

Minutes of the Health and Safety Committee Thursday 11th December 2025

Present:

T Hase (Chair, TH), J Acton (JA), J Duffy (JD), S Andrews-Brown (SAB), K Jewkes (KJ), M Prokešová (MP), M Newton (MN), V Kantsler (VK), K Murphy (KM), D Mayoh (DM), A Burton (AB), S Burrows (SB) B Breeze (BB), D Iuga (DI), K Branch (KB), B Green (BG)

1. Apologies – G Hakes, D Walker, G Loach, J Pring, A Bastable, K Thompson, S Clark

2. Statement of any conflicts of interest - Nothing to report.

3. Approval of minutes of the last meeting – Minutes were approved.

4. Matters Arising and review of actions

[November 2024: 6] SAB advised the committee that for the time being there is no way for ASSURE to change available templates to meet accessibility requirements. The committee agreed to close this action, noting that accessibility remains an important issue in the department.

[March 2025: 4] After replacing Robb Johnston as Technical Services Manager for Physics, KM agreed to try and chase up the issue of the two gas sensors in Millburn that report to an unknown area and system.

[September 2025: 7 iv a] KJ informed the committee that after some pressing, BIFA have collected the chemicals they had packaged and left behind.

[September 2025: 7 iv a] It was agreed by the committee that KJ will meet with the PAT testing company in advance of the next round of testing to discuss the best way to handle the Physics spaces, and it was agreed that this action could be closed.

A full review of completed and outstanding actions will be included at the end of these minutes.

5. Chemical Inventory Update

The committee revisited the issue of the Labcup printer in Physics stores regularly disconnecting itself from the internet, potentially due to only being used intermittently. KM agreed to investigate the issue and potentially escalate to IDG. **KM**

TH and SAB informed the committee that they had met with Sarah Parkin to discuss which orders get flagged for Top Tier approval. The system is reliant on users flagging their purchase as having a hazard level. If they don't mark it correctly, a nasty chemical could potentially get through the system unseen by approvers. This is a process that may need to be reviewed by the committee in the future.

6. Strategic Review of Risk Assessments and Training Compliance

TH noted the ongoing need to find a way to link risk assessments and training data, and that this represents an ongoing strategic goal.

7. Chair's business

i. Any significant changes in Department

KB informed the committee that as part of the ongoing STEM Connect process, fire escape routes for Physics and Physical Sciences have been updated.

ii. Communications received from UHSEC, UHSC etc.

Moving forward, TH will sit on [name of new committee] and has reraised concerns regarding the reporting structures of the various Health & Safety related committees. Life Sciences have also started a new super committee for chemicals and chemical storage.

iii. Updates regarding estates

SAB passed on a message from ABa that he is looking into what information Estates can provide via Invida to support a formal reporting process for compliance assurance.

iv. Reports from H&S Coordinators

- a. KM reported that the leaky pipe outside Physics stores will be fixed in the evening after the meeting (Thursday 11th December).

Both DI and BG reported that a main door into Millburn House should require a card for access but currently does not, representing a potential security risk. Both have reported the issue to Estates multiple times, but their tickets keep getting marked as resolved. TH advised them to start keeping a log of how many times they have reported the matter to Estates.

- b. Nothing to report.

- c. BG informed the committee that Aurora had carried out an audit the previous week and they were waiting to hear back regarding subsequent actions.

BG reported that he has been trying to simplify the process for assurance regarding the departments lasers and laser labs, and will present an update at the next committee meeting on the proposed route forward. **BG**

BB advised BG and the committee that the RTPs are putting their asset register on Invida (anything over £1000 or is considered to pose a hazard), and this could be a potential option for Physics.

- d. JD also reported an Aurora audit had taken place, and out of that had come some discussions on how to move forward on training for the department. TH asked JD if he could present an update to the committee at the spring meeting. **JD**

- e. Nothing to report.

- f. SAB informed the committee regarding a review of the biology safety policy and subsequent changes.

- g. SAB reported that there had been some updates to the department web pages pertaining to ordering gases.

KM informed the committee that he was currently navigating disposing of gas cylinders from now defunct companies.

- h. DI reported that the new office space in Millburn House was now ready to be occupied.

- v. SB informed the committee that with the recent changes to the fire escape routes for Physics and Physical Sciences, she has noticed a white van regularly parking in a way that could potentially

block escape routes in event of a fire or a drill. It was agreed that SB would flag to KB and KM if she saw the van again, and this could be escalated to the contractors if necessary.

8. Items

i.

a. 4 inspections covering 9 spaces.

b. Nothing to report.

ii. Accidents and Incidents

a. 1 potential RIDDOR report, awaiting further information from incident details/

b. No outstanding actions.

iii. Update on Risk Assessments

Completion rates have improved from 87% to 91% since the last reporting period.

TH flagged that the department will need to implement mental health risk assessments. SAB informed the committee that Physics is not considered a priority for these, but they will be implemented eventually.

TH informed the committee that the Employee Assistant Programme (EAP) is under tender for renewal. It was agreed that at the next staff meeting it would be good to remind everyone that this is available for all staff and can deal with both work-related and non-work-related issues.

SAB/TH

iv. Update on Training

It was agreed that SAB and JA would sanity check the latest completion data for the mandatory trainings. **SAB/JA**

9. AOB

Nothing to report.

10. Date of next meeting – March 2026

Actions:**Actions from September 2024:**

Item	Action	Responsible	Status
5	Draft a reporting template for each role on the committee to make it clear what each person's responsibilities are. This template will be circulated to each member individually.	TH	Ongoing

Actions from March 2025:

Item	Action	Responsible	Status
4	Ask Estates to come over to Millburn to check the location of two gas sensors which are close to failing.	GH/BB/KM	Ongoing

Actions from July 2025:

Item	Action	Responsible	Status
6 iv e	Meet to attempt to solve ongoing issues around logging gases on LabCup.	DM/SAB/TH/MP	Ongoing
	Meet to discuss creating a department policy and template on metadata of samples to comply with standards of fair and open data for academic papers.	DM/DW/TH	Ongoing

Actions from September 2025:

Item	Action	Responsible	Status
9	Distribute comms regarding updates to the Health & Safety pages and procedures for contractors.	JA	

Actions from December 2025:

Item	Action	Responsible	Status
5	Investigate the Labcup printer in Physics stores regularly disconnecting itself from the internet and potentially escalate to IDG.	KM	
7 iv c	Present an update to the committee at the next meeting on the proposed route forward to simplify the process for assurance regarding the departments lasers and laser labs.	BG	
7 iv d	Present an update to the committee at the next meeting on ionising radiation training in the department.	JD	
8 iii	Issue a reminder at the next staff meeting regarding the EAP.	SAB/TH	
8 iv	Sanity check the latest completion data for the mandatory trainings.	SAB/JA	

Assurance

Assurance Level: Limited

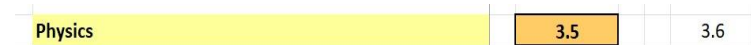
Limited Assurance Definition: Whilst there are some areas of good control, design and implementation, there are also a few significant weaknesses which need to be addressed.

Assurance comes from the three lines of defence model. This is a useful tool to help committees understand where their assurance is coming from.

Both KPIs 1 and 2 are within the 95% target. KPIs 3 has seen improvement and is closer to the 95% target rate but falling short by 4%. KPI 4 needs improvement however is faced with difficulties with tracking of completion rates through available process and system.

Risk Profile

Below is the department residual risk summary score. Residual risk is the risk that remains after attempts to reduce a risk have been made. This risk total consists of individuals weightings: physical, chemical, biological, organisation and assurance. Risk profiles are reported to UHSC.



University Key Risks

Batteries/battery storage

Progress has been made using a battery inventory system to locate batteries and track them.

Vehicle movement

Vehicle Safety Working Group established and providing oversight of actions from an audit carried out by Estates Compliance and Assurance. Risk has been increased recently due to traffic hazards presented by forthcoming construction projects – further work is required by the Capital Projects team including reports to UHSEC.

PUWER (Work Equipment)

A full work equipment audit planned for July 2025, after gaps in risk assessments have been addressed. Awaiting an update surrounding the planned audit.

COSHH (Hazardous Substances)

Labcup has been implemented with Chemistry and is in progress for Engineering, Physics, WMS and SLS. WMG will be the final department to adopt. Improved monitoring of chemicals will help facilitate a full audit in Summer 2025.

General Commentary

Aurora conducted an external audit on ionising and non-ionising radiation in December. The full audit report will be issued shortly, with actions assigned to the relevant stakeholders. Overall, only a few minor actions were identified, primarily concerning updates to risk assessments and improvements to signage.

KPI – 1 Are Inspection & Audit open actions overdue?

No overdue actions from inspections. Actions due within this reporting period have been closed out either on or before the due date.

H&S Inspections now include a LabCup compliance audit. Actions are included in inspection reports.

Number of H&S Inspections during reporting period	Number of Spaces covered during Inspection
4	9
1 Desktop	

KPI – 3 Completion of Risk Assessments

The number of required risk assessments for spaces and equipment classified as high or medium hazard is dynamic and may fluctuate based on changes in activities and space usage. During this reporting period, completion rates have improved following a review and update of the risk assessment mapping. The figures below highlight the remaining gaps in required risk assessments.

Total Required Risk Assessments	Total Gap in Risk Assessments
281 (91%)	32 (11%)

This is an increase from 87% to 91% since the last reporting period.

KPI – 2 Are Incident open actions overdue?

During the reporting period there were 2 medium actions relating to incidents. There are no open actions overdue at end of this reporting period.

The table below shows the number of incidents by type per term during the reporting period. No clear incident trends. Continue to encourage employees to report all incidents, including near-misses and minor incidents.



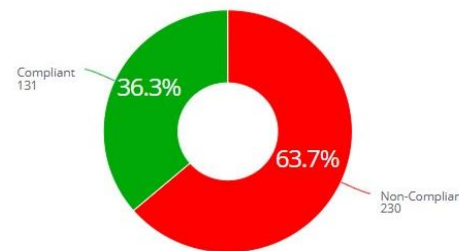
The table below shows the severity of incidents per term during the reporting period.



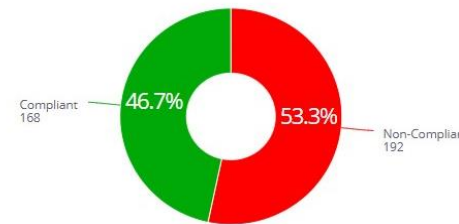
RIDDOR Reports: 1 potential but awaiting further information from incident details.

KPI 4 – Completion of Mandatory Training

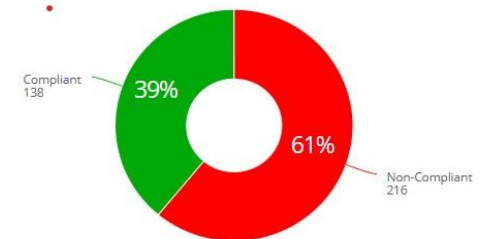
Data is now available via the Assure People Module. Reporting from the system is not yet fully functional, but this is in the process of being addressed. In the meantime, departments can have access to ‘read-only’ data respectively. Data for period 29/07/2025 - 11/12/2025. **Overall completion rates have increased since last reporting period.**



H&S Induction



Fire



DSE