New App went live in Aug, trials taking place. 3. Competent Persons – Identify a responsible competent person in all schools effected by DSEAR to work on compliance |
| F Gas | | | Nik Hunt | <ol style="list-style-type: none"> 1. F Gas Register – New register issued, now seeking issue resolution. 2. Process & Procedures – To be finalised by 31/1/21, apply from 1/2/21. 3. Asset Capture – Process for removal and additions needs to improve to improve register accuracy |
| Fire | | | James Holt | <ol style="list-style-type: none"> 1. Compartmentation. Project in progress to close gap in building compliance to fire regs 2. Fire Extinguishers. Some extinguisher inspection dates have lapsed due to resource constraints during lockdown. Remediation in progress 3. Fire door inspections and adherence to standards have lapsed. There are organisational issues within FM especially around staff levels& sickness which is being addressed |
| Gas | | | Jonathan Cripps | <ol style="list-style-type: none"> 1. HSE recommend Gas Safety Case to be in place for LU Gas Network, requires submitting to HSE for approval. 2. Additional statutory maintenance required due to Gas Safety Case, in process of planning works over summer. 3. New to DAP role, require extensive training to bring up skills and knowledge on gas network regulations. |
| HV Electrical | | | Adam Slater | <ol style="list-style-type: none"> 1. Substation Maintenance - Currently planned and on plan. 2. Audit Programme – scheduled audits for planned contractor works to take place. 3. Succession planning commenced with 4 members of FM staff. |
| Legionella | | | Paul Walker (Interim) | <ol style="list-style-type: none"> 1. PPM's. Catching back and closing gaps and signing off faults. 2. Tower works ongoing, and RCA being carried out to address issues and a closing HSE Actions out. Set of results returned in spec 3. Issues around Compass and the data and usage of the system to enable them to be used as a live risk assessment. Audit to take place |
| LEV | | | Jonathan Cripps | <ol style="list-style-type: none"> 1. DAP Training. Current DAP scheduled additional training for improved expertise on legislation. 2. User Manuals. To be created for all LEV systems 3. Logbooks. Adherence to use of logbooks when using LEV, needs improving |
| LOLER | | | Dave Green | <ol style="list-style-type: none"> 1. Equipment Inspections. Out of date equipment's now being put out of use, until conducted. 2. Asset Tagging. Not being thoroughly completed. Recovery plan in place 3. Inspection Availability. Equipment's not being made available for inspections. Will take harder line with issue areas |
| LV Electrical | | | Gary Boal | <ol style="list-style-type: none"> 1. Asset Tagging. Not completed and has faltered. Plan to recover in place. 2. Emergency Light Testing. Process needs improving to assure compliance. Under review 3. External Audit. Dates for inspection delayed due to COVID and availability |
| Pressure Systems | | | Nigel Worth | <ol style="list-style-type: none"> 1. Items Overdue Inspections. Inspections not being completed on time, resulting in equipment being isolated. Contractor management discussions in place 2. Staff Training. Review to take place to ensure competent persons for boiler systems are suitably qualified |
| PUWER | | | Simon Fawcett | <ol style="list-style-type: none"> 1. Staff Training on policy roll out has been addressed by School/Dept Compliance Audits Meetings & Improvement Plan & LEARN support page) 2. DAP Resources & Term End. Developing a succession plan for a replacement DAP to be found and Hand Overs by end of 2021. 3. Audit Baseline, 14000+ items across LU, suggests 65% of items addressed to a Compliance Quality level of 74%. Improvement Plans in place. |



Loughborough
University

Compliance Update

Compliance Sub Committee March 2021 | Issue number 1

Welcome

This is the first of what will become a quarterly update of all things regarding compliance, the aim will be keep you informed of any guidance changes and how we are going to manage them. We will also be adding some sections in such a meet the Duty Authorised person where they will explain what they do and how colleagues can help.

Compliance is the responsibility of all Schools and Professional Services as such it is for those areas to maintain their own compliance and ensure all requirements are met and to cooperate with the staff and contractors that carry out compliance works. The DAP's will support as required.

We will be letting you know who the DAP's are further down this update.

What have we been doing?

Since April last year a new management process has been implemented, through which to deliver a more accurate and robust compliance program for the University. The output of this process is reported to Senior Leadership in a Summary Dashboard and Quarterly Report. The dashboard is attached.

We have implemented monthly update meetings with each of the Duty Appointed Person (DAP) so we can pick up on issues speedily and bring to a resolution. We have plans and action trackers to help ensure accountability and that Schools and Services are fully participating.

Your DAP's

| | | |
|---|-----|-----------------------|
| Asbestos | DAP | Paul Walker |
| DSEAR | DAP | Oliver Preedy |
| Electrical Installation HV | DAP | Adam Slater |
| Electrical Installation LV | DAP | Gary Boal |
| F Gas | DAP | Nik Hunt |
| Fire Safety | DAP | James Holt |
| Food Hygiene | DAP | Gagan Kapoor |
| Gas | DAP | Gavin Noon |
| Local Exhaust Ventilation Systems (LEVs) | DAP | Jonathan Cripps |
| Lifting Equipment (LOLER) | DAP | David Green |
| Provision and Use of Work Equipment Regulations (PUWER) | DAP | Simon Fawcett |
| Pressure Systems | DAP | Nigel Worth |
| Water Hygiene | DAP | Paul Walker (Interim) |

What do your DAP's do?

The DAP is a person, either employed by the University or another organisation, with the required knowledge, training and experience, appointed by the Director of Estates in writing, to take managerial responsibility for the implementation of the policy and procedures for a specific area of health and safety legislation.

The DAP will be responsible to the Director of Estates for: -

- The implementation and maintenance of auditing and monitoring processes.
- Reporting to the Director of Estates the findings of the audits and reviews within their area of responsibility.
- Ensure that the University level policy, procedures and guidance for the subject area are up to date.
- Ensuring they are competent to undertake the role. This will involve a review of their own training and experience and the subsequent filling of any competency gaps.
- Ensuring there are University Appointed Persons in relevant Schools / Services to support the implementation of the Policy (appointed in writing)
- Where appropriate defining standard competence levels which will enable relevant staff (including Appointed Persons) to safely operate in the relevant subject area.
- Ensuring that processes are in place to allow staff to maintain an adequate level of competence (including their own).
- Developing best practice with stakeholders and share this across Schools and Services, including sharing relevant forms, tools and documentation.
- Liaising with stakeholders to define approaches to communication and awareness.
- Defining compliance monitoring arrangements – e.g., records, percentage of physical checks etc. and communicate these as set key performance indicators (KPI) that can be used to provide assurance against the Policy.
- Communicating regularly with their Authorised Persons to understand the level of compliance being achieved.
- Defining auditing arrangements, using the Policy requirements:
 - Frequency
 - Audit type (e.g., internal / external)
 - Audit scope
 - Identify suitable Auditors.
- Where appropriate monitoring the adequacy of the permit to work system in relation to the area of responsibility.
- Providing technical advice (or advising where technical advice can be obtained) in the event of a question, or investigation.
- Escalating any areas of significant concern to the Director of Estate if they cannot resolve them.

Meet a DAP













Paul Walker – DAP for Asbestos and Water (Interim)













My normal role is part of the Health and Safety Team as the University Compliance Engineer and the Responsible person for Asbestos, I have been at the University for near six years. I am the DAP for asbestos and I am responsible for asbestos management at Loughborough and hold the BOHS P405 & P407 asbestos qualifications. In regard to asbestos, I ensure that the register is maintained, records are compiled as these must be kept for 40 years and to give you some idea of the size of that we have at the minute over 25000 records and in computer terms it is about 16GB and is growing at about 1500 records a year.

I also ensure that staff are trained and that they are aware of safety processes.

The other DAP role is Legionella which I hold on an interim basis after the last DAP left the business as my background is Mechanical and hold suitable qualifications to carry out this role, but as with asbestos the roles are similar and that is it about ensuring we remain compliant.

What is our current reporting position?

| DAP Area | Jan | Feb | DAP | Area Highlights |
|---------------|---|---|---------------|--|
| Asbestos |  |  | Paul Walker | <ol style="list-style-type: none"> 1. Training – Staff attendance at training needs improving. 2. Availability of competent persons for Annual Inspections – More resilience needed. 3. We are closing out all outstanding works. |
| DSEAR |  |  | Oliver Preedy | <ol style="list-style-type: none"> 1. Risk Assessments – Not yet completed for all areas of compliance. 2. Risk Assessments – New App went live in Aug, trials taking place. 3. Competent Persons – Identify a responsible competent person in all schools effected by DSEAR to work on compliance |
| F Gas |  |  | Nik Hunt | <ol style="list-style-type: none"> 1. F Gas Register – New register issued, now seeking issue resolution. 2. Process & Procedures – To be finalised by 31/1/21, apply from 1/2/21. 3. Asset Capture – Process for removal and additions needs to improve to improve register accuracy |
| Fire |  |  | James Holt | <ol style="list-style-type: none"> 1. Compartmentation. Project in progress to close gap in building compliance to fire regs 2. Fire Extinguishers. Some extinguisher inspection dates have lapsed due to resource constraints during lockdown. Remediation in progress 3. Fire Doors. Fire door inspections and adherence to standards have lapsed. Prioritised remediation in progress. |
| Gas |  |  | Gavin Noon | <ol style="list-style-type: none"> 1. HSE Visited reference Gas network safety plan. 2. PPM Programme. Stricter PPM Regime being phased following survey and remedial works. 3. Volume of work needed to complete the gas safety case and associated works |
| HV Electrical |  |  | Adam Slater | <ol style="list-style-type: none"> 1. Substation Maintenance - Currently planned and on plan. 2. Audit Programme – scheduled audits for planned contractor works to take place. |

| | | | | |
|------------------|---|---|------------------------------|---|
| | | | | 3. No Succession planning in place with FM staff |
| Legionella |  |  | Paul Walker (Interim) | <p>1. PPM's. Catching back and closing gaps and signing off faults.</p> <p>2. Tower works ongoing and RCA being carried out to address issues and a closing HSE Actions out. IRP planned.</p> <p>3. Issues around Compass and the data and usage of the system to enable them to be used as a live risk assessment.</p> |
| LEV |  |  | Johnathan Cripps | <p>1. DAP Training. Current DAP scheduled additional training for improved expertise on legislation.</p> <p>2. User Manuals. To be created for all LEV systems</p> <p>3. Logbooks. Adherence to use of logbooks when using LEV, needs improving</p> |
| LOLER |  |  | Dave Green | <p>1. Equipment Inspections. Out of date equipment's now being put out of use, until conducted.</p> <p>2. Asset Tagging. Not being thoroughly completed. Recovery plan in place</p> <p>3. Inspection Availability. Equipment's not being made available for inspections. Will take harder line with issue areas</p> |
| LV Electrical |  |  | Gary Boal | <p>1. Asset Tagging. Not completed and has faltered. Plan to recover in place.</p> <p>2. Emergency Light Testing. Process needs improving to assure compliance. Under review</p> <p>3. External Audit. Dates for inspection delayed due to COVID and availability</p> |
| Pressure Systems |  |  | Nigel Worth | <p>1. Items Overdue Inspections. Inspections not being completed on time, resulting in equipment being isolated. Contractor management discussions in place</p> <p>2. Staff Training. Review to take place to ensure competent persons for boiler systems are suitably qualified</p> |
| PUWER |  |  | Simon Fawcett | <p>1. Staff Training on policy roll out impacted by resource and COVID limitations (being addressed by learn page and compliance audits)</p> <p>2. DAP Resources. limited time available, due to main role commitments to successful carry out the role. No succession plan for a replacement</p> |

| | | | | |
|--|--|--|--|---|
| | | | | 3.Initial Audit findings suggest 63% of work equipment addressed. |
|--|--|--|--|---|

This chart gives an overview, of our current position and we use this to report to the HSEC committee and various other committees which gives a snapshot of some of the headlines for the subject area.

Our Current headlines

In this reporting cycle, fire compliance is being highlighted as an area of concern. Two areas need urgent attention: Fire Compartmentation and Fire Door Compliance.

An LTM Project has since been launched by E&FM, with which to remediate the issues. The project now has a clear path to achieving compliance but will take several years to complete. The Fire Officer is fully engaged with the process and is managing the risk.

The New DESEAR Policy has now been released and Oliver will be discussing this with the relevant people in due course.

We need your support to help us to keep a safe campus and to ensure we are meeting all guidance. Over the next few months, we will be sending out invitations to Schools and professional services to meet with the Technical and Ops Managers to discuss the compliance program.



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HSE COMMITTEE



Paper Title: Ionising/Non-Ionising radiation, Chemical, Biological/GM and HTA KPI's

Origin: Julie Turner **Date:** 19/05/2021

| | |
|--|---|
| Decision Required by Committee | For noting/discussion |
| Executive Summary | The committee are being provided with the latest position in relation to statutory compliance key performance indicators. The committee are asked to note the progress on the development of KPIs for key areas of statutory compliance and to note the actions relating to areas of concern. |
| Committees/Groups previously considering item. | Chemical Safety Committee, Biological/GM committee, Ionising Radiation Committee, Non-Ionising Radiation committee and HTAL committee |

Commentary on Health and Safety Compliance Key Performance Indicators

Introduction

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

Ionising Radiation

Overall ionising radiation is mostly compliant and has passed all external regulatory inspections. However due to Covid19 and lockdown restrictions some compliance checks were either carried out late or still waiting to be carried out.

3 non-compliances have highlighted a few out-of-date inventories and so this has moved into Amber

Non-Ionising Radiation

No changes

Chemical Safety (including COSHH)

No significant changes or issues

Biological/Genetic Modification

No significant changes or issues




Human Tissue Act

No significant changes or issues

| Compliance Dashboard Reporting | Target | Trend | Status | Forecast | Comments |
|--|---------------|--------------|----------------|---------------------------|---|
| Ionising Radiation - Julie Turner | | | Current | For next 12 Months | |
| Update to date policy | 100% | ↔ | 100% | 100% | |
| Inventory/traceability | 100% | ↔ | 100% | 100% | |
| Governance committee (regularly meeting) | 100% | ↔ | 100% | 100% | |
| Procurement systems in place | 100% | ↔ | 95% | 95% | |
| Risk assessments and SOP's in place and up to date | 100% | ↔ | 90% | 100% | |
| Internal audits carried out | 100% | ↑ | 80% | 100% | Lockdown disrupted audit schedule but a few have been carried out |
| UH&SS (and regulatory bodies audits) carried out | 100% | ↓ | 80% | 100% | Online only |
| Contingency plans in place and regularly tested | 100% | ↔ | 100% | 100% | |
| Training up to date and documented | 100% | ↔ | 75% | 100% | Moving to online training to keep this up to date |
| Leakage checks carried out every 12 months | 100% | ↑ | 90% | 90% | |
| Critical examinations in place | 90% | ↔ | 90% | 100% | |
| Non-Ionising Radiation - Oliver Preedy | | | | | |
| Update to date policy | 100% | ↑ | 80% | 100% | |
| Inventory | 90% | ↑ | 80% | 100% | Good progress |
| Governance committee (regularly meeting) | 100% | ↔ | 80% | 100% | |
| Procurement systems in place | 100% | ↔ | 90% | 100% | |
| Risk assessments and SOP's in place and up to date | 100% | ↔ | 80% | 90% | |
| Internal audits carried out | 100% | ↓ | 70% | 100% | Lockdown disrupted audit schedule |
| UH&SS (and regulatory bodies audits) carried out | 100% | ↔ | 60% | 100% | Lockdown disrupted audit schedule |
| Training up to date and documented | 100% | ↔ | 90% | 100% | |
| Chemical (inc COSHH) - Julie Turner | | | | | |
| Update to date policy | 100% | ↑ | 95% | 100% | |

| | | | | | |
|---|------|---|------|------|---|
| Inventory | 80% | ↑ | 90% | 100% | Progress has been made. Previously in 80% |
| Governance committee (regularly meeting) | 100% | ↑ | 100% | 100% | |
| Procurement systems in place for regulated Chemicals | 100% | ↑ | 90% | 100% | |
| COSHH forms and SOP's in place and up to date | 100% | ↑ | 90% | 100% | |
| Internal audits carried out | 100% | ↔ | 80% | 100% | |
| UH&SS (and regulatory bodies audits) carried out | 100% | ↑ | 80% | 100% | |
| Contingency plans in place and regularly tested | 100% | ↔ | 70% | 100% | Needs training to raise awareness on the need for contingency plans |
| Training up to date and documented | 100% | ↑ | 90% | 100% | |
| Biological/Genetic Modification - Julie Turner | | | | | |
| Update to date policy | 100% | ↔ | 90% | 100% | |
| Inventory | 80% | ↔ | 90% | 90% | |
| Material Transfer agreements in place | 90% | ↔ | 80% | 100% | |
| Genetic Modification classification system controlled | 100% | ↔ | 80% | 100% | |
| Governance committee (regularly meeting) | 100% | ↔ | 100% | 100% | |
| Procurement systems in place | 100% | ↔ | 90% | 90% | |
| Risk assessments and SOP's in place and up to date | 90% | ↔ | 80% | 90% | |
| Internal audits carried out | 100% | ↔ | 80% | 90% | |
| UH&SS (and regulatory bodies audits) carried out | 100% | ↔ | 80% | 90% | |
| Contingency plans in place and regularly tested | 100% | ↔ | 60% | 90% | |
| Training up to date and documented | 100% | ↔ | 85% | 100% | |

| Human Tissue Act - Karen Coopman | | | | | |
|---|------|---|--------|------|--|
| Update to date Quality Manual | 100% | ↔ | 100% | 100% | |
| Inventory/traceability | 100% | ↔ | 85-90% | 100% | |
| Governance committee (regularly meeting) | 100% | ↔ | 100% | 100% | |
| Procurement systems in place | 100% | ↔ | 95% | 100% | |
| Risk assessments and SOP's in place and up to date | 100% | ↔ | 80% | 100% | |
| Internal audits carried out | 100% | ↔ | 90% | 90% | |
| DI/UH&SS (and regulatory bodies audits) carried out | 100% | ↔ | 90% | 100% | |
| Contingency plans in place and regularly tested | 100% | ↔ | 90% | 90% | |
| Training up to date and documented | 100% | ↔ | 90% | 95% | |

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

HSE COMMITTEE



Loughborough
University

Paper Title: Biological Safety Update (no chemical safety included in this paper to focus on Biosafety)

Origin: Julie Turner

Date: 19/5/21

| | |
|---|---|
| 1. Decision Required by Committee | Approve changes in the H&S element to Human participant work |
| 2. Executive Summary | Summary of Human participant work approvals process and request that the extra covid H&S sign off procedures is reduced |
| 3. Committees/Groups previously considering item. | Will go to GM/Bio safety committee shortly |

Health, Safety & Environment Committee

Subject: Chemical and Biological Safety update report

Origin: Julie Turner

Chemical Safety Update

Chemical safety update will be provided at the next HSE committee.

Biological/GM Safety

Changes to the approval of human participation work

Due to the pandemic, changes to the approval to carry out human participant work was necessary. The changes added an extra step where all human participant work needed approval from the University biosafety officer (SSTL) as well as the Dean of the relevant School.

This was needed at the time to ensure researchers were considering all the additional risks associated with Covid19 and all precautions were in place.

However, as restrictions ease and researchers are confident in adding in additional covid19 areas, approval to remove the extra step is requested.

All human participant work will still need:

- Approval from Dean to continue research
- Generic H&S and social distancing measures in place
- All human participants are called/video called before coming onto campus to ensure they are well and have not been near someone infected with Covid-19 or shielding/self-isolating
- On day of participation, new consent forms are used which has a new section on Covid19. This also asks the participant to notify the School if they become infected with Covid19 up to 14 days after the participation work
- Allocated spaced out timing slots for human participants.
- Renewed biological risk assessment with additional Covid19 precautions
- Additional PPE required where 2M distance cannot be maintained
- Certain rooms used only for this work to enable them to have restricted access and decontamination after use
- Thorough cleaning/decontamination procedure
- If participants confirm after sample is taken that they have Covid19 then the sample is disposed of via clinical waste.

Human participant work involving participants from Amber/Red government listed countries or areas within the UK with additional covid restrictions will need approval from H&S service still

Action: HSE committee asked to endorse the changes to Human Participant work approvals process

COMMITTEE NAME



Loughborough
University

Paper Title: Occupational Health and Wellbeing Service Annual Report

Origin: Sarah van Zoelen

Date: May 2021

| | |
|---|---|
| 1. Decision Required by Committee | For information purposes only |
| 2. Executive Summary | This report is to highlight the ongoing activity of the Occupational Health and Wellbeing Service 2020-2021 |
| 3. Committees/Groups previously considering item. | |

Occupational Health and Wellbeing report 2020-2021

Highlights of 2020-2021 have been:

- Commencing the tender process for OH specific software
- The recruitment of a OHA to join the team in August 2021.
- Tender and implementation of OHP services from Nottingham University Hospital
- Senior leadership support for the implementation of the wellbeing framework
- Relocation to the Campus Living Building.
- Successful delivery of flu vaccines whilst maintaining a covid safe environment.
- Winning the 'Team of the year' award from Personnel Today

Our aim is to develop an annual report that will outline the progressions and challenges of the service, reflecting on growth and flexible approaches to ensure a greatly improved health and wellbeing support for the employees and managers of Loughborough University.

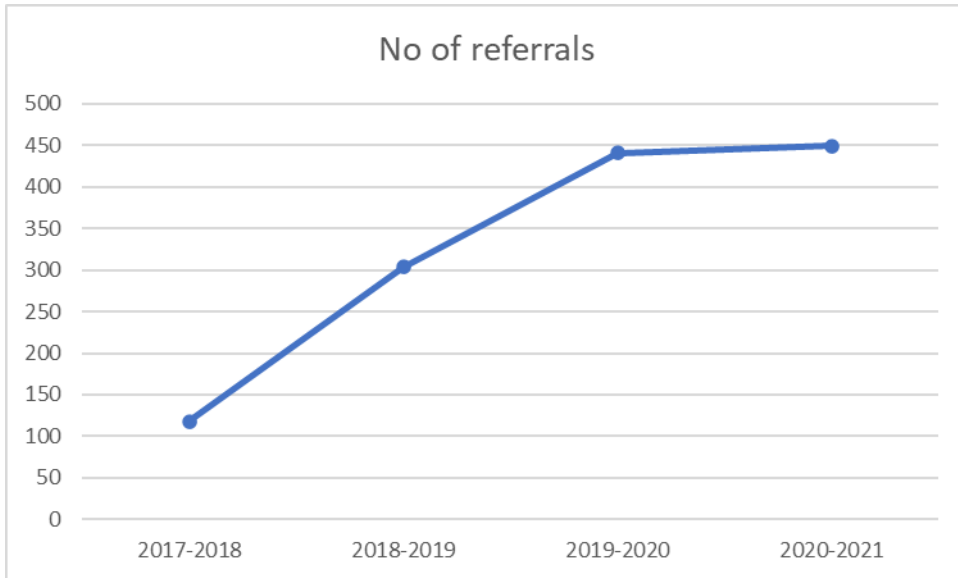
Key stakeholder involvement

Despite lockdown restrictions, Occupational Health has continued to engage with stakeholders, presenting at ALT and HR meetings along with supporting managers throughout the changing work landscape of the pandemic.

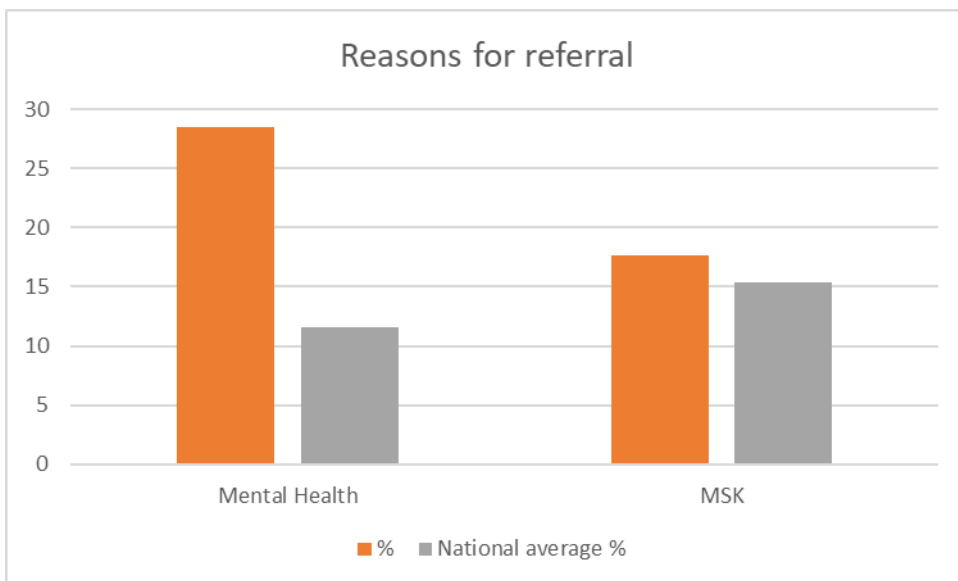
Sickness absence management

The Office for National Statistics has reported a reduced sickness absence trend for 2020. 'The total number of days lost because of sickness or injury and the number of days lost per worker both saw a significant fall in 2020. The data that feeds into the total number of days lost and days lost per worker include furloughed workers; therefore, some of this fall will be because fewer people are in work to be taking days off because of sickness or injury. ' they go on to state that 'The UK sickness absence rate has fallen to 1.8% in 2020; this is the lowest recorded level since the data time series began in 1995.'

As lockdown began, we moved the Occupational Health service into an online function and initially numbers showed a slight decrease in management referrals, however by the end of the March 2021 the numbers of referrals that had been seen by Occupational marginally increased on the previous year. This was despite large numbers of employees being furloughed during lockdown.



In terms of reasons for referral, mental health continues to be the greatest reason, and this is higher than the national average.



To support this data, we have changed our Employee Assistance Provider. With our previous provider we had a utilisation rate of 2.8% however since changing to Health Assured this has increased to just over 7%. Of the calls made to the service 9% were for legal advice and support the remaining 91% were for mental health support. Anxiety symptoms have been the top reason for accessing the service with low mood being second, this picture is consistent nationally. We were also able to roll out support via the 'My healthy advantage' app which has the benefit of a live chat function. This has been a useful function for those in

shared accommodation where communication has been difficult in lockdown and is also a useful support for victims of domestic violence who are unable to speak freely in the home.

We have also been able to utilise Togetherall which is a 24/7 online peer-to-peer and professional support plus a range of courses and tools to help self-manage wellbeing.

Utilising Team's consultations has helped us to support those employees with Musculoskeletal disorders, we have been able to assess employees range of movement along with assessing remote workstations to provide effective advice. The University physiotherapy department also continued to offer their service by using a teams and telephone assessment approach. The Occupational Health department has referred 63 employees with 117 appointments being given. This has been particularly relevant for those furloughed during lockdown as a degree of deconditioning has occurred leading to an increase in MSK conditions.

Software

Traditionally, the ability to extract data from the Occupational Health service has been severely limited as there is currently no software management system in place and no previous data stored other than in paper files. We have now achieved the removal of all paper files and records are now held securely on workspaces. We have been successful in securing support for the tender process for OH specific software following approval from ITPB. We are hopeful that software will be installed towards the end of 2021. Unfortunately, this will not be fully integrated with iTrent for another year, which does continue to limit our ability for data management and GDPR compliance.

Health Surveillance

Internal policies and protocols have been reviewed to ensure consistency for health surveillance by the clinical OH practitioners. A spreadsheet is also utilised to observe trends. Due to pandemic restrictions we have been unable to provide spirometry testing as this is aerosol generating. However despite this restriction a recent health and safety risk scenario involving a potential respiratory carcinogen resulted in collaboration with medical colleagues in the Royal Brompton Hospital to ensure an appropriate outcome for the staff and students involved along with ensuring the University remained compliant with health surveillance requirements.

Occupational Health and Health and Safety are working closely to ensure appropriate employees are part of the health surveillance program, this is likely to be a significant piece of work which will extend throughout 2021.

Health and Wellbeing Framework

The lockdown period has provided the opportunity to build and develop the wellbeing framework which is due to be rolled out across campuses in the coming year. This framework illustrates the requirements for the next 3-5 years, to consistently embed healthy practices into our workplace, empowering all staff to be a part of the wellbeing

journey. It also demonstrates the University's focus to understand and address the challenges that are affecting its people so that we can focus on the prevention of ill health.

Online training for Wellbeing Champions has been created and the framework has achieved senior leadership approval. The framework is due to be piloted and then implemented, with differing levels for achievement to be released within the next 3-5 years.

Rebranding and relocation of the service

The covid 19 pandemic brought the opportunity for the Occupational Health service to relocate and rebrand the service. The sharing of facilities with the onsite medical centre was always challenging but with the pandemic challenges this became impossible. In April 2020 we were fortunate enough to relocate to the campus living building in the centre of campus. With increased space and purpose this has allowed the service to manage the safe delivery of vaccines and bloods, ensure appropriate social distancing for appointments along with maintaining confidentiality by not having to share waiting rooms with the medical centre. As the service continues to grow, we plan to also utilise the space for wellbeing activities.

The renamed Occupational Health and Wellbeing Service is now located in the centre of the east midland's campus opposite the student services building, creating a visual equality of staff and student presence.

External Presence

With the requirement for digital conferences throughout 2020, Occupational Health has been able to outline our transformation on a wider scale. Being awarded the 'Team of the Year' by Occupational Health and Wellbeing/ Personnel today was a highlight of 2020, and the recognition by our peers has been a welcome cause for celebration.

2021-22 priorities

Procurement and implementation of Occupational Health specific software.

Collaboration with the University Health and Safety team to ensure continued compliance with legislation for health surveillance requirements.

Greater presence and visibility at all levels on campus.

Delivery of the Health and wellbeing framework across both campuses.

Greater evidence-based support and reporting for mental health.

More proactive service delivery.

Health, Safety & Environment Committee



Paper Title: Sustainability Annual Report 2019/20

Origin: Associate Head of Sustainability

Date: 18.05.2021

| | |
|---|---|
| 1. Decision Required by Committee | To RECEIVE report |
| 2. Executive Summary | <p>This report provides an update on our performance over the last year and covers:</p> <ul style="list-style-type: none"> 1.0 Governance & Sustainable Development Goals 2.0 A snapshot of progress against objectives in the Sustainability Action Plan 3.0 Environmental Management System 4.0 Waste and Recycling figures 5.0 Energy Management figures 6.0 Sustainable Travel figures 7.0 Biodiversity 8.0 Engagement and Campaigns 9.0 Sustainability Leadership Scorecard results |
| 3. Committees/Groups previously considering item. | Sustainability & Social Responsibility sub-Committee |



Executive Summary

The University takes its responsibility for the environment seriously, and understands the need to respond to the challenges we face globally around issues such as climate change, human wellbeing, food, water and energy security. For the purpose of implementing its *Building Excellence* Strategy, the University defines Sustainability as:

“Action by the University, and its staff and students that considers environmental impact from a social, economic and environmental perspective following the principles of inclusivity, integrity, stewardship and transparency, “embedding sustainability into all our activities, operations and processes”.

The pandemic has created a number of challenges for the University and is a sobering reminder of how vulnerable our societies are to threats beyond our control, and of the importance of addressing those risks we can mitigate – such as the climate crisis. The period characterised by Covid19 has provided some opportunities and potential for consideration of environmental benefits and risk management as the institution reviews its strategy and future objectives. Post lockdown, countries could revert to the unequal, unsustainable high-carbon economies of before, or they could shift to more inclusive, resilient and low-carbon development paths for the future. This geo-strategic context is relevant to the work already being done in space saving, IT and flexible working strategies across the two campuses as the University ‘builds back better’.

This report provides an update on LU’s performance over the last year and covers:

- 1.0 Governance, Climate & Environment Task Group and Sustainable Development Goals
- 2.0 A snapshot of progress against objectives in the Sustainability Action Plan
- 3.0 Environmental Management and Compliance
- 4.0 Waste and Recycling figures
- 5.0 Energy Management figures
- 6.0 Sustainable Travel figures
- 7.0 Biodiversity
- 8.0 Sustainability Leadership Scorecard results

Headline results include:

- **Launch of an Energy Strategy committing to net zero greenhouse gas emissions by 2050**
- **Submission of first United Nations Sustainable Development Goals report**
- **Improved scores in the Sustainability Leadership Scorecard**
- **37% reduction in absolute carbon emissions against the baseline set in 2010/11**
- **Launch of a new Waste Management Strategy**
- **Increase in recycling to 78% with less than 5% of waste going to landfill**
- **Launch of public facing [website](#) on the LU climate and ecological response**

Origin

Sustainability and Social Responsibility Sub Committee (SSRSC)

Strategic objective met

The University is committed to acting in a socially responsible way that maximises its positive impact and minimises its negative impact on society and the communities in which it is based. This is reflected in the University's current strategy 'Building Excellence' which states that, "**we will embed sustainability and social responsibility considerations into all of our processes, operations and developments**" and also "**will work closely with local partners to enhance the social, cultural and economic wellbeing of the communities and regions in which we reside**".

This also underpins element three identified in the Higher Education Code of Governance Committee of University Chairs report which states the University;

- **3.3 "must rigorously assess all aspects of the institutions sustainability in the broadest sense, using an appropriate range of mechanisms which include relevant key performance indicators not just for financial sustainability of the institution but also for its impact on the environment."**

and

- **3.4 "In ensuring sustainability, the governing body must be in a position to explain the processes and the types of evidence used and provide any assurances required by funders. Where such assessments indicate serious issues which could affect future sustainability, the governing body must undertake appropriate remedial action."**

1. Governance and Strategy

Led by the SSRSC and chaired by the Chief Operating Officer the committee reports into the Health, Safety and Environment Committee ultimately reporting through to Council.

The Sustainability [action plan](#) provides a set of strategic principles, congruent with the 'Building Excellence' theme in the overarching University Strategy and a rationalised and agreed set of Key Performance Indicators (KPIs) for sustainability. This existing plan will be reviewed later this year as part of the work undertaken by the Climate and Environment Task Group (CETG) to provide identify key elements in the sustainability framework that will be needed to align with the new University Strategy that identifies Sustainability as a key principle. The new University Strategy is due to be published later this year. The CETG continues to plan and articulate the University's response to global climate and ecological change and presented a set of key actions to Senate in June 2020 which they endorsed and are detailed below.

- 1.1 Develop a set of KPIs that can be integrated into the project management process and annual planning cycles, for the following:
 - a. % contribution from any project to be counted against the net zero greenhouse gas emissions target for 2050
 - b. % spend on enhancing and improving the green natural asset year on year
 - c. % funding for sustainable and climate related research
 - d. Evidence learning related to Climate & Environment for all students
- 1.2 Undertake a quantitative analysis of climate risks faced by the University. These include drought and water restrictions, impacts on key infrastructure and facilities, teaching, student experience, business continuity and supply chains. Primary concerns are likely to be flood, health and

biodiversity impacts on both campuses, along with some international dimensions such as student travel and supply chain.

- 1.3 Establish key priorities to inform the next University Strategy and produce an action plan framework aligned with it.
- 1.4 Align targets, KPI's and University activity with the UN Sustainable Development Goals in support of the sector Accord and UN Sports for climate framework.
- 1.5 Prioritise climate and environment work for internal research and enterprise funding (including PhD studentships) to ensure we meet our commitments in line with the Accord and more widely promote our climate and environment activities.
- 1.6 Identify, assess and implement new technology and aligned with our own research as well as future requirements for a low carbon estate (e.g. boiler replacement and renewables as the main campus moves towards low thermal demand infrastructure).
- 1.7 Undertake a programme of training for staff and students affiliated to the [Carbon Literacy Project](#) based on the premise that if we are to achieve net zero, then we will need to change behaviours as well as technology.
- 1.8 Review external sustainability indices that include environment and climate and identify those which align with LU priorities. Pro-actively engage with those chosen.
- 1.9 Make the Global Citizenship framework (or similar) element of 'Personal Best' compulsory for all participating students.
- 1.10 Work with other universities to develop a sector wide strategy/options appraisal for off-setting scope 3 emissions (waste, water consumption, staff/student commuting, business travel and procurement).

1.2 United Nations Sustainable Development Goals (SDGs) Accord and Report

LU signed the SDG Accord in the Autumn of 2019 supporting the critical role that education has in delivering the [SDGs](#) and the value they bring to governments, business and wider society. The Accord is a commitment learning institutions are making to one another to do more to deliver the goals, to annually report on each signatory's progress, and to do so in ways which share the learning with each other both nationally and internationally. Results are submitted annually to the UN High Level Political Forum. A copy of the first LU SDG report can be found [here](#).

The aim of the goals is to free humanity from poverty, secure a healthy planet for future generations, and build peaceful, inclusive societies as a foundation for ensuring lives of dignity for all. Much of LU research and enterprise activity already align with these goals. We are in a strong position operationally to evidence alignment and continue work to improve awareness of the goals.

The SDGs LU has had the highest impact on in the last 12 months are:



2. Sustainability [Action Plan](#)

This outlines how we will deliver this aspect of the 'Building Excellence' strategy, linking with the four themes, and connecting all areas (i.e. Teaching, Research, Enterprise and Operations). Snap-shot examples of progress against aims and objectives can be seen below.

2.1 Teaching



Work continues to promote the campus as a “living laboratory” with a number of examples of using the campus for students to learn and research. Examples include the Holywell Research Forest, Fruit Routes Project, water course and pond surveying work, phone apps and design school projects, transport collision research group and travel planning support as well as the Forest School.

- 2.1.1 Estates and Facilities Management (E&FM) colleagues continue to work with the School of Architecture Building and Civil Engineering (ABCE) aligning with the objectives in the Sustainability Action Plan, ‘to develop our students as individuals, enhancing their capabilities as creative, confident citizens’ and ensure we provide a ‘high quality student experience’ from the intake forwards. The approach ABCE has taken continues to be a great success with clear benefits to student learning, engagement and attendance.

The Sustainable Development Project element continues to run with E&FM colleagues participating in the programme and student projects being considered as part of the wider University Estates Strategy. This provides students with the type of experience they will have in industry. Specifically, students have been given the library extension and the new LSU project as case studies as well as opportunities to select parts of the campus to improve. The projects are provided by E&FM colleagues and relate to live issues/challenges and opportunities.

- 2.1.2 The School of Geography and Environment use the campus for teaching Geography fieldwork. Examples include the first year field trip compulsory for all geography students using the campus for field activities e.g. mapping, micrometeorology work (normally off-site, but brought on campus for 20/21). River Ecology in its second year uses the brooks alongside the campus perimeter for field data collection and this data is fed back into the campus Biodiversity Action Plan. Forest Ecology in its second year and uses Burleigh Woods and the ‘Loughborough University Research Forest’ for fieldwork regularly during the spring and summer terms each year. This year the forest and the pond near Martin Hall will be used for fieldwork to replace the residential field courses that normally run in second and final year.

Data from the meteorological station continues to be used to underpin a lot of teaching at all UG levels and PGT. Two new MSc programmes have been introduced in the school. MSc Climate Change Politics and Policy and MSc Climate Change Science and Management.

- 2.1.3 School of Sport Exercise and Health Science have been able to support the aim; “To enhance the student experience through informal learning using the biodiverse and exceptionally green campus as a platform to foster sustainable and healthy lifestyles alongside learning” through their Strength and Conditioning (S&C) coaching placements with some students who lead (‘non-performance’) AU team S&C support and there are examples of them using the green spaces

on campus to deliver sessions. Also examples of students who are on placements with the S&C coaches employed by Sports Development Centre. Some of these sessions take place outside and contribute to credit bearing assessment on the Professional Practice module.

2.2 Research & Enterprise Projects



2.2.1 Modern Energy Cooking Services ([MECS](#)) is a five-year programme funded by UK Aid (FCDO Foreign Commonwealth & Development Office). By integrating modern energy cooking services into the planning for electricity access, quality, reliability and sustainability, MECS hopes to leverage investment in renewable energies (both grid and off-grid) to address the clean cooking challenge. MECS is implementing a strategy focused on including the cooking needs of households into the investment and action on 'access to affordable, reliable, sustainable modern energy for all'.

The five-year programme combines creating a stronger evidence base for transitions to modern energy cooking services in DFID priority countries with socio-economic technological innovations that will drive the transition forward. It is managed as an integrated whole, however, the programme is contracted via two complementary workstream arrangements as follows:

- An Accountable Grant with Loughborough University (LU) as leader of the UK University Partnership;
- An amendment to the existing Administrative Arrangement underlying DFID's contribution to the Energy Sector Management Assistance Programme Trust Fund managed by the World Bank.

2.2.2 The Climate Compatible Growth (CCG) consortium – led by Prof Mark Howells, comprising Loughborough, Oxford, Cambridge, UCL, Imperial College and the Open University – is delivering the UK Government's £35M CCG programme (2021-2025). CCG is a UK-Official Development Assistance funded research programme helping developing countries take a path of low carbon development whilst simultaneously unlocking profitable investment in green infrastructure, opening up new markets and supporting delivery of the United Nations Sustainable Development Goals (SDG).

2.2.3 SolPV - £496K, Engineering and Physical Sciences Research Council - A key area of expansion in the field of solar conversion to electrical energy, known as photovoltaic (PV), is the integration in building and infrastructure in highly urbanised environments. For instance, the size of the building-integrated PV industry is reaching over \$2Bn in the US alone. SolPV aims at taking the performance of solution-processed solar cell devices to power conversion efficiencies above 15% using scalable manufacturing routes and Cd-free architectures.

2.2.4 In an age where chemical, biological, radioactive or nuclear (CBRN) emergencies, both accidental and deliberate, pose a real threat to society, we are creating new integrated systems and technologies to aid first responders and save lives.

Our multi-million pound [TOXI-Triage](#) project, which brings together experts from across Europe, is creating novel ways to give effective and diagnostically sound medical and toxic assessments to the casualties of a CBRN event amid the confusion, disorder, and dangers it would bring.

<https://www.emc-dnl.co.uk/news/2020/10/28/east-midlands-development-corporation-launch/>

2.2.5 We are also actively working with regional partners to develop a net zero research centre on the site at Ratcliffe-on-Soar. Transforming the UK’s last coal-field power station into ZERO, a global research centre that will develop real-world low-emission technologies, which open up new business markets and help the UK hit its climate change targets.

2.3 Loughborough University Science and Enterprise Park (LUSEP)

2.3.1 The Science & Enterprise park continues to prosper with a growing cluster of businesses with interests in energy and sustainability. The striking new global HQ for ‘The Access Group’ was recently opened on the park. Leicestershire County Council has invested in the new office space on [LUSEP](#) in an innovative move which will see revenue generated of £1.6m a year to support vital front-line county council services. It is believed to be the largest, single-occupier office deal in the county this century.

3.0 Environmental Management and Compliance

Our environmental performance is managed through the ISO 14001 2015 accreditation, which is an externally verified environmental management system. The 2020 external audit report confirmed the general management of the system provides the required level of control. The organisation’s context is well defined, leadership has been effectively demonstrated and commitment levels are evident.

This is reflected in the levels of compliance with requirements and operational control evident at the organisation which are appropriate to the risks and opportunities identified. There is good availability of documented information to demonstrate that the system is well implemented and well understood throughout the organisation. This audit involved a review of system administration activities, a review and sample of site activities at Loughborough, as well as review of job related records. Evidence was clearly available to demonstrate that the key policy commitments are being adhered to.

Continuation of certification was recommended with no findings identified relating to non-conformance or opportunity for improvement.



4.0 Waste and Recycling



Data for waste was severely impacted upon by COVID-19, so the following data varies considerably from previous years. Engagement was limited during the year with only one building specific campaign completed before lockdown struck. Work continues with Procurement to attempt to address waste at source. We are also continuing our roll out of the segregation of food waste into academic areas. A new [Waste Strategy](#) was also launched in 2020.



| | 2009/10 | 2018/19 | 2019/20 |
|-----------------------|-------------|-------------|---------------------------------|
| Total Waste | 1799 tonnes | 1898 tonnes | 1299 tonnes |
| Total Recycled | 28.53% | 76.8% | 77.96% (incl 20.85% food waste) |

| | | | |
|------------------------|-----|-------|-------|
| Waste to Energy | 0% | 18.0% | 17.1% |
| Landfill | 71% | 5.2% | 4.95% |

Donations to British Heart Foundation continued in this period but unfortunately no data was available.

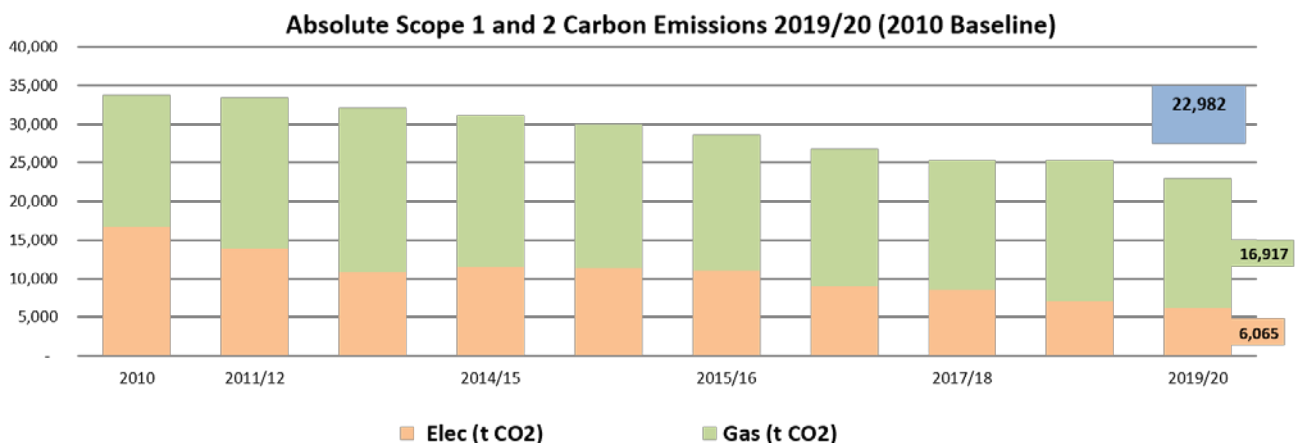
In February 2020 we launched our single use supplement, in the first three weeks of implementation we saw an increase in both customers drinking in (20% of sales) and those using a reuse cup (27% up from 10%). The sales of drinks in disposables reduced to 53% generating a fund for Environmental initiatives. The Single Use Supplement was suspended as a result of COVID-19 but will return in 2021 when it is safe to do so.

5.0 Carbon Management

| | | |
|--|--|--|
|  13 CLIMATE ACTION |  7 AFFORDABLE AND CLEAN ENERGY | The absolute emissions and emissions relative to student numbers for 2019/20 student numbers for the 2019/20 academic year have reduced by 37.2% compared to the baseline year |
|--|--|--|

| | 20010/11 | 2019/20 |
|----------------------------------|---------------------------|---------------------------|
| Absolute Carbon Emissions | 33.820 tCO ₂ e | 22,982 tCO ₂ e |
| Emissions per FTE student | 2.10 tCO ₂ e | 1.32 tCO ₂ e |

Note – The carbon emission data has been calculated using the latest Department for Business, Energy and Industrial Strategy (DBEIS) carbon emission factors for electricity and natural gas and reflect the increased decarbonisation of the national grid over recent years.



The University Energy Strategy 2020-2050 was endorsed by Estates Management Committee (EMC) in November 2020. The purpose of the Energy Strategy is to set out a development framework covering a thirty-year period from 2020-2050 to provide a sustainable energy future for the University.

Key objectives of the strategy are to:

- Support the delivery of the Estates Strategy 2020-2040.
- Align with Government targets of achieving “net zero” greenhouse gas emission by 2050.
- Safeguard the University against escalating energy costs.

- Provide resilience and support business continuity.
- Support business development opportunities.

The Energy Strategy will be supported by a detailed delivery plan that sets out the road map to “net zero” greenhouse gas emissions by 2050.

5.1 Combined Heat and Power and carbon

The University has three Combined Heat and Power (CHP) Units:



- Central Park Energy Centre
- Holywell Park Energy Centre
- Claudia Parsons/ EAC Energy Centre

The CHP units continue to form an integral part of the University thermal and electrical infrastructure, providing 31% of the annual University electricity consumption and saving £1 million in energy cost in 2019/20.

The investment in CHP technology has historically produced both carbon and financial benefits for the University. The units continue to provide significant financial savings due the difference in the unit cost of electricity to gas. With the de-carbonisation of the national grid the carbon benefits associated with CHP operation have demised over the years as the electricity carbon emission factors approach parity with the gas carbon emission factors, as such CHP technology can no longer be considered a “low carbon” technology.

The CHP plant will continue to operate to support the University infrastructure until the units are life expired in around 10 years time, at which point the options for low carbon energy generation to support the University thermal and electrical infrastructure will be reviewed in line with the University Energy Strategy.

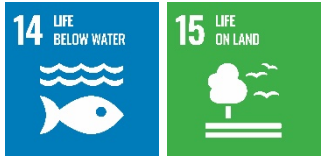



6.0 Sustainable Travel

| | |
|---|---|
|   | <p>The pandemic has greatly impacted travel with less people travelling to, from and within Campus. As we begin to move back to campus the Travel Plan will need to be monitored and reviewed in light of new working patterns and travel behaviours.</p> |
|---|---|

Staff have still been accessing LU travel incentive schemes:

- 48 staff used the cycle to work scheme in the last 12 months
- 491 campus users are now signed up to the SmartGO Leicestershire travel discount scheme
- 31 new Electric or hybrid vehicles registered on the permitting system in the last 12 months
- 4 new charge points installed specifically for LU fleet vehicles

7.0 Biodiversity

| | |
|---|--|
|  | <p>In 2020 a new Gardens Strategy was produced. The University continues to monitor and manage the campus through the Biodiversity Action Plan, Woodland Management Plan and Loughborough Science & Enterprise Park Ecological Management Plan.</p> |
|  | <p>The University continues to maintain its accreditation to Green Flag status for the University campus. The scheme recognises and rewards well managed parks and green spaces, setting the benchmark standard for the management of recreational outdoor spaces across the United Kingdom and around the world.</p> |
|  | <p>The University's Gardens team received exceptional feedback from the judges, with comments including <i>'the high standard of maintenance at the University grounds, including excellent herbaceous perennial beds designed by a member of the gardening staff, made the facility a pleasure to visit'</i> and <i>'the University takes environmental responsibility seriously with students encouraged to become conservation volunteers in woodland management and wildlife areas'</i>.</p> |
|  | <p>The campus apiary continues to go from strength to strength and the bees produced 350lbs of Loughborough Gold Honey in 2020.</p> |

8.0 Sustainability Leadership Scorecard (SLS)

The Sustainability Leadership Scorecard includes a direct link to the Estates Management Record data. It covers sustainability issues beyond the estates function and allows a coordinated whole-institution approach to sustainability providing reports that can be used to communicate the critical drivers within the institution set targets and monitor progress. There are numerous ways to manipulate the data and results link to the UN SDGs. The continued aim is to provide a useful management and developmental tool for reporting at a strategic level.

Overall progress to date

Improvement continues to be made across a number of areas with the overall score being retained as Silver.

An institution overview can be seen in **Appendix 1**. Framework leaders through the completion of the index continue to learn how Sustainability and Social Responsibility might be embedded into their respective areas. Other areas of improvement have come from an increased understanding of applicability through discussion. The dashboard aligns with areas of weakness and opportunity in the Environmental Management System and reflects the findings from the SDG report submitted in 2020.

Priority Area Scores

| | | |
|--|---|---------------|
| Leadership & Governance | - | Silver |
| Estates & Operations | - | Gold |
| Partnership & Engagement | - | Silver |
| Learning, Teaching & Research | - | Bronze |

The framework areas where improvement has been seen in the last reporting cycle are:

- Health & Wellbeing
- Energy
- Climate Change Adaptation

The areas with little improvement or movement are currently:

- Student Engagement
- Learning & Teaching

The scorecard is meant to evidence the complex nature of sustainable development issues and promote discussion and analysis at a strategic level. More detailed reports can be provided for each priority area.

Appendix 1

Sustainability Leadership Scorecard: Institution Overview

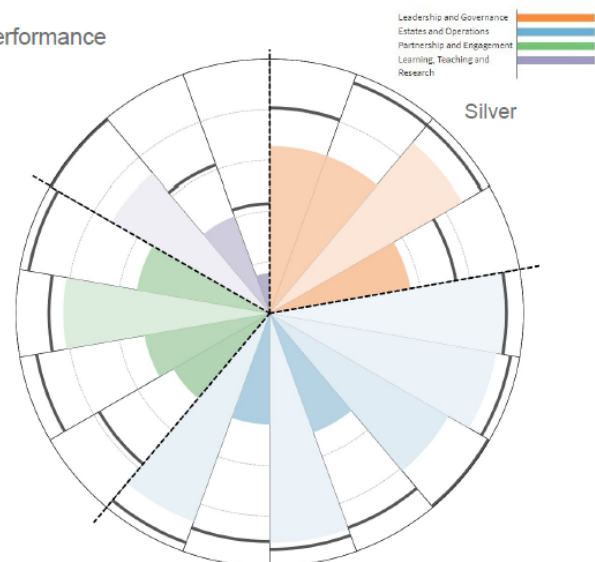
The Sustainability Leadership Scorecard (SLS) provides the Higher and Further Education sector with a development framework that allows institutions to understand their current position with regards to issues of sustainable development and assist in developing routes for improvement.

The framework is designed to align with the wider challenges facing the sector, highlighting that sustainable development issues are a key part of the overall business strategy of an institution. The framework is intended to inform discussions around the role of sustainability within wider issues of reputation, student engagement and satisfaction, Excellence Framework performance and graduate attributes / outcomes.

Based on your institution's current SLS self-assessment, the overall performance for all frameworks is summarised in the figure to the right.

The SLS comprises 18 standard frameworks developed to address current and emerging sustainability themes important to the sector. Frameworks are grouped within four priority areas: Leadership and Governance; Partnerships and Engagement; Learning, Teaching and Research; and Estates and Operations. Each framework is made up of 8 activities and scoring is given at an activity level.

No overall score is generated as each institution had individual priorities that should not be reduced to one comparable number. Instead, the scorecard invites discussion and analysis by representing the complex nature of sustainable development issues. More detailed reports for each priority area are also available.



Health, Safety and Environment Committee



Loughborough
University

Paper Title: Future Business

Origin: Secretary

Date: 17 May 2021

| | |
|---|---|
| 1. Decision Required by Committee | To CONSIDER items of business for future meetings |
| 2. Executive Summary | HSE is asked to consider: <ul style="list-style-type: none">- Suggested business for future meetings- whether there are any other items of business which should be scheduled for consideration at future meetings |
| 3. Committees/Groups previously considering item. | n/a |

October 2021 Meeting

HSE Update from Wolfson School of Mechanical, Electrical and Manufacturing Engineering
HSE Update from Campus Services / Catering / Accommodation element of Estates and Facilities
HSE RAG Rating
H& S Annual Report
H&S Strategic Long-term Plan
University Climate Risk Assessment

February 2022 Meeting

HSE Update from School of Science
HSE Update from remainder of Estates and Facilities Management
Radiation Protection Annual Report

June 2022 Meeting

HSE Update from School of Design and Creative Arts
HSE Update from Student Services
Occupational Health and Wellbeing Annual Report

October 2022 Meeting

HSE Update from School of Sport, Exercise and Health Sciences
HSE Update from Imago

February 2023 Meeting

HSE Update from School of Social Sciences and Humanities
HSE Update from Sports Development Centre
Radiation Protection Annual Report

June 2023 Meeting

HSE Update from School of Aeronautical, Automotive, Chemical and Materials Engineering
HSE Update from Loughborough Students Union (if agreed)
Occupational Health and Wellbeing Annual Report

October 2023 Meeting

HSE Update from School of Business and Economics
HSE Update from London University London

Health, Safety and Environment Committee



Loughborough
University

Paper Title: Annual Review of Committee Effectiveness

Origin: Secretary

Date: 17 May 2021

| | |
|---|--|
| 1. Decision Required by Committee | To review the effectiveness of the Committee |
| 2. Executive Summary | <p>The Committee may wish to consider the following:</p> <ol style="list-style-type: none">1. Is the Committee's purpose clear and has its purpose been fulfilled?2. Is the Committee considering the right items and are communications around decisions working effectively?3. Is the Committee operating in a way which supports the improvement of race equality (and supports the EDI agenda in general)?4. Are we hearing a diverse range of view points?5. Are the practical arrangements effective?6. Can we do anything else to help the University deal effectively with the challenges to come in 2021/22? |
| 3. Committees/Groups previously considering item. | n/a |

Health, Safety and Environment Committee



Loughborough
University

Paper Title: Updated University Fire Policy

Origin: Dr James Holt

Date: 19th May 2021

| | |
|--|---|
| <p>1. Decision Required by Committee</p> | <p>HSE Committee are asked to approve a revised University Fire Policy</p> |
| <p>2. Executive Summary</p> | <p>The last formal review of the University Fire Policy was 2012. Since that period work has been ongoing to refine and reformat the policy. Whilst the vast majority of the content of the policy has not changed, this latest document seeks to make the document more accessible separating out guidance and policy more clearly.</p> <p>The policy now references the University Fire Design Strategy and job titles have been updated to reflect current structures.</p> <p>A tracked changes version of the document was produced, but the changes in terms of formatting were so extensive it was meaningless.</p> |
| <p>3. Committees/Groups previously considering item.</p> | <p>The content of the policy has been the subject of sporadic consultation for a number of years. Within the last month a formal consultation exercise has been undertaken with the policy being sent to key stakeholders for comment.</p> |

Fire Safety Policy

Document Control

| Document Details | |
|------------------|------------|
| Reference | |
| Version Number | |
| Effective From | |
| Approval Date | |
| Review Date | |
| Author | James Holt |

| Document Revision History | | | |
|---------------------------|----------------|-------------------|-------------|
| Date | Revisions Made | Revisions made by | Approved by |
| November 2012 | | Rod Harrison | |
| | | | |
| | | | |
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1. Fire Policy Statement

It is the policy of Loughborough University to ensure that all employees, students, contractors, and visitors are protected from the risks of fire. To achieve this aim, appropriate fire prevention/precaution measures shall be taken, including minimising the spread of smoke. Also, appropriate evacuation procedures shall be developed, implemented, and periodically tested. All persons shall be provided with sufficient appropriate fire awareness training and instruction. All premises shall comply with relevant fire safety legislation and recognized good practice.

2. Regulatory Background

The regulatory framework within which the University operates is provided by the Regulatory Reform (Fire Safety) Order 2005 (RR(FS)O 2005). This legislation is enforced by the local Fire and Rescue Service, and therefore Leicestershire Fire and Rescue Service for most of the University's estate.

The legislation places a responsibility on a nominated Responsible Person to take general fire precautions as far as is reasonably practicable as to ensure the safety of employees, visitors, and contractors whilst on the Responsible Person's premises.

Fire safety is also governed by the Building Regulations 2010. It applies to all new buildings and many refurbishment projects. Compliance with Building Regulations 2010 is required by law for all new University buildings.

Breaches of Regulatory Reform (Fire Safety) Order 2005 can result in legal action taken by the enforcing authority.

This policy details the roles and responsibilities specific for fire safety.

3. Definitions

- Combustible material
 - A substance that can be burned.
- Competent person
 - A person with enough training and experience or knowledge and other qualities to enable them to assist in undertaking the preventative and protective measures.
- Dangerous substance
 - A substance which because of its physico-chemical or chemical properties and the way it is used or is present at the workplace creates a risk.
- Escape routes
 - Routes forming that part of the means of escape from any point in the premises to a final exit.
- False alarm
 - A fire signal, usually from a fire warning system, resulting from a cause other than a fire.
- Fire door
 - A door or shutter, together with its frame and furniture, provided for the passage of people, air or goods which, when closed, is intended to restrict the passage of fire and/or smoke to a predictable level of performance.
- Flammable material
 - Easily ignited and capable of burning rapidly.
- Means of escape
 - Routes provided to ensure safe egress from premises or other locations to a place of total safety.
- Responsible person
 - The person ultimately responsible for fire safety as defined in the RR(FS)O.

4. Arrangements

Duties and responsibilities of the “Responsible Person”, “Competent Person” and “Duty Holder” and provided below.

| Position | Designation under the Regulatory Reform (Fire Safety) Order 2005 |
|---|---|
| Vice Chancellor | <p>The Vice Chancellor is the most senior member of the University body and as such is designated as the “Responsible Person” under the Regulatory Reform (Fire Safety) Order 2005.</p> <p>The post holder is responsible for ensuring that fire safety matters are delegated to appropriate members of staff and are planned and resourced appropriately.</p> |
| Chief Operating Officer | <p>The Chief Operating Officer ensures sufficient resources are made available to confirm fire safety is effectively delivered. The Chief Operating Officer ensures that monitoring arrangements are in place to make sure that fire standards are maintained. The Chief Operating Officer will also periodically receive reports on the adequacy of fire safety standards on the Loughborough Campuses.</p> |
| University Fire Officer/Deputy Fire Officer | <p>The University Fire Officer and their Deputy have the technical and practical knowledge to assess, investigate and report on fire hazards associated with the infrastructure of university property. The University Fire Officer and their Deputy are designated as the “Competent Persons” and they act on behalf of the Vice Chancellor in discharging these duties.</p> |
| Dean of School, Directors and Head of Professional Services | <p>Deans of School, Directors and Head of Professional Services have responsibility for the day to the day running of their departments and therefore are designated as “Duty Holders” for fire safety matters under their control.</p> <p>Duty Holders must ensure that:</p> <ul style="list-style-type: none"> • Fire hazards are managed appropriately and that activity within their area of control in particular that the use or storage of dangerous substances, does not create or exacerbate a fire risk. Further advice is available in Loughborough University’s Chemical Storage Safety Guidance. • Where applicable, competent persons are appointed to undertake specific risk assessments such as the Dangerous Substances and Explosives Atmospheres Regulations (DSEAR) 2002. Further information can be found in Appendix C and the DSEAR Policy • Fire marshals, wardens and sub- wardens have been appointed and have been trained by the University Health & Safety Services. • Staff and students who may need assistance (for instance, a person with impaired mobility) from a building have been assessed, and where applicable a Personal Emergency Evacuation Plans (PEEPs) or General Emergency Evacuation Plans (GEEPs) has been developed. • Issues identified through the fire risk assessment process are resolved. • Fire Emergency Plans are designed specifically to match the needs of the building it relates to and the organisation of the University. This is to ensure that special/specific procedures required are documented in the building fire action plan. See Appendix B. <p>In discharging their duties, Duty Holders may appoint members of staff, such as Departmental Safety Officers (DSO) Wardens and Sub-wardens to assist with carrying out fire safety tasks.</p> <p>Duty Holders receive reports and Fire Risk Assessments (FRA) from the University Fire Officer or their Deputy and are responsible for implementing action plans to remedy any deficiencies. They must also ensure special/specific procedures required for the Fire Emergency Plan are produced and where this cannot be actioned, the issue is brought to the attention of the Chief Operating Officer.</p> <p>Where premises are occupied jointly, Duty Holders are responsible for cooperating with fellow duty holders insofar as this effect’s areas under their joint control.</p> |
| Director of Estates and Facilities Management | <p>The Director of Estates and Facilities Management is designated as the “Main Duty Holder” under the RR(FS)O 2005.</p> |

| | |
|--|---|
| | <p>The Main Duty Holder is responsible for ensuring that University buildings are designed, built and maintained to be protected, so far as is reasonably practicable, from the effects of fire. The Director of Estates and Facilities Management may receive advice and information from the University Fire Officer or his Deputy to assist them in discharging this duty effectively.</p> |
| <p>Head of Maintenance, Engineering and Sustainability</p> | <p>The Head of Maintenance, Engineering and sustainability is designated as a “Duty Holder” and is responsible for ensuring the following:</p> <ul style="list-style-type: none"> • Resolving issues identified through the Fire Risk Assessment process. • Their staff are competent on fire safety matters. • Construction projects and refurbishments deliver fully compliant facilities designed in accordance with the Loughborough University Fire Design Strategy and in the absence of detail in the strategy that key fire legislation is followed and that all fire safety measures are fully functional at handover. • Fire Risk Assessments are updated following the completion of a project. • Records are maintained regarding the building and equipment which are being developed. • Suitable handover arrangements are in place during building and refurbishment. • Fire safety controls such as permits to work are in place during construction, refurbishment, and maintenance activities. Storage and use of flammable substances, waste transfer arrangements, maintenance of any temporary, contractor installed fire alarm system, and reduction of dust generation are all managed. |
| <p>Head of Project Delivery</p> | <p>The Head of Project Delivery is designated as a “Duty Holder” and is responsible for ensuring the following:</p> <ul style="list-style-type: none"> • That construction projects and refurbishments deliver fully compliant facilities designed in accordance with the Loughborough University Fire Design Strategy and in the absence of detail in the strategy, that key fire legislation is followed and all fire safety measures are fully functional at handover. • The Fire Risk Assessment is updated or undertaken following the completion of a project. • Records are maintained regarding the building and equipment which are being developed. • Suitable handover arrangements are in place during building and refurbishment works. • Fire safety controls such as permits to work are in place during construction, refurbishment, and maintenance activities. Storage and use of flammable substances, waste transfer arrangements, maintenance of any temporary, contractor installed fire alarm system, and reduction of dust generation are all managed. |
| <p>Hall of Residence Wardens</p> | <p>Hall of Residence Wardens are designated as a “Duty Holder” and are responsible for ensuring the following:</p> <ul style="list-style-type: none"> • That the local fire action plan to the students’ accommodation/hall is understood by those residents. • All Sub-Wardens are trained or have received annual refresher training before commencement of the academic year. • Controlled fire evacuations are undertaken and recorded. • Students who may need assistance (for instance, a person with impaired mobility) from their residence have been assessed, and where applicable a Personal Emergency Evacuation Plans (PEEPs) or General Emergency Evacuation Plans (GEEPs) has been developed. <p>Residential students are obliged to attend a fire safety induction session provided by the Hall Warden team. During the session, students will be made aware of the relevant precautions and procedures for the specific residence and will be made aware of the dangers within. Penalties associated with tampering with fire safety equipment should also be made clear.</p> |

| | |
|---|---|
| | The evacuation procedures and the location of assembly points shall be displayed on Fire Action Notices located at strategic points throughout University buildings. In discharging their duties, Duty Holders may appoint members of staff, such as Sub-Wardens to assist with carrying out fire safety tasks. |
| Hall Managers, Wardens, Sub-Wardens and Fire Marshals | Required to ensure that safe evacuations take place in the event of the alarm being raised in a University building, and that an investigation into the cause of the alarm is implemented. Detailed guidance can be found in Appendix A. |
| University Teaching Staff | Responsible for the safety of their students when in class and must make themselves aware of the fire procedures for the buildings in which they lecture, to ensure the following: <ul style="list-style-type: none"> • Student(s) under their supervision are aware of what to do on hearing the fire alarm. • Leave the building by the nearest available exit route in a calm and orderly manner and proceed to the designated assembly point allocated to that building. • Students remain at the assembly point until a clear instruction from the Fire Marshal/Security Officer has been given to re-enter the building. |

5. Key Legislative Requirements

The University will ensure, so far as is reasonably practicable, that the risk associated with fire will be managed in compliance with the following:

- The Health and Safety at Work etc Act 1974; (the Act), sets out the general duties which employers have towards employees and members of the public, and employees have to themselves and to each other. These duties are qualified in the Act by the principle of 'so far as is reasonably practicable'. In other words, an employer does not have to take measures to avoid or reduce the risk if they are technically impossible or if the time, trouble or cost of the measures would be grossly disproportionate to the risk.
- The Management of Health and Safety at Work Regulations 1999 generally make more explicit what employers are required to do to manage health and safety under the Act. Like the Act, they apply to every work activity. The main requirement on employers is to carry out a risk assessment. Employers with five or more employees need to record the significant findings of the risk assessment.
- The Regulatory Reform (Fire Safety) Order 2005, (RR(FS)O); implements a risk-based approach to fire safety in community, industrial and business premises. It requires the responsible person (usually the employer, owner or occupier) to carry out a fire safety risk assessment and implement appropriate fire precautionary and protection measures, and to maintain a fire management plan.
- The Building Regulations 2010; set out the minimum requirements and basic performance standards designed to secure the health, safety, and welfare of people in and around buildings.
- The Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR); require employers to protect workers from the risks from explosive atmospheres. To ensure compliance, Departments and Professional Services are required to:
 1. Carry out a risk assessment of any work activities involving dangerous substances;
 2. Provide technical and organisational measures to eliminate or reduce as far as is reasonably practicable the identified risks;
 3. Provide equipment and procedures to deal with accidents and emergencies;
 4. Provide information and training to employees;
 5. Classify places where explosive atmospheres may occur into zones and mark those zones where necessary.

6. Evacuation Procedures for Disabled Persons

The University has a responsibility to ensure that we can safely evacuate all occupants of all our buildings. To achieve this, the University will establish a system of personal emergency evacuation plans (PEEPS) and generic emergency evacuation plans (GEEPS), in order to support those who are unable to self-evacuate and those who require additional support.

Responsibility for ensuring completion for PEEPS lies with the line manager or disability liaison officer (DLO) in the case of students, however, this process should be collaborative and must include consultation with the individual in question. The University Health and Safety Service and specifically the Fire Safety Team are available to offer support and guidance.

6.1. Wheelchair Users and People with a Physical Disability

A wheelchair user must notify their tutor (or line Manager) of the details of their PEEP. If, due to the nature of the impairment, the individual cannot be removed from their wheelchair without risk of serious injury, movement to a point of temporary refuge will be considered as part of their PEEP.

It is essential that wherever possible Fire Safety Coordinators / Hall Managers, Fire Marshals/Wardens are aware of staff, students or visitors to the building who have specific emergency evacuation needs.

NB. Most fire escape stairways or designated refuge areas are of half hour fire resistance and will also provide the necessary protection until the arrival of the Security personnel with the C- Max evacuation chair or the Fire and Rescue Service to allow a safe evacuation.

Most refuges have the provision of an Emergency Voice Communication System (EVCS), which are directly linked to the Security Control Centre.

6.2. Deaf/Hearing Impaired Persons

In certain University Academic buildings Deaf Alerters or Visual Alarm Devices (VAD's) have been installed. Deaf or hearing-impaired staff/students that are likely to be working in an isolated area are encouraged to advise an appropriate member of staff of this fact, so that they may be notified of any alarm. In certain Halls, Deaf Alerter or VAD's have been installed and can be augmented by vibrating pillows which are available upon request.

6.3. Blind/Visually Impaired Persons

Blind or visually impaired persons are advised to locate evacuation and assembly points as soon as possible upon arrival to the University and should contact the University Health and Safety Service to be advised on the fire evacuation routes from buildings they regularly frequent. It is essential that this takes place immediately upon arrival at the University rather than waiting until an evacuation takes place.

7. Controlled Evacuation Drills

In accordance with fire safety legislation, controlled fire evacuation drills will be implemented or overseen by the University Health and Safety Service for all appropriate University buildings, at least annually.

The drills will monitor the effectiveness of the local evacuation procedures and, where necessary, identify required changes. They will also be used to time the evacuation and compare to a previously determined acceptable time for the relevant building, based on national standards and accepted good practice. In cases where the evacuation takes longer than the expected time, a second drill may be carried out at a later date.

Halls of residence must have completed an evacuation drill by the 2nd week of the 1st semester and a second evacuation drill no later than the 4th week of the 2nd semester.

Reports on the effectiveness of drills will be produced by the Wardens team for each Hall and a copy sent to the University Fire Officer or their Deputy. A standard fire evacuation report form is at Appendix D.

8. Fire Alarm Tests

All fire alarms in University buildings will be tested at designated times, Monday to Friday of each week, (as agreed with the University Health and Safety Service). Details of the tests should be entered into the test register which is supplied by the University Health and Safety Service. It is the responsibility of Deans of School, Directors and Head of Professional Service and the Director of the residential organization to nominate an employee to carry out these tests and complete the test register. Defects must be reported immediately to the Maintenance Engineer, facilities Management with jobs entered on [Archibus](#). In the event of a complete system failing, the University Health and Safety Service and University Fire Officer or their Deputy should be informed immediately; in turn temporary portable alarms will be provided for distribution throughout the building where possible and appropriate.

For further guidance on alarm tests, see Loughborough University's [Alarm Test Guide](#).

9. Training, Instruction, and Information

All new employees shall be given local fire safety induction training by their Departmental Safety Officer (DSO), or other appropriate person, in the first week of employment. This will include identification of escape routes, location of fire extinguishers and call points, where the assembly point is and any local hazards that they need to be aware of.

Deans of School, Directors and Head of Professional Service must ensure that Fire Marshals have been appointed and have been trained by the University Health and Safety Service.

The Department of Student Services must ensure that all Sub Wardens are trained or have received refresher training, annually before commencement of the academic year. This will include but not limited to evacuation requirements and procedures, reporting incidents, and completing personal emergency evacuation procedures (PEEPs).

Residential students are obliged to attend a fire safety induction session provided by the Hall Warden team. During the session, students will be made aware of the relevant precautions and procedures for the specific residence and will be made aware of the dangers and penalties associated with tampering with fire safety equipment.

The evacuation procedures and the location of assembly points shall be displayed on Fire Action Notices located at strategic points throughout University buildings.

10. New Buildings and Alterations

When new buildings or significant alterations are being planned (including change to the premises, organisation or the activities), the Facilities Management Project Managers shall ensure that the requirements of relevant fire safety legislation, fire risk assessments and recognised standards are considered and that the proposed building/facilities meet the requirements of the [University Fire Design Strategy](#). Details of the proposals shall also be sent to the University Fire Officer or their Deputy and the University Health and Safety Service, who will check them for compliance with fire safety legislation, standards, and good practice.

11. Fire Risk Assessments

In accordance with the RR(FS)O 2005, fire risk assessments shall be carried out by the University Fire Officer, their Deputy, or another competent person for every University building. The fire risk assessments shall be amended as necessary when circumstances require it (e.g. building changes). They shall be reviewed whenever any changes to structure, layout or usage of the building takes place to ensure their on-going relevance and adequacy.

12. Monitoring and Auditing

Supervisors and line managers shall, as part of their day-to-day duties and during inspections, ensure that fire safety precaution and prevention measures are in place and are working as they are intended to.

Departmental Safety Officers' shall monitor local arrangements for the provision of training, etc. to ensure that they work satisfactorily.

Fire safety shall be included in audits of departmental and Professional Service safety management system carried out by the University Health and Safety Service.

13. Reporting and Investigation of Incidents

Operational or Security personnel who become aware of a fire-related incident shall report it as soon as possible to the University Health and Safety Service. In cases where this is done verbally or where health and safety personnel attend fires or false alarms, the standard fire incident report form shall still be completed and forwarded to the University Health and Safety Service using the '[SHE](#)' reporting system.

Where and when appropriate, a member of the University Health and Safety Service shall carry out an investigation and make recommendations in accordance with health and safety policy.

Data provided by completed incident forms and subsequent investigations shall be analysed periodically by the University Health and Safety Service to identify trends and make recommendations. Appropriate reports shall also be provided to the Health, Safety and Environment Committee and other bodies as required.

14. Further Reading

- *Regulatory Reform (Fire Safety) Order 2005 SI 2005 No. 1541, (ISBN 0 11 072945 5)*
- *Fire Safety Risk Assessment Guides*
 - *Offices and Shops: ISBN: 13-978 1 85112815 0;*
 - *Sleeping accommodation: ISBN: 13-978 1 85112817 4;*
 - *Educational premises ISBN: 13-978 1 85112819 8;*
 - *Small and medium places of assembly ISBN: 13-978 1 85112820 4;*
 - *Large places of assembly ISBN: 13-978 1 85112821 1;*
 - *Theatres, cinemas, and similar premises ISBN: 13-978 1 85112822 8;*
 - *Open air events and venues ISBN: 13-978 1 85112823 5;*
 - *Healthcare premises ISBN: 13-978 1 85112824 2.*
- *Health and Safety at Work etc Act 1974: (ISBN 0 10 5437743).*
- *Management of health and safety. Management of Health and Safety at Work Regulations 1999, Approved code of practice and guidance, L21 HSE Books ISBN 0 7176 24889.*
- *Approved Document B: The Building Regulations 2010: Volume 1 & 2, 2019 Edition.*
- *Dangerous Substances and Explosive Atmospheres. Dangerous Atmospheres Regulations 2002. Approved Code of Practice and Guidance. L138 HSE Books 2003 ISBN 0 7176 2203 7.*

15. Appendix A – Fire Marshals

In large buildings where there are a significant number of people, it is not practicable to have a roll call or keep a formal fire register. Similarly, in most University premises, there are a significant proportion of 'mobile' people at any given time, and occupation levels are not predictable.

In such cases, Fire Marshals are appointed by the Deans of School, Directors and Head of Professional Service to assist in the safe evacuation of all staff and students present from pre-designated areas of the building.

Loughborough University has implemented such a system in most of its buildings and Fire Marshals have been trained to assist staff and students evacuate the area of the building when the fire alarm sounds.

Fire Marshals will be familiar with all the exit points for their area and will direct staff, students, and visitors towards the most appropriate available exit.

Additionally, the training allows any Fire Marshall to act as the Fire Safety Coordinator and to be the first point of contact with the Emergency Services when they arrive on site.

Fire Marshals will be trained in the use of emergency fire-fighting equipment; however, their priority is the preservation of life and as such firefighting equipment will be put to use very rarely. A Fire Marshal's primary function is to assist the progress of the evacuation and to either report to the Fire Safety Coordinator or, act as Fire Safety Coordinator. The duties of the Fire Safety Coordinator are in below in 15.3.

The number of Fire Marshals required for each building will be proportional to the size, complexity, and fire risk of a particular building. The University Health and Safety Service will advise Deans of School, Directors and Heads of Professional Service on the appropriate numbers of Fire Marshals for their area of responsibility.

15.1. Number of Fire Marshals required

15.1.1. Low risk premises; fire marshal requirements:

| Fire marshals per number of employees/occupants | | | Additional fire marshals that may be required | | |
|---|--------------------------|---------------------------|---|-----------------------------|--|
| Fewer than 50 | 50-100 | For every additional 100 | Large Sites | Shift Cover | Leave of absence |
| At least 1 fire marshal | At least 2 fire marshals | 1 additional fire marshal | 1 fire marshal per floor/area | Each shift must be adequate | Add 25-50% to the number of fire marshals to cover absence |

Example:

A workshop with a separate office area. The workshop employs 7 people, including 2 who work on the weekend. The office employs 3 people, who work Monday-Friday 9am-5pm.

In this instance the recommendation would be to nominate 5 fire wardens:

- 2 in the workshop, 1 for each shift
- 1 in the office
- 2 to cover absences

15.1.2. Medium risk premises; fire marshal requirements:

| Fire marshals per number of employees/occupants | | | Additional fire marshals that may be required | | |
|---|--------------------------|---------------------------|---|-----------------------------|--|
| Fewer than 20 | 20-75 | For every additional 75 | Large Sites | Shift Cover | Leave of absence |
| At least 1 fire marshal | At least 2 fire marshals | 1 additional fire marshal | 1 fire marshal per floor/area | Each shift must be adequate | Add 25-50% to the number of fire marshals to cover absence |

Example:

A large office building has 3 floors, a cafeteria, and a reception area. There are 280 employees in the offices, 90-100 on each floor, 15 people in the cafeteria working 2 shifts, and 5 people working in the reception area.

In this instance the recommendation would be to nominate 13 fire wardens:

- 6 in the office area – 2 on each floor
- 2 in the canteen – 1 per shift
- 1 in the reception area
- 4 to cover absences

15.1.3. High risk premises; fire marshal requirements:

| Fire marshals per number of employees/occupants | | | Additional fire marshals that may be required | | |
|---|--------------------------|---------------------------|---|-----------------------------|--|
| Fewer than 15 | 15-50 | For every additional 50 | Large Sites | Shift Cover | Leave of absence |
| At least 1 fire marshal | At least 2 fire marshals | 1 additional fire marshal | 1 fire marshal per floor/area | Each shift must be adequate | Add 25-50% to the number of fire marshals to cover absence |

Example:

A busy research building. The building has 300 employees working in several laboratories over 3 floors (100 persons per floor). One employee supports the reception area. The restaurant is only open during lunch periods and supports approximately 40 people.

In this instance the recommendation would be to nominate 20 fire wardens:

- 1 in the restaurant area
- 1 in the reception area
- 4 per floor (split across any lab areas)
- Additional 2 per floor for absences.

15.2. Fire Marshal duties in the event of a fire alarm sounding

1. To ensure that a safe evacuation of the building is taking place.
2. To sweep a designated area – providing assurance to the marshal is in their designated area when the alarm is heard.
3. To identify if any occupants have been unable to evacuate the building and to report this fact to the Fire Safety Coordinator. This is particularly pertinent if people with limited mobility have been placed into fire refuge areas. Where the refuge area has a form of communication, the Fire Marshal shall ensure that Security Control have been notified, by activating the emergency telephone, Deaf Alerter or CommuniCare System.
4. To act on the instruction of the Fire Safety Coordinator to monitor entrances to the building and to prevent people from re-entering until the all-clear is given.
5. To take instruction from either the Fire Safety Coordinator or an officer from Leicestershire Fire & Rescue Service that the building is safe to re-enter. This information is to be fed back to the occupants at the fire assembly point.
6. To take part in a short de-brief session with the Fire Safety Coordinator if requested to do so.

General duties

- To ensure that fire-fighting equipment is in place and to report to the University Fire Officer or his Deputy if equipment is missing or damaged.
- To identify and report to the Deans of School, Directors and Head of Professional Service any concerns regarding obstruction of fire exits or escape routes.

NOTE: Detailed guidance on the specific duties of Fire Marshals can be found in Appendix A.

15.3. Fire Safety Coordinator duties

In large academic buildings there will be a need for somebody to take a lead role in organising the evacuation and passing on information in a systematic manner. This is the duty of the Fire Safety Coordinator. This will be the first individual (Fire Marshal or Security Officer) to reach the scene of the fire incident.

After fulfilling the duties outlined in parts 1 to 3 in 15.2 above, the Fire Safety Coordinators duties are as follows:

1. To go immediately to the fire control point and notify Security that an evacuation is in progress.

NOTE: the first Fire Marshal or Security Officer to reach the fire control point will assume the duties of the Fire Safety Coordinator. Should for whatever reason the Fire Marshal feel uncomfortable or unwilling to take on the role of the Fire Safety Coordinator, the Security Officer in attendance will automatically assume that role.

2. To check in each Fire Marshal as they arrive at the fire control point, noting reports on the whereabouts of people who are known to be left in the building and if any signs of fire have been seen during the sweep and evacuation of the building.
3. To evaluate the information received from Fire Marshalls and if no reports of fire are received to organise an investigation of the reason for the alarm activation.
4. To call Security Control if fire is suspected, arranging for a 999-emergency call to be made to the Fire and Rescue Service.
5. If the alarm is found to be unwanted (false), liaise with Security to silence and reset the alarm system, and give instructions to allow people to re-enter the building. If the panel will not reset and there is uncertainty as to the cause, the Fire and Rescue Service should be called, and the building must remain evacuated.
6. To liaise with the Fire and Rescue Service on their arrival and inform the senior office of the whereabouts of anyone remaining in the building.

15.4. Investigating the cause of the alarm

Investigating the cause of alarm activation is done to avoid unnecessary calls being made to the Fire and Rescue Service.

Whilst Fire Safety Coordinators are sufficiently trained, they must not put themselves at risk. A dynamic, on-the-spot risk assessment should be made, and the Fire Safety Coordinator may only re-enter or stay in a building, if there is no indication of fire.

The procedure is as follows:

1. The Fire Safety Coordinator verifies that no reported signs of fire have been made by Fire Marshalls.
2. The Fire Safety Coordinator checks the alarm panel to identify which sensor or call point has been activated.
3. The Fire Safety Coordinator, Fire Marshal or Security Officer proceeds to the sensor/device, being vigilant for any sign of fire en route. Any indication of fire, such as smell or sight of smoke or flames, must be taken as a signal to leave the building immediately and to notify Security, requesting the attendance of the Fire and Rescue Service.
4. On reaching the activated sensor/device the Fire Safety Coordinator takes note of any reason for alarm activation.
5. The Fire Safety Coordinator, Fire Marshal or Security Officer leave the building and report their findings back to Security Control.

15.4.1. General Duties

To provide information gathered during the investigation to the University Health and Safety Service. Use the [‘SHE’ reporting](#) system to report a fire incident, accessed *via* University homepage.

Detailed guidance on the specific duties of Fire Safety Coordinators can be seen in Appendix B.

In Residential Halls, the Hall Manager / Warden will adopt the role as Fire Safety Coordinator.

16. Appendix B – Example LU Fire Emergency Plan

LOUGHBOROUGH UNIVERSITY (Name of building) FIRE EMERGENCY PLAN

This Fire Emergency Plan has been designed specifically to match the needs of the building detailed above and the organization of the site at the University. There are specific duties for various members of the organisation, and these are explained clearly at different stages of the procedure. This document should be brought to the attention of all building occupants.

16.1. On discovery of a fire in the premises:

- a) Immediately operate the nearest fire alarm call point to sound the alarm throughout the premises. Fire alarm call points (break glass) are found adjacent to final exit doors, corridors, and staircase lobbies/landings.
- b) Inform Security Control by telephone from a safe venue and give them the relevant information, e.g. the correct address of the building. Security Control will then call the Fire and Rescue Service.
 - a. **Security can be contacted in the following ways in an emergency:**
 - i. **Use any University internal line dialling 888**
 - ii. **Use external lines (e.g. mobile & private telephone lines) dialling 0800526966**
- c) Should there be any problem or delay in contacting Security Control, call the Fire & Rescue Service direct by dialling 9-999 (using internal phones), or 999 and give the correct address of the building and any other information they require.
- d) Evacuate in a calm and orderly manner and proceed to the fire assembly point.

Security Control can be contacted in the following ways:

- Use any University internal line dialling 888
- Use external lines (e.g. mobile & private telephone lines) dialling 0800526966

Only attempt to extinguish the fire if you are trained and proficient in the use of fire extinguishers. If you do attempt to extinguish the fire do not place yourself or any other person in danger.

16.2. On hearing the fire alarm:

- a) Evacuate the premises in a calm and orderly manner using the nearest fire exit (**not using lifts**) and proceed to the designated assembly point for your area.
- b) Do not stop to collect your personal belongings.
- c) You may be specifically designated to undertake specific actions in the event of a fire alarm, for example to switch off machinery or to isolate a gas supply. You should do this prior to leaving, only if it is safe to do so.
- d) Wait at the assembly point until you have been accounted for by your fire marshal.
- e) Notify your fire marshal immediately or Security personnel of any persons you know who have not reached the assembly point and who may still be in the building.
- f) Do not return to the building until you have been told it is safe to do so by your Fire Marshal, the Fire Safety Coordinator, Security personnel or the Fire & Rescue Service.

16.3. Specific Duties

16.3.1. Fire Marshals, Hall Wardens and Hall managers

(Fire Marshals at Holywell Park see 3.3)

On discovering a fire:

- a) Raise the alarm by operating the nearest fire alarm call point.
- b) Telephone Security Control on 888 on internal lines, or 0800526966 on external lines. Advise them of the location of the fire and your location, and what is on fire. (dial 9-999 if unable to contact Security control or you are in off campus buildings).
- c) Only consider trying to extinguish the fire if safe and if proper training has been given, e.g. knowledge of which extinguisher to use on each classification of fire and how to handle the fire extinguisher.
- d) Evacuate everyone from the area, directing staff, students, and visitors towards the nearest available fire exit.
- e) Maintain a steady flow of people evacuating the building and prevent 'bottlenecks' building up by redirecting staff, students, and visitors towards other available exits, so they are not placed at risk.
- f) Direct staff, students, and visitors away from potential sources of fire, where these are known.
- g) Ensure, so far as is reasonably practicable, that each floor in the building is clear or is actively evacuating. Try to identify anyone who is unable to self-evacuate from the building and place them in a refuge area. Where the refuge area has a form of communication, the fire marshal shall ensure that Security Control have been notified, by activating the emergency telephone, Deaf Alerter or CommuniCare System.
- h) Leave the building themselves by the nearest available exit.
- i) Report to the Fire Safety Coordinator / Security personnel (who will be at the fire control point) on the status of their area.
- j) Remain with the Fire Safety Coordinator / Security personnel so that they can be redeployed to aid in controlling other aspects of the evacuation or to be at the disposal of the senior officer of the emergency services on site.
- k) Await instructions from the building Fire Safety Coordinator / Security personnel prior to allowing personnel back into the building.
- l) If an individual is missing, make a note of their name and the last place they were seen. **Do not re-enter the building to find them.** Report this to the building Fire Safety Co-ordinator or attendant Security personnel.
- m) Always ensure that you are in communication with the personnel waiting at the Assembly Point and keep them updated with the situation.

16.3.2. Fire Safety Coordinator

(the first Fire Marshal at the control point, or in their absence Loughborough University Security personnel)

After fulfilling the duties outlined in parts d) to h) of 3.1, the Fire Safety Coordinators duties are as follows:

- a) Proceed to the fire control point and check-in each Fire Marshal as they arrive and make a note of their responses.
- b) Contact Security Control and inform them that you have a fire alarm incident, and you are investigating.
 - a. **Security can be contacted in the following ways in an emergency:**
 - i. **Use any University internal line dialling 888**
 - ii. **Use external lines (e.g. mobile & private telephone lines) dialling 0800526966**

IF SAFE TO DO SO:

- c) Go to the address of the activation shown on the fire alarm panel, being vigilant for any sign of fire en route. Check the activated sensor / call point when you get there and verify the reason for the alarm activation.
- d) Direct staff, students and visitors towards the fire assembly point

Any indication of fire, such as smell or sight of smoke or flames must be taken as a signal to leave the building immediately and to notify Security Control or the Officer-in-command (OIC) of the Fire and Rescue Service, that a fire has been confirmed.

If the cause of the fire alarm activation is found to be unwanted (false):

- e) Where you are satisfied the cause of activation is false return to the fire control point, ring Security Control on 222141 and explain that the activation was false and that there is no need for further action on their part.

- f) A second call must then be made immediately to Security Control, informing them that you have proven the alarm to be false and that the fire alarm has been cancelled.
- g) After resetting the fire alarm system, give instruction to the occupants to re-enter the building.
- h) Complete fire incident report form.

If a fire is confirmed:

- j) Contact the Security Control and request the Fire and Rescue Service are called.

Should there be any problem or delay in contacting Security Control, call the Fire & Rescue Service directly by dialling 9-999 (internal), or 999 (external). Give the correct address of the building and any other information they require. Then, if still safe to do so, retry contacting Security Control.

- k) Only consider trying to extinguish the fire if it is safe to do so and correct training has been given, e.g. knowledge of which extinguisher to use on each fire and how to use the fire extinguisher.
- l) Do not place yourself or any other person in danger.
- m) Direct staff, students, and visitors towards the fire assembly point No.
- n) Ensure, so far as is reasonably practicable, that all floors are actively evacuating, and identify if anyone is unable to self-evacuate from the area.
- o) Identify yourselves to the Fire and Rescue Service and other personnel in authority by wearing a Hi-Vis tabard where possible.
- p) Provide any information to the OIC of the Fire and Rescue Service and inform them of any persons known or believed to be unaccounted for or the location of any staff, student or visitor who require assistance. **Do not re-enter the building to find them.**
- q) Ensure communication is maintained with the personnel waiting at the assembly point.
- r) Remain at the fire control point until told to stand down by the OIC of the Fire and Rescue Service.
- s) Complete a fire incident report form using the [‘SHE’ reporting](#) system.

In the absence of the Fire and Rescue Service, the building Fire Safety Coordinator or Security personnel have absolute control over ALL personnel on site.

16.3.3. Fire Marshals (Holywell Park)

On hearing the alarm:

- a) Evacuate everyone from the area, directing staff, students, and visitors towards the nearest available fire exit, and then follow procedures e)-m) below.

On discovering a fire:

- b) Raise the alarm by operating the nearest fire alarm call point.
- c) Telephone Security Control on 888 on internal lines, or 0800526966 on external lines.
 - a. Confirm they are in receipt of the alarm;
 - b. Advise them of the location of the fire, your location, and what is on fire.

NOTE: The fire alarm system on this site is a “double knock” system which will only sound a fire alarm if either:

- Two sensors in the same building (or zone in the main building) detect either heat/smoke or;
- A Manual Call Point / Break Glass (MCP) has been activated.

In either of these cases, an evacuation of the building or in the case of the main building, the affected zone and all adjacent zones will begin. A further alarm signal will be sent to Security Control who will, upon receipt of this signal, dispatch Security personnel to investigate.

- d) Only consider trying to extinguish the fire if it is safe to do so and correct training has been given, e.g. knowledge of which extinguisher to use on each classification of fire and how to handle the fire extinguisher.
- e) Evacuate everyone from the area, directing staff, students and visitors towards the **nearest available fire exit.**
- f) Maintain a steady flow of people evacuating the building and prevent 'bottlenecks' building up by redirecting staff, students and visitors towards other available exits, so that they are not placed at risk.

- g) Direct staff, students and visitors away from potential sources of fire, where these are known.
- h) Ensure, so far as is reasonably practicable, that each floor in the building is clear or is actively evacuating. Try to identify anyone who is unable to self-evacuate from the building and place them in a refuge area. Where the refuge area has a form of communication, the fire marshal shall ensure that Security Control have been notified, by activating the emergency telephone, Deaf Alerter or CommuniCare System.
- i) Leave the building themselves by the nearest available exit.
- j) Report to the assembly point.
- k) Report any persons known to be, or believed to be, unaccounted for, or if any staff, student, or visitor requires assistance to evacuate the building, to the security officer in attendance or alternately contact Security Control on 0800526966. Do not re-enter the building to find them.
- l) Ensure that all personnel waiting at the assembly point remain there and await further instructions from Security personnel prior to re-entering the building.
- m) If necessary, ensure that all vehicle movement cease in the immediate area, where safe to do so.

16.4. Evacuation Procedures for Disabled Persons

This evacuation strategy will be specific to the needs and abilities of the individual in question. It is essential that wherever possible Fire Safety Coordinators are aware of staff, students, or visitors to the building who have specific emergency evacuation needs.

16.5. Special/Specific Procedures

These procedures are bespoke and will be produced by the relevant department in conjunction with the H&S office when required.

17. Appendix C – Fire Risk Assessments

17.1. Scope

The responsible person is charged under the RR(FS)O 2005 with ensuring that a suitable and sufficient fire risk assessment is carried out. The fire risk assessment must identify both general fire precautions and fire precautions arising from dangerous substances.

The responsible person has delegated the task of conducting fire risk assessment to the following persons:

17.2. General Precautions

The assessment of general fire precautions is delegated to the University Fire Officer or their Deputy.

NOTE: The assessment of general fire precautions does not extend to the physical inspection of ceiling voids and inaccessible places for breaches in fire walls and fire compartments. The fire risk assessment records the fire safety measures in place when the fire safety risk assessment was conducted, lists any inadequacies found and details all appropriate remedial action.

17.3. Dangerous Substances

The assessment of dangerous substances is delegated to the Duty Holder and is consistent with existing duties to access dangerous substances under the Dangerous Substances Explosive Atmospheres Regulations (DSEAR) 2002 and the Control of Substances Hazardous to Health Regulations (COSHH) 2002. The Duty Holder may appoint members of staff from within their own department to conduct the assessment and to implement such controls as lie within their authority. The Duty Holder may additionally require technical assistance/expertise from the University Fire Officer or his Deputy to identify building modifications or changes to the general fire precautions necessary to protect people from fire risks arising from dangerous substances.

N.B. The purpose of the dangerous substances risk assessment is not to interfere with the work of research laboratories but to ensure that suitable controls are in place to manage the risk from ignition sources and flammable material therein.

The findings of the fire risk assessment for dangerous substances shall be recorded and brought directly to the attention of the appropriate Duty Holders with a copy to the University Fire Officer.

The content of a suitable and sufficient assessment of general fire precautions is defined by article 4 of the RR(FS)O.

The content of a suitable and sufficient assessment of dangerous substances is defined by Part 1 Schedule 1 of the RR(FS)O.

In conducting fire risk assessments, the assessor must be guided by sources of authoritative information e.g. Loughborough University policies, guidance issued by fire authorities and the Health and Safety Executive, Building Regulations, British and European Standards and guidance issued by the higher education sector.

Fire risk assessments shall address risks to employees and other relevant persons. This is defined by the RR(FS)O as being any person who is lawfully on the premises or any person in the immediate vicinity of the premises who is at risk from a fire on the premises.

The fire risk assessment is primarily concerned with life risk but where appropriate it may include reference to fire risks affecting business continuity, asset protection and building management systems. Duty Holders are responsible for taking any action specified in the fire risk assessment to address the fire risk.

If a Duty Holder is unable to take the actions specified in the fire risk assessment, they are responsible for bringing this to the attention of an individual or committee who can act on the findings of the fire risk assessment in a timely manner. The University Fire Officer or their Deputy must be informed of this action.

For further guidance on The Dangerous Substances and Explosive Atmospheres Regulations (DSEAR) 2002, the [DSEAR Policy](#) can be found on the University Health and Safety Service webpage.

18. Appendix D – Fire Evacuation Exercise Report

Fire Evacuation Exercise Report

Building Name:

Local Fire Station Advised:

Security Control Informed:

Date Exercise Conducted:

Time of Exercise:

Time Expected to Complete Evacuation of the Building: Minutes Seconds

Actual Evacuation Time: Minutes Seconds

Bold Actuated:

Security Arrival Time:

1. Did all Fire Warden’s report to the Fire Co-ordinator stating their area and evacuation status?
2. Could alarm be heard in all areas? (Ask Fire Warden’s)
3. Were all smoke and fire control doors (Especially, Electronic Magnet Released) closed?
4. Were all Fire Warden’s / Fire Co-ordinator’s and members of staff familiar with the fire evacuation procedure?
5. Were all Fire Warden’s / Fire Co-ordinator’s easily identified?
6. Were the Fire Assembly Points used?
7. Were all fire exit ways clear and doors able to be opened?
8. Any problems encountered during the exercise? (Enter comments below)

9. Did the Fire Co-ordinator telephone Security Control?
10. Did the Fire Co-ordinator read the fire panel and confirm location?

Observations

Recommendations

Conclusion

Print Name

Signature

19. Appendix E – Procedures and Guidance

19.1. General Instructions

All staff must be familiar with the fire procedures as required by the Regulatory Reform (Fire Safety) Order 2005. Fire procedures are posted throughout the University and can be found on exit routes normally adjacent to fire alarm call points and lecture theatres.

All staff must ensure that they are familiar with the alternative means of escape in case of fire by walking the routes from the area in which they are employed.

Staff should get to know their assembly points which are indicated in the fire procedure for the building. Assembly points can be seen on the University interactive plan.

If you have to evacuate the premises:

- DO exit quickly and calmly.
- DO go directly to open air and report to the designated assembly point.
- DO close the door behind you.
- DO NOT enter an adjacent building unless directed by the Fire Safety Coordinator/Fire Marshal.
- DO NOT stop to collect bags.
- DO NOT use lifts.

Any staff not at their usual place of work on hearing the evacuation signal, must leave the building following the fire evacuation route signage, and go to the designated assembly point. On no account must they return to their own department.

The fire alarm call points can be found on corridors and adjacent to final exit doors.

Portable fire extinguishers are sited in 'high risk' areas and at regular intervals on corridors/exit routes.

In many buildings Fire Marshals/Wardens are utilised. Any instructions they give to staff must be complied with as they are exercising their duties outlined in the University Health and Safety Policy.

19.2. Fire Safety

Fire safety is everyone's responsibility. All employees, students, contractors, and visitors are expected to follow established safety procedures to ensure the safe use of electrical/gas appliances, the safe use, storage and disposal of hazardous/combustible materials and compliance with the requirements of the University's smoking at work policy.

In addition to the legal fire prevention requirements, guidance and advice on specific fire prevention practices are available from the University Health and Safety Service (UH&SS), and the Fire Safety, and Policies and Guidance links on the H&S web site.

19.3. Fire Safety Precautions

Fire doors must be kept closed at all times (unless they are doors which automatically close when the alarm is sounded) to maintain compartmentalisation of the building and to prevent the spread of the fire and/or smoke.

Corridors, stairways, landings, and escape routes must be kept clear at all times of anything that is likely to cause a fire or accident or to impede evacuation in an emergency. Everyday objects such as boxes of paper left on an escape corridor pose serious obstacles during an emergency evacuation.

Hazardous materials must be stored, used, and disposed of in accordance with all legal requirements and safe working practices.

All fire-fighting equipment must be kept free from obstruction and be readily available for use in an emergency. Portable fire-fighting equipment must not be removed or repositioned without authority from the University Fire Officer or their Deputy.

Any obvious or suspected damage to, or misuse of a fire alarm or fire-fighting equipment must be reported immediately to the University Health and Safety Service.

19.4. Fire Emergency Plans: Duties and Responsibilities

Any person suspecting or discovering a fire in the premises shall:

- Raise the alarm by operating the nearest fire alarm call point.
- Inform Security by telephone from a safe venue and give them the relevant information, i.e. the correct address of the building. Security Control will then call the Fire and Rescue Service.
- Should there be any problem or delay in contacting Security Control, call the Fire & Rescue Service direct by dialling 9-999 (internal, otherwise 999) and give the correct address of the building and any other information they require.
- If possible, tackle the fire with the correct type of extinguisher, but only if there is no risk to personal safety and practical, "hands on" training has previously been given by the University Health and Safety Service .
- If circumstances dictate, or if ordered to do so, leave the building by the nearest available exit route.

Any person on hearing a continuously sounding fire alarm shall:

- Leave the building by the nearest available fire exit route (**not using lifts**).
- Go directly to the designated assembly point.
- Never re-enter the building until instructed to do so by the Officer in Charge (OIC) of the Fire & Rescue Service, a Fire Safety Coordinator, Residential Hall Manager, Fire Marshal/Warden for the building or Security personnel. Never re-enter a building whilst the alarm is still sounding.
- Follow any instructions given in an emergency evacuation by the Fire Marshal/Fire Safety Coordinator, Hall Manager/Warden.
 - Breaches of these procedures will be considered serious and may be dealt with under the University's disciplinary procedures.

20. Appendix F – Actions for Security Personnel on Duty

20.1. Actions for Security on Patrol

20.1.1. On discovering a fire

1. Sound the alarm by operating the nearest fire alarm call point.
2. Radio / ring Security Control on 888 (internal lines) or 0800526966 (external lines) (dial 999 if unable to contact Security), giving the location of fire.
3. Tackle the fire with the appropriate extinguisher, only if you have received extinguisher training, and only if you feel it is safe to do so.
4. Evacuate the building and go to the designated Fire Assembly Point.
5. Contact Security Control, updating them of the situation.
6. With instruction from Security Control, liaise with the emergency services as appropriate.

20.1.2. On hearing the alarm

1. Radio / call 888 (internal lines) or 0800526966 (external lines) and inform Security Control that you have a fire alarm activation and that you are investigating.
2. Check outside perimeter of premises and liaise with the Fire Safety Coordinator.
3. Investigate the cause of the activation of the alarm at the fire panel. Identify the location of the detection from the alarm panel and continue to investigate, only if safe to do so.
4. If there is any evidence to indicate the cause of activation is a fire, radio / call 888 (internal lines) or 0800526966 (external lines) and inform Security Control that the Fire Service are required. Dial 999 if unable to contact Security.
5. Where you are satisfied the cause of activation is false – radio / call 888 (internal lines) or 0800526966 (external lines) and explain that the activation was false and that there is no need for further action on their part.
6. Silence the alarms and reset alarm control panel.
7. Instruct any persons at the assembly points to re-enter the building.
8. Complete incident form.

20.2. Action for Security Control Room

On receiving a call on 888 or 0800526966

- Take details of the caller and location of activation.
- Ask if an investigation has taken place and if the emergency services are required.
- Relay information to appropriate emergency services when requested to do so.
- Dispatch Security personnel to assist.
- Liaise with Emergency services as appropriate.

20.3. On receiving an automatic alarm indication on the Bold system

20.3.1. From an occupied Hall or building on campus

- If no call is received from the Hall in the first 2 minutes after activation, phone or visit to investigate the nature of the activation.
- Follow procedure as for “On hearing the alarm” 1-8 above.

20.3.2. From an unoccupied Hall or building on campus

- Dispatch Security personnel to the building, to investigate the nature of the activation.
- Follow procedure as for “On hearing the alarm” 1-8 above.

20.3.3. From Holywell Park indicating a 1st knock (Alarms NOT sounding)

- Dispatch Security personnel to the building, to investigate the nature of the activation.

Follow the following procedure upon arrival at Holywell Park:

1. Check outside perimeter of premises.
2. If safe to do so, enter building *via* Core M.
3. View monitor located on the ground floor (BMS room).
4. Observe the addressed location to the detection from the monitor / alarm panel.
5. Only if safe to do so, investigate the location.
6. If there is any evidence to indicate the cause of activation is a fire operate the nearest call point, radio / call 888 (internal lines) or 0800526966 (external lines) and inform Security Control that the Fire Service are required (dial 999 if unable to contact Security). Then follow procedures as 2nd Knock (Alarms Sounding) 07:00 – 23:00.
7. Where you are satisfied the cause of activation is false, radio / call 888 (internal lines) or 0800526966 (external lines) and explain that the activation was false and that there is no need for further action on their part.
8. Reset alarm control panel *via* Core M (BMS room)

NOTE If reset fails, and alarm panel goes back in to fire fault, (contact FM Help desk or duty electrician for further advice).

9. Complete fire incident report form incident form.

20.3.4. From Holywell Park indicating a 2nd knock (Alarms sounding): 07:00 – 23:00

If not already done so, dispatch Security personnel to the building, to investigate the nature of the activation.

Follow the following procedure upon arrival at Holywell Park:

Check outside perimeter of premises.

1. If safe to do so, enter building *via* Core M.
2. View monitor located on the ground floor (BMS room).
3. Observe the addressed location to the detection from the monitor / alarm panel.
4. Only if safe to do so, investigate the location.
5. If there is any evidence to indicate the cause of activation is a fire, radio / call 888 (internal lines) or 0800526966 (external lines) and inform Security Control that the Fire Service are required (dial 999 if unable to contact Security).
6. Security personal are to enter reception and raise the barrier.
 - a. Contact the attendant in the West Gatehouse security pod to instruct they open the gates to courtyard, raise the barrier to the service road. If out of hours Security Control must raise the barrier.
 - b. Security Officer to place traffic cones and sign to close the access to all nonemergency traffic to the site and divert to main car park. (Cone and Sign are stored in the motorcycle shed).
7. Where you are satisfied the cause of activation is false – radio / call 888 (internal lines) or 0800526966 (external lines) and explain that the activation was false and that there is no need for further action on their part.
8. Instruct any persons at the assembly points (1- 6) that they may re-enter the building when the fire alarm is silenced.
9. Silence the alarms and reset alarm control panel *via* Core M (BMS room)

NOTE If reset fails, and alarm panel goes back in to fire fault, (contact FM Help desk or duty electrician for further advice).

10. Traverse the outside perimeter of the premises to confirm all assembly points have cleared and ensure all external fire exit doors to the building are checked and secured where necessary.
11. Allow all diverted nonemergency traffic from the main car park back into Holywell Park.
12. Lower the barriers where necessary.
13. Complete fire incident report form incident form.

20.3.5. From Holywell Park indicating a 2nd knock (Alarms sounding): Outside of 07:00 – 23:00

20.3.5.1. Security at the control room

1. Phone 999 for emergency services stating:

“Premises is closed, site may have lone worker & a key holder is being mobilised”.

2. Relay information to appropriate emergency services.
3. Dispatch Security personnel to Holywell Park

Note: in the event of a fire incident occurring out of normal working hours contact will need to be made with the duty University Engineer.

20.3.5.2. Security arriving at Holywell Park

Upon arrival, security personnel should follow the procedure outlined below:

1. If closed, open main site gates, raise all barriers and await the arrival of Fire & Rescue Service at Holywell Park Gate House. Stop all movement of traffic emerging onto Holywell Park and direct all nonemergency traffic to the main car park. Request for a printout of the online out of hours register to be brought to site and present the information pack to the crew manager of the first crew in attendance.
2. Escort fire crew to Core M to determine the location of fire detection, if safe to do so.
3. Liaise with Emergency services as appropriate.
4. Liaise with Holywell Park Staff at the fire assembly points.
5. When the area has been made safe by the Fire & Rescue Service and the fire emergency is stood down. Instruct any persons at the assembly points (1-6) that they may re-enter the building when the fire alarm is silenced.
6. Silence the alarms and reset alarm control panel via Core M (BMS room). If unsure contact duty electrician.
7. Allow all diverted nonemergency traffic from the main car park back into Holywell Park and ensure all external fire exit doors to the building are checked and secured where necessary.
8. Complete fire incident report form.

20.4. Holywell Park Building (Charnwood & Garendon Wings) Only

Due to the design of the fire alarm system in this building, which incorporates a two-stage fire alarm system in conjunction with a phased/partial evacuation, occupants in other areas of the main building not in fire alarm condition, will still have access to an area in fire alarm.

Therefore, the fire alarm must be left sounding until an investigation has taken place and the area in alarm has been checked and proven to be safe.

Security Control MUST inform the attending Fire and Rescue Service of this setup and seek their advice about access control if they request the alarms to be silenced DURING an investigation as this action could allow staff to access an area under investigation without prior knowledge of it being in an alarm state.

Health, Safety and Environment Committee



Paper Title: Revised Safeguarding Policy
Origin: Associate Chief Operating Officer & Director of Student Services
Date: 17 May 2021

| | |
|--|---|
| <p>1. Decision Required by Committee</p> | <p>Health Safety and Environment Committee is asked to APPROVE the revised Safeguarding Policy.</p> |
| <p>2. Executive Summary</p> | <p>HSE has owned the University's Safeguarding Policy since its creation in 2016.</p> <p>The policy has now been updated to:</p> <ul style="list-style-type: none"> a) reflect the need to engage with safeguarding issues around research (international research in particular) b) cover apprentices c) Reflect the new reporting method through the Online Reporting Tool and the supporting information on the associated safeguarding pages <p>It has been revised in consultation with colleagues in the Research Office (including the Director of Research and Enterprise) and the Degree Apprenticeship Manager in the Programme Quality and Teaching Partnerships Office. In respect of a) above, further detailed work on processes associated with this will need to be carried out through Research Committee.</p> <p>Tracked changes are marked on the document.</p> |
| <p>3. Committees/Groups previously considering item.</p> | <p>Research and Enterprise Office and Degree Apprenticeship Manager.</p> |

Loughborough University Safeguarding Policy

Document Version Control

| | |
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Change History

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| 25/07/16 | MA | <ul style="list-style-type: none"> Substantive revisions to text based on initial feedback from colleagues. |
| 27/07/16 | MA | <ul style="list-style-type: none"> Addition of section on 'External Organisation Use of University Facilities' Addition of Appendix 4 |
| 01/08/16 | MA | <ul style="list-style-type: none"> Amendments to the order of section 4 (transposition of paragraphs 4.2 and 4.3) Amendments to Section 5 to clarify the limits of investigation/ information gathering from the SO. |
| 14/09/16 | MA | <ul style="list-style-type: none"> Amendment to paragraph 6.1 to provide some further detail on Academic School responsibilities for under-18s. Addition of section in Appendix relating to guidance for Academic Schools admitting an under-18 student. |
| 02/11/16 | MA | <ul style="list-style-type: none"> Addition of Operations Director, London as SO. Insertion of contact details for Newham Social Services contacts for Loughborough in London staff. |
| 13/01/17 | MA | <ul style="list-style-type: none"> Insertion of 6.1 (g) stating that students under the age of 16 will not normally be housed in University halls accommodation. |
| 03/03/17 | MA | <ul style="list-style-type: none"> Inclusion of 'abuse' in the definition of a vulnerable adult. |
| 06/07/17 | MA | <ul style="list-style-type: none"> Insertion of new Safeguarding Officer details. |
| 22/12/17 | MA | <ul style="list-style-type: none"> Insertion of details regarding forced marriage and FGM (at sections 4, 10 and Appendix 1 & 2) |
| 31/01/19 | CP/AT | <ul style="list-style-type: none"> Amendment of 6.1 (d) around Personal Tutors and the use of DBS disclosure checks. |
| 04/03/19 | CP/AT | <ul style="list-style-type: none"> Revision of Safeguarding Officer Details |
| 15/04/19 | GR | <ul style="list-style-type: none"> Updated link to Prevent Policy |
| <u>12/04/21</u> | <u>MA</u> | <ul style="list-style-type: none"> <u>Significant revisions to:</u> <ul style="list-style-type: none"> <u>Include references to Research Participants and Apprentices</u> <u>Include reference to ensure Research Partners are provided information on Safeguarding</u> <u>Reflect new reporting model through the Online Incident Reporting Tool</u> |

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1. Scope

- 1.1. This policy applies to safeguarding concerns regarding any registered student, [apprentice](#) staff member, [research participant](#), [research collaborator](#) or ~~or~~ visitor at Loughborough University.
- 1.2. The term 'safeguarding' is used to refer to a number of areas of concern relating to children or vulnerable adults, including:
 - a) Child protection issues;
 - b) (Sexual) exploitation;
 - c) Radicalisation;
 - d) Physical abuse or neglect;
 - e) Emotional abuse or neglect;
 - e)f) [Abuse of power](#)Further examples of safeguarding concerns are provided in paragraph 4.5.

2. Introduction

- 2.1. Loughborough University is committed to ensuring the safety and physical and emotional wellbeing of its students, staff, [research participants](#) and visitors and to creating an environment conducive to study, learning and the advancement of knowledge.
- 2.2. Loughborough University recognises that in the course of fulfilling their duties members of staff will come into contact with children and vulnerable adults (as defined in section 4 below).
- 2.3. Loughborough University is committed to ensuring that it is able to fulfil its responsibilities in safeguarding any children or vulnerable adults who may be at risk of harm or exploitation (including radicalisation or being drawn into terrorism, as defined in the University's [Prevent Policy](#)).
- 2.4. In fulfilling these responsibilities Loughborough University will remain mindful of its obligations under relevant legislation such as the [Health and Safety at Work Act \(1974\)](#), the [Children Act \(1989\)](#), the [Data Protection Act \(1998\)](#), the [Safeguarding Vulnerable Groups Act \(2006\)](#), the [Protections of Freedom Act \(2012\)](#) and the [Counter-terrorism and Security Act \(2015\)](#).
- 2.5. Loughborough University recognises that it has a duty to report suspected safeguarding concerns relating to a child or vulnerable adult to relevant external agencies, regardless of whether the individual is a member of the University community, if that concern is reported to, or identified by, a member of staff in the course of their duties.
- 2.6. In order to ensure it fulfils its duties, Loughborough University will ensure an appropriate member of Senior Management is designated as Lead Safeguarding Officer (LSO). The Lead Safeguarding Officer's responsibilities will include:
 - a) [2.7.](#) Implementing and promoting this policy;
 - b) [2.8.](#) Ensuring the policy is monitored and reviewed in accordance with changes in legislation and guidance on the protection of children and vulnerable adults;
 - e) [2.9.](#) Appointing Safeguarding Officers (SOs) and ensuring SOs are trained in relevant safeguarding procedures and competent in fulfilling their duties;
 - d) [2.10.](#) Ensuring appropriate and adequate resources are available in order that the University is able to meet its safeguarding responsibilities;
 - e) [2.11.](#) Ensuring that appropriate University members and University Committees are provided with appropriate reassurance that the University is meeting its safeguarding obligations;
 - f) [2.12.](#) Establishing and maintaining contacts with Children's and Adult Social Care Services, Police authorities and NHS Safeguarding Teams.
- [2.7.2.13.](#) Loughborough University will ensure that all relevant staff (including students employed by the University) [and research partners](#) receive information and advice on safeguarding issues as appropriate for their role within the organisation.

2.8-2.14. Loughborough University will work in collaboration with Social Care Services, the Police and other relevant statutory and voluntary services to ensure children and vulnerable adults are safeguarded.

2.15. Loughborough University will ensure it has appropriate procedures in place to check the suitability of staff and students whose responsibilities involve close, unsupervised contact with children or vulnerable adults. These processes are detailed in paragraph 9 of this policy and in the University's [Guidance on Recruiting Staff and Students to work with Children](#).

2.9-2.16. Loughborough University will ensure it has appropriate procedures in place to assess and mitigate any safeguarding concerns raised by research activity. These procedures are detailed in Code of Practice on Investigations Involving Human Participants and are overseen by the University's Ethic Committee.

2.10-2.17. Loughborough University will ensure it makes appropriate support available to staff who receive disclosures of safeguarding issues.

3. Key Safeguarding Principles

- 3.1. Loughborough University will take all safeguarding concerns relating to children and vulnerable adults seriously, will consider concerns fully and will report any such concerns in a timely manner to the relevant person or body.
- 3.2. Safeguarding referrals to the relevant statutory body will be made on the basis of identified and evaluated risk, as per the procedures outlined in section 5 of this policy.
- 3.3. Loughborough University will ensure it maintains central records of any safeguarding concerns and any referrals made as a consequence. Any records will be kept in accordance with the University's [Data Protection Policy](#).
- 3.4. Loughborough University staff working with students, ~~or staff~~ or research participants who are the subject of safeguarding concerns will consider what support may be offered to the individual and will signpost accordingly. This may include referral to internal and/or external services.
- 3.5. In a placement or ~~or~~ professional work experience setting (including teaching placements), a member of staff or student should normally report any safeguarding concern to the employer's Designated Safeguarding Lead, as per the employer's policy. If this is inappropriate, or if an appropriate response is not received from the employer, the safeguarding concern may also be reported to ~~one of the University's~~ Safeguarding Officers as per the procedure set out in section 5 below.

3.6. Research carried out on, or with the participation of, children or vulnerable adults must comply with Loughborough University's [Code of Practice on Investigations Involving Human Participants](#) and Loughborough University's [Ethical Framework](#).

3.6-3.7. In engaging with research partners Loughborough University will carry out due diligence checks to ensure partners have appropriate safeguarding procedures in place.

4. Definitions

Definition of a Child

- 4.1. For the purposes of this policy, Loughborough University defines a child as a person who is under the age of 18.

Definition of a Vulnerable Adult

- 4.2. In legal terms, the [Safeguarding Vulnerable Groups Act \(2006\)](#), as amended by the [Protection of Freedoms Act \(2012\)](#), defines a vulnerable adult as an individual over the age of 18 in receipt of a regulated activity. Specified regulated activity includes:
 - a) Health Care provided by or under the supervision of a health care professional;
 - b) Provision of Personal Care;
 - c) Provision of Social Work;
 - d) Assistance with general household matters;
 - e) Assistance in the conduct of a person's own affairs;

- f) Conveying (transporting from one place to another).
 - g) The definition of regulated activity does not include any such activities carried out in the course of family and personal, non-commercial relationships.
- 4.3. For the purposes of this policy, Loughborough University defines a vulnerable adult as:
- a) an individual over the age of 18;
 - b) who lacks the capacity to take care of ~~him themselves or herself~~ (i.e. at risk of neglect); and/or
 - c) who may be unable to keep ~~him or herself themselves~~ safe from the risk of significant harm, abuse or exploitation, including the risk of radicalisation or being drawn into terrorism.

Examples of Potential Safeguarding Concerns

- 4.4. This policy sets out how Loughborough University will deal with safeguarding concerns in relation to children or vulnerable adults. For the purposes of this policy safeguarding is defined as protecting children and vulnerable adults who may be at risk of exploitation (including radicalisation), harm, neglect or abuse.
- 4.5. Examples of types of situations which may present a safeguarding concern and which may result in implementation of the procedure detailed in Section 5 are provided below. This list is not exhaustive and staff will need to exercise professional judgement in determining whether there are safeguarding concerns which need to be considered. Advice can also be sought from ~~the Duty Assessment and Inclusion Team a Safeguarding Officer (see Section 10 for contact details)~~:
- a) 4.6. A child or adult raises an allegation of current abuse, harm, neglect or other inappropriate behaviour;
 - b) 4.7. A student, staff member, ~~or visitor~~ or research participant discloses information involving themselves, family members or any other child or adult which gives rise to concerns that an individual may be harming or abusing a child or vulnerable adult;
 - c) 4.8. There are suspicions or indications that a child or vulnerable adult is being abused or harmed, or is at risk of exploitation (including radicalisation), harm, neglect or abuse. The indicators of abuse or harm can be difficult to recognise, but advice is given on the University's Safeguarding pages in the accompanying Guidance for Staff on Safeguarding Children and Vulnerable Adults.
 - d) 4.9. There are observable changes in a child or vulnerable adult's appearance or behaviour that may be related to exploitation, harm or abuse, including radicalisation. The indicators of abuse or harm can be difficult to recognise, but advice is given on the University's Safeguarding pages. The indicators of abuse or harm can be difficult to recognise, but advice is given in the accompanying Guidance for Staff on Safeguarding Children and Vulnerable Adults.
 - e) 4.10. A concern is raised that an individual presents a risk of abuse or harm towards a child or vulnerable adult. If there is a concern that a member of staff or student may present such a risk the University will carry out a risk assessment and, if appropriate, invoke other appropriate policies, including disciplinary procedures, the Fitness to Study policy or the appropriate Procedure for Applicants who declare a Criminal Conviction.
 - f) 4.11. Concerns arise that an individual may be subject to a forced marriage. A forced marriage is defined as one in which one or both individuals do not (or because an individual's vulnerability or mental capacity cannot) consent to marriage. In the UK forced marriage is regarded as an issue of domestic/ child abuse.
 - g) 4.12. Concerns arise that an individual may be subject to Female Genital Mutilation (FGM). FGM (also sometimes known as cutting) is a procedure in which the female genitals are deliberately cut, injured or changed without a medical reason.
 - h) 4.13. Concerns arise that a student or member of staff is vulnerable to radicalisation and there is an identifiable risk of the individual being drawn into terrorism.

~~i)4.14.~~ A historic disclosure of sexual or physical abuse is made, where the perpetrator still has access to children or vulnerable adults.

~~4.6.4.15.~~ The following incidents MUST always be reported to ~~a Designated Safeguarding Officer~~ via the University's Online Incident Reporting Tool:

- a) If a child or vulnerable adult is accidentally hurt;
- b) If you are concerned that a relationship is developing with a child or vulnerable adult, which could represent an abuse of trust;
- c) If you are concerned that a child or vulnerable adult is becoming attracted to you;
- d) If you are concerned that a colleague is becoming attracted to a child or vulnerable adult;
- e) If a child or vulnerable adult misunderstands or misinterprets something you have done in a way which could be construed to be abusive or harmful;
- f) If you have to use reasonable physical restraint to prevent a child or vulnerable adult from harming themselves or another, or from causing significant damage to property;
- g) If a child or vulnerable adult reports an allegation of abuse regarding a member of an external organisation using University facilities or in partnership with the University.
- h) If a child or vulnerable adult reports concerns regarding a forced marriage or FGM.

5. Reporting a Safeguarding Concern

Making the Report

5.1. This section describes the process for reporting a safeguarding concern. Further information can be found on the University's Safeguarding pages. A flowchart of this process can also be found in Appendix 3. Detailed information and guidance on dealing with safeguarding concerns can be found in the Guidance for Staff on Safeguarding Children and Vulnerable Adults.

5.2. The duty to investigate suspected abuse or harm rests with statutory services; primarily Social Care Services and the Police. Staff who become aware of a safeguarding matter, whether from a victim or from a third party, should follow these steps (further information is available in the Guidance for Staff on Safeguarding Children and Vulnerable Adults):

- a) Listen carefully and stay calm;
- b) Reassure the individual that what they have reported will be dealt with;
- c) Keep questions to an absolute minimum, do not interrogate the individual. Any questions should be about any immediate health and safety concerns;
- d) Explain to the individual that you will need to report the matter to a University's ~~Safeguarding Officer~~ and explain the University's internal process as outlined below in sections 5.3 to 5.8 onwards.
- e) ~~Make a full record of what was said and what you have done as a result. You should do so on the Safeguarding Concerns Reporting Form included as Appendix 1 of this policy. Complete a report through the University's Online Incident Reporting Tool. Provide as much detail as you are able to.~~

~~f)5.3.~~ Report the matter immediately to a Safeguarding Officer. Contact details are included in Section 10.

~~5.3.5.4.~~ If a student or staff member has an **immediate and significant** concern for a child or vulnerable adult's **immediate safety**, they may refer the matter directly to the Police or Social Care Services. Contact details are provided on the University's Safeguarding pages in Section 12 below. After they have done so they should also complete a report through the Online Incident Reporting Tool, report the incident to a Safeguarding Officer using the Safeguarding Concerns Reporting Form included in Appendix 1.

~~5.4.5.5.~~ Where the situation is not urgent, any safeguarding concern should be reported through the University's Online Incident Reporting Tool to the Safeguarding Officer using the Safeguarding Concerns Reporting Form included in Appendix 1. Before referring to Social Care Services, the Police or any other external agency, the University will undertake a risk assessment. This will be carried out by a member of the Duty Assessment and Inclusion Team in consultation with a Safeguarding Officer (SO) in consultation with appropriate colleagues.

~~5.5.5.6.~~ On receipt of a referral the Safeguarding Officer Duty Assessment and Inclusion Team will limit their enquiries to that necessary to undertake a risk assessment and:

- Address any serious and immediate risk to the child, vulnerable adult or any other party.
- Preserve any evidence likely to be lost before external agencies can respond.
- Determine the appropriateness of a referral to Social Care Services, the Police or another appropriate agency and provide sufficient information to the relevant external agency to enable an effective response.
- Determine any further University procedures which should be invoked.
- Identify any internal support required by the child or vulnerable adult.

~~— This may be carried out in conjunction with relevant colleagues and/or the Lead Safeguarding Officer.~~

~~5.6.5.7.~~ If a referral to an external agency is deemed appropriate the Safeguarding Officer or their nominee will make the referral.

~~5.7.5.8.~~ If a member of staff wishes to discuss a potential referral before completing the form they may contact the Duty Assessment and Inclusion Team a Safeguarding Officer and to discuss the referral in principle without providing any names or identifying details. Contact can be made either by email dai@lboro.ac.uk or by calling Student Services on 01509 222765. Contact details for Safeguarding Officers are included in Section 10 of this policy.

~~5.8.5.9.~~ Where the suspected abuse is alleged to have been carried out by a staff member, the University will work alongside external agencies during any investigations. If necessary, the appropriate disciplinary procedures may be invoked.

Record keeping

~~5.9.5.10.~~ The Safeguarding Officer will be responsible for ensuring that a full record is kept of the risk assessment process and of any action taken subsequently. This will be done in accordance with the University's [Data Protection Policy](#).

~~5.10. The Safeguarding Officer will report brief details of all referrals, regardless of whether the matter was referred to an external agency, to the Lead Safeguarding Officer.~~

6. Admission of students under 18 years of age

6.1. In admitting students under the age of 18 Loughborough University acknowledges that it will have an enhanced duty towards these individuals as they are children. The following steps will be taken to ensure that the University meets its obligations to safeguard students under the age of 18:

a) ~~6.2.~~ As per the process set out in our [Admissions Policy](#) (section I), the University will require the student's parent/ guardian to sign a Consent Form confirming that they have understood that the University is not *in loco parentis*. Where the child is looked after away from home, appropriate contact will be made with their Local Authority, including with their Social Worker.

b) ~~6.3.~~ The University will ensure that it holds a list of the student's emergency contact details, in particular those of parents/ guardians.

c) ~~6.4.~~ The University will ensure that a DBS disclosure has been obtained for the student's personal tutor, hall warden, sub-wardens and anyone else who the University considers will have close, unsupervised contact with the student.

- d)6.5. Academic Schools will ensure that any staff members acting as personal tutor to under-18 students have an appropriate DBS disclosure and are made aware of the University's Safeguarding Policy and the information available on the University's Safeguarding pages, including the guidance contained in Appendix 2.
- e)6.6. The University will inform Loughborough Students' Union of any student under the age of 18 to ensure that their access to the licensed premises can be monitored.
- f)6.7. The University will ensure that hall wardens, the Director of Student Services and relevant contacts in Academic Schools are provided with a list of students under 18 years of age.
- g)6.8. The University will not normally allow students under the age of 16 to live in University Hall accommodation.

7. External Organisations' Use of University Facilities

- 7.1. A number of the University's facilities, most notably sporting facilities, are hired by external organisations for use in events involving children or vulnerable adults. In such cases the University has no control over, and assumes no liability for, the conduct of individuals from these organisations. However, the University wishes to ensure that safeguarding risks are mitigated as far as possible for such external events.
- 7.2. In organising any event the University and the external organisation will comply with the [University Events Safety Policy](#).
- 7.3. All external organisations requesting the use of University facilities for activities involving children or vulnerable adults will be asked to sign a declaration confirming that they have obtained appropriate checks on their staff and volunteers before they are permitted to use University facilities. A copy of the declaration form can be found in [Appendix 4Appendix 2](#) of this policy. The organisation will also be asked to confirm they have a Safeguarding Policy in place.
- 7.4. If an organisation that works with children or vulnerable adults does not have a Safeguarding Policy in place they will not be permitted to use University facilities.

8.—Monitoring of Safeguarding Concerns and Review of this Policy

~~8.1.8. The Lead Safeguarding Officer will ensure an anonymised report is provided to the Health, Safety and Environment Committee on an annual basis. The Health, Safety and Environment Committee will review the report to identify any trends or patterns which may be of concern. The committee will then determine any action which needs to be taken.~~

~~8.2.8.1.~~ The Health, Safety and Environment Committee is responsible for the review of this policy and the associated procedures.

~~8.3.8.2.~~ The policy will be reviewed on a two-yearly basis or more often if there are any changes in legislation or the statutory duties which fall on the University.

9. Disclosure and Barring Service (DBS) Checks

9.1. The University will ensure that any staff or students working with children or vulnerable adults on a substantial basis, or having close, unsupervised contact with children or vulnerable adults, will have an appropriate DBS check carried out. This will usually be an enhanced check. Responsibility for ensuring such checks are conducted rests with the line manager.

9.2. Students enrolled on a PGCE at the University will be required to have an enhanced DBS check as a matter of course.

9.3. The procedure for carrying out DBS checks is outlined in the University's [Guidance on the Disclosure and Barring Service \(DBS\)](#).

10. Key Contacts

Lead Safeguarding Officer

Richard Taylor, Chief Operating Officer

t. (01509) 222223

e. r.taylor@lboro.ac.uk

Safeguarding Officers

| Name | Email Address | Phone Number |
|---|----------------------|--------------------------------|
| Manuel Alonso (Director of Student Services) | m.alonso@lboro.ac.uk | (01509) 222050 or 07535 122962 |
| Chris Euden (Operations Director, Loughborough University London) | c.euden@lboro.ac.uk | 020 3805 1300 |

Duty Assessment and Inclusion Team

e. dai@lboro.ac.uk

t. 01509 222765

Security

888 (internal and emergency), Gatehouse - (01509) 222141

Leicestershire Children's Social Care Services

t. 0116 305 0005 (24 hours)

Leicestershire Adult Social Care Services

t. 0116 305 0004 (8.30am — 5pm Mon-Fri, 8.30am — 4.30pm Fri and Bank Holidays)

t. 0116 255 1606 (out of hours) Emergency Duty Team

e. adultsandcommunitiesCSC@leics.gov.uk

Leicestershire Police

t. 0116 2222222 or dial 101

Newham Local Children Safeguarding Board

t. 020 3373 4600

[Newham Safeguarding Adults Board](#)

t. 020 3373 0440

[NSPCC](#)

t. 0808 800 5000

e. help@nspcc.org.uk

www.nspcc.org.uk

[ChildLine](#)

t. 0800 1111

www.childline.org.uk

[Karma Nirvana \(Forced Marriage and Honour Based Abuse\)](#)

t. 0800 5999 247

www.karmanirvana.org.uk

[Forced Marriage Unit](#)

t. (0) 20 7008 0151

e. fmua@fco.gov.uk

[Zinthiya Trust \(FGM Support\)](#)

t. 0116 254 516

e. zinthiya.trust@gmail.com

11. Links to other Relevant University Policies and External Guidance

[Harassment and Bullying Policy](#)

[Loughborough University Sexual Assault and Sexual Harassment Policy](#)

[Loughborough University Prevent Policy](#)

[Loughborough University Data Protection Policy](#)

[Code of Practice on Investigations Involving Human Participants](#)

[Additional Guidance and Procedure for Applicants who declare a Criminal Conviction](#)

[Guidance on the Disclosure and Barring Service \(DBS\)](#)

[Loughborough University Admissions Policy](#)

[Whistleblowing Policy and Procedure](#)

[University Events Safety Policy](#)

[Loughborough University Research Integrity Statement](#)

12. Links to other External Agencies and Resources

[Leicestershire and Rutland Safeguarding Children Board](#)

[Leicestershire and Rutland Safeguarding Adults Board](#)

[Department of Health Guidance on *Regulated Activity \(adults\)*](#)

Appendix 1: Safeguarding Concerns Reporting Form

If you have immediate and significant concerns about a child or vulnerable adult's safety you should make the referral to Social Care Services first and then submit this form to a Safeguarding Officer.

• For referrals concerning a child:

- In Leicestershire contact Children's Social Care Services on 0116 305 0005 (24 hours)
- At Loughborough in London, contact Newham Social Care Services on 020 3373 4600

• For referrals concerning vulnerable adults:

- In Leicestershire contact Adult Social Care on 0116 305 0004 (8.30am – 5pm Mon-Fri, 8.30am – 4.30pm Fri and Bank Holidays) or 0116 255 1606 (out of hours)
- At Loughborough in London, contact Newham Social Care Services on 020 3373 0440

For all non-urgent referrals please complete this form as fully as possible and send to a Safeguarding Officer without delay.
University Safeguarding Officers

| <u>Name and Role</u> | <u>Email Address</u> | <u>Phone number</u> |
|--|-----------------------------|---------------------------------------|
| <u>Manuel Alonso (Director of Student Services)</u> | <u>m.alonso@lboro.ac.uk</u> | <u>(01509) 222050 or 07535 122962</u> |
| <u>Chris Euden (Operations Director, Loughborough University London)</u> | <u>c.euden@lboro.ac.uk</u> | <u>020 3805 1300</u> |

SECTIONS A-F TO BE COMPLETED BY THE REFERRER

| <u>REFERRAL TO : Safeguarding Officer</u> | | | | | |
|--|------------|--|--|------------|--|
| <u>Date of Referral</u> | | <u>Time of Referral</u> | | | |
| <u>A. Details of Child/ Vulnerable Adult</u> | | | | | |
| <u>Child/ Vulnerable adult's name & ID number if a student</u> | | <u>DOB</u> | | <u>Age</u> | |
| <u>Gender</u> | | <u>Disability [if known please specify]</u> | | | |
| <u>Address</u> | | | | | |
| <u>Postcode</u> | | <u>Tel No</u> | | | |
| <u>Name of child's primary carer/s</u> | | <u>Relationship to child</u> | | | |
| <u>B. Family Composition/Significant Others</u> | | | | | |
| <u>Name</u> | <u>DOB</u> | <u>Relationship to child/ vulnerable adult</u> | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

|

| C. — Details of the alleged perpetrator/ individual causing concern | | | |
|---|--|-----------------------------------|--|
| <u>Name (& ID if a student)</u> | | <u>Gender</u> | |
| <u>DOB</u> | | <u>Age</u> | |
| <u>Address (if known)</u> | | | |
| <u>Postcode</u> | | <u>Tel/No</u> | |
| <u>Relationship to child/ vulnerable adult</u> | | | |
| D. — Reason for referral | | | |
| <u>State the key areas of concern about harm or neglect</u> | | | |
| * _____ * _____ * _____ * _____ * _____ * _____ | | | |
| E. — Details of any alleged incident (if there are no specific incidents to report then insert N/A below) | | | |
| <u>Date of alleged incident</u> | | <u>Time</u> | |
| <u>Location of incident</u> | | | |
| <u>Name of Witness(es) (if appropriate)</u> | | <u>Contact Details (if known)</u> | |
| | | | |
| | | | |
| | | | |
| <u>Describe in detail what happened. If the child/ vulnerable adult gave an account please record what they said verbatim. Please use additional paper if required.</u> | | | |

[Empty box for details of any action already taken by referrer]

F. Details of any action already taken by referrer

Note any referrals made to internal or external support or agencies.

* _____
* _____
* _____
* _____
* _____

TO BE COMPLETED BY THE SAFEGUARDING OFFICER

G. — Details of action taken following the receipt of this referral

- _____
- _____
- _____
- _____
- _____

H. — Details of External Agencies contacted

| | | |
|------------------------------------|---|--|
| <u>Police</u> | <u>Name of force</u> | |
| | <u>Name and contact number</u> | |
| | <u>Advice received and incident/ crime reference</u> | |
| <u>Social Care Services</u> | <u>Social Care Services department referred to</u> | |
| | <u>Name and contact number</u> | |
| | <u>Advice received</u> | |
| <u>Other (e.g. Channel)</u> | <u>Name of organisation</u> | |
| | <u>Name and contact number</u> | |
| | <u>Advice received</u> | |

I. — Other information

Note any referrals made to internal or external support or agencies.
Record any other relevant information.

| | |
|---|--|
| <u>Signature of Safeguarding Officer</u> | |
| <u>Print Name</u> | |
| <u>Date</u> | |

Appendix 12: Guidance for Staff on Safeguarding Children and Vulnerable Adults

1. Introduction and Definitions

This guidance should be read in conjunction with Loughborough University's Safeguarding Policy.

For the purposes of this guidance and of its Safeguarding Policy, Loughborough University defines a child as a person who is under the age of 18 and defines a vulnerable adult as an individual who:

- a) 1.1. _____ is over the age of 18;
- b) 1.2. _____ lacks the capacity to take care of him or herself (i.e. at risk of neglect); and/or
- c) 1.3. _____ may be unable to keep him or herself safe from the risk of significant harm, abuse or exploitation, including the risk of radicalisation or being drawn into terrorism.

2. Principles

These guidelines reflect the following principles:

- The welfare of vulnerable groups, including children and vulnerable adults, is paramount and the University has a duty to take all reasonable steps to ensure the safety of vulnerable groups.
- Vulnerable individuals should be treated with respect and dignity.
- Staff should understand their responsibility in safeguarding vulnerable groups.
- Staff should demonstrate the highest standards of professionalism when working with children and vulnerable adults to protect them from abuse and to protect themselves from false allegations.
- Staff should discuss and/ or take advice promptly from a Safeguarding Officer (SO) about any incident or behaviour which may give rise to a safeguarding concern.
- Any allegations or suspicions of abuse of a child or a vulnerable adult disclosed to a member of staff in the course of their duties, whether or not that person is a member of the University community, should be reported immediately to a Safeguarding Officer (SO).
- Staff should be aware that breaches of professional standards may result in disciplinary action being taken against them.
- Staff should know the procedures for handling allegations against staff and to whom they should report concerns. This is outlined in Section 5 below.

3. Working with Children and Vulnerable Adults

3.1. As a matter of good practice, staff should observe the following when working with children and vulnerable adults:

- **a)** Work in an open environment avoiding private or unobserved situations. Avoid spending time alone with children or vulnerable adults away from others.
- **b)** Treat all children and vulnerable adults with respect and dignity.
- **c)** Always put the welfare of the child or vulnerable adult first.
- **d)** Maintain a safe and appropriate distance. It is not appropriate for staff, students or volunteers to have an intimate relationship with a child or vulnerable adult.
- **e)** Ensure that if any form of physical contact is required, it is provided openly.
- **f)** Involve parents/ carers/ teachers wherever possible, for example by encouraging them to take responsibility for the children/ vulnerable adults in their care.
- **g)** Keep a written record of any injury that occurs, along with details of any treatment given.
- **h)** Attend any relevant courses provided by the University.

3.2. You should never do any of the following:

- a) Engage in rough physical or sexually provocative games with a child or vulnerable adult.
- b) Share a room overnight with a child or vulnerable adult.
- c) Go into a child or vulnerable adult's room unless absolutely necessary. Where this is necessary two members of staff should enter.
- d) Allow or engage in any form of inappropriate touching.
- e) Allow children to use inappropriate language unchallenged.
- f) Make sexually suggestive comments.
- g) Deliberately reduce a child to tears as a form of control.
- h) Allow allegations made by a child to go unchallenged, unrecorded or not acted upon.
- i) Invite or allow children to stay with you at your home unsupervised.
- j) Develop a social media friendship with a child or vulnerable adult, this includes being a Facebook friend with a child or vulnerable adult.
- k) Do things of a personal nature for a child or vulnerable adult which they can do for themselves. If any support with personal care is required (for example if the individual is disabled) this should only be provided by appropriately trained staff following protocols provided by their manager/ supervisor.
- l) Transport children or vulnerable adults on your own in a vehicle, except in emergency situations.

4. Recognising Abuse

4.1. The University recognises that some members of staff will have only very limited contact with children and vulnerable adults and consequently may not be in a position to recognise abuse.

4.2. Abuse can and does occur both within families and in institutional or community settings. The University acknowledges that some individuals seek to use voluntary and community organisations to gain access to vulnerable groups. The University also acknowledges that there may be some instances in which a University staff member may be suspected of abuse or inappropriate activity.

4.3. The following may indicate that abuse is taking place:

- a) Unexplained or suspicious injuries, particularly if such an injury is unlikely to have occurred accidentally.
- b) An injury for which the individual's explanation appears inconsistent.
- c) The individual describes an abusive act or situation.
- d) Unexplained changes in behaviour, including withdrawal from social or academic engagement.
- e) Inappropriate sexual awareness or sexually explicit behaviour, including sharing personal, sexualised images.
- f) The child or vulnerable adult appears distrustful of adults.
- g) The child or vulnerable adult is prevented from engagement with normal social activities.
- h) The child or vulnerable adult appears unkempt or dishevelled on a regular basis.
- i) Self-harm/increased self-harming behaviour.

4.4. The recognition of abuse is not straightforward and the University acknowledges that staff may not always know whether or not abuse is taking place. The safeguarding processes outlined in the University's Safeguarding Policy are designed to allow staff to consult with trained colleagues where they may have suspicions of abuse. Staff have a responsibility to act on concerns to ensure that children and vulnerable adults are safeguarded.

4.5. The following incidents MUST always be reported ~~to a Safeguarding Officer~~ using the Online Incident Reporting Tool:

- If a child or vulnerable adult is accidentally hurt.

- If you are concerned that a relationship is developing with a child or vulnerable adult, which could represent an abuse of trust.
- If you are concerned that a child or vulnerable adult is becoming attracted to you.
- If you are concerned that a colleague is becoming attracted to a child or vulnerable adult.
- If a child or vulnerable adult misunderstands or misinterprets something you have done in a way which could be construed to be abusive or harmful.
- If you have to use reasonable physical restraint to prevent a child or vulnerable adult from harming themselves or another, or from causing significant damage to property.
- If a child or vulnerable adult reports an allegation of abuse regarding a member of an external organisation using University facilities.
- If a child or vulnerable adult reports concerns regarding a forced marriage or FGM.

5. Reporting ~~Abuse~~Concerns

5.1. If a staff member becomes aware of abuse of a child or vulnerable adult he/she has a duty to report this ~~to a Safeguarding Officer~~ as per the procedure outlined in Section 5 of the University's Safeguarding Policy.

~~5.2.~~ The duty to investigate suspected abuse or harm rests with statutory services; primarily Social Care Services and the Police. Under no circumstances should a member of University staff attempt to investigate suspected abuse or harm. Before referring to Social Care Services, the Police or any other external agency, the University will undertake a risk assessment. ~~This will be carried out by a Safeguarding Officer (SO) in consultation with appropriate colleagues.~~

~~5.3.~~ If a student or staff member has an **immediate and significant** concern for a child or vulnerable adult's **immediate safety**, they may refer the matter directly to the Police or Social Care Services. Contact details are provided in the [Useful Contacts](#) section below. After they have done so they should report the incident to a Safeguarding Officer using the Online Incident Reporting Tool.

~~— using the Safeguarding Concerns Reporting Form.~~

~~— Where the situation is not urgent, any safeguarding concern should be reported using the Online Incident Reporting Tool to the Safeguarding Officer using the Safeguarding Concerns Reporting Form. The process is outlined in Section 5 above. — If a member of staff wishes to discuss a potential referral before completing the form they may contact a Safeguarding Officer and discuss the referral in principle without providing any names or identifying details.~~

~~— Staff receiving an allegation or information from a child or vulnerable adult which they consider to pose a safeguarding concern must follow these steps:~~

- ~~• Listen carefully and stay calm;~~
- ~~• Reassure the individual that what they have reported will be dealt with;~~
- ~~• Keep questions to an absolute minimum, do not interrogate the individual. Any questions should be about any immediate health and safety concerns;~~
- ~~• Find an early opportunity to explain to the individual that the information will need to be shared. Do not promise to keep the matter confidential.~~
- ~~• Explain to the individual that you will need to report the matter to the University's Safeguarding Officer and explain the University's internal process as outlined in the Safeguarding Policy.~~
- ~~• Make a full record of what was said and what you have done as a result. You should do so on the Safeguarding Concerns Reporting Form. The record should include:~~
 - ~~○ A verbatim record of the individual's disclosure. This may be used later in any criminal proceedings and it is therefore vital that what the individual discloses is recorded as accurately as possible. The record must be drafted in the individual's own words and should not include the assumptions or opinions of others.~~

- ~~○ The nature of the allegation or concern.~~
- ~~○ A description of any visible physical injury. Clothing should not be removed to inspect the individual.~~
- ~~○ Any dates, times or places linked to any incidents and any other potentially useful information.~~
- ~~● 5.4. Report the matter immediately to a Safeguarding Officer. Contact details are included in the [Useful Contacts](#) section below.~~

6. Support for staff receiving disclosures

~~6.1.~~ The University recognises that staff may need support after receiving a disclosure. The Safeguarding Officer will discuss this with the staff member and will ensure that they are made aware of support available, including support ~~from the University Counselling Service~~ provide through the Employee Assistance Programme.

7. Whistleblowing

Whistleblowing forms part of any safeguarding approach at an institution. Staff, students and third parties are encouraged to share concerns about the conduct of staff which may constitute malpractice, wrongdoing or a criminal offence but which may not be covered by the University's Safeguarding Policy or procedures. Details of how to raise concerns can be found in the University's [Whistleblowing Policy and Procedure](#).

~~7.1.~~

8. Useful Contacts

Lead Safeguarding Officer

Richard Taylor, Chief Operating Officer

t. (01509) 222223

e. r.taylor@lboro.ac.uk

Safeguarding Officers

| Name | Email Address | Phone Number |
|---|--|-------------------------------|
| Manuel Alonso (Director of Student Services) | m.alonso@lboro.ac.uk | (01509) 222050 or 07535122962 |
| Chris Euden (Operations Director, Loughborough University London) | c.euden@lboro.ac.uk | 020 3805 1300 |

Security

888 (internal and emergency), Gatehouse - (01509) 222141

[Duty Assessment and Inclusion Team](#)

e. dai@lboro.ac.uk

t. [01509 222765](tel:01509222765)

Leicestershire Children's Social Care Services

t. 0116 305 0005 (24 hours)

Leicestershire Adult Social Care Services

t. 0116 305 0004 (8.30am – 5pm Mon-Fri, 8.30am – 4.30pm Fri and Bank Holidays)

t. 0116 255 1606 (out of hours) Emergency Duty Team

e. adultsandcommunitiesCSC@leics.gov.uk

Leicestershire Police

t. 0116 2222222

Newham Local Children Safeguarding Board

t. 020 3373 4600

Newham Safeguarding Adults Board

t. 020 3373 0440

[NSPCC](#)

t. ~~0808 800 5000~~

e. help@nspcc.org.uk

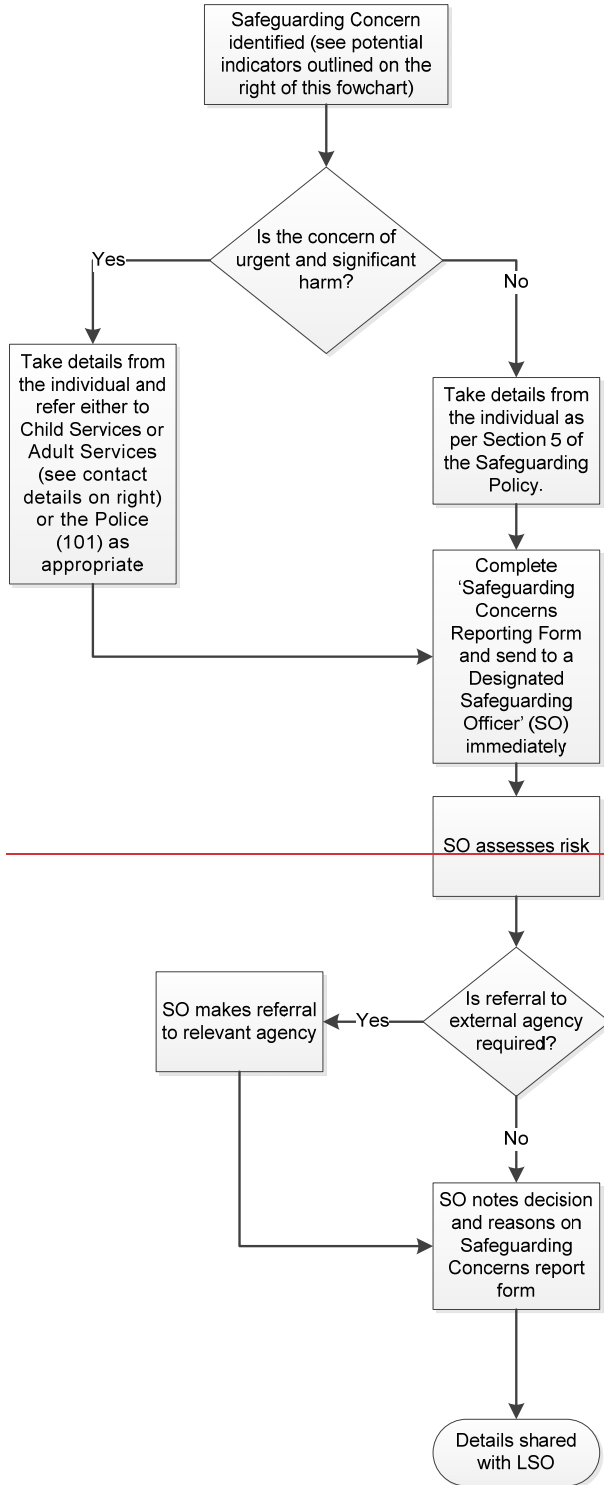
www.nspcc.org.uk

Karma Nirvana (Forced Marriage and Honour Based Abuse)
t. 0800 5999 247
www.karmanirvana.org.uk

Forced Marriage Unit
t. (0) 20 7008 0151
e. fm@fco.gov.uk

Zinhiya Trust (FGM Support)
t. 0116 254 516
e. zinhiya.trust@gmail.com

Appendix 3: Flowchart for Reporting Safeguarding Concerns



Potential Indicators of Safeguarding Concerns

- A child or adult raises an allegation of current abuse, harm or other inappropriate behaviour.
- A student, staff member or visitor discloses information involving themselves or family members which gives rise to concerns that an individual may be harming or abusing a child or vulnerable adult.
- There are suspicions or indications that a child or vulnerable adult is being abused or harmed, or is at risk of exploitation, harm or abuse (including radicalization). The indicators of abuse or harm can be difficult to recognize, but advice is given in the [Guidance for Staff on Safeguarding Children and Vulnerable Adults](#).
- There are observable changes in a child or vulnerable adult's appearance or behaviour that may be related to exploitation, harm or abuse, including radicalisation.
- A concern is raised that an individual presents a risk of abuse or harm towards a child or vulnerable adult.
- Concerns arise that a student or member of staff is vulnerable to radicalization and there is an identifiable risk of being drawn into terrorism.
- A historic disclosure of sexual or physical abuse is made, where the perpetrator still has access to children or vulnerable adults.

Important Contacts

Lead Safeguarding Officer (LSO)

Richard Taylor
t. (01509) 222223
R.taylor@lboro.ac.uk

Safeguarding Officers (SO)

Manuel Alonso, m.alonso@lboro.ac.uk, (01509) 222050
Trish Barnard, p.barnard@lboro.ac.uk, (01509) 223793
Chris Euden, c.euden@lboro.ac.uk, 020 3805 1300

Leics Children's Social Services

(0116) 305 0005

Leics Adult Social Services

(0116) 305 0004 (8.30-5.00, Mon-Fri & Bank Holidays)
0116 255 1606 (out of hours)

Newham Children's Social Services

020 3373 4600

Newham Adult Social Services

020 3373 0440

8.1.

Appendix 24: Declaration Form for External Organisations bringing children or vulnerable adults onto University premises

Context

The University's Safeguarding Policy states that any external organisation whose membership includes children or vulnerable adults, that wishes to use University facilities, must confirm that they have a Safeguarding Policy and that they have conducted the appropriate checks on their staff. Below is a form of wording to be used when entering into an agreement with such an organisation. It is imperative that this document is signed by the external organisation in order to make it clear that they are responsible for any child protection issues that occur while they are on campus.

Agreement

It is the responsibility of all groups and voluntary organisations accompanying children (i.e. persons under 18) and vulnerable adults using the University's facilities to comply with legislation governing the protection of such persons. It is the policy of Loughborough University to seek assurances of such compliance and accordingly it requires confirmation of the following:

- (a) that the organisation has a safeguarding policy;
- (b) that appropriate DBS checks have been conducted in relation to all staff and/or volunteers accompanying children or vulnerable adults while on University premises; and
- (c) no person whose checks indicate that he/she is unsuitable to work with children or vulnerable adults will be included in any activities taking place on the University's premises.

The University cannot be held responsible for the death or personal injury of anyone attending events, unless such death or personal injury occurs as a result of the University's negligence or breach of statutory duty. The University is not responsible for any other loss or damage that may occur to while attending the University's premises unless it occurs as a result of the University's negligence or its wilful damage. Groups/voluntary organisations are responsible for the security of all property/valuable possessions brought onto University premises and are advised to arrange separate insurance for such property/valuable possessions.

I/we confirm that that I/we have complied with (a) and (b) above and agree to (c) above.

I confirm that I have authority to sign on behalf of that group/organisation (where this form is signed by an individual on behalf of a group/organisation).

Signed:

On Behalf of:

Dated:

Health, Safety & Environment Committee



Paper Title: Environmental Compliance Report

Origin: Environmental Manager

Date: 11.05.2021

| | |
|---|--|
| 1. Decision Required by Committee | To NOTE the results of the External Surveillance and System Audits as well as the internal Compliance Audit results. |
| 2. Executive Summary | <p>The University is accredited to the Environmental Management System ISO 14001 2015.</p> <p>In order to maintain this accreditation LU undergoes a number of audits annually to ensure compliance and evidence continual improvement.</p> <p>The following report outlines the key results and findings from the previous year of audits and confirms our compliance status.</p> |
| 3. Committees/Groups previously considering item. | Sustainability & Social Responsibility Sub-Committee |



Subject

Environmental Compliance

Origin

Sustainability Office – Environmental Manager

Strategic objective met

Compliance with Environmental Legislation.
Embedding Sustainability into all our operations.

Committee Action Required

The Committee are asked to note the results of the External Surveillance and System Audits as well as the internal Compliance Audit results acknowledging that these were completed by self assessment and the provision of photo evidence due to the current coronavirus circumstances. **The Committee are further asked to note and support the ongoing actions** currently being taken to address the previously raised concerns with F-Gas compliance **acknowledging** the effort there has been to address this.

1. EMS External and System Audits

The External Surveillance Audits were held via Teams in August 2020 (London) and in September 2020 (Loughborough) and were successful with no issues reported for either audit. This is the first time there have been no non-conformances or opportunities for improvement identified. This years audits will be held in August.

The (peer) Audit of the Environmental Management System was undertaken in March by Karen Gallagher previously of Exeter University and now working as a Environmental Consultant and Trainer. This identified 1 minor non-conformance and 11 opportunities for improvement.

The minor non-conformance related to an out of date organisational structure which had not been updated following voluntary redundancies but this was rectified within a week of the audit. Of the 11 opportunities for improvement , 9 have already been addressed and the other 2 are currently being worked on with a target for completion of the end of July 2021.

The auditor commented:

It was clear during the audit that despite the challenges presented by restructuring and the global pandemic, the team have made excellent progress in the development of new strategies, the identification of University wide communication/engagement opportunities as well as the ongoing effective management and maintenance of the EMS

2. Compliance Audits

The EMS (Environmental Management System) requires the University to undertake internal compliance audits to assess compliance with legislation, our obligations and the procedures of the system.

These audits would normally be undertaken as face to face visits with the Schools and Departments being audited but as part of the altered covid approach this years have been undertaken using self-assessment supported by documented evidence and photos. This years audits included:

- The three Senior Sustainability Managers
- Professional Service areas of
 - Imago
 - Domestic Services
 - Procurement
- Schools:
 - London
 - Architecture, Building and Civil Engineering
 - Social Sciences
 - Sport, Exercise and Health Sciences

Across all 10 internal audits, there were 1 minor non-conformance and 3 opportunities for improvement identified. These are all now being followed up on.

3. Evaluation of Legislative Compliance

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

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

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

The result of the compliance assessment is as follows:

1. There are no immediate areas of concern for the majority of areas as evidenced by the audits undertaken although clearly this is a sampling process.
2. One area of ongoing action to address previously identified concern is that of F-Gs which is covered in the next Section.

4. F-Gas Compliance

F-Gas compliance was raised last year as an area of concern and as a result the following actions were undertaken:

- Management of the register was taken on by the Environmental Manager. This involved a 6 month review of 3000 asset lines which had to be cross referenced between multiple asset databases.
- FM provided additional support to review specific buildings (W and S)
- The contractor has been set new KPI performance requirements and is now being assessed against
- Monthly contractor meetings have now been established.

- The new register was delivered to the contractor late 2020 and implemented at the start of January 2021
- A Non-Conformance log was introduced with the contractor to log and track issues identified with servicing of the assets.

In addition:

- Further FM support has been offered but due to current staffing levels has not been available.
- The Environmental Manager is now reviewing and logging all servicing.
- A review is now taking place to consider in house delivery of the servicing.

The first three months of this year resulted in scores against some of the KPI as follows:

| Description of Compliance | Main Activity Summary | Monthly Score (March) | Rolling Score (3 MNTHS) |
|---|---|------------------------------|--------------------------------|
| Servicing of devices without F-Gas or below the testing threshold | Relevant devices to be serviced 1 month either side of anniversary date. | 92% SERVICED 40% ON TIME | 94% SERVICED 24% ON TIME |
| Servicing of devices requiring an annual service and leak check | Relevant devices to be serviced NO MORE THAN 1 month prior to the anniversary date and NOT after. | 88% SERVICED 24% ON TIME | 91% SERVICED 26% ON TIME |
| Servicing of devices requiring a bi-annual service and leak check | Relevant devices to be serviced NO MORE THAN 2 weeks prior to the anniversary date and NOT after. | 100% SERVICED 0% ON TIME | 100% SERVICED 0% ON TIME |
| Servicing of devices requiring a quarterly service and leak check | Relevant devices to be serviced NO MORE THAN 1 week prior to the anniversary date and NOT after. | 84% SERVICED 56% ON TIME | 76% SERVICED 41% ON TIME |

Whilst this is still of concern it is an improvement in the delivery but also represents a far greater ability to track the performance as a result of the improved data and methodology now being used.

Close scrutiny of the servicing data and management of the asset register will continue until the Environmental Manager as DAP is happy that the levels of KPI performance are what they should be, and the compliance assurance is deemed to be at an appropriate level.

Environmental Managers comments on compliance status:

It is my recommendation that the overall assessment of compliance is good but with the acknowledgement that F-Gas remains a concern.

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

5. Incidents

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

There have been 2 spill incidents logged this year (same as the previous year) all appropriately managed and therefore classed as near misses.