



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 MS25/16, 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