



Loughborough
University

7 October 2026 HSE Agenda (SAF26-A3)

MEETING

7 October 2026 12:30 BST

LOCATION

Pearce Committee Room 201.0.09, Hazlerigg Building

PUBLISHED

30 September 2026

Agenda

Location
Pearce Committee Room 201.0.09, Hazlerigg Building

Date
7 Oct 2026

Time
12:30 BST

	Item	Owner	Time	Page
	SECTION A - Items for Discussion			-
1	Business of the Agenda	Chair	12:30	-
	Members should notify the Secretary by midday on Tuesday 6th October if they wish to speak to a starred item			-
2	To CONFIRM the minutes of the meeting on 19th May 2026	Chair		4
3	To NOTE actions arising from previous meetings	Chair		11
4	To RECEIVE a critical risk update on Spectator Safety Planning	Louise Gear / Fran Bonner	12:40	13
5	To RECEIVE a critical risk update on Staff and Student Travel	Mark Chester	13:00	19
6	To RECEIVE an update regarding the Terrorism (Protection of Premises) Act 2025 (Martyn's Law)	Ant Dales	13:20	33
7	To CONSIDER proposed changes to the structure and operation of the Committee and the Composition, Terms of Reference and Membership for 2026/27	Neil Budworth	13:30	35
8	Planning Process	Neil Budworth	13:40	-
8.1	To CONSIDER the proposed planning process for 2027			41
8.2	To CONSIDER the proposed Compliance Statement for Schools and Professional Services			53
	BREAK		13:50	-
9	To RECEIVE a Consolidated Health, Safety and Wellbeing Report by the Director of HSW and to NOTE areas of risk and actions identified	Neil Budworth	14:00	56
10	The CONSIDER the updated plan of key business for forthcoming meetings	Neil Budworth	14:10	61
11	To RECEIVE updates in relation to Statutory Compliance Key Performance Indicators and to CONSIDER the compliance for these areas and actions set to move areas to green to ensure these are appropriate		14:15	-
11.1	Health, Safety and Environment Statutory Compliance Sub-Committee Report	Neil Budworth		66
11.2	Key compliance indicators for Biological/ Chemical/ Radiation Safety and HTA Research Licence	Rae Denham		71

	Item	Owner	Time	Page
12	To CONSIDER proposed changes to the Chemical Safety Policy on the recommendation of the Chemical Safety Committee	Rae Denham	14:25	79
13	Arising from M26/15, to CONSIDER proposed changes to the Construction – Small Works Health & Safety Policy following the addition of guidance for small works carried out by IT Services	Neil Budworth	14:30	81
14	To CONSIDER the proposed new Working at Height Policy	Neil Budworth	14:35	82
15	To CONSIDER proposed changes to the Lone Working Policy arising from the introduction of the SafeZone application	Neil Budworth	14:45	84
16	To CONSIDER the proposed response to feedback received during the recent Smoking Policy Consultation	Neil Budworth	14:50	85
17	To CONSIDER the proposed risk rating with a view to making a recommendation to Senate and Council	Neil Budworth	15:00	90
18	To RECEIVE the accident and incident report for Schools and Professional Services	Neil Budworth	15:05	93
	SECTION B – Starred Items			-
19	* To APPROVE changes to the terms of reference and composition of Health, Safety and Environment Statutory Compliance Sub-Committee for 2026/27			104
20	* To RECEIVE the minutes of the following Sub-Committee meetings:			107
	Health, Safety and Environment Statutory Compliance Sub-Committee (Meeting on 9th September)			-
	Radiological Protection Sub-Committee (Meetings on 15th May and 16th September)			-
	Safeguarding & Prevent Sub-Committee (Meeting on 11th June)			-
21	Any Other Business	Chair		-
22	Dates of remaining meetings in 2026/27:			-
	Wednesday 3rd February at 14.00			-
	Tuesday 18th May at 14.00			-



SAF26-M2

Minutes of the Health, Safety and Environment Committee meeting held on Tuesday 19th May 2026

Attendance

Members:

Sola Afolabi, Elliott Brown, Neil Budworth, Joni Carter-Hendrickson, Alec Edworthy, Graham Howard (ab), Adam Lamb (ab), Luke Langbein-Stott, Liz Monk (ab), Graham Moody, David Roomes (ab), Rajkumar Roy (ab), Jagjit Samra, Richard Taylor, Rachel Thomson (Chair).

In attendance:

M Ashby (Secretary), Karen Watts and Charlie Wheeldon for M26/22, Martin Channell for M26/23, Ant Dales for M26/24, Rae Denham for M26/28 and M26/29 and Julie Turner.

Apologies:

Graham Howard, Adam Lamb, Liz Monk, Rajkumar Roy.

26/20 Minutes

SAF26-M1

The minutes of the meeting held on 28th January were APPROVED.

26/21 Matters Arising from Previous Meetings

SAF26-P17

- 21.1 Actions arising from previous minutes were NOTED and their current status confirmed.
- 21.2 Arising from M24/33, the DAP for DSEAR would be identified following a consultation on the University's technical services structure. It was agreed that arrangements for identifying DAPs would be discussed as a separate agenda item at a future meeting. **ACTION: Director of HSW**
- 21.3 Arising from M26/1, Loughborough Sport had provided the Deputy Vice-Chancellor and COO with completion rates for Safeguarding training using criteria used by Audit and Risk Committee. It was noted that safeguarding completion rates needed to be routinely monitored in all areas.

26/22 Critical Risk Update on University's Student Suicide Prevention Strategy

SAF26-P18

- 22.1 The Committee RECEIVED a critical risk update from the Director of Student Services on the University's Student Suicide Prevention Strategy. The Strategy followed best practice in this area and was aligned to all major sector frameworks. It followed a three-pillar model of prevention, intervention and postvention.

- 22.2 Attention was drawn to the new British Standard on suicide awareness and workplace support. The Director of HSW and Head of Student Wellbeing and Inclusivity would consider whether existing training needed to be updated to reflect the requirements of the British Standard.
ACTION: Director of HSW and Head of SWAI
- 22.3 In addition to making training on the new strategy available to student-facing staff via the Occupational Development training portal, Student Services had been proactive in offering ad hoc training sessions to groups of staff in Schools. The sessions contained trigger warnings so were delivered by pairs of staff to ensure that there was support available for those who might be affected by the content.
- 22.4 A question was raised whether there were plans to extend this training to staff who did not routinely have access to IT equipment, such as CDRS staff, as staff who worked in halls of residence could encounter students who were in difficulty and be in a position to flag a concern. It was noted that training was available to all, bookable online, in addition to training for specific roles. Student Services would give further consideration to making training available to targeted groups of staff, eg domestic staff. **ACTION Director of Student Services**
- 22.5 Student Services provide support for all students whether they live on or off campus. Community wardens provide support in line with that of hall wardens, and the 24-hour support Security Team was available to respond to calls around the clock.
- 22.6 The Committee noted the ongoing development of analytics around student wellbeing. The following responses were in place:
- (i) **Student wellbeing dashboard:** Co-Tutor consolidates attendance and engagement data to identify students of concern and track whether meetings have taken place, giving School managers visibility of outstanding cases.
 - (ii) **SWAI proactive outreach pilot:** SWAI receives end-of-semester datasets enabling targeted outreach based on a range of risk factors including engagement and attendance concerns, missed exams, mitigating circumstances claims, and disability information.
- 22.7 Colleagues in Student Services were thanked for their update and the important work that they were engaged with.

26/23 Critical Risk Update on the Risks Posed by Construction and Contractor Activity on Campus

- 23.1 The Committee RECEIVED a critical risk update from the Assistant Director Capital Projects & Programme Management. The update focused on measures that were in place to manage critical risks arising from increased construction and contractor activity on the East Midlands campus. Members were informed of continued and new anticipated project activity in 2026 and 2027. The main critical risks arising from the activity were outlined together with the control measures that would be in place, including a number of active site control measures.
- 23.2 HSE Committee noted the need to continue to reflect upon risk management control measures beyond the compound of the Central Accommodation (CAP) project and to consider the knock-on implications of the activity.
- 23.3 It was understood that an incident in G Block in summer 2025 had occurred because processes in place were not followed at the time. Site tours, permits to work and clerk of works visits were considered the key measures to ensure that contractors followed agreed processes and to minimise risk, as well as the possibility of not engaging the contractors in the future.
- 23.4 Estates and FM's lead, long-term maintenance project managers were NEBOSH trained. This was not the case for the wider practical staff. The training requirements for different types of project staff would be agreed between the Director of Health, Safety and Wellbeing and the Director of Estates and Facilities Management **ACTION: Director of HSW & Director of Estates & FM**

- 23.5 The recent increase in project work would result in a corresponding increase in the number of interfaces with contractors. Difficulties had been encountered when DigiLabs work had coincided with CAP Project work located in the same area of campus. The Committee was informed that Estates and FM would strive to avoid similar situations in the future by scheduling major projects in the same location at different times. Long-term maintenance projects tended to be smaller in size but followed similar processes, and scheduling of these projects already took into consideration the timing of major projects.
- 23.6 Security Services were not always alerted to events that were taking place on campus to be in a position to inform areas that might be affected. When necessary, Estates and FM were able to build in 'tools down' days when contractors could be less conspicuous, but this was only possible if they were informed about events in advance. It was agreed that there was a need for greater information sharing about events and bookings, particularly given the recent increased volume of construction work. The Assistant Director Capital Projects & Project Management would identify key contacts across the University who were responsible for events and would establish a notification system. **ACTION: Assistant Director Capital Projects & Project Management**
- 23.7 Members were informed that it was difficult for campus users to find information on the University website about the CAP Project and linked changes to campus traffic flow and parking arrangements. Notices had been posted on the website to provide campus users with this information. However, this method of communication was transient in nature, so the information was not readily accessible when needed. Estates and FM would arrange for the information to be published on the University website. **ACTION: Assistant Director Capital Projects & Project Management**
- 23.8 The Assistant Director Capital Projects & Project Management and his team were thanked for their work on the CAP Project and other major projects.

26/24 Terrorism (Protection of Premises) Act 2025 (Martyn's Law)

SAF26-P19

- 24.1 The Committee RECEIVED an update on the University's plans for the rollout of SafeZone and on implementation of guidance in relation to Martyn's Law.
- 24.2 The SafeZone system was on course for a soft rollout over the Summer. The University was able to benefit from the experience of a large number of other HEIs that had successfully rolled out the system to their campus communities. A critical mass of 50 per cent of the campus population using SafeZone would be sufficient for it to work effectively. However, a higher take up would bring greater benefits to campus users.
- 24.3 The system was being embedded into the University's IT systems, and the Security Team would be trained in its use. Working groups had also been set up to coordinate communications around the rollout, health and safety, and fire prevention-related arrangements. Further work was needed to cleanse and reformat data prior to it being embedded into the system. There were multiple sources of information, each in different formats, and permission had yet to be obtained to share staff and student data with SafeZone. Mobile telephone numbers for campus users would also need to be captured for the system to be effective.
- 24.4 A communication campaign would encourage campus users to sign up for SafeZone and also install the app on their personal devices. It would be important for the communications to emphasise the benefits of the system and clarify that its purpose was to maintain the safety of campus users, particularly in the event of an incident whilst on campus, rather than to track their movements.
- 24.5 The Home Office had introduced Section 27 guidance to clarify requirements for organisations to comply with Martyn's Law. Implementation of the requirements would bring at least seven streams of work for the University, and a task and finish PMB was to be set up to oversee implementation of the work over several years. It was noted that a potential benefit of the additional work could be improvements to information sharing about events and activities on campus. The COO would consider the composition of the proposed PMB. **ACTION: COO**

- 24.6 The porous nature of the East Midlands campus, from a motor vehicle perspective, was drawn to the attention of the Committee. Members noted that the barriers at various points around its perimeter served as physical deterrents, rather than actual barriers to prevent entry. The approach taken discouraged threats and provided physical reassurance.
- 24.7 The Committee noted that the Deans had requested a briefing on Martyn's Law during the recent internal School reviews of health and safety (process described below).

26/25 Health and Safety Planning and Review Process

SAF26-P20

- 25.1 HSE Committee received a report on progress in implementing the new Health and Safety Planning and Review Process. The process had been refined over the previous 18 months to focus on health and safety planning, and new requirements introduced. Schools and Professional Services with the highest risk had now completed the new process and had put in place plans which included milestones and KPIs.
- 25.2 The quality of the plans had improved over the period as different areas had engaged with the process, with Schools and Professional Services learning from each other. There had been a review process, and the plans had been checked robustly. Deans and Directors of Professional Services had been asked to attend review meetings without their Heads of Operations. This had been effective in reinforcing for the Deans and Directors that they were responsible for the health, safety and wellbeing arrangements within their areas.
- 25.3 The process had generated actions for each School and Professional Service, and overarching actions for other areas of the University to address. Deans and Directors of Professional Services would be asked to follow up with an assurance report at the end of the year to confirm the status of actions for their area and to indicate the level of assurance.
- 25.4 The Director of HSW considered that the implementation had been very successful, and it had allowed him to identify areas where the process could be refined even further for the following year. Examples of best practice would be shared with Schools and Professional Services. Thanks were expressed to the Director of HSW and the Senior Health and Safety Specialist for their significant efforts in rolling out the new process.
- 25.5 HSE Committee approved the recommendation to continue with the new health and safety planning and review process going forward.

26/26 School and Professional Service HSW Plans

SAF26-P21

The Health, Safety and Wellbeing Plans had been made available to the Committee via a link to the HSE Committee Teams site. It was not intended that the Committee should read or approve the plans, because they are the subject of the delegated review process described above. Members would only be expected to access the plans if they had a specific interest or there was an agenda item which required them to do so.

26/27 Accident and Incident Report

SAF26-P22

- 27.1 The Committee RECEIVED a new format accident and incident report which would replace the Incident, Near Miss and Fire Data reports which the Committee had received at previous meetings.
- 27.2 The report provided combined accident and incident data for the University as a whole and data for higher risk Schools and Professional Services. It was envisaged that the new report format would facilitate direct comparisons and identify trends that could be used to drive improvement. Future reports would present the data in a condensed format and include benchmarking information.

- 27.3 Attention was drawn to the Incident to Near Miss Ratio which had been provided for each School and Professional Service. It was unclear to members what a favourable ratio might be. Members were informed that this depended upon the industry, with distributed populations tending to have lower incident ratios. Ratios of 1:10 to 1:30 were typical. Members noted that low ratios and low OH referrals had been scrutinised in the review meetings and had taken into consideration the different environments.
- 27.4 The following changes were requested to the report format:
- (i) label y axis to clarify that the graph presented the number per month;
 - (ii) addition of a right-hand axis to clarify that it was a rolling average per month;
 - (iii) for Total Incidents to Near Miss Ratios, provide ratios to base 1 to aid comparison between different Schools and Professional Services. **ACTION: Director of HSW**
- 27.5 Members were informed that staff members might not report near misses in situations where they were potentially working in unsafe working conditions but no specific incident had occurred. A definition and examples of near misses would be made available. **ACTION: Director of HSW**
- 27.6 The Health and Safety Administrator was thanked for the excellent work undertaken to produce the new format reports.

26/28 Updated Plan of Key Business

SAF26-P23

- 28.1 The Committee considered the plan of proposed key business for forthcoming meetings. The list had been modified to reflect findings from the Planning and Review Process. The plan was approved.
- 28.2 Members noted that the presentation slides for the Critical Risk Update on the Risks Posed by Construction and Contractor Activity on Campus (see M26/23) had not been shared with members in advance of the meeting. The Committee requested that slides for future critical risk updates were made available prior to the meeting. **ACTION: Secretary**

26/29 Director of Health, Safety & Wellbeing Update

SAF26-P24

- 29.1 Members RECEIVED a consolidated report from the Director of HSW on issues and actions relating to health, safety and wellbeing.
- 29.2 The following were noted in particular:
- (i) There had been two significant incidents linked to the Big BUCS Wednesday event. Incident reviews had taken place or were planned, and corrective action was being taken to prevent a reoccurrence.
 - (ii) Recent developments in the corporate manslaughter case against UK Athletics.
 - (iii) Discussions with the Building Safety Regulator regarding the application of the Building Safety Act to Towers.
 - (iv) A recent inspection by the Environment Agency on sealed and unsealed source permits. The inspection report would be received by Council in due course.
 - (v) A planned application to vary the University's unsealed source permit to better reflect its research activity.

26/30 Statutory Compliance Key Performance Indicators

SAF26-P25 SAF26-P26

- 30.1 The Committee RECEIVED updates on statutory compliance key performance indicators and noted that the compliance ratings remained at either green or amber. There was a clear narrative on each point identifying the likelihood of each indicator reaching a green status and the steps needed to achieve that status. Members noted the much-improved position compared with a number of years ago, and the Committee thanked Rob Sparks and the Compliance Sub-Committee for their efforts.
- 30.2 There was a flag against DSEAR where the DAP post had become vacant. It was anticipated that a replacement would be identified during the forthcoming Technical Services structure review. The Committee noted the importance of future planning around DAP posts to ensure resilience in compliance areas with some DAP roles potentially being incorporated within job descriptions.
- 30.3 The report provided clarification for the use of amber forward arrows over an extended period for some compliance areas. The Committee was reassured that the level of compliance was very good and was favourable compared with other organisations. Seeking to improve amber-rated compliance areas further may require a significant financial investment.
- 30.4 Progress had been made in relation to an area of HTA compliance to reduce potential risk.

26/31 Annual Compliance Assurance Statement

SAF26-P27

- 31.1 Members were made aware of a new requirement to provide Audit and Risk Committee with an annual statement of the level of assurance for issues within HSE Committee's remit. The proposed statement indicated a high level of assurance.
- 31.2 The Committee approved the 2025/26 Annual Assurance Statement subject to the correction of minor typographical errors. **ACTION: Director of HSW**

26/32 Footnotes for RrAgG Recommendations to Council

SAF26-P28

Arising from M25/16, the Committee APPROVED proposed risk rating definitions for inclusion with future RrAgG recommendations to Council. The footnotes would provide a more bespoke interpretation to help clarify the risk ratings.

26/33 Minutes of Sub-Committees

SAF26-P29

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

Chemical Safety Committee (Meetings on 10th February and 21st April 2026)

GM and Biosafety Committee (Meetings on 26th January and 29th April 2026)

Health, Safety and Environment Statutory Compliance Sub-Committee (Meeting on 16th April 2026)

Non-ionising Radiation Safety Committee (Meetings on 2nd February and 23rd April 2026)

Radiological Protection Sub-Committee (Meeting on 17th February 2026)

Safeguarding & Prevent Sub-Committee (Meeting on 12th March 2026)

26/34 Safeguarding and Prevent Sub-Committee Composition & Terms of Reference

SAF26-P30

Arising from M45.3, the Committee NOTED the updated composition, terms of reference and membership of the Safeguarding and Prevent Sub-Committee.

26/35 Any Other Business

- 35.1 **Contingency Planning:** The Sustainability Manager was to prepare a briefing note for the Senior Leadership Team following climate projections of hotter than average weather during the summer. The Sustainability Manager was asked to monitor the long-range weather forecast and to give the Senior Leadership Team four weeks' notice of predicted temperatures above 36 degrees Centigrade to ensure that contingency plans could be put in place in good time. **ACTION: Sustainability Manager**
- 35.2 The Business Continuity Group had updated the University's contingency plans for power cuts and gas shortages in the light of recent developments in the Middle East.
- 35.3 **Valediction**
- (i) The Chair had written to retiring lay member David Roomes to express thanks for the support that he had given to the University through his contributions to the Committee.
 - (ii) Thanks were expressed for the support provided to the Committee by Sarah Van-Zoelen, Occupational Health and Wellbeing Manager, who was to leave the University.

26/36 Dates of Meetings in 2026/27

Tuesday 7th October 2026 at 12.30

Wednesday 3rd February 2027 at 14.00

Tuesday 18th May 2027 at 14.00

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Minute	Description	Action	Status
24-M1/13	<u>Constitution, Terms of Reference & Membership</u> Reflect upon ways to improve Committee's gender balance	Chair, Director of HSW	EDI considerations included in Oct 26 meeting paper 'Consideration of Structure and Operations of HSE Committee'
25-M3/41.6	<u>HSE Update – CDRS</u> Review health and compliance training requirements in CDRS. Consider whether need to prioritise or take a different approach for certain groups when offering some training.	Director of HSW with OD reporting to HRC Committee	Work ongoing, but resources have not allowed completion at this stage.
25-M3/42.3	<u>HSE Update – Loughborough Sport</u> Advise on ways to normalise data to allow for year-on-year comparison and benchmarking against activity elsewhere	Director of HSW	Discussions with Loughborough Sport still ongoing.
26-M1/15.4	<u>Small Works Health and Safety Policy</u> Bring policy back for further consideration at May meeting following addition of guidance for small works by ITS.	Director of HSW	To be considered at October meeting
26-M2/21.2	<u>DAPs</u> Arrangements for identifying DAPs to be discussed as a separate agenda item at a future meeting	Director of HSW	To be considered at February 2027 meeting
26-M2/22.2	<u>Critical Risk Update: Student Suicide Prevention Strategy</u> Consider whether existing training needs to be updated to reflect requirements of the British Standard.	Director of HSW, Head of SWAI	COMPLETED
26-M2/22.4	<u>Critical Risk Update: Student Suicide Prevention Strategy</u> Give further consideration to making training available to targeted groups of staff, eg domestic staff	Director of Student Services	Planning and roll out of staff training ongoing. Managers are encouraged to push the 'supporting students' training out to all staff via OD. Staff without IT access will be incorporated into term 1's training plan.
26-M2/23.4	<u>Critical Risk Update: Construction and Contractor Activity on Campus</u> Agree training requirements for different types of project staff	Director of HSW & Director of Estates & FM	Formal proposal for training of E&FM Managers and Project Managers has been submitted to the Director of E&FM
26-M2/23.6	Need for greater information sharing about events and bookings. Identify key contacts in University who are responsible for events and establish a notification system.	Assistant Dir Capital Projects & Project Man	Director of Estates and FM to provide verbal update
26-M2/23.7	Arrange for information on CAP project to be readily available on University website.	Assistant Dir Capital Projects & Project Man	Director of Estates and FM to provide verbal update
26-M2/24	<u>Safezone</u> Consider composition of proposed PMB.	COO	COMPLETED

Minute	Description	Action	Status
26-M2/27.4	<u>Accident and Incident Report</u> Make changes to format.	Director of HSW	COMPLETED
26-M2/27.5	Make available definition and examples of near misses.	Director of HSW	COMPLETED To be publicized at the Safety Officers' forum in October
26-M2/28	<u>Updated Plan of Key Business</u> Ensure that slides for future critical risk updates are made available prior to meetings	Secretary	COMPLETED
26-M2/31	<u>Annual Compliance Assurance Statement</u> Correct minor typographical errors.	Director of HSW	COMPLETED
26-M2/35	<u>Contingency Planning</u> Monitor long-range weather forecast and give SLT four weeks notice of predicted temperatures above 36°C.	Sustainability Manager	Shared guidance document with senior colleagues and monitored weather. Implemented extreme heat protocols on several occasions within Grounds and Gardens. To share document with review and risks identified around extreme heat and drought moving into 2027 when the risk is expected to be heightened. COMPLETED

Health, Safety and Environment Committee



Consideration of the structure and operation of the HSE Committee

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

Action Required:

HSE Committee are asked to **approve** the recommended structure and operation of the HSE committee

Executive Summary

Over the last year a health and safety planning and review process has been introduced into the University. It was agreed that the structure and mode of operation of the HSE Committee would be reviewed once the planning system had been established to determine if the structure was still appropriate.

A brief benchmarking exercise has been undertaken and recommendations made. The recommendation is that the committee remain largely unchanged with the focus shifting to ensuring the planning and evaluation process runs smoothly and undertaking assurance exercises in relation to key risks of higher risk areas.

HSE Committee are asked to approve this.

Other Committees Consulted

None

Equity, Diversity and Inclusion Considerations

It is recognised that because membership of the committee is determined by the holding of a particular role, it may be possible that the diversity of the committee suffers. To counter this the membership mix of the committee will be monitored with individuals who have expertise or interest co opted to aid diversity. In addition, the committee membership includes representatives from the 3 recognised trades unions. This should help to ensure that no group is excluded from consideration.

Consideration of the structure and operation of the HSE Committee

Background :-

Following on from the move to an annual planning process, it was felt appropriate to review the membership of the Health, Safety and Environment Committee.

The annual planning cycle now means that the plans of higher risk areas are peer reviewed on an annual basis. Whilst this review reduces the workload for the main HSE Committee, it does not remove the need for the committee to retain oversight of the broad strategic direction and the levels of compliance.

The current approach to the membership of the committee is to have a membership which seeks to drive the line responsibility of Health and Safety, whilst assuring compliance and delivering compliance with the Safety Representatives and Safety Committee Regulations. This approach keeps the Committee to a reasonable size and focused.

One challenge with this approach, is that as colleagues are invited to attend on the basis of their role, it is sometimes difficult to achieve a good level of diversity in the committee membership. Historically this has been dealt with by co-opting members where necessary.

As part of the review process, a number of different alternate approaches to membership have been considered and some benchmarking undertaken.

Alternate approaches:-

Some institutions base the membership of their Health and Safety Committee on functional areas – so the membership is made up of the Deans or Pro Vice Chancellors of the Schools or Faculties, with Directors of Estates, H&S, HR etc and enough Union representation to provide balance, typically 2-3 from each nominated Union.

Other intuitions base the membership around the structure of the safety management system of the organisation. In these institutions, the bulk of the committee is made up of the Chairs of the safety committees (both by subject area and by discipline), they then have representatives from a number of areas at a senior level and finally there are representatives of the campus unions.

Discussion

Both of the alternative approaches outlined often result in very large committees, which are not necessarily diverse. They also risk weakening the signalling of management commitment and the level of independent assurance.

The current structure, whilst not small, ensures that the numbers of Union representatives and lay members are appropriate and broadly balanced with those who have a managerial responsibility. On reflection, this structure still appears to be the best for Loughborough.

The recommendation is that the committee remain largely unchanged with the focus shifting to ensuring the planning and evaluation process runs smoothly and undertaking assurance exercises in relation to key risks of higher risk areas.

In terms of managerial representation on the committee, the University structure has a material impact on the management of Health and Safety and therefore the structure and composition of the committee. Changes to the committee membership could / should reflect changes in the University. For example, given the role Technicians play in H&S and the likelihood that some Technicians will be taking on Duty Authorised Person (DAP) roles, it makes sense for the Director of Technical Services to be invited to sit on the committee as a permanent member.

The Deputy Vice Chancellor and Provost has recently undertaken an exercise to seek to match the committee positions which require the attendance of a Dean with the needs and areas of interest of the various Deans whilst balancing the workload of the committees. On this basis it is suggested that Moataz Attallah be invited to replace Rajkumar Roy as the representative Dean for the next period.

The nominated Senior HR representative has now left the University and the Director of Human Resources has expressed his wish to attend.

In addition, increasingly, Health and Wellbeing are topics that are discussed at the HSE Committee, but not at every meeting.

The suggestion therefore is that the Head of Occupational Health and Wellbeing, be invited to the attend the committee as required by the committee, and should have the option to attend if they wish.

Recommendations

The current structure feels appropriate in terms of the objectives of the committee driving progress and assuring compliance. The current structure also gives a good level of impact, whilst maintaining a reasonable size.

Given the incoming Technical Services structure, the Director of Technical Services should become a permanent member of the committee. In addition, the Head of Occupational Health and Wellbeing, should be invited to attend the committee as required by the committee, and should have the option to attend if they wish.

The nominated Dean representative and the senior HR representative will be replaced as part of the normal business of the committee.

Lack of diversity can be managed through co option of interested parties.

The recommendation therefore is to continue with the current structure, but strengthened by inviting the new Director of Technical Services, inviting the Head of Occupational Health and Wellbeing as required and co opting interested individuals to enhance the diversity and fulfil the diversity requirements.

Current Terms of Reference

Assurance

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

Standard duties

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

14. To review annually its Terms of Reference.
15. To review annually its effectiveness.
16. To refer business to other Committees as it sees fit.
17. To set up and oversee sub groups of the committee and to commission reports from these sub groups as necessary to assist the Committee in its duties, and to produce terms of reference for these groups.

Composition and membership **2026/27**

Changes for 2026/27 are in red

Position	Member	Rationale
Provost and Deputy Vice-Chancellor (Chair)	Rachel Thomson	
Chief Operating Officer	Richard Taylor	Seniority signals commitment and helps to drive actions through the Professional Services
Director of Estates and Facilities Management	Graham Howard	Many of the issues raised are physical or compliance issues which are within the remit of E&FM
A Dean of School selected on a rotating basis, to serve for two academic years	Moataz Attallah	Academic engagement is critical – this ensures that the academic community are engaged
A Head of Operations selected on a rotating basis, to serve for two academic years	Nicola Orridge	To have input of the operational impact of decisions and raise concerns
Two Lay Members, one of whom shall be a member of Council	Roshan Israni Luke Langbein-Stott	Impartial and sector external input and expertise
Students' Union Representative	Liz Monk	To aid consistent approach
One representative from each of the recognised Trade Unions: UNITE, UCU, UNISON	Joni Carter-Hendrickson (UNISON) Alec Edworthy (UCU) Graham Moody (UNITE)	Representatives of the campus Unions ensure compliance with the requirements of the Safety Representative and Safety Committee Regulations
The following Officers of the University will serve on the Committee:		
Director of Health, Safety and Wellbeing	Neil Budworth	
Sustainability Manager	Elliott Brown	
Human Resources Representative	Matt Hammond	
Director of Technical Services	Julie Turner	Representing incoming Technical Services structure
Co-opted members	Sola Afolabi Jagjit Samra	Technicians' representative
Committee Secretary	Martine Ashby (to be Chris Dunbobbin)	

Head of Occupational Health and Wellbeing to be invited to meetings as required by the Committee and will have the option to attend if they wish

Health, Safety and Environment Committee



Recommendations for 2027 Health and Safety planning process

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

Action Required:

HSE Committee are asked to **approve** the recommended planning process for 2027.

Executive Summary

Over the last year a Health and Safety planning and review process has been introduced into the University. The process appears to have been welcomed and worked well. No substantial changes are recommended for 2027.

However, an additional element relating to risk assessments has been added to the planning guidance. For most services and Schools, this should broadly align with their current good practice.

Other Committees Consulted

None

Equity, Diversity and Inclusion Considerations

The planning guidance includes an element focused on wellbeing. This may have a positive impact on those who have a physical or mental disability.

Loughborough University

Health, Safety and Wellbeing Planning Guidance

2027

Introduction

This paper suggests amendments to the planning process introduced in early 2026 in preparation for the 2027 cycle. HSE Committee are asked to **approve** this paper. Changes to the 2026 approach are written in red text.

The arrangements are based on an annual process where Schools and Services are required to:

- Develop an annual H&S plan
- Give an annual assurance statement signed by the Dean or Director of Professional Service
- Conduct a minimum of two audits per year
- Ensure that there is an up to date risk register
- Provide data to the HSE committee to give the committee assurance that risks are being properly managed
- Ensure that assurance activities are visibly led by the senior leadership team

Schools and Services who are considered to be higher risk are required to present their health and safety plan to a sub group of the Health and Safety Committee for the purposes of transparency, scrutiny and the transfer of best practice.

Progress to date

The plan development and refinement process progressed well during 2026 and whilst the data packs are still developing, progress has been encouraging.

Suggested amendments

Only two relatively minor amendments are suggested for 2027. These are detailed in red in the text below.

The two amendments are –

Add a requirement for target dates and milestones in the plan so that progress can be monitored. This is introduced as many Schools and Departments used the proforma in the planning guidance as the template for their plan. These plans would clearly benefit from defined target dates and milestones.

Add a specific requirement in the planning process to undertake activities which support the development and monitoring of the risk assessment process. This is introduced to ensure more consistency and coverage across the University.

Performance Data Pack

This part of the process is still being developed and refined. The concept is that for each meeting of the University Health and Safety Committee a data pack will be prepared. The data pack will be in two parts.

The first part will be headline University data and comparator data. eg high level longitudinal trend data for the University and at School and Service level - incident data - absolute figures and rolling annual incident figures normalised by employee numbers.

The second part will be a dashboard for each School or Service which will consist of agreed performance data and School / Service provided narrative. It is anticipated that Schools and Services will use their existing structures and systems to provide this narrative.

Schools and Services will need to ensure that their plans have performance indicators which dovetail to these reporting requirements. Details of suggested measures can be found in Appendix 2 below. **An update on these will be routinely requested ahead of each HSE Committee meeting. Text of the E mail which will be sent to Deans and Directors of services is included at appendix 3**

Presentation of School / Services Plans

Schools and professional services which are considered to be of higher risk are required to present their plan to a sub group of H&S committee. This was a new requirement in 2026, but the time commitment was broadly offset by removing the requirement to present to the HSE committee.

The sub group composition will continue as it was in 2026.

Presentations on the School or Professional Service plan should be given by the Dean or Director of Professional Service and should cover the relevant health and safety plan. The plan must include the key risks being addressed, monitoring, auditing arrangements.

Development of Health and Safety Plans

There is no desire to add additional burdens to Schools and Professional Services and so Schools and Services are free to incorporate the requirements of the plan into their existing plan and planning structures so long as the core elements of the plan are included.

The plans of all higher risk Schools and professional services must include the following, these elements should be considered as non mandatory guidance for lower risk areas :-

An element relating to leadership activity - It is a well proven fact that effective health and safety management only occurs when there is clear, obvious and felt leadership. Plans must include an element that demonstrates how colleagues are leading health and safety. This could be a commitment to leadership training, commitment to site visits and observations, commitment to championing a particular project etc etc. **The implementation of this should be monitored and reported routinely**

Activities focused on managing the key risks of the School or Service - Schools and Services must have a health and safety risk register and a process for keeping the risk register up to date. The plan should contain elements relating to the

management and where appropriate reduction of the key risks. **The risk register should be reviewed for completeness and relevance on at least an annual basis.**

An element relating to the wellbeing of colleagues - A wellbeing element should be developed in collaboration with colleagues from the Occupational Health Service and should address the concerns identified through a local needs assessment.

Optimisation of the health and safety management system - High standards of health and safety are only delivered where responsibilities are clear and activities clearly allocated. In addition, assurance of good standards can only be given when there are effective monitoring arrangements in place. Plans should consider the structures and arrangements needed to deliver good standards of health and safety across the school or department. **Deans and Directors of service should be able to demonstrate that the arrangements that they have in place are operating and efficient**

Activities to ensure legal compliance - Whilst the bulk of legal compliance will be managed by the Estates and Facilities Management team Schools and Services School and Services will have some responsibilities. These may be delegates tasks eg ensure that local exhaust ventilation is checked regularly by the users, or they may be tasks which are specific to the school or service eg working time or food safety compliance. Schools and Services should be clear on their responsibilities and have processes in place to ensure that compliance is delivered and the delivery monitored.

Health and Safety Training - Ensuring that colleagues are properly trained, are competent in what is expected of them is critical to safety. Schools and Departments should have a clear understanding of the training required to ensure that the required training is delivered.

Audit and inspection are important to ensure that processes and procedures are delivering the expected results, that procedures are workable in practice and to ensure that management systems have not degraded.

Engagement and communication – Much of what is required to ensure a high standard of health and safety depends on colleagues knowing what is expected of them and where to find relevant information. High levels of engagement and communication also foster trust and a stronger safety culture. This element of the plan should detail how the legal duty to consult is discharged for both unionised and non unionised colleagues.

New requirement – Risk assessments – The plan should include details of how the risk assessment process is operating within a school or department. It may, for example state how risk assessments and activities will be sampled / audited to demonstrate compliance and details of how colleagues will be trained to conduct risk assessment activities

Proposed Timeline

Plan guidance issued Autumn 2026

Schools and Services to develop / refine plans Autumn 2026

Review of plans early 2027

	Action / Target	Performance indicators	Target Date / Milestones	Status / Progress
Leadership activity	Plans should include an element which demonstrates leadership commitment – this could be leadership training, commitment to undertake leadership safety tours, commitment to a series of H&S meetings and audits etc. Typically this would also include milestones so that there is a clear implementation pathway and so that progress can be verified Eg at least one senior leadership safety tour per month Scheduled attendance at meetings to recognise and reward the contribution of individuals.	This should be a numerical indicator demonstrating progress against the targets		This should be a textual report on the progress on the plan element
Identification and management of key risks	Plan should include clear actions to support the identification and management of keys risks identified in the risk register. This may be a high level risk such as the management of chemicals or a specific risk which affects the School or Service more narrowly such as international travel or food safety	Ideally this should be a numerical indicator demonstrating progress against the action plan		
Activity to protect and promote wellbeing	This may be a high level risk such as mental health and wellbeing, or a specific risk which affects the School or			

	Service more narrowly such as health surveillance for users of vibrating equipment.			
Optimisation of health and safety management system	This may relate to the structure and operation of the safety committee structure, the processes and procedures in place to manage risks or anything else within the School or Service which structurally contributes to the management of health and safety. Eg Risk assessment in place for all activities and are reviewed Lists of authorised users displayed on critical equipment.	Ideally this should be an indicator to show the effectiveness of the management system. Eg risk assessments in date / for review, time to close out actions etc		
Activities to ensure legal compliance	This may relate to inspection and maintenance activities eg log books of local tests of local exhaust ventilation operation or to activities delegated from the central functions eg ensuring sufficient fire marshals are in place and trained.			
Health and Safety Training	A needs assessment and delivery plan should be in place. Eg induction for new starters in place and checked			
Audit and inspection	A minimum of two audits per year should be conducted. These should be supplemented with more localised inspections to ensure that standards are maintained.			

Engagement and communication activity	This should include the details of planned communications, key meeting and any face to face engagement sessions planned.			
Risk assessments	The plan should include details of how the risk assessment process is operating within a school or department. It may, for example state how risk assessments and activities will be sampled / audited to demonstrate compliance and details of how colleagues will be trained to conduct risk assessment activities	This should give details of what will be measured and expected performance levels – eg % of tasks sampled, % of risk assessments reviewed, % of risk assessments passed review date etc.		

Appendix 1 List of Schools and Professional Services considered to be managing a higher level of risk.

AACME
ABCE
Science
SDCA
SSEHS
SSH
Wolfson

Facilities
Catering, Domestic and Residential Services
Loughborough Sport
Marketing and Advancement (design and print and events and international travel)
(Loughborough Students Union – on a voluntary basis)

Appendix 2 Data Requirements / Dashboard– single page

To allow Schools and Services to track progress and to allow cross University comparisons a standardised reporting card (or dashboard) will be developed. This will form part of the Health and Safety Committee pack.

The data requirements will be

Health and Wellbeing (Rolling 12 month total)

Referral numbers / Rate	(Source OH)
Referral profile – by referral issue	(Source OH)
Absence data	(days per FTE – from HR)
Health Surveillance planned / delivered / number of did not attend	(Source OH)
Wellbeing events planned / delivered	(Source School or Service)
Commentary on significant issues eg mental health	(Source School or Service)

Safety Data

Incidents

Performance and trend graph	(Source H&S)
Incident to near miss ratio	(Source H&S)

School / Service provided data

- Risk assessments – number / percentage sampled in last year
- Senior leadership tours – expectation 1 per SLT member per ¼
- Actions – average time to close out

School / service narrative (½ page max)

- Delivery against plan (narrative)
- Comment on management of agreed highlighted risk(s) (narrative)
- Management of risks – Reporting of KPIs H&S and wellbeing against plan

Appendix 2

Dear Colleague,

When the health and safety planning process was introduced during 2026 we indicated that we would be asking you to submit material routinely for consideration at the HSE Committee.

The aim is that this should not be burdensome, should be aligned with your own monitoring and reporting arrangements and should give the HSE committee some visibility of the progress being made

On this basis as outlined during the consultation process and subsequent planning documentation, I'd like to offer you the opportunity to submit some data to be included in the HSE Committee reports.

Please can you submit no more than ½ page of A4 providing a brief narrative such as :-

- Delivery against plan (narrative)
- Comment on management of agreed highlighted risk(s) (narrative)
- Areas of concern or good practice.

As an alternative you could report a few key metrics from your plan. For example you could quote data on

- Risk assessments – number / percentage sampled in last year
- Senior leadership tours – expectation 1 per SLT member per ¼
- Actions – average time to close out

Please can you send any material you wish to be included in the HSE report to Ben Bugby by XXXXXXXXXXXXXXXXXXXXXXXX

Best Regards

Neil

Health, Safety and Environment Committee



Proposal for Compliance Statement Format

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

Action Required:

HSE Committee are asked to consider and if appropriate approve the format of the compliance statement required by the safety governance process.

Executive Summary

Over the last year a health and safety planning and review process has been introduced into the University. The final part of the process to be implemented is the requirement for the responsible person from a School or Service to provide an assurance statement on their level of compliance with relevant requirements. This paper recommends the format and content of that statement.

Other Committees Consulted

None

Equity, Diversity and Inclusion Considerations

N/A

Proposed Compliance Statement

As stated above the final part of the planning and review process to be introduced is the compliance statement. In December every year, Deans and Directors of Services that have been considered more complex or higher risk will be asked to complete a formal declaration of their assessment of their level of compliance and sign it.

The proposed format is :-

To the Chair of the Health, Safety and Environment Committee

Dear Rachel,

This statement is to confirm that the plan presented to the HSE committee in Spring 2026 has been implemented.

The following areas were completed as per plan :-

-
-
-
-
-

The following elements were not completed

Plan Element	Status

Overall statement of compliance (The Dean or Director of Service will select the most appropriate sentence from the list below)

(If appropriate) I have the following areas of concern which I would like to bring to your attention

Your sincerely,

Dean / Director

Compliance statements options

1 – GREEN – Risks have been identified and controls are in place. Assurance processes highlight that controls are working well and there are no significant concerns

2 – green – Risks have been identified and controls are in place. Assurance processes highlight that controls are working. There are small number of risks which warrant closer attention and / or monitoring, but there are plans in place to monitor and control these risks.

3 – AMBER – Risks have been identified and controls are in place. Assurance processes highlight that controls are working. There are small number of risks where controls need improvement, but these have been identified and a plan exists to improve these controls.

4 – red – Unidentified risks exist, or there are controls which are not being effectively implemented. Or a significant risk has been identified, and a plan has not yet been developed to manage the risk. There is a risk of harm to individuals and / or property and a reputational risk, but the risks are limited and unlikely.

5 – RED – Assurance of risk identification and control cannot be given. There are risks which pose a realistic and significant risk of harm to individuals and / or property and a reputational risk and plans are not in place to tackle these in a timely manner.

HSE Health, Safety and Environment Committee



Loughborough University

Consolidated Health, Safety and Wellbeing Report

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

Action Required:

To note areas of risk and actions identified

Executive Summary

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

Other Committees Consulted

None

Equality Diversity and Inclusion Considerations

The Safezone app, can provide additional assurance to those with mobility or medical needs as the app contains a panic button which will raise the alarm and will allow the individual to be located.

The equality impact assessment process has been used in the development of all new and revised policies.

HSE Committee Report –

Subject area / Statement	Issue to note	Action Required from HSE Committee
General Update		
<u>Staff changes in the Health, Safety and Wellbeing Team</u> A number of colleagues have left for new roles since the last HSE committee. As the Health and Safety Service is a small team this will have an impact on service levels until replacements can be recruited. Recruitment is underway. <u>Consultations</u> Consultation is underway on the Smoking policy – a detailed paper is enclosed within the HSE Committee pack. Lone working material policy has been updated to reflect the introduction of the Safezone app DSE Compliance Since an audit in June 2025, engagement with Healthy Working Plus (the University's Display Screen Equipment (DSE) training and risk assessment platform) has increased by 88%. This has driven significant improvement in the DSE risk profile with: • High-risk cases reduced by nearly 60%, • Medium-risk by around 75%, • Low-risk by over 85% and, • “No risk” outcomes have more than tripled, rising by over 1,800 assessments.	To note impact of temporary staff reductions Policy consultation To note progress To note progress	Discussion / agreement on non smoking areas

Collectively, these shifts help demonstrate safer workstation practices, enhanced staff wellbeing, and significantly strengthened compliance with DSE standards across the University. A work at height policy has been developed to ensure compliance and minimise risk. This has been subject to full consultation and replaces the E&FM specific working at height annex. The policy has also been subject to a full equality impact assessment Spectator Safety An incident occurred at the 1st XV rugby pitch prior to the start of an American Football fixture. A section of perimeter rail gave way. Other sections of these barriers failed a few years ago when subject to crowd pressure resulting in spectators falling onto the 1st XV rugby pitch. Temporary barriers were installed in preparation immediately and the perimeter fence was inspected and posts of concern replaced. The fencing around the 1st XV pitch is perimeter fencing only and the posts are subject to rot at ground level due to their design. Loughborough Sport are developing a spectator safety strategy which will consider the pitch barriers and spectator viewing areas for the 1st XV Rugby pitch, the Holywell football stadium and the Hockey pitch. The aim of the strategy is to predict future spectator aspirations and design spectator areas in line with industry standards. Water Flushing A short instructional water flushing video has been developed and shared across Catering, Domestic, and Residential Services to support consistent training and reinforce correct processes. The video is an accessible training tool, enabling both new and existing staff to refresh their knowledge and maintain high operational standards. This was produced partly in response to concerns raised by union colleagues Health and Safety Planning Process A separate paper is included in the HSE Committee pack on the next phases of this process – annual compliance statement and planning guidance for 2027.	To note risk	To approve new policy document
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Occupational Health and Wellbeing		
Occupational Health The search for a new Head of Occupational Health and Wellbeing continues with interviews on October 12th. Flu Vaccine Update: A list of business critical colleagues who are unable to obtain a flu vaccination from the NHS is currently being compiled. 500 vaccines will be available. As in previous years, vaccinations will be offered to colleagues identified as business critical in the first instance with any remaining vaccines being offered more widely to colleagues on a first come first served basis. The flu vaccination cannot be given to employees who have been placed on the 'at risk' list by their GP. The rationale for this is that the NHS have a variety of vaccines available (that the University cannot access) that are specifically targeted to provide an increased immunity to those considered 'at risk'. Following a recent notification from the supplier, there is a 6–8-week delay on the provision of the vaccines due to changes in the manufacturing process. There is currently no confirmed date for delivery, but an update will be provided as soon as it is available.		

Chemical		
The Chemical Safety Policy has been updated following feedback from the Chemical safety committee and other stakeholders. The policy has been updated to clearly define responsibility. The policy has been subject to full consultation and has had an equality impact assessment conducted.		To approve new policy document.

Fire		
Discussions continue with the Building Safety Regulator regarding the application of the Building Safety Act to Towers.	To note	

Health, Safety and Environment Committee



Loughborough
University

Future Business

Origin: Director of Health, Safety and Wellbeing

Action Required:

To CONSIDER key business for future meetings

Executive Summary

Paper proposes key business items for meetings scheduled from October 2026 to October 2027.

Proposal for Future Business

October 2026 Meeting

Review of plan safety plan progress and dashboards

Discussion critical elements to be included in 2027 safety plans

Consideration of structure and operation of HSE Committee in light of change of approach

Critical risk presentation review of spectator safety planning

Critical risk presentation travel safety

February 2027 Meeting

Review of planning and dashboard approach

Occupational Health and Wellbeing Annual Report

Detailed review of health and safety plan and progress Wolfson

Radiation Protection Annual Report

Critical risk presentation review of student accommodation construction

Critical risk presentation Laser Safety

Agree H&S RAG Rating

May 2027 Meeting

Review of HSE plans, discussion of comments made by review groups

Review of planning and review process so far

Review of data set related to School and Service plans

Critical risk presentation possibly chemical safety / explosive atmospheres or lone working (review of SafeZone deployment).

October 2027 Meeting

Review of plan safety plan progress and dashboards

Discussion critical elements to be included in 2028 safety plans

Critical risk presentation TBC

Subjects of previous meetings

October 2021 Meeting

HSE Update from School of Mechanical, Electrical and Manufacturing Engineering
HSE RAG Rating

February 2022 Meeting

HSE Update from School of Science
HSE Update from Campus Services / Catering / Accommodation element of Estates & FM
Health and Safety Annual Report
Annual Radiation Protection Report
HSE RAG Rating

May 2022 Meeting

HSE Update from Estates & Facilities Management (excluding Catering, Domestic & Residential Services)
HSE Update from Student Services

October 2022 Meeting

HSE Update from School of Sport, Exercise and Health Sciences
HSE Update from Sports Development Centre
Presentation on Fire Management Strategy, Risks and Compliance
Occupational Health and Wellbeing Service Annual Report
HSE RAG Rating
H&S Strategic Long-term Plan
Sustainability Annual Report

February 2023 Meeting

HSE Update from School of Aeronautical, Automotive, Chemical and Materials Eng
Presentation on Water Management Strategy, Risks and Compliance
H& S Annual Report
Radiation Protection Annual Report
Chemical and Biological Safety Annual Report

May 2023 Meeting

HSE Update from School of Design and Creative Arts

HSE Update from School of Social Sciences and Humanities

Presentation on critical risk, strategy, control and compliance Human Tissue Act

October 2023 Meeting

HSE Update from Loughborough Business School

HSE Update from Loughborough University London

Presentation on critical risk, strategy, control and compliance – On campus events

HSE RAG Rating

February 2024 Meeting

HSE Update from Imago

HSE Update from Campus Services / Catering / Accommodation element of Estates and Facilities

Presentation on critical risk, strategy, control and compliance – Chemical safety arrangements

H& S Annual Report

Radiation Protection Annual Rep

May 2024 Meeting

HSE Update from Wolfson School of Mechanical and Electrical Engineering

HSE Update from School of Science

Presentation on wellbeing, critical risk management avoidance and management of musculoskeletal issues

October 2024 Meeting

HSE Update from Loughborough Students Union

HSE Update from Marketing and Advancement

HSE RAG Rating

Presentation on stress and mental wellbeing

Feb 2025 Meeting

HSE Update from Student Services

HSE Update from Estates and Facilities Management

Occupational Health and Wellbeing Annual Report

Radiation Protection Annual Rep

Agree H&S RAG Rating

May 2025 Meeting

HSE Update from School of Architecture, Building and Civil Engineering

HSE Update from School of Sport, Exercise and Health Sciences

Consideration of consultation on structure and operation of the HSE committee

H&S Strategic Long-term Plan

Critical risk presentation on stress and mental wellbeing

Placements policy review

January 2026 Meeting

HSE Update from the School Design and Creative Arts

HSE Update from School of Aeronautical, Automotive, Chemical and Materials Engineering

Review of Health and Safety Planning pilot

Occupational Health and Wellbeing Annual Report

Radiation Protection Annual Report

Agree H&S RAG Rating

May 2026 Meeting

Review of HSE plans, discussion of comments made by review groups

Review of planning and review process so far

Review of first data set related to School and Service plans

Critical risk presentation management of the risks posed by increased construction / contractor activity

Critical risk presentation suicide prevention strategy

Health, Safety and Environment Committee



Loughborough
University

Chemical Safety Policy

Origin: Rae Denham

Action Required:

HSE Committee are asked to **Approve** the revisions to the Chemical Safety Policy.

Executive Summary

The Chemical Safety Policy has been reviewed and amended. The policy amendments include the re-allocation of duties, the inclusion of additional duty holders and additional information on regulated substances.

Other Committees Consulted

Chemical Safety Committee

Equality Diversity and Inclusion Considerations

An Equality Impact Assessment (EIA) has been conducted for this policy (Reference: HSS_Chem_01).

Link to [Chemical Safety Policy](#)

1.0 Policy

The Chemical Safety Policy has been updated to reflect the activities at the University and redefine the allocation of duties. The updated policy was shared with the Chemical Safety Committee and Trade Union colleagues for consultation prior to submission to the HSE Committee.

1.1 Re-allocation of duties

Duties that were assigned collectively to the School Safety Officer (SSO), Department Safety Officer (DSO), and Responsible Person (RP) have been reallocated. The SSOs and DSOs have a shared list of duties and RPs have a separate list of responsibilities.

1.2 Inclusion of additional duty holders

The following duty holders and their associated responsibilities have been included in the policy:

Heads of Operation

Responsible Persons

Chemical Safety Committee

Contractors

1.3 Appointment of Responsible Persons

Responsible persons (RPs) are appointed by the Dean of School/Directors/Head of Service to support the Safety Officers/Departmental Safety Officers (SSO/DSO) at a local level. RPs may be responsible for a specified area where hazardous chemicals are used. This may be for a particular laboratory, or a suite or building of laboratories.

Deans of Schools/Directors/Heads of Professional Services may appoint person(s) to act as RPs with the necessary skills, knowledge, ability, training and experience, to oversee the use of hazardous chemicals within their specified area. It is the Deans of Schools/Directors/Heads of Professional Service's responsibility to determine the required training for the role.

1.3 Inclusion of additional sections

The regulated substances section has been expanded to include poisons.

Construction – Small Works Health & Safety Policy – version 4

Origin: M.Haynes-Coote – Deputy University Health and Safety Manager - Health and Safety Services

Action Required: To APPROVE the addition of ITS exception wording to the revised policy document – so it may be added to existing health and safety policy library

Most construction is normally delivered by Estates & Facilities Management (EFM), but this policy outlines the limited circumstances where local departments can deliver small works themselves. The policy has undergone revision and is submitted to Committee for consideration and approval.

Under this revised policy these works must be:

- Under £10,000
- Non-notifiable under CDM 2015, and
- Low risk, with only minimal impact on the building fabric or services.

The small works must fully comply with Construction (Design & Management) Regulations 2015 and all other relevant health and safety legislation. The School/Service will act as the commercial client and must ensure proper planning, competent contractors, adequate risk control, welfare, and safe working practices.

Addition to Page 5 of Policy:

IT Services must deliver works within the agreed scope of all Small Works projects, except where the value or specialist nature of the works necessitates involvement outside the standard Small Works process.

A trained Small Works Competent Person (SWCP) must be appointed to manage these projects. They are responsible for reviewing RAMS, checking asbestos information, liaising with EFM, and overseeing site safety throughout.

The policy arrangements set out a 3-step process:

1. Planning Phase - preparing the project (brief, approvals, risk assessment, competence checks).
2. Pre-construction phase - setting up the work (pre-construction information, contractor induction, permits, signage, site segregation).
3. Construction phase
 - a) managing the work (monitoring safety, site inspections, containment, welfare, fire safety, asbestos management)
 - b) completion duties (snagging, waste clearance, updated O&M data, health & safety file).
 - c) post-project review to capture lessons learned.

Appendices provide examples of allowable low-risk works, key project phases, a pro-forma template, and a detailed health and safety checklist.

Other Committees Consulted

None. The policy has been out for consultation with representatives from EFM_FM, Unions and AACME, LU Sport, ITS and Wolfson prior to submission to this committee.

Equality Diversity and Inclusion Considerations

The policy has been revised to reflect university governance practices aligned to EDI frameworks to support broader commitments to ethical practices.

Link to: [Small Works Policy](#)

HSE Committee



Work at Height Policy

Origin: M. Haynes-Coote - University H&S Service (UHSS)

Action Required: To APPROVE this policy document

Executive Summary

Working at height remains one of the leading causes of serious injury and fatal accidents in the workplace. Within a university environment, a wide range of activities involve work at height, including maintenance of buildings, inspections, cleaning operations, installation of equipment, management of student accommodation, event set-up, grounds maintenance, and contractor activities. As a large and diverse organisation with complex estates, the university has a legal and moral duty to ensure that such activities are planned, supervised, and carried out safely.

In summary, a Work at Height Policy is essential to safeguard people, ensure legal compliance, support effective estate management, and uphold the university's responsibility as a safe and responsible institution for education, research, and student welfare.

Consultation

A consultation exercise was conducted by UHSS with key stakeholder area representatives from across the University including union colleagues.

Equity, Diversity and Inclusion Considerations

A Equality Impact Assessment has been undertaken.

Link to: [Work at Height Policy](#)

The Work at Height Policy is based upon an Estates document (Annex M) updated and elevated to University wide status. It establishes a clear framework for managing the risks associated with working above or below ground level where a fall could result in injury. The policy ensures compliance with relevant health and safety legislation, defines roles and responsibilities, and sets minimum standards for risk assessment, training, competence, equipment selection, inspection, and safe systems of work.

A university presents unique challenges due to the presence of students, staff, visitors, contractors, residential accommodation, laboratories, heritage buildings, and public spaces. Without appropriate controls, work at height activities have the potential to cause serious harm not only to those undertaking the work but also to members of the wider university community who may be affected by falling persons, tools, materials, or equipment.

Implementing a Work at Height Policy supports the university's commitment to providing a safe and healthy environment for learning, research, living, and working. The policy promotes a proactive approach to risk management by prioritising the avoidance of work at height wherever possible, using safer alternatives where available, and ensuring effective control measures when work at height cannot be avoided.

The policy also helps to protect the university from financial, legal, operational, and reputational consequences arising from accidents, enforcement action, business disruption, insurance claims, and civil litigation. By establishing consistent standards across all schools, departments, halls of residence, and contractor operations, the university can reduce risk, strengthen its safety culture, and demonstrate effective governance and compliance.

Health, Safety and Environment Committee



Lone Working Policy

Origin: Director of Health, Safety and Wellbeing

Action Required:

To APPROVE the updated Lone Working Policy

Executive Summary

The lone working policy has been updated following the adoption of the Safezone app. There are no substantial changes other than those which are app related – ie removal of references to the Loughborough Lone Working app and the insertion or references to Safezone.

The requirement for a lone working duty officer has also been removed as the Security Team have agreed to act as the first responders.

Other Committees Consulted

None. However, the policy was distributed to safety contacts for consultation

Equity, Diversity and Inclusion Considerations

The SafeZone app allows colleagues with mobility or health issues, or Security concerns to work with more confidence as the app has a lone worker function, an incapacity alarm and a call for help function.

Link to: [Lone Working Policy](#)

Health, Safety and Environment Committee



Feedback Received during the Smoking Policy Consultation

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

Action Required:

HSE Committee is asked to **approve** the proposed response to the feedback received

Executive Summary

A consultation exercise was held in relation to the University Smoking Policy. The policy itself is aimed at the Loughborough campus as the smoking is prohibited inside the London campus and the outside spaces are public spaces and not controlled by the University.

The policy was issued for consultation through safety contacts, Union colleagues, safety committees and a general news release.

A number of responses were received. On the basis of these comments the language of the policy has been updated to reflect current usage. The policy is clearer for exemptions on medical devices, the inclusion of tenants and an additional non smoking area (with or without designated smoking shelter) is being proposed.

HSE Committee are asked to approve this approach – with the discretion to include a smoking shelter in the area behind the Sir David Davis building if it is considered necessary to practically manage risk. Note the graphics within the policy will be updated to reflect the final decision of the HSE Committee.

Other Committees Consulted

None – direct consultation

Equity, Diversity and Inclusion Considerations

The policy has a number of potential EDI impacts – The changes relating to the use of vape type devices for medical applications clarifies the position for those who need them. In addition, the extension of no smoking areas provides additional protection for those with respiratory challenges. The imposition of further restrictions around smoking behind the Sire David Davis building could mean that those who have mobility issues will have further to travel if they wish to smoke, but this may be mitigated by the provision of a smoking shelter in a position which will not impact on the Sir David Davis building.

Link to: [Smoking Policy](#)

Feedback Received during the Smoking Policy consultation

Issue	Number of respondents	Suggested response
Consideration should be given to making the internal quad area of Sir David Davis a non smoking area	1	This makes sense due to the lack of air movement and proximity of windows and air intakes
Consideration should be given to making the entrance area of Sir David Davis a non smoking area	1	
The areas outside the STEMLab and Sir David Davies solvent stores should be designated as non-smoking areas due to the flammability hazard of solvents and compressed gases in those areas.	1	These are already covered by the policy
Tenants of the university (and their guests) are not mentioned. I've often seen people vaping around door L of Garendon Wing and the roads around Holywell Park (the smoking shelters appear well used).	1	The phrase 'Where staff or students smoke or vape outside they : ' to be changed to 'Where individuals smoke or vape outside they:- 'All visitors and contractors are required to abide by this policy' to be changed to 'All tenants, visitors and contractors are required to abide by this policy'
The designated no smoking areas are not well signed	1	The visibility of signage should be continually reviewed
Could the whole campus to be a nonsmoking area?	1	This was discussed during the last review of the Smoking policy. This was felt to be difficult due to the number of people who actually live on campus. A whole campus ban would also risk driving smoking underground into unsuitable spaces.
Could the policy look at including measures for temporary smoking bans on campus during extreme heat/dry conditions? These are conditions that we can expect to occur more frequently, so it would be good to have the policy reflect this.	1	This can be done as required and does not need writing into the policy

Is it possible to have some wording around the disposal of Vapes? Vapes cannot be put in University waste streams due to the risk of fire; they can be returned through take back schemes or taken to the local tip.	1	This is a broader communication issue and not related to the policy
We also have an issue and risk with people smoking around waste areas, particularly the utilities yard at Holywell. Please can this be made a non-smoking zone.	1	If there is a perceived risk these can be designated.
We have significant smoking user around Herbert Manzoni and EHB, can this be made a non-smoking zone, or a designated area provided.	2	There have been 2 comments regarding smoking in the square outside of Herbert Manzoni. The area is well ventilated and spacious, so the presumption is not to designate a no smoking area
Area outside of Wolfson at AACME end of the building as smoke entering offices.	1	This is more related to the enforcement of the 3 meter exclusion of smoking around doors and open windows
The changes seem fine. This said with the current distance requirements I get smoke drifting into my office when people are smoking in front of Brockington; occasionally I have had to receive a student with my office smelling of cigarettes when I didn't close it in time. I know there's no minimum requirement by law; having done a quick search typically 3 to 5 metres is suggested, and the NHS have a rule of 15 metres. I would be in favour of encouraging people to move further away from buildings, increasing the distance. To be fair when the wind is blowing in a given direction, it might make no difference whether someone is 3 or 5 metres away, but if increasing the distance can make it more likely for the smoke to disperse before getting to offices that would be a good thing.	1	This is more related to the enforcement of the 3 meter exclusion of smoking around doors and open windows
Following complaints from staff who have offices on the Margaret Keay Road side of Morag Bell, could the James France no-smoking zone be extended into the yellow area shown on the diagram (i.e. the rear of Morag Bell)?	1	Only one request was received and the area is well used. No further restrictions will be applied in this area.

Suggest extending the zone beyond the location of the gas cylinders external to Morag Bell	1	If these are flammable gases then these are already covered by the policy
The reference to Live Well Leicester is for Leicester city residents only. The quit smoking service for Leicestershire (including Loughborough) is Quit Ready Leicestershire and Rutland About QuitReady - Quit Ready. Therefore, I would suggest the following amendment: <i>Smokers wishing to give up smoking will be directed to the free local service Quit Ready Leicestershire and Rutland About QuitReady - Quit Ready or the NHS service Quit smoking - Better Health - NHS</i>	1	Amendment made
Typographical corrections	1	Incorporated in the final draft.
Proposed additional no smoking zone covering the sunken courtyard / seating area behind the Sir David Davis building	0	No specific comments were received on this proposal, but the proposal itself was developed in response to a number of spontaneous requests between policy reviews. Proposals being discussed with E&FM colleagues

Proposal for a smoking shelter behind the Sir David Davis building in the sunken area :

Requests have been made to designate the sunken courtyard / seating area behind the Sir David Davis building (see below) as a non smoking area.

A number of colleagues have requested this change as the smoke and fumes from this area enter the offices and the workspaces above causing nuisance.

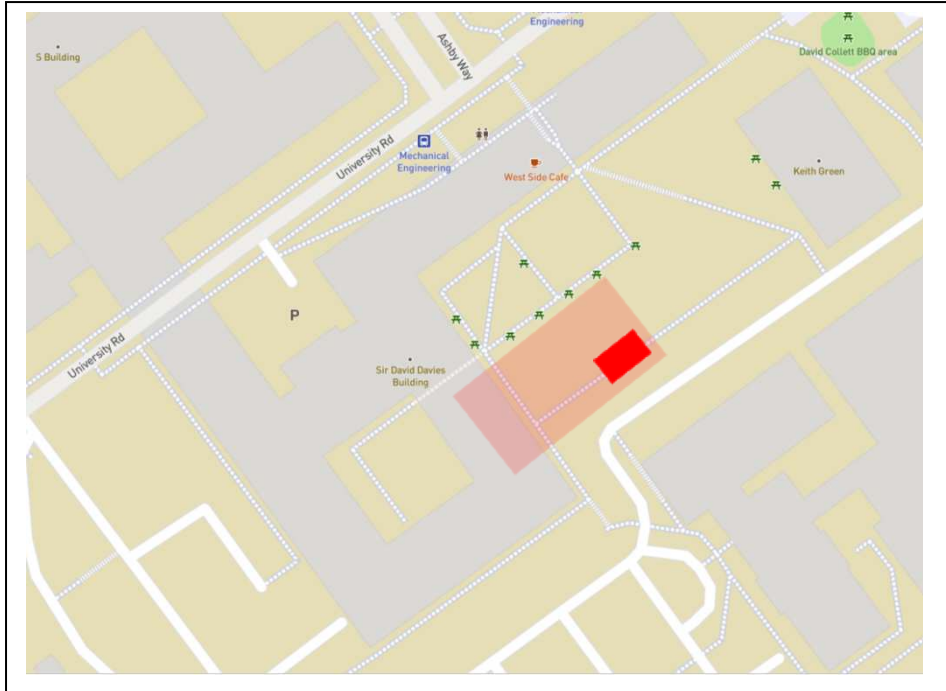
Having reviewed the request, it is clear why colleagues would want this in place, however there are concerns that a ban would simply be ignored.

A further concern is that colleagues will shelter in the archway underneath the Sir David Davis building to smoke in poor weather or migrate up towards Burleigh Court. Both of these situations are undesirable.

On this basis the initial proposal is to designate the sunken area as a no smoking area, but then located a smoking shelter in the sunken area, but as far from the building as is possible. This would then give the smokers a focus, keeping them away from the buildings and out of sight of Burleigh Court (see below). This will be investigated with E&FM colleagues.



Proposed No Smoking Zone



Health, Safety and Environment Committee



Recommendation for the University RAG Rating October 2026

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

Action Required: To APPROVE the RAG Rating to be passed to Senate and Council

Executive Summary

The Director of Health, Safety and Wellbeing is asking the HSE committee to consider the current HSE risk rating with a recommendation that the overall risk rating be set at 2 Light Green for this period

Other Committees Consulted

None

Equality Diversity and Inclusion Considerations

None

Recommendation

The Director of Health, Safety and Wellbeing is currently recommending that the overall risk rating be set at green(light green) for this period.

Methodology

The Director Health, Safety and Wellbeing has reviewed the compliance key performance indicators, the incident rate for the University, Occupational Health trends and emerging issues and on the basis this data has determined the overall risk rating.

Discussion

Whilst there are positives and negatives to be considered across the University Estate, there are a number issues which remain concerns and so influence the decision on the risk rating. I am satisfied that these key risks have mitigations either planned or in place. Which allow me to recommend a Light Green risk rating this period.

The significant issues are :-

Legionella continues to be a challenge. The risk has been identified and additional controls are in place, in the higher risk buildings. In particular, close attention is being paid to the water systems in Towers and the controls which have been introduced are managing the situation. The age of this building and the associated water systems means that the legionella risk will require continued scrutiny.

Following on from Grenfell and the fire in student accommodation in Bolton, fire risk management continues to be a changing and developing landscape which is being carefully monitored. Mitigations plans have been developed and are in place. Whilst there are on going cost and compliance challenges safety is being maintained.

Work is underway to seek to extend the lifespan of the Towers hall of residence. Whilst the residents of Towers are safe due to the high level of safety controls within the building, particularly the detection and total evacuation arrangements, further passive controls will be needed in the future. The installation of these measures is being hampered as the building is subject to the Building Safety Act and hence covered by the Building Safety Regulator. The Building Safety Regulator has to approve any changes to fire safety. This approval step is adding 9-12 month delay to the installation of the new controls. In addition, in the longer term there will be discussions regarding the structure of the building as it was designed in the 1950/60s. It is not yet clear what the outcome of these discussions is likely to be.

Activity is underway to determine the likelihood and extent of any risk.

Mental Health and Employee Wellbeing – In line with the rest of the sector this continues to be a challenge. The University has a full range of mitigation in place and is taking proactive action. New tools have been developed and deployed to support senior leaders. Ongoing activity is needed in this area to manage the risk

The recent higher level of construction and refurbishment activity on campus is likely to increase the level of risk. However, there are robust process and supervisory arrangements in place to minimise this risk.

Taking these factors into account a Light Green rating is recommended for this period.

Neil Budworth, Director of Health, Safety and Wellbeing

Risk definitions

	1 – GREEN – Risks have been identified and controls are in place. Assurance processes highlight that controls are working well and there are no significant concerns
	2 – green – Risks have been identified and controls are in place. Assurance processes highlight that controls are working. There are small number of risks which warrant closer attention and / or monitoring, but there are plans in place to monitor and control these risks.
	3 – AMBER – Risks have been identified and controls are in place. Assurance processes highlight that controls are working. There are small number of risks where controls need improvement, but these have been identified and a plan exists to improve these controls.
	4 – red – Unidentified risks exist, or there are controls which are not being effectively implemented. Or a significant risk has been identified, and a plan has not yet been developed to manage the risk. There is a risk of harm to individuals and / or property and a reputational risk, but the risks are limited and unlikely.
	5 – RED – Assurance of risk identification and control cannot be given. There are risks which pose a realistic and significant risk of harm to individuals and / or property and a reputational risk and plans are not in place to tackle these in a timely manner.

Health, Safety and Environment Committee



Accident and Incident Report for Schools and Professional Services

Origin: Neil Budworth, Director of Health, Safety and Wellbeing and Ben Bugby Health and Safety Services Administrator

Executive Summary

Summary of activity for noting

Other Committees Consulted

None

Action Required:

None – For information / Assurance purposes

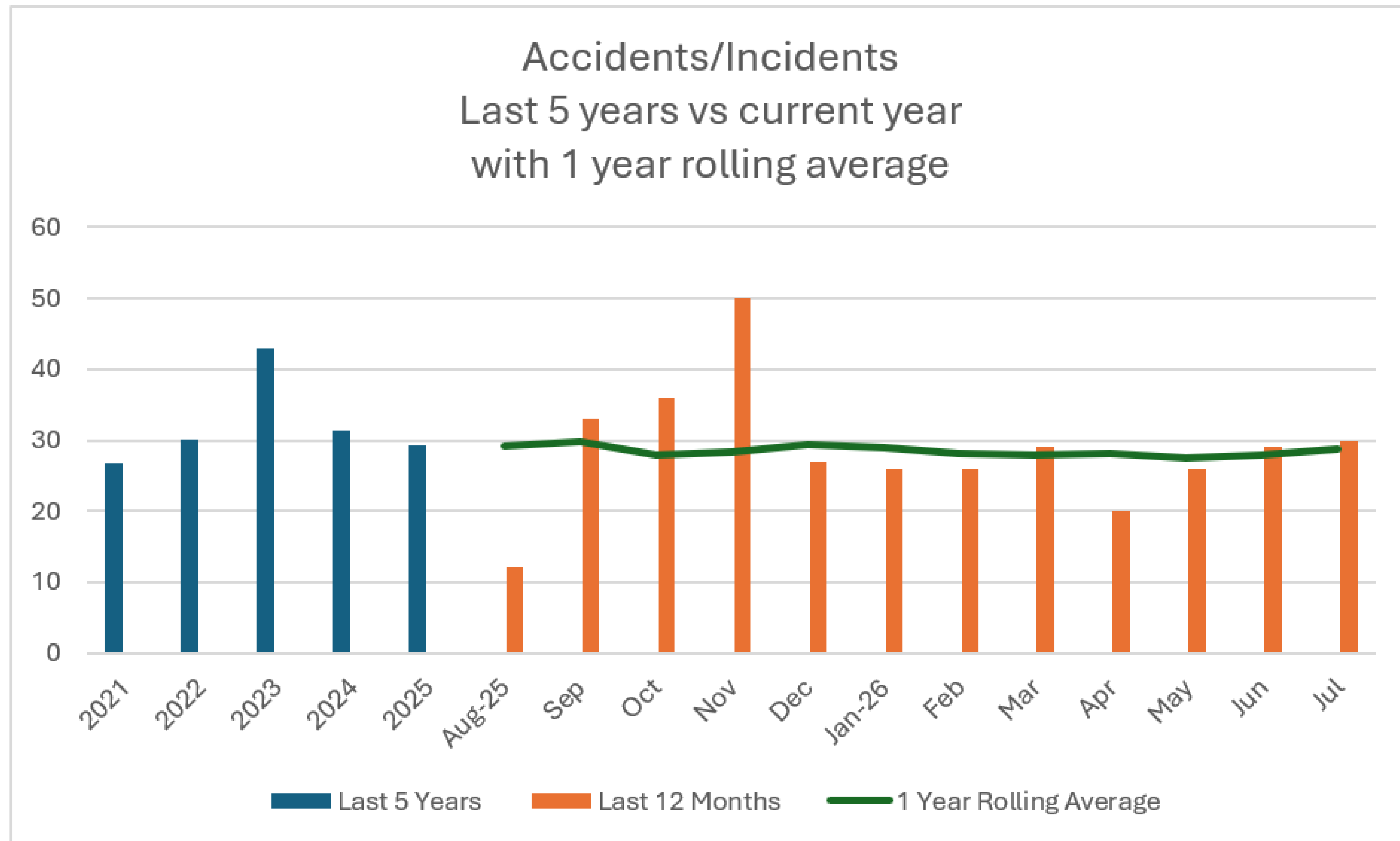
The following data replaces the previous Incident, Near Miss and Fire Data report, and is split into three sections. The combined University data, The higher risk Professional Services areas and then the Individual schools with referral data from Occupational Health.

HSE Committee Statistics



Loughborough
University

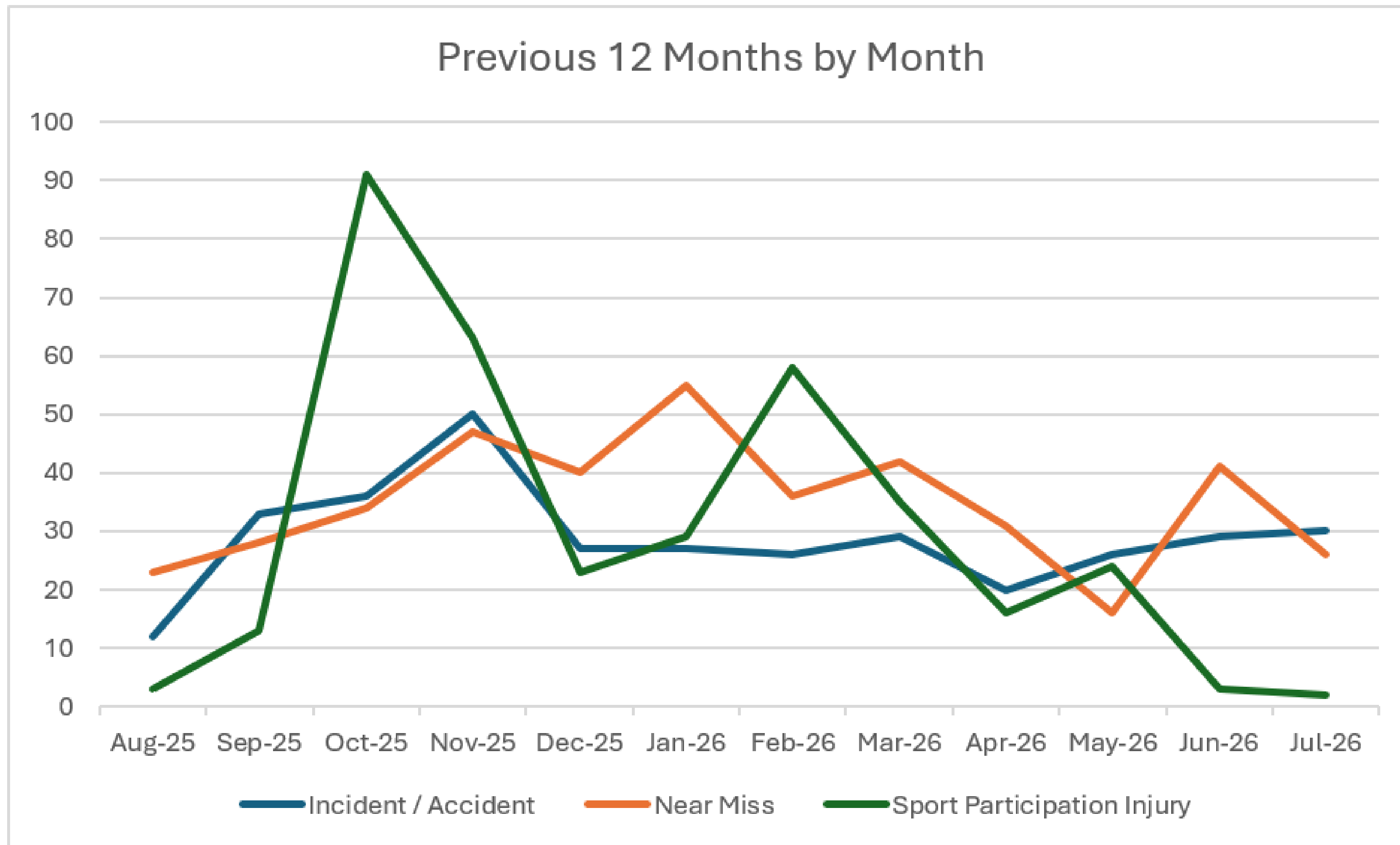
Full University Data



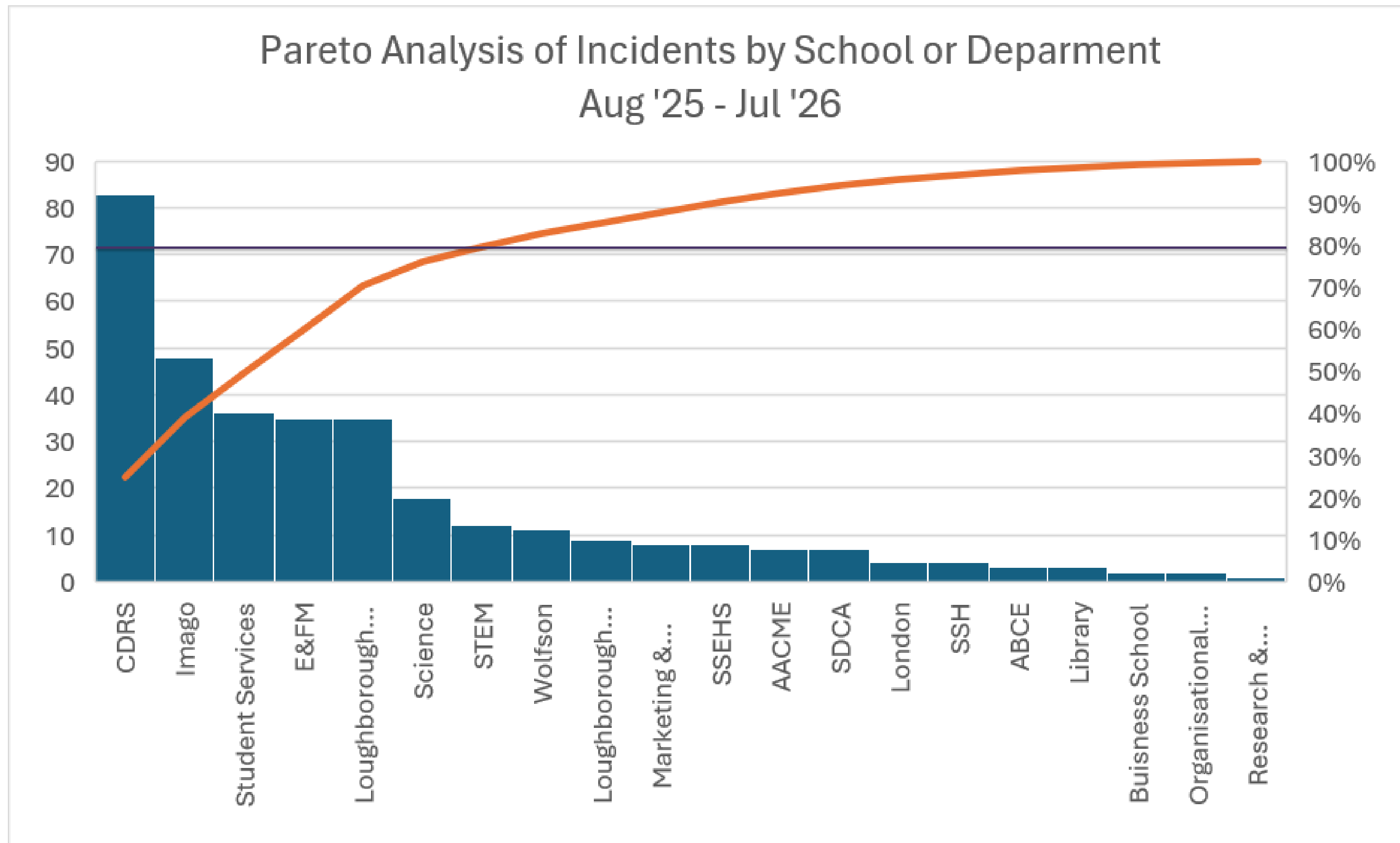
HSE Committee Statistics



Loughborough
University



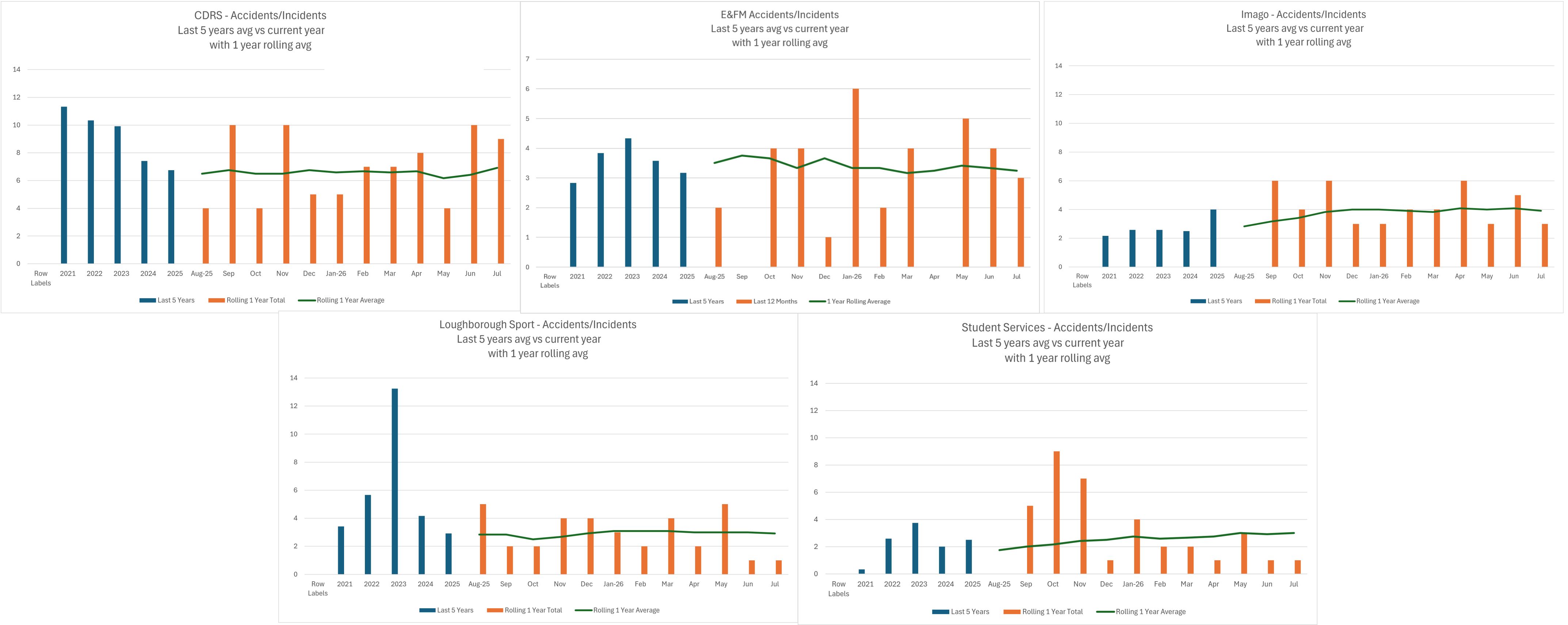
HSE Committee Statistics



HSE Committee Statistics

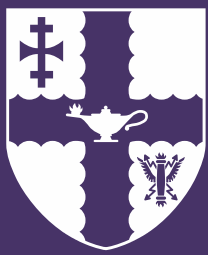


Services 5 Years Comparison



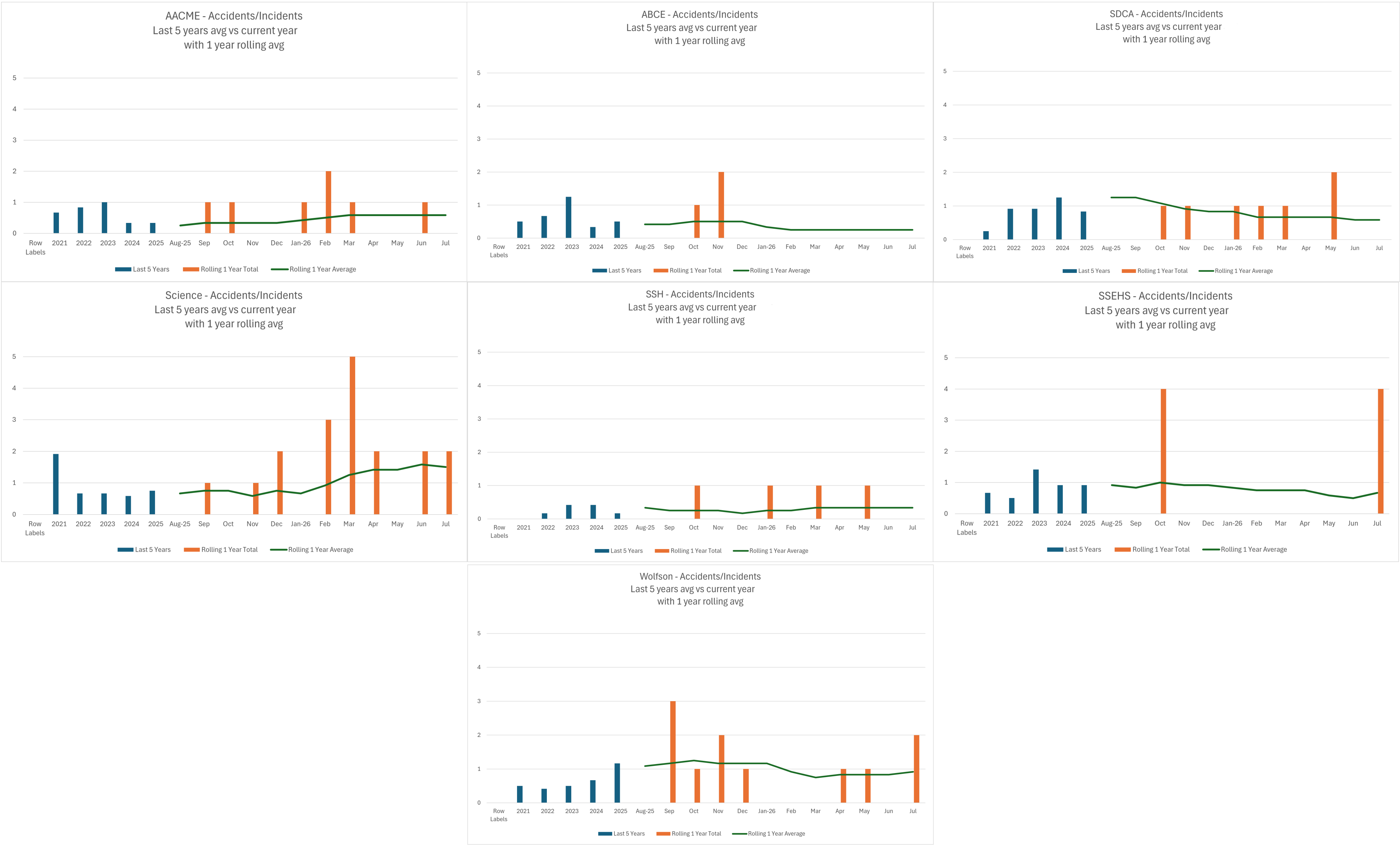
Loughborough Sport had a big spike in Incidents in 2023 due to the introduction of external medical providers beginning to record incidents on Evotix which subsequently were split out into their own categories.

HSE Committee Statistics



Loughborough
University

Schools 5 Years Comparison

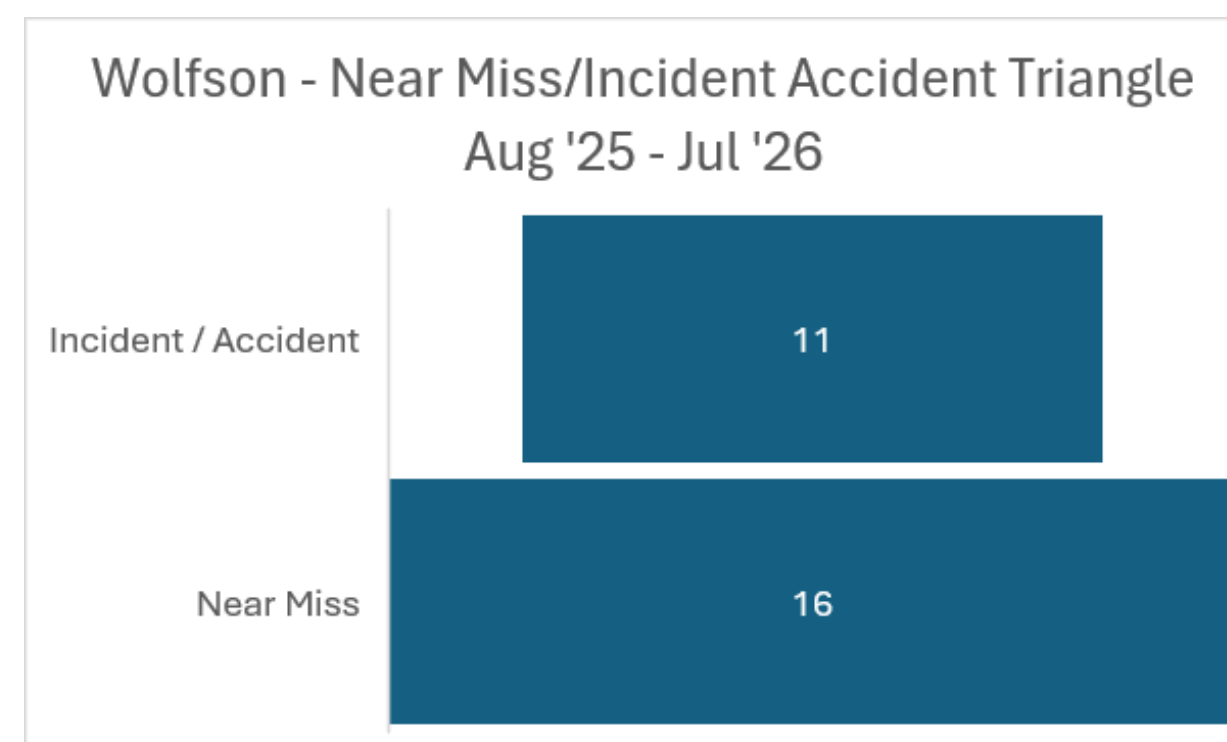
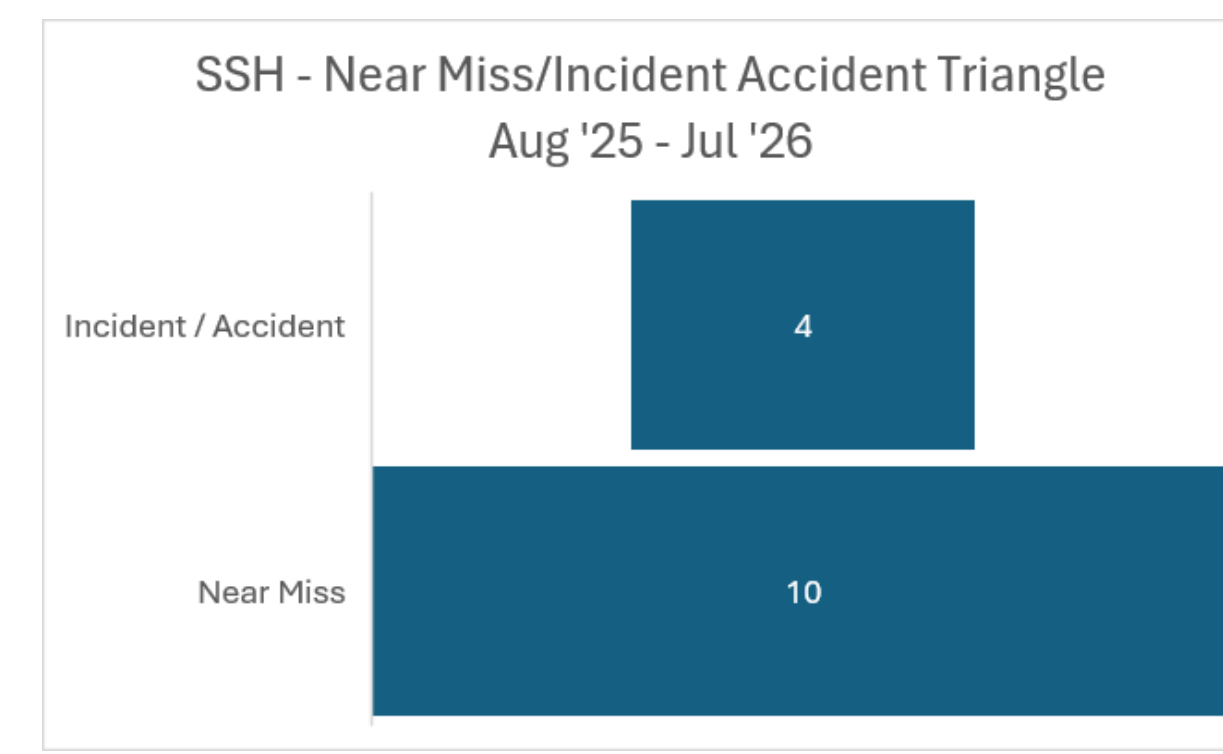
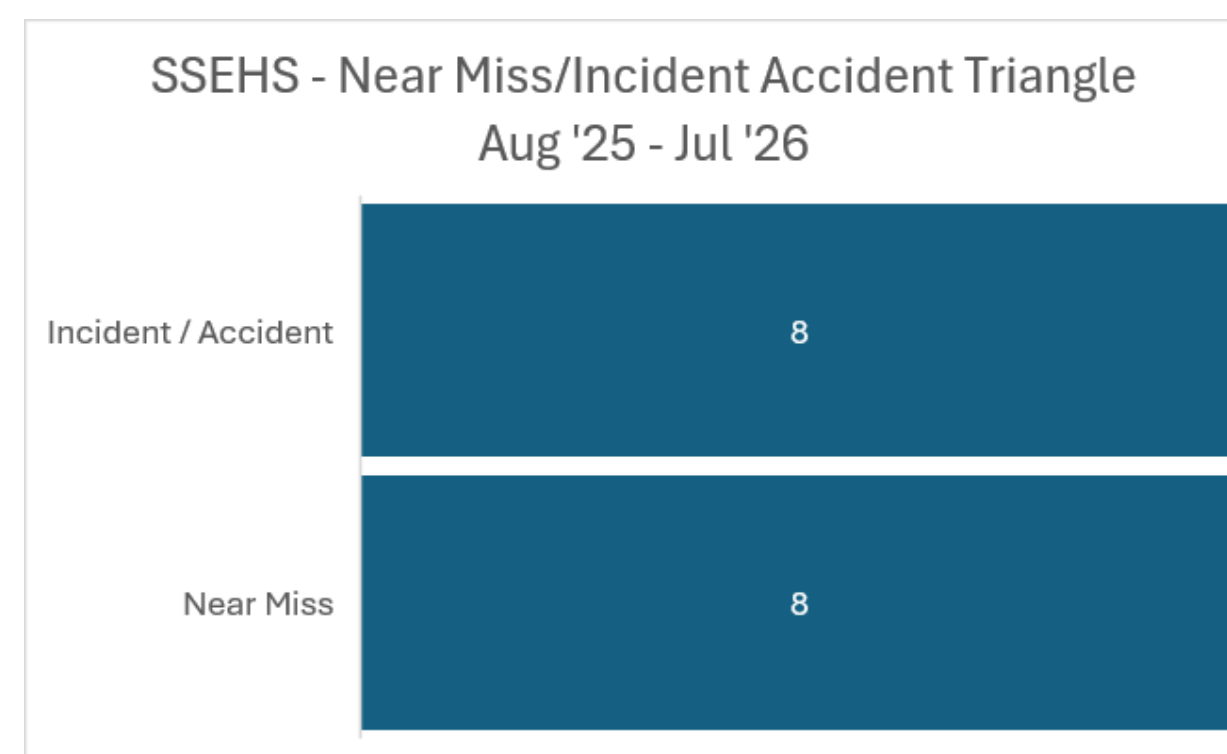
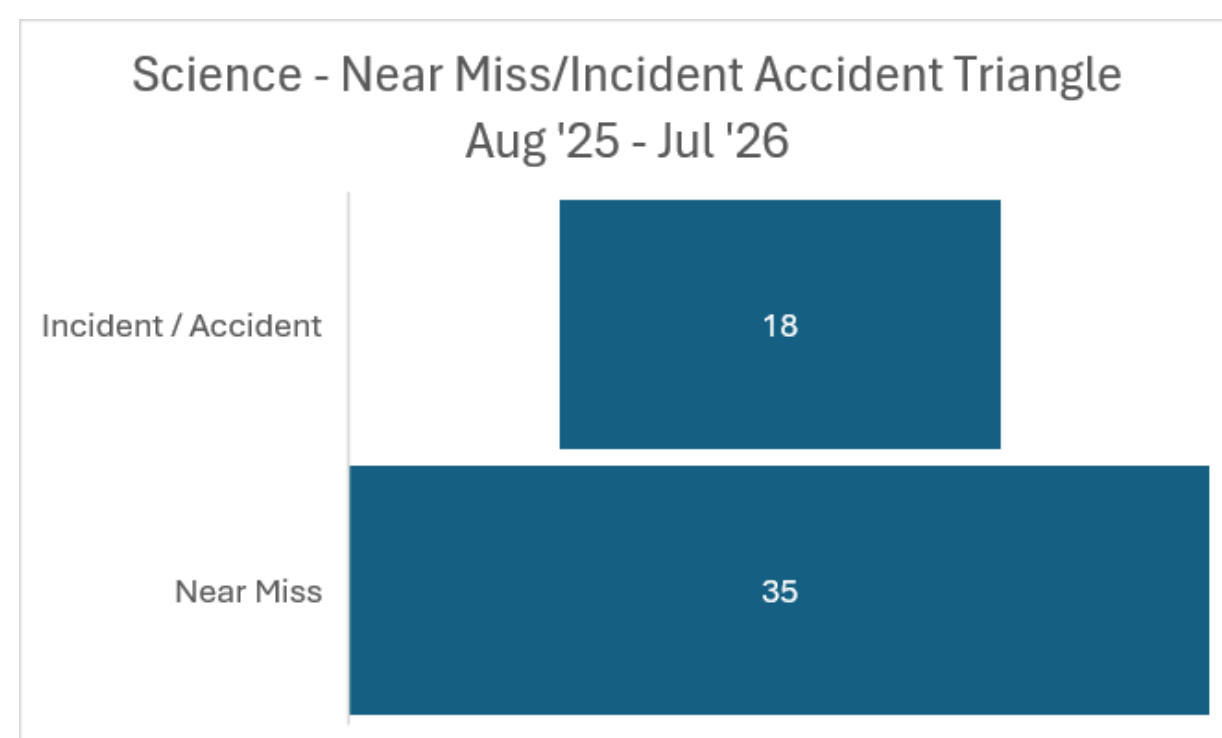
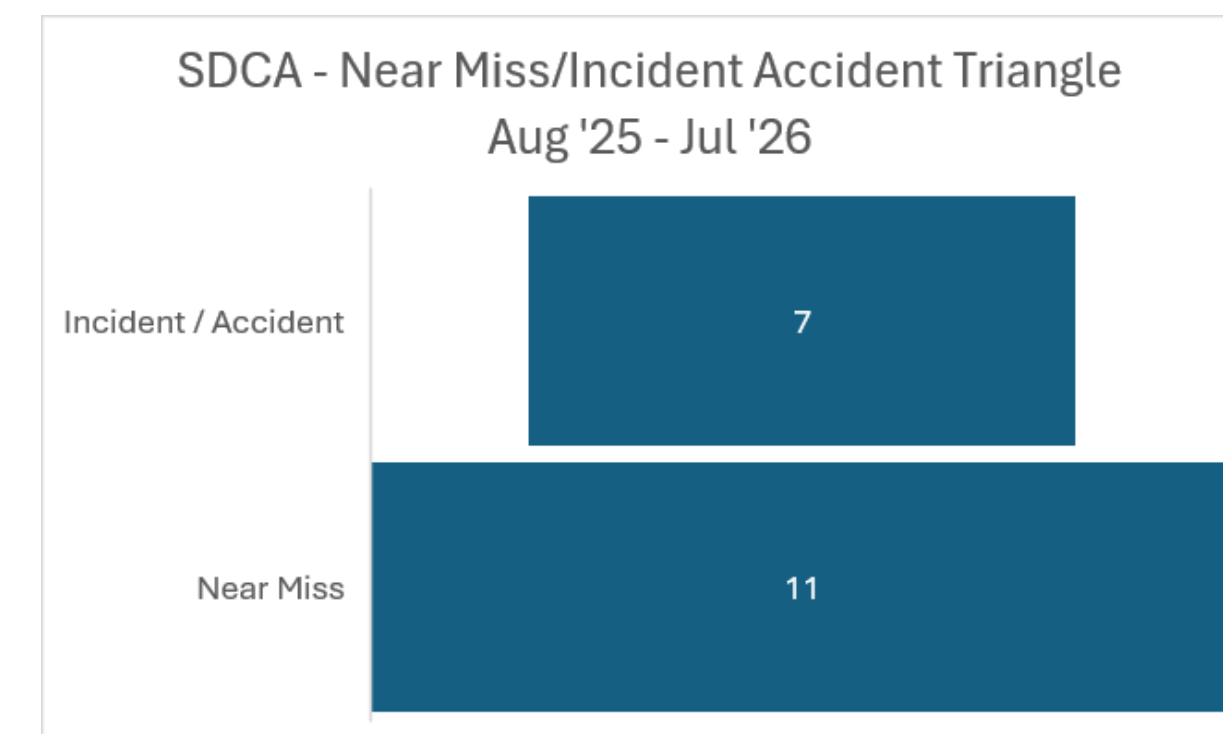
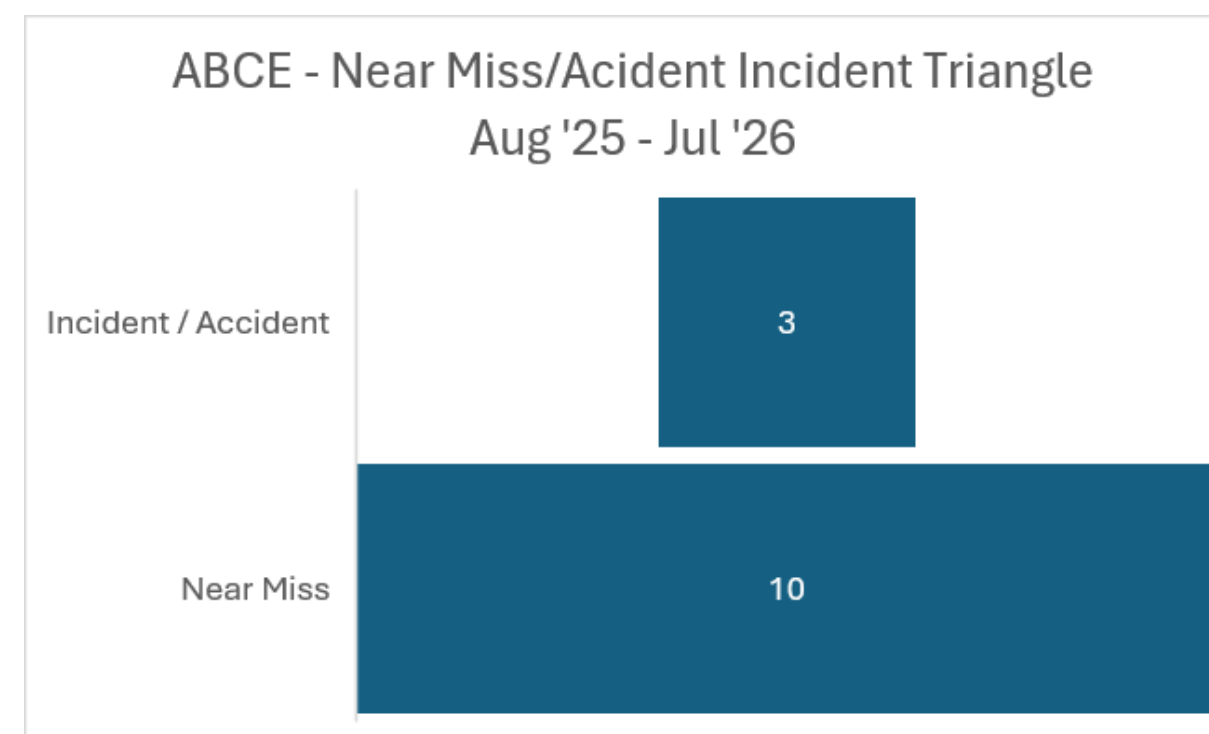
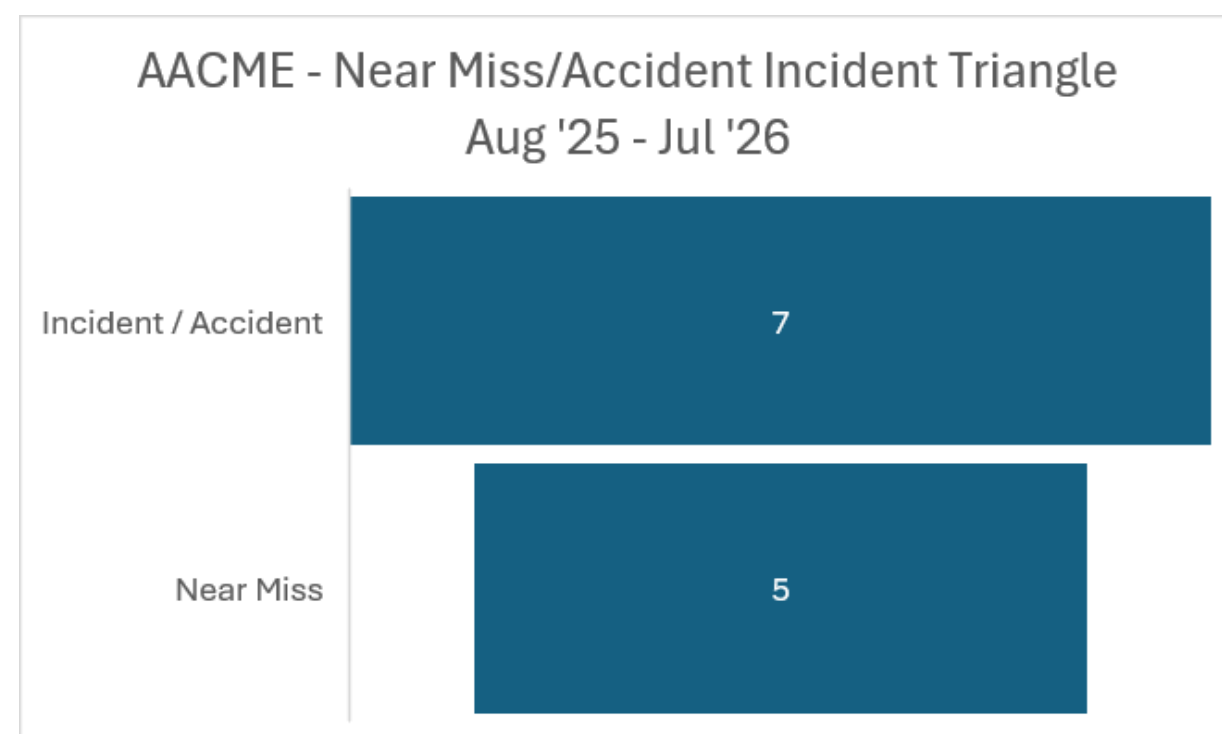


HSE Committee Statistics



Loughborough
University

Schools Near Miss Triangles Aug '25 – Jul '26

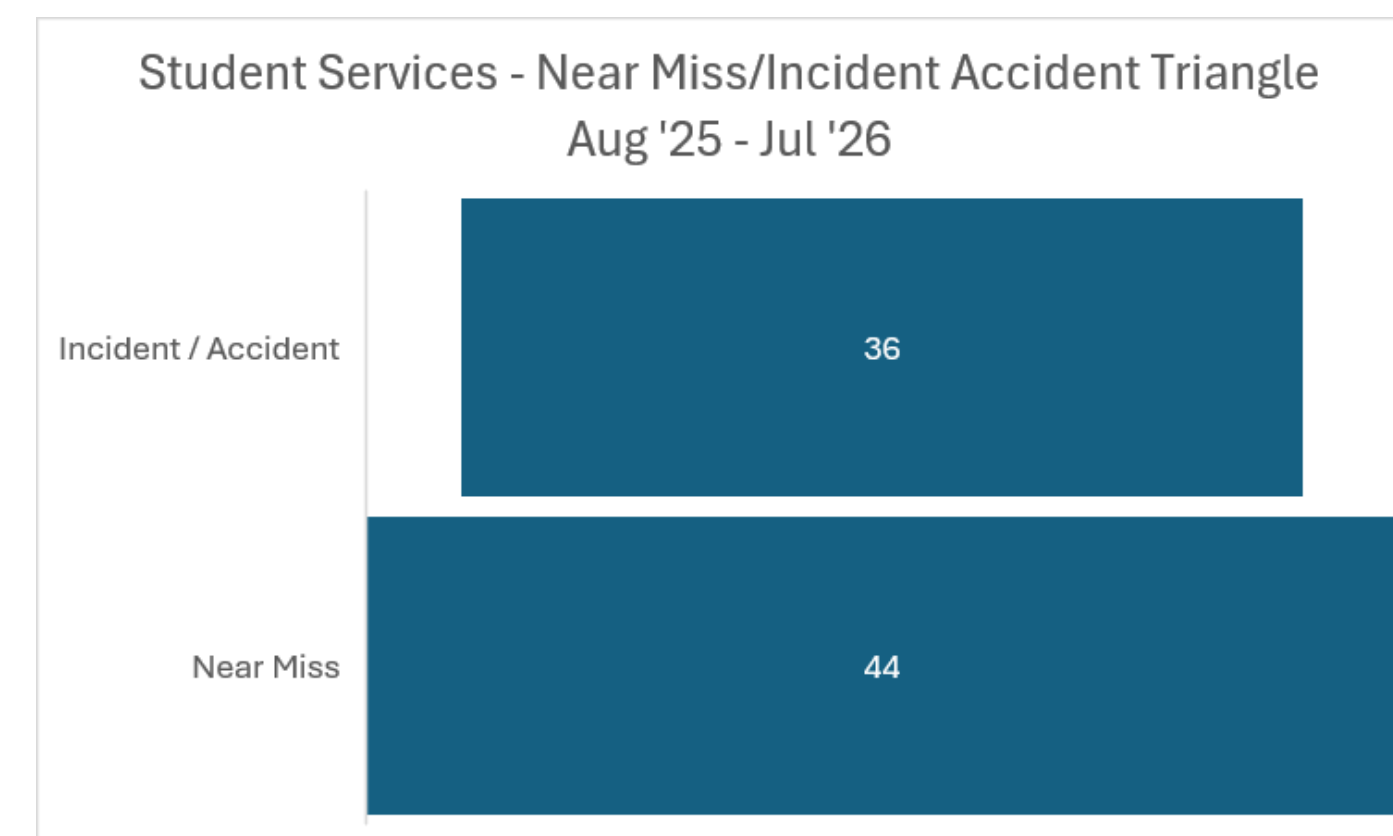
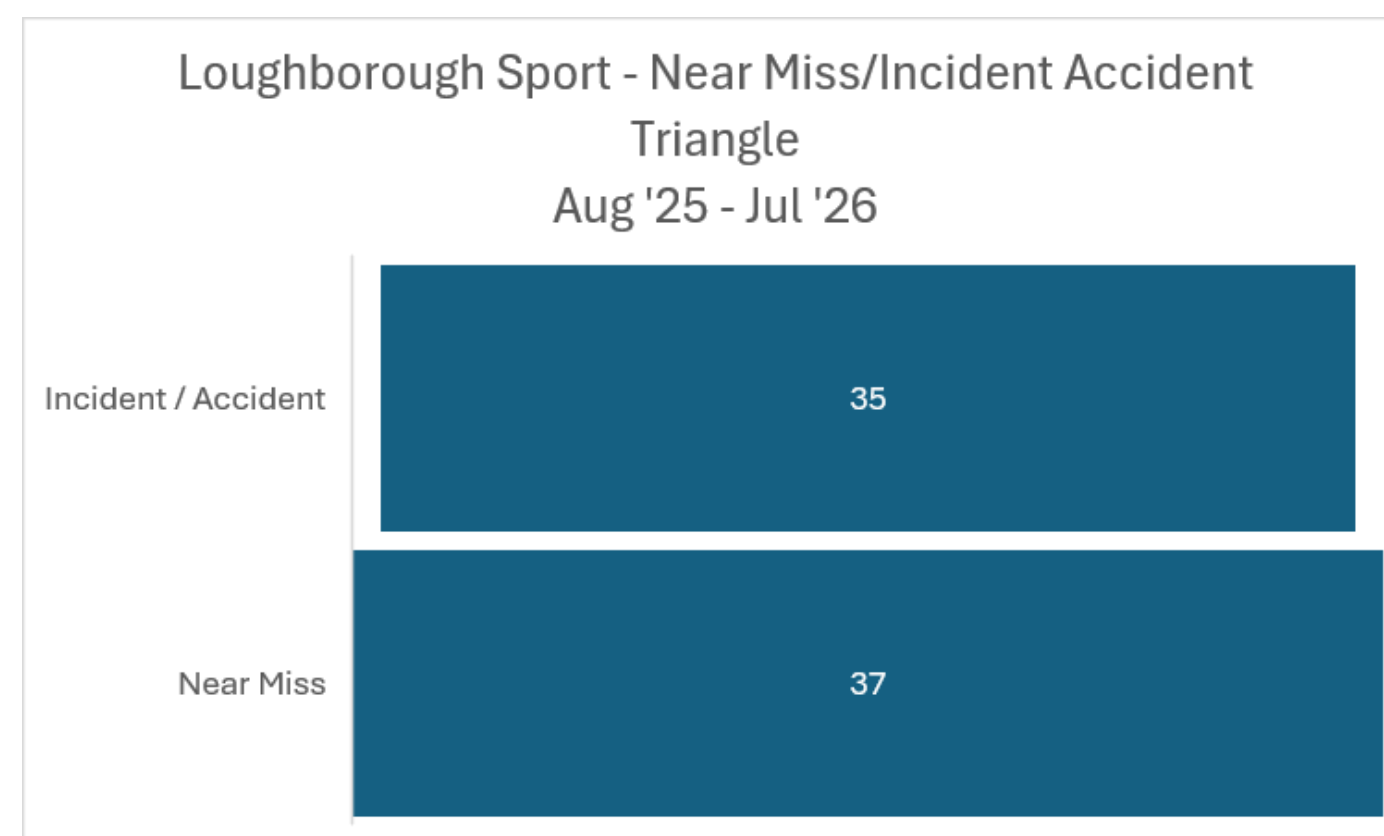
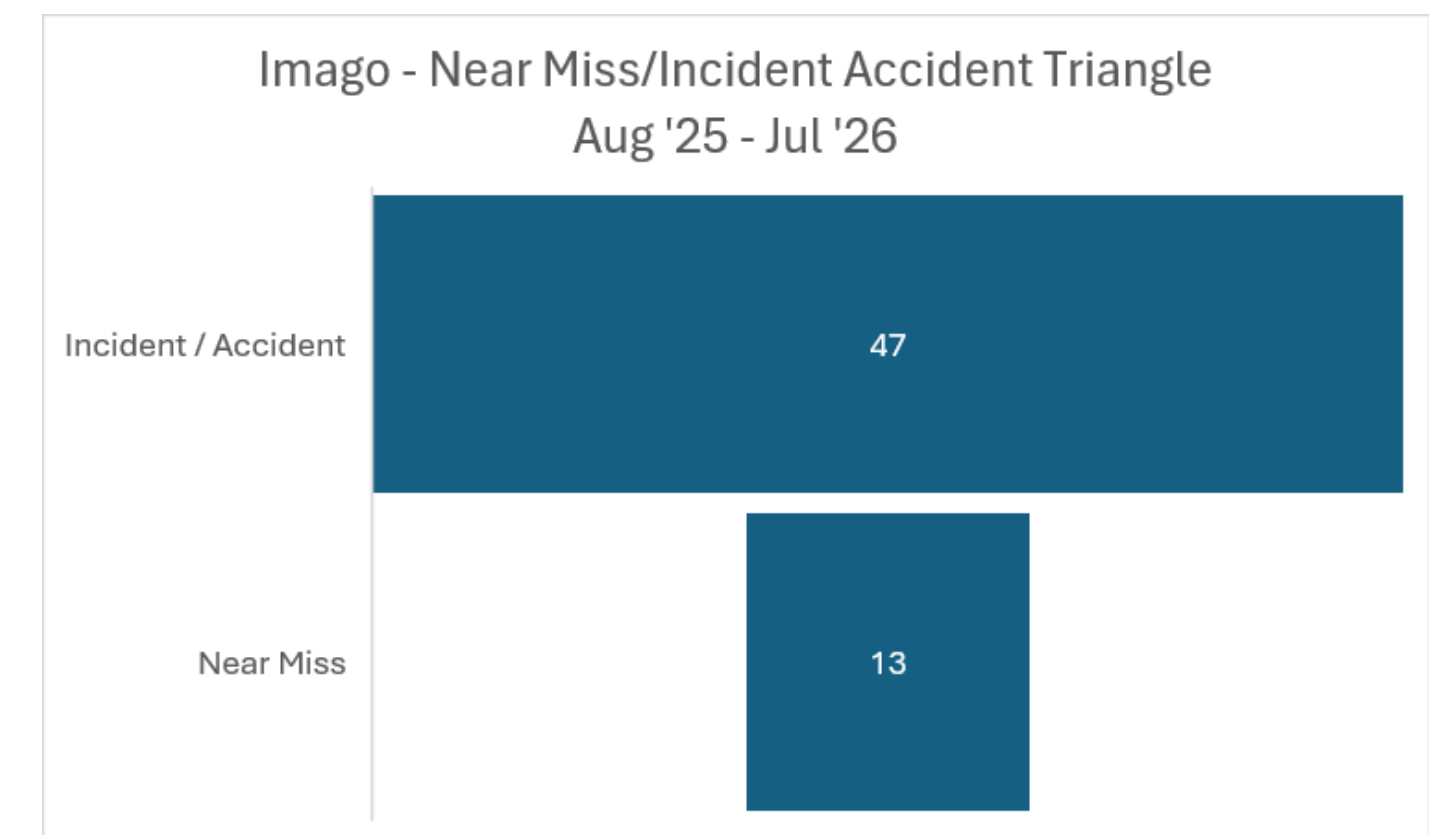
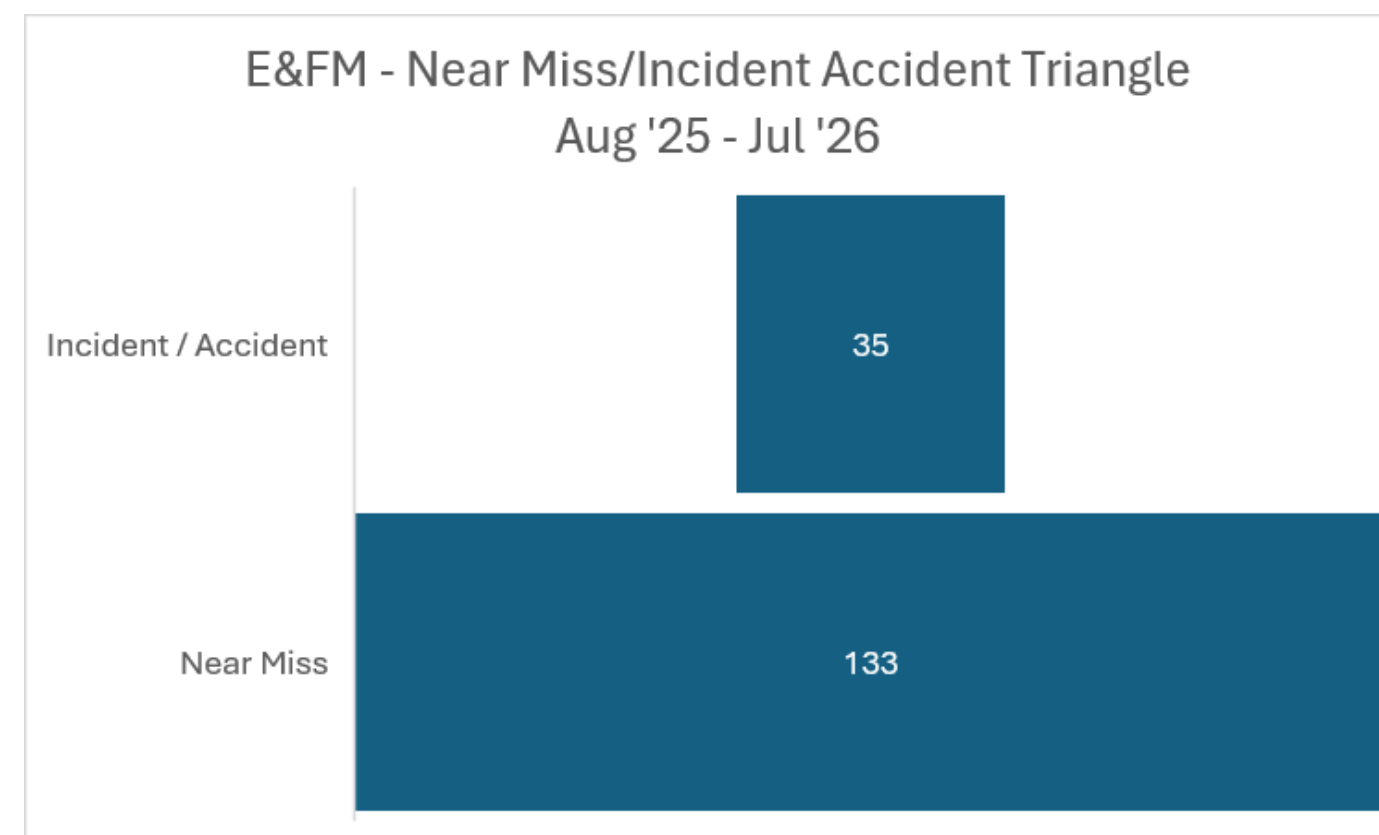
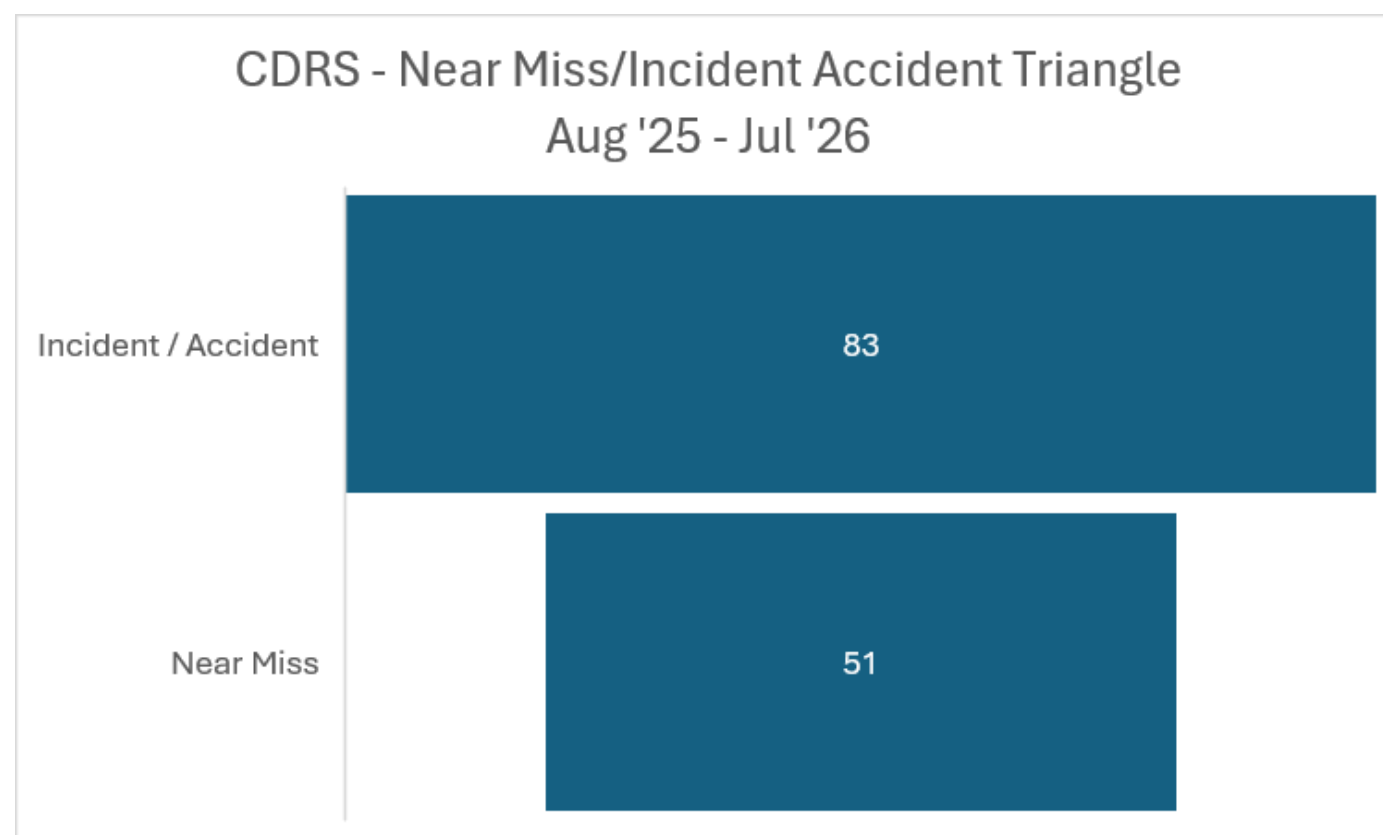


HSE Committee Statistics



Loughborough
University

Services Near Miss Triangles Aug '25 – Jul '26



HSE Committee Statistics

Schools & Services Total Incident to Near
Miss Ratios Aug '25 – Jul '26

Area	Ratio
AACME	1 : 0.71
ABCE	1 : 3.33
SDCA	1 : 1.57
Science	1 : 1.94
SSEHS	1: 1
SSH	1 : 2.5
Wolfson	1 : 1.45

Area	Ratio
CDRS	1 : 0.61
E&FM	1 : 3.8
Imago	1 : 0.28
Luff Sport	1 : 1.06
Stu Serv	1: 1.22

HSE Committee Statistics

Incidents/Near Misses per 1,000 FTE

Area	FTE	Total Incidents	Incidents per 1,000	Total Near Misses	Near Misses per 1,000
AACME	206.6	7	33.88	5	24.20
ABCE	135.8	3	22.09	10	73.64
SDCA	179.9	7	38.91	11	61.15
Science	264.5	18	68.05	35	132.33
SSEHS	270.3	8	29.60	8	29.60
SSH	241.5	4	16.56	10	41.41
Wolfson	235.6	11	46.69	16	67.91
CDRS	299.9	83	276.76	51	170.06
E&FM	461	35	75.92	133	288.50
Luff Sport	239	35	146.44	37	154.81
Student Serv	160.8	36	223.88	44	273.63

School Occupational Health Referrals

Management referrals	Mental Health	MSK	Other	Self Referral
AACME	3	4	7	9
ABCE	8	5	4	9
SDCA	23	11	22	14
Science	6	4	10	10
SSEHS	7	6	27	11
SSH	8	12	22	12
Wolfson	13	7	9	11

AMENDED VERSION**Health, Safety, Environment Statutory Compliance Sub-Committee Meeting****Composition, Membership and Terms of Reference 202~~6~~54****Loughborough University****Definition of a DAP**

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

Membership

Director of Maintenance, Engineering and Sustainability
 University Compliance Engineer and DAP Asbestos ~~Deputy~~
 University Health, Safety and Risk Manager

DAP Gas

DAP HV Electrical

DAP LV Electrical

~~31.10.24~~ Phil Kitchen

DAP F Gas

DAP Fire

DAP LEV

DAP LOLER

now LOLER and PUWER DAP

DAP PUWER

DAP Pressure Systems

DAP Food Hygiene

DAP DSEAR

University – not yet appointed to

DAP Water

Secretary

Rob Sparks

Paul Walker

Mike Haynes-Coote

Jonathan Cripps

Adam Slater

~~Matthew Chadwick~~ (Leaving

Nik Hunt

James Holt

Michael Wraight

~~Dave Green~~ Carolyn Kavanagh is

Carolyn Kavanagh

Matthew Polkey

~~Gagan Kapoor~~ Dan Brazill~~Oliver Preedy~~ Oliver has left the

Scott Phillips

~~Vedika Bansal~~ Mya GhataurhaeFm Admin**Right of Attendance:**

Director of Estates and Facilities Management

Graham Howard

Terms of Reference

- To advise Health, Safety and Environment Statutory Committee on compliance across the University relating to facilities in line with the University Health and Safety policies.
- To receive feedback and support from Health, Safety and Environment Statutory Committee. The Committee to feedback suggestions and recommendations to the chair who can advise DAPs at future meetings.
- To monitor adherence to Governance structure for Health and Safety compliance management.
- To ensure an appropriate audit programme of statutory activities exists.
- Governance of compliance in relation to topics listed below to a schedule agreed. All DAP's will provide a verbal update on their action trackers lasting 5-10 Mins:

1. Asbestos
2. HV Electrical installation
3. LV Electrical installation
4. Water hygiene
5. Local Exhaust Ventilation Systems (LEVs) Updated 14.01.21
6. Lifting equipment LOLER
7. Pressure systems
8. Gas
9. Fire safety
10. F-Gas Environment
11. PUWER
12. Food Hygiene
13. DSEAR

Meetings

- Meetings will occur every 4 months prior to the University Health Safety Environment Statutory Committee (HSESC) meetings
- This meeting will feed directly into the HSESC meetings and minutes will be forwarded to the secretary
 - ~~The disbandment of the previous Health Safety Environment Sub-Committee meeting has resulted in a loss of representation of School Deans present in this meeting. It was agreed that representatives from Schools or Prof Depts can be invited to this Health Safety Environment Statutory Compliance Sub-Committee meetings if specific DAP areas are reviewed in detail~~

FINAL VERSION

Health, Safety, Environment Statutory Compliance Sub-Committee Meeting

Composition, Membership and Terms of Reference 20265



Loughborough University

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 University Compliance Engineer and DAP Asbestos
 University Health, Safety and Risk Manager
 DAP Gas
 DAP HV Electrical
 DAP LV Electrical
 DAP F Gas
 DAP Fire
 DAP LEV

Rob Sparks
 Paul Walker
 Mike Haynes-Coote
 Jonathan Cripps
 Adam Slater
 Phil Kitchen
 Nik Hunt
 James Holt
 Michael Wraight

DAP LOLER
DAP PUWER
DAP Pressure Systems
DAP Food Hygiene
DAP DSEAR
DAP Water
Secretary

Carolyn Kavanagh
Carolyn Kavanagh
Matthew Polkey
Dan Brazill
VACANCY
Scott Phillips
Mya Ghataurhae

Right of Attendance:

Director of Estates and Facilities Management

Graham Howard

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