

## Minutes of the Health and Safety Committee Thursday 19<sup>th</sup> March 2026

---

### Present:

T Hase (Chair, TH), J Acton (JA), J Duffy (JD), S Andrews-Brown (SAB), K Jewkes (KJ), D Walker (DW), M Newton (MN), V Kantsler (VK), J Pring (JP), K Murphy (KM), D Mayoh (DM), S Burrows (SB) B Breeze (BB), D Iuga (DI), K Branch (KB), B Green (BG), G Hakes (GH)

---

1. **Apologies** – G Loach, A Bastable, K Thompson, S Clark, A Burton, M Prokešová
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**

[March 2025: 4] KM informed the committee that gas sensors are being serviced or replaced in Millburn House shortly, and whilst the company are onsite, he will ask them regarding the ones that the team have been unable to find.

[July 2025: 6 iv e] DM will arrange a meeting shortly regarding logging gasses on LabCup.

[December 2025: 5] KM reported that he had looked at the LabCup printer in Stores with the Chemistry technical team, and it seems to be working now.

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

### 5. Fire Safety and Compliance

GH informed the committee that the fire safety drill for Physics would take place in the next few weeks, and that the Physics fire safety risk assessment is due for review soon.

It was agreed that GH will speak to Estates regarding BG's issues with laser lab doors emergency locks.

**Action: GH**

### 6. Chair's business

#### i. Any significant changes in Department

Information has been distributed regarding ongoing concerns around meningitis at universities. This update has gone to all students and all members of teaching staff.

#### ii. Communications received from UHSEC, UHSC etc.

a. N/A

b. GH informed the committee that 8 high-level health & safety policies are up for review and as a result are available to view and comment on online. GH also passed on some information regarding the tendering processes for the new Employee Assistance Programme (EAP) and the continuity of cover as that occurs.

GH reported that specific risk assessments for stress in the workplace are being drafted for different departments. SAB will host a workshop for Physics to try and get an idea of what the route forward looks like for the department.

MN and KM discussed the need to put a plan in place for continued access to the Physics goods yard during STEMM connect building works. KM informed the committee that the plan is to start using the new road that has been put in place as soon as possible, and new signage will go up at that time. The current contactors will be moving some equipment around to widen access.

**iii. Updates regarding estates**

N/A

**iv. Reports from H&S Coordinators**

- a. TH presented a table to the committee from MP that shows where we are and are not in compliance. This will be circulated to the committee alongside the minutes.

KM reported that discussions are in progress about replacing the MASB bulk storage tanks, staff are encouraged to report when infrequently used water outlets have been flushed, and that some gas canisters are proving difficult to properly dispose of.

Fixed wire testing is upcoming, and KM is collating a list of areas where this could cause issues.

KM informed the committee that substation 4 is due for cleaning. KM has requested this be pushed back to summer as Physics will lose power for around 3 hours which could cause trouble for equipment.

- b. It was agreed that TH and JP will meet to put together a checklist for inventory and reporting on machinery.

**Action: TH/JP**

- c. BG and GH discussed LaserBee, a software which automates calculations for laser safety, and agreed that it needs to be communicated more widely so that everyone who uses lasers knows that it is there.

BG raised to the committee the issue of there not being an available and up to date list of lasers at the University.

SAB flagged that there is a laser safety checklist available that a lot of people are not aware of.

It was agreed that GH, BG, and SAB would meet with Gill Prince to discuss what the best route forward is for managing an inventory and reporting the data for laser sources that is necessary for safety and audit purposes. If BG can provide some ideas, the H&S team will do the work and provide a report at the next committee meeting.

**Action: GH/BG/SAB**

- d. JD informed the committee that he has not yet received the written report from the AURORA audit, and the 5-yearly ionising radiation training is due for renewal very soon.

JD also reported having had a productive meeting with Gill Prince that will now recur every 3 months.

- e. DM presented to the committee a list of hazardous material that has arrived in the department since the last meeting. TH queried how this information could be better captured and presented to the committee. GH suggested that for this committee the most important thing for this committee are the compliance checks carried out by MP.

SAB reported that she is putting together comms regarding how to carry out stock checks with the LabCup barcodes system and will provide an update for the next meeting.

**Action: SAB**

f. N/A

g. N/A

h. DI reported that the new lab in G108 will be available soon.

- v. TH thanked SAB for her hard work on the Terms of Reference that were distributed to the committee ahead of the meeting. SAB encouraged members to contact her with any questions they may have regarding their role reporting to the committee.

The committee hopes to recruit a PGR and Trade Union representative ahead of next academic year.

SAB thanked Alan Burton for his contributions to the committee after his role was removed.

It was agreed that TH and JA would ask Elizabeth Stanway to distribute some comms regarding the PGR rep.

**Action: TH/JA**

## 7. Items

i.

- a. SAB will be doing a termly walkthrough of the department and will be continuing her twice monthly informal H&S drop-in sessions.

The new chemical safety committee met in March with the minutes to be circulated.

2 inspections were carried out covering 5 spaces.

b. Nothing to report.

ii. Accidents and Incidents

- a. No open actions, no serious incidents. No RIDDOR reports.

b. No outstanding actions.

iii. Update on Risk Assessments

Data unchanged since last reporting period. Close to 95% target.

iv. Update on Training

Mandatory training monitoring under review.

## 8. AOB

GH thanked SAB for her help and hard work. The committee wishes SAB the best of luck for her upcoming maternity leave.

## 9. Date of next meeting – June/July 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 July 2025:**

Item	Action	Responsible	Status
6 iv e	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 December 2025:**

Item	Action	Responsible	Status
8 iv	Sanity check the latest completion data for the mandatory trainings.	SAB/JA	Ongoing

**Actions from March 2026:**

Item	Action	Responsible	Status
5	Speak to Estates regarding BG's issues with laser lab doors emergency locks.	GH	
6 iv b	Meet to put together a checklist for inventory and reporting on machinery.	JP/TH	
6 iv c	Meet with Gill Prince to discuss what the best route forward is for managing an inventory and reporting the data for laser sources that is necessary for safety and audit purposes.	GH/BG/SAB	
6 iv e	Put together comms regarding how to carry out stock checks with the LabCup barcodes system and provide an update for the next meeting.	SAB	
6 v	Ask Elizabeth Stanway to distribute some comms regarding the PGR rep.	TH/JA	

### Assurance

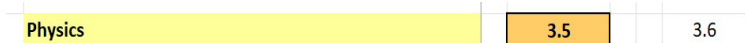
Both KPIs 1 and 2 are within the 95% target. KPIs 3 has seen improvement and is closer to the 95% target rate but falling short by 4%. KPI 4 needs improvement however is faced with difficulties with tracking of completion rates through available process and system.

#### Department Assurance Dashboards

Assurance dashboards will be implemented to provide the committee with clear oversight of how effectively departmental risks are being managed. Each representative will be required to report on their respective area using the standard dashboard template ahead of each committee meeting. This process is anticipated for implementation by June 2026.

#### Department 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.



### General Commentary

Members of the Senior Leadership Team conducted the first H&S Departmental Walkthrough during this reporting period (January). These walkthroughs will take place termly across the various buildings occupied by the department. The initial walkthrough provided an opportunity to highlight examples of good practice and positive observations, while also allowing staff to demonstrate their health and safety knowledge to SLT members. It further offered a chance to spot-check how effectively hazards are being controlled.

H&S drop-in sessions are being held twice a month, providing an informal space for staff and students to raise any health and safety queries or concerns.

The first Chemical Safety Committee meeting took place in March. Minutes will be circulated to all members, including the representatives who also sit on the Physics H&S Committee. Actions arising from this committee will be shared once available.

### KPI – 1 Are Inspection & Audit open actions overdue?

No actions are overdue from inspections during this reporting period.

H&S inspections 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
1	3
1 Desktop	2

Desktop reviews and inspections scheduled for next reporting period include MAS and Physics laboratories/workshops.

### KPI – 3 Completion of Risk Assessments

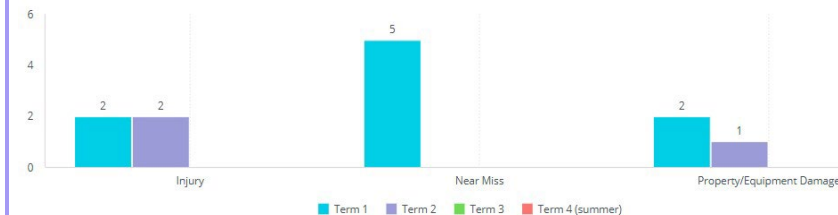
The number of required risk assessments for spaces and equipment classified as high or medium hazard is dynamic and may fluctuate based on changes in activities and space usage. During this reporting period, completion rates have remained unchanged. The figures below highlight the remaining gaps in required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

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

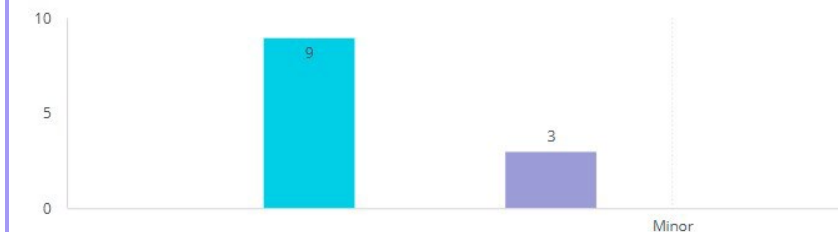
### KPI – 2 Are Incident open actions overdue?

During the reporting period there were 0 actions relating to incidents.

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.



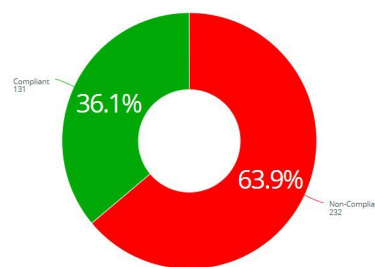
The table below shows the severity of incidents per term during the reporting period.



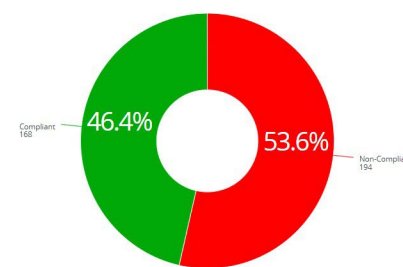
RIDDOR Reports: 0

### KPI 4 – Completion of Mandatory Training

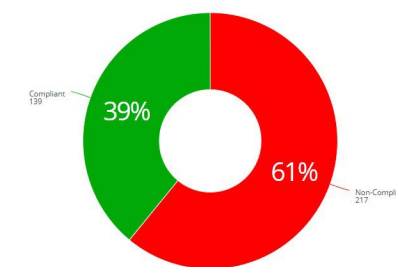
Data is now available via the Assure People Module. Reporting from the system is not yet fully functional. In the meantime, departments can have access to ‘read-only’ data respectively. Data for period 12/12/2025 - 18/03/2026. **Overall completion rates have remained the same since last reporting period.**



H&S Induction



Fire



DSE