UNIVERSITY OF WARWICK

Health and Safety Annual Report 2025

ISO 45001 Occupational Health and Safety Management CERTIFIED

OHS 669960

Contents

Health and Safety Annual Report 2025

1. Introduction

This report presents an overview of the work undertaken during the 2025 calendar year by the University of Warwick Health and Safety Services team, in collaboration with departments, to develop and strengthen health and safety management arrangements for the protection of staff, students and visitors. It provides an update on the University's health and safety performance over the year, including a summary of accident and injury statistics. Where possible, performance is benchmarked against sector data published by the Universities Safety and Health Association (USHA) and other relevant bodies. The report is structured to align with the requirements of a formal Management Review, as defined by the international health and safety management standard ISO 45001.

2. Executive Summary

This report provides an overview of the University of Warwick's health and safety performance, governance, and priorities within the evolving Higher Education (HE) sector context.

Sector Context and Strategic Focus
Sector guidance from USHA and UCEA continues to emphasise stress risk management, staff wellbeing, neurodiversity, and leadership in health and safety. The University is actively responding, particularly through engagement with trade unions on stress risk management and promotion of responsible research practices. Forthcoming legislation, including the Terrorism (Protection of Premises) Act (2027), alongside increased focus on psychosocial risks, will shape future compliance requirements.

Governance and Management System
The University maintains a strong governance structure, led by UHSEC and supported by specialist committees and working groups, ensuring oversight of performance, risk, and compliance. Engagement with trade unions and students remains embedded in governance arrangements.

The Health and Safety Management System retains ISO 45001 certification, though audits have identified key improvement areas:

- Risk assessment quality, coverage, and review
- Document control (ownership, versioning, consistency)

Performance Overview

- RIDDOR reportable incidents increased to 11, largely due to improved reporting of absences.
- Total incidents decreased by ~16%, indicating improved preventative controls.
- Incident rate (1.4 per 1,000 staff) reflects improved reporting culture rather than worsening performance.

Progress Against Objectives

- Strong progress in closing audit and incident actions, supported by the Assure system.
- Risk assessment completion improving, but the 95% target was not met and is now expected by 2027.
- Training data remains unreliable, with ongoing system limitations prompting review of LMS capability.

Compliance and Assurance
Legal compliance reviews highlight improvement needs in:

- Risk assessments (general and specific regulations)
- Training completion
- Document control
- Emergency preparedness testing
- Workplace standards

External audits (British Standards Institute, Health and Safety Executive, Environmental Agency, West Midlands fire Service, Local Authority) confirmed no major compliance failures, indicating overall system robustness despite internal gaps.

Health, Wellbeing and Occupational Health

- Shift toward increased health surveillance screening and management of complex case.
- Rising neurodiversity-related cases and long-term health conditions.
- EAP usage significantly above benchmark (16.1%), driven by mental health demand (anxiety, low mood).
- Clinical outcomes improving, though return-to-work outcomes remain a concern.

Safety Systems and Operational Delivery

Key strengths include:

- Strong fire safety performance (Fire Risk Assessment compliance ~96%) and effective incident response
- Enhanced chemical, biological, radiation, and food safety governance
- Improved statutory compliance monitoring (supported by dashboards and facilities management system systems)
- Progress in water and asbestos management, including insourcing and strengthened assurance

Continuous Improvement Priorities (2026–27)

Key focus areas include:

- Improving risk assessment quality, completion, and consistency
- Strengthening document control and system integration
- Enhancing training data quality and compliance rates
- Advancing SEQOHS accreditation for Occupational Health
- Reviewing stress risk assessment trends at organisational level
- Supporting major infrastructure projects and contractor management
- Embedding new systems (e.g. Invida) and improving compliance visibility
- Departmental Risk Profile awareness

Overall Position

The University's health and safety system remains well-governed, properly resourced, and broadly effective, with strong regulatory assurance and improving reporting culture.

However, core management system disciplines (risk assessments, training data, and document control) require sustained focus to ensure legal compliance, system maturity, and resilience.

Overall, the University is well positioned to manage emerging risks and drive continuous improvement through strengthened systems, governance, and cultural development.

3. HE Sector Developments and Priorities

The Universities Safety and Health Association (USHA) have identified stress risk management as a key priority in guidance published in 2025. At the University of Warwick, we have been addressing stress risk management working with unions and management.

During 2025 USHA also revised and reissued their document covering the 'Responsible Research', and had been shared with research departments accordingly, to refresh awareness within such departments.

The Universities and Colleges Employers Association's current strategic plan, Facilitating Transformational Change, Enhancing the Employee Experience 2024–2027, identifies "Supporting Employer Aspirations" as its first strategic priority, recognising that employee health, safety and wellbeing are core to the overall employee experience. UCEA's programme of work over this three-year period includes a focus on staff wellbeing, neurodiversity in the workplace, workplace stress hazards (particularly workload modelling), leadership and management of health and safety, and emerging legislation such as the Terrorism (Protection of Premises) Act, which is expected to come into force in 2027.

4. University Health and Safety Governance

The primary forum for health and safety governance remains the University Health and Safety Executive Committee (UHSEC), chaired by the Registrar and reporting directly to the University Executive Board (UEB). UHSEC reviews health and safety performance at each meeting and monitors progress against the University's Health and Safety Plan.

UHSEC is supported by four sub-committees: the University Health and Safety Committee (UHSC), the Ionising and Non-Ionising Radiation Committee, the Genetic Modification and Biological Safety Committee (GMBSC), and the newly introduced Chemical Safety Committee.

Where specific risks or areas for improvement are identified, UHSEC establishes dedicated working groups or programme boards to ensure appropriate operational focus and effective oversight. There are currently three key working groups reporting to UHSEC: the Fire Strategic Management Group, the Statutory Inspection and Compliance Working Group, and the Staff Wellbeing Working Group.

The University Health and Safety Committee (UHSC) plays a key role in supporting staff and student engagement, providing a formal mechanism for consultation and promoting active participation in health and safety matters across the University. Its membership includes representatives from the University's three recognised trade unions (UCU, UNISON and Unite), as well as the Students' Union. Departments are encouraged to adopt similar arrangements by including trade union and student representation within their respective faculty or departmental health and safety committees.

The Performance Report Dashboard, together with supporting summary reports from UHSEC, is submitted to the University Executive Board (UEB) each term, alongside this annual review of performance. Regular reports are also provided to the Audit and Risk Committee, with additional reports submitted to Council and Senate as required. UEB holds final approval authority for all health and safety-related policies, following consultation at UHSC and approval by UHSEC and the Policy Oversight Group (POG). The escalation route for significant health and safety matters is via UEB, and, where necessary, to the Audit and Risk Committee.

5. Management System Overview - ISO 45001

The University continues to maintain external certification to ISO 45001. However, recent internal and external audits have identified several areas requiring improvement to sustain compliance and support ongoing certification.

Risk Assessment Documentation and Implementation

There remains a need to strengthen both the documentation and practical implementation of risk assessments across the University. Current audit findings indicate that some risk assessments are either undocumented, not suitable and sufficient, lack appropriate managerial approval, or are not reviewed at defined intervals.

Inadequate or absent documentation increases the likelihood of regulatory enforcement action and reduces the University's ability to defend against potential liability claims. More importantly, effective

risk assessments, when properly documented, implemented, and regularly reviewed, are fundamental to safeguarding staff, students, and visitors. They ensure hazards are systematically identified, risks are evaluated, and appropriate control measures are established and maintained to prevent injury and ill health.

Document Control

Improvements are required in document control across SOPs, SSOWs, Policies, and Codes of Practice and other Health and Safety related documentation. Audits have identified issues including outdated documents in use, weak version control, unclear ownership, and inconsistent review and approval processes.

This presents a risk to the effectiveness of the Health and Safety Management System and compliance with ISO 45001 requirements. Poor document control can result in staff following incorrect or superseded procedures, increasing the likelihood of unsafe practices, non-compliance, and potential enforcement action.

Strengthening document control arrangements, through clear ownership, version control, and regular review, is essential to ensure documentation remains accurate, current, and effective in supporting safe working practices.

6. Actions from Previous Management Reviews

Since the last Management Review in July 2024, good progress has been made in mapping risk assessments across departments and evaluating completion rates. Risk assessment data is now regularly reviewed at Committee level and reported through Performance Dashboards. Work to strengthen risk assessments relating to the Control of Substances Hazardous to Health (COSHH) Regulations and the Provision and Use of Work Equipment Regulations (PUWER) is ongoing, with completion expected in 2026.

However, key challenges remain in relation to the completion and recording of safety training data. Trials of capturing training records within Assure have had limited success, although they have provided useful insights into departmental completion trends.

Progress is being made in reviewing departmental emergency arrangements, and the introduction of Invida will provide a structured mechanism for storing and managing this information going forward.

While significant progress has been made towards achieving SEQOHS (Safe, Effective, Quality Occupational Health Service) accreditation for Occupational Health services, resource constraints within the team have resulted in delays to this work.

7. Changes in External and Internal Issues

The Health and Safety Services team maintains both an Interested Parties Register and a Legal Register, which are regularly reviewed to identify and assess relevant external and internal factors, including emerging risks and opportunities. These registers support the ongoing development and effectiveness of the University's health and safety management system.

Externally, there is increasing regulatory focus on stress management and psychosocial risk, with the Health and Safety Executive placing greater emphasis in this area. The proposed Terrorism (Protection of Premises) Bill, expected to come into force in 2027, will also introduce new compliance requirements across the sector. In addition, wider sector challenges, including changes to funding arrangements and uncertainty regarding international student recruitment, create potential financial pressures that may impact future resourcing. Broader political and geopolitical uncertainty further

contributes to an evolving operating environment, although these factors have not materially affected Health and Safety Services to date.

Engagement with sector bodies such as USHA and UCEA continues to inform good practice and highlights key themes including staff wellbeing, leadership in health and safety, and the management of emerging risks such as workload-related stress.

Internally, the ongoing implementation of the INVIDA computer-aided facilities management (CAFM) system presents a significant opportunity to improve the management of Estates operations, including reactive and planned maintenance, and to strengthen statutory compliance assurance. The University's established governance framework, supported by UHSEC and its sub-committees, provides effective oversight, while evolving working arrangements and the complexity of University activities continues to shape the overall risk profile.

Implementation of the SafeZone system has enhanced the University's approach to personal safety by providing a streamlined and responsive platform for incident reporting, emergency assistance, and real-time communication across campus.

These factors give rise to a range of risks, including increased regulatory expectations, financial pressures, and workforce-related challenges, alongside opportunities to enhance systems, strengthen performance monitoring, and further develop a positive health and safety culture. They are considered through the University's governance processes and inform the Health and Safety Plan, resource prioritisation, and continuous improvement activity. Overall, the University is well positioned to respond to these challenges through its established arrangements and ongoing investment in systems and processes.

8. Health and Safety Performance

Incidents

The number of reportable accidents and non-reportable incidents/near misses for the period 2016-2025 are shown in the table below.

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Staff RIDDORs Reportable Injuries	8	10	9	6	1	3	7	3	2	11
Total incidents	852	983	978	1201	915	996	1009	1204	1219	1036

The data shows that the number of Staff RIDDOR incidents increased to 11 and the number of non-reportable incidents/near misses decreased by ~16%. The increase in Staff RIDDOR incidents is due to improved capturing of work related to 7-day absences.

RIDDOR Type	Number & Type
Over 7 – day absences	**2 - Slips, Trips & Fall** **3 - Manual Handling** **2 - Hit by object** **1 - Burn**
RIDDOR defined Injury	**1 - Slip, Trip & Fall**
Dangerous Occurrence	**1 - Asbestos Incident** **1 - LEV Incident**

The reportable accident rate (per 1,000 staff) for the University was 1.4 (see table below) based on a staff FTE figure of 7671 (as of 1st July 2025 annual accounts report).

Staff RIDDORs/1000 Staff (FTE)	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Sector	1.14	0.99	0.89	0.88	0.81	0.54	0.86	0.82	0.74	0.75
UoW	1.03	1.47	1.4	0.97	0.32	0.48	0.97	0.38	0.23	1.4

* The data for the HE Sector is from the Universities Safety and Health Association.

It should be noted that sector-wide data may be of limited reliability due to inconsistencies in how 'employee' is defined (e.g. directly employed versus contracted staff), the overestimation of staff numbers and the potential for underreporting incidents, particularly those resulting in absences exceeding seven days (reportable lost-time incidents).

The reporting culture at the University of Warwick has improved in recent years, reflecting increased awareness of health and safety responsibilities, particularly in relation to reporting incidents involving absences over seven days.

Audits, non-conformities and corrective actions

During 2025 internal audits were carried out within the School of Life Sciences and the Research Technology Platforms (RTPs). These internal audits were carried out by the Health and Safety Audit & Systems Manager within the Health and Safety Services team. The main themes for non-conformities being identified in these audits are:

- Risk assessments
- Document control
- Testing emergency arrangements
- General housekeeping and tidiness of the workplace

External audits were carried out by BSI again in 2025, and our certification for ISO:45001 continued with no significant concerns being raised.

Progress with Objectives

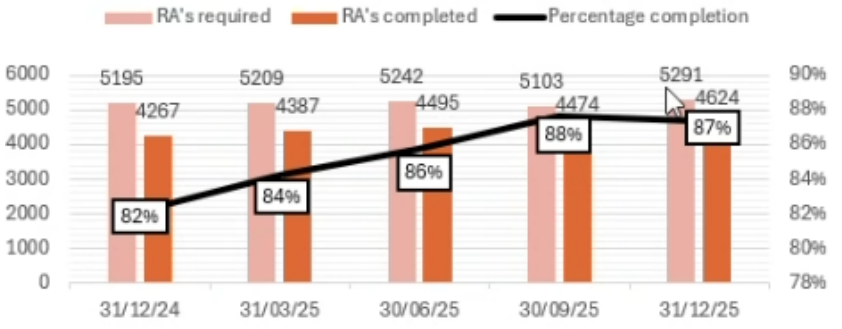
Objectives for Health and Safety are set by the University Health and Safety Executive Committee to help drive continuous improvement over time. These objectives will continue to change going forward, as the OHSMS matures, but for the 2025-26 academic year, they are as shown below:

1. Ensure that less than 5% of open actions within the Assure system identified through ***Proactive Monitoring*** (audits and inspections) are overdue at any given point in time.
2. Ensure that less than 5% of open actions within the Assure system identified through ***Reactive Monitoring*** (incidents, near misses, ill-health, etc.) are overdue at any given point in time.
3. Ensure that 95% of ***Risk Assessments,*** identified as being required through risk mapping in in higher hazard spaces, are in place by **January 2026.**
4. Ensure that 95% of mandatory H&S ***Training*** courses (H&S Induction, Fire Safety and DSE) are completed by staff by **February 2026.**

Progress against the first two objectives in 2025 has continued to improve and can be readily monitored via the Insights+ dashboard within Assure. Close-out rates for both proactive and reactive actions are now routinely reported at safety committees and are subject to scrutiny through internal audits conducted by the Health and Safety Services team.

Risk assessment completion data is becoming increasingly reliable as departments continue to develop their own approaches to managing documentation, supported by ongoing audits and inspections, and with risk mapping subject to review by the Health & Safety team (see table below).

Risk Assessment 2025



Although the January 2026 target was not met, continued monitoring in this area has provided a clearer and more accurate picture of completion levels. This has enabled both consolidation of existing data and the identification of additional gaps. This monitoring has also contributed to a temporary decrease in reported completion rates, as previously unidentified risk assessments have been recognised as not being in place. While the overall target remains unlikely to be achieved within the original timeframe, completion rates are improving significantly. It is therefore anticipated that this objective will be achieved by the end of 2027.

Training completion data against the key Moodle courses identified above has been migrated to Assure. However, reliable data transfer between systems is still proving difficult to report accurately and remains a time-intensive manual process. To address these challenges, the University is reviewing the Learning Management System (LMS) functionality within the HR system (SuccessFactors), with the aim of improving consistency and reliability in training and learning record-keeping across all functions and disciplines.

Results of evaluation of compliance with legal requirements

As part of the ISO:45001 standard there is a requirement for the University to evaluate its level of compliance with legal requirements. The audit and inspection processes, analysis of incident data, and anecdotal experience of members of the Health and Safety Services team has resulted in the following areas being identified as areas for improvement in terms of pure legal compliance:

- Risk assessments as required under the Management of Health and Safety at Work Regulations
- Mandatory training completion and local training completion
- Document control

9. Assure

The Assure health and safety management system continues to be used to capture and report data on incidents, audits/inspections, training and in some areas risks assessments. It also supports task and workflow management, enabling the tracking of action close-out and providing management oversight through the Insights+ dashboard.

In 2025, the system had approximately 750 users, primarily comprising senior staff across academic, professional services, and commercial areas. We have trialed the use of 'portals' and found them useful for action close out without a licence.

The 'People Module' (which includes Learning Management System functionality) has been used to support the recording and tracking of health and safety training across departments. While it has provided some insight into training completion trends, its use has proven resource-intensive due to the level of manual data input required. In addition, it does not consistently capture all staff members (particularly given frequent starters and leavers) and, when reviewed in detail, the data does not always appear to be accurate or reliable.

10. Health and Safety Training

The University currently maintains a comprehensive network of trained first aid personnel across all campuses, comprising 236 Emergency First Aiders and 357 First Aid at Work First Aiders.

There are 53 Automated External Defibrillator (AED) units installed across campus. These are actively managed to ensure readiness for emergency use, with batteries and pads routinely maintained. Both visual and detailed inspections are scheduled and carried out regularly, and all units are registered with the ambulance service.

In addition, 34 Bleed Kits have been installed across campus. Following their introduction, a new training requirement was identified, resulting in 185 colleagues successfully completing Bleed Management training.

Throughout 2025 and continuing into 2026, 40 staff members attended CPR and defibrillator awareness sessions. These sessions were offered to all staff to improve awareness and confidence in responding to life-threatening emergencies. A further 60 colleagues completed allergic reaction (anaphylaxis) awareness training, supporting First Aiders in maintaining and refreshing their skills during their three-year certification period.

The University currently offers 30 live Health and Safety online training courses via Moodle. These include mandatory modules such as Fire Safety, Health and Safety Induction, and Display Screen Equipment, alongside department-specific training. Recent additions to Moodle include courses on food safety and contractor management, with a revised Accident Investigation module due to launch shortly.

11. Occupational Health

Occupational Health (OH) Services at the University specialise in the care and well-being of people at work, working collaboratively with departments to identify and reduce risks to both mental health and physical health arising from work activities and providing advice on risk management, work environment monitoring and health surveillance. The table below shows a summary of attendances at OH Services since 2016:

	Appointments						
	New Cases		Case Reviews	Total	Growth (year on year)	Other	
YEAR	**OH Nurse**	**OH Physician**	**OHN and OHP**			**Screening**	**Site Visits**
2016	611	61	447	1119	33%	599	67
2017	682	113	493	1288	15%	649	53
2018	703	131	505	1339	4%	660	78
2019	793	271	651	1715	28%	614	8
2020	471	67	100	638	-37%	667	1
2021	516	83	78	677	6%	543	0
2022	514	131	93	738	9%	389	6
2023	663	161	199	1023	32%	665	4
2024	728	173	213	1114	9%	940	37
2025	427	126	376	929	-16%	1368	28

The number of new cases and case reviews has reduced from 2024 to 2025. Screening has continued to significantly increase as anticipated due to reviews of risk assessments within departments. It is anticipated screening is likely to continue to significantly rise through 2026 with increased health surveillance screening requirements.

Many cases seen by the OH team are complex in nature, often relating to long term physical health conditions and disabilities. During 2025 OH have continued to see an increase in cases involving people with neurodiversity. The Employee Assistance Programme (EAP) services have continued to provide support on mental health related matters, allowing the OH team to focus on more proactive measures relating to physical health, health surveillance and proactive promotion of good health. There has unfortunately been delay with SEQOHS (Safe, Effective, Quality, Occupational Health Service) Accreditation due to illness of the Senior Occupational Health Adviser. Audit and assessment for accreditation is now scheduled for Summer 2026.

12. Mental Health and Employee Assistance Programme

The Employee Assistance Programme (EAP), which was provided by Health Assured, showed 3.2% increase in 2025 when compared with the previous year, and now sits at 16.1% against a Health Assured customer benchmark of 8%. In total 872 calls have been logged with the telephone service, 762 of these being counselling calls, accounting for 87.3% of all calls, sitting above the Health Assured benchmark of 74% by 13.3%. In terms of formal counselling engagement following initial telephone contact there have been:

- 33 referrals for face-to-face counselling, with a total of 181 sessions being delivered
- 8 referrals for structured telephone counselling, with a total of 40 sessions being delivered
- 50 referrals for online counselling, with a total of 297 sessions being delivered
- 12 referrals for online CBT counselling, with a total of 6 sessions being delivered.

According to the chart below Anxiety, Access to Service and Low mood continued to be amongst the most common reasons for calls to the service.

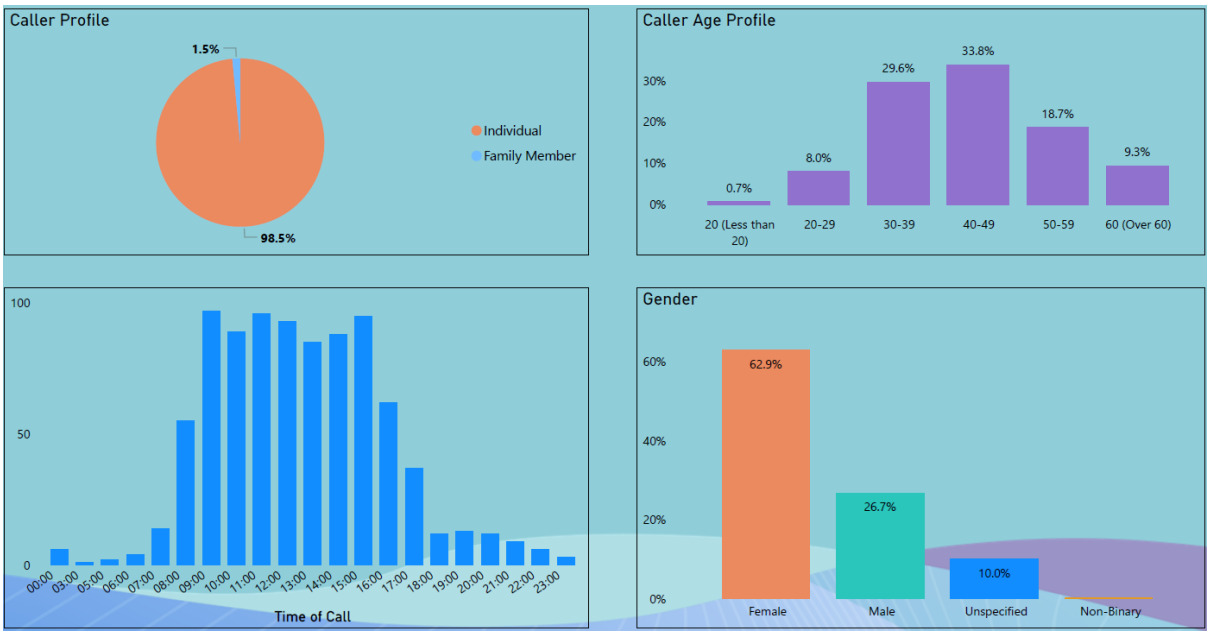
	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Total
Anxiety	24	29	11	13	11	8	14	20	37	18	15	8	208
Access to service	15	10	8	7	12	13	3	10	7	11	22	8	126
Low Mood	3	2	11	10	8	24	3		2	14	1	13	91
Partner		6	8	15	4	3	3	8	8	1	6	13	75
Bereavement	4		3		4	2	2	1	13	10	3	3	45
Depression		4	1	6	6	9			1	6	7	4	44
Family	2	7		7			8	4	4		3	4	39
WR - Support	3		2	2			2	2	6	8		4	29
Concern of Other				4		3		2		4			13
WR - Relationships	3	3				1	1			1	2	1	12
Neurodiversity									1		2	5	8
Other Diagnosed Mental Health Disorder											4	4	8
Separation/Divorce								3	3	1	1		8
WR - Demands		2	2			2				2			8
Domestic Abuse			4	2									6
Impact of Mental Health of Another					1						1	4	6
WR - Role		5										1	6
Concerns of family dynamics				4		1							5
Disciplinary		2	3										5
Individual Event				1		1		1			1		4
Bullying/Harassment		1			1	1							3
Concerns of children's mental health												3	3
Concerns Over Own Health					1		2						3
Grievance						3							3
Anger												2	2
Concerns of challenging behaviours												2	2
Self Harm		2											2

There has been a very small increase in the number of people contacting the counselling service for matters relating to employment and work. There were 3 more calls than in the previous year however, the trend has changed with support, relationships and demands now as the top 3 concerns in comparison to role, bullying/harassment and support last year. The work-related calls are broken down further in the charts below.

Health and Safety Annual Report 2025

	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Total
WR - Support	3		2	2			2	2	6	8		4	29
WR - Relationships	3	3				1	1			1	2	1	12
WR - Demands		2	2			2				2			8
WR - Role		5										1	6
Disciplinary		2	3										5
Bullying/Harassment		1			1	1							3
Grievance						3							3
Total	6	13	7	2	1	7	3	2	6	11	2	6	66

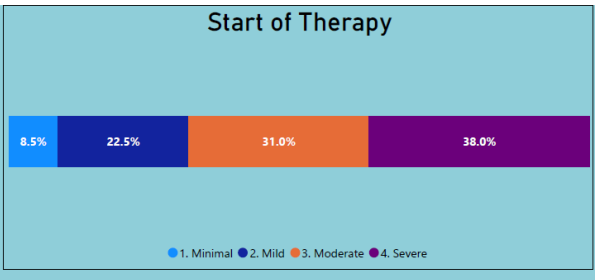
The chart below shows the gender identity mix of callers, also the days of the week and time of day when calls were received: it is interesting to note that whilst a significant number of calls are made within normal office hours, there are numerous calls made outside normal office hours. There also continues to be a good uptake of family members utilising the service.



The Workplace Outcomes Suite (WOS) demonstrates the impact of therapy on assisting with returning to work where absent. Unfortunately, the report highlights that there was an increase in absence from the start to end of therapy. Initially 15.2% of individuals commencing therapy were not in work and this increased to 19.7% at the end of therapy. After engaging in structured therapy, the Generalised Anxiety Disorder (GAD-7) and the average Patient Health Questionnaire (PHQ-9) score reduced significantly as shown below.

Category	Count	Significant Improvement	Response	Remission
1. Minimal	6			0.0%
2. Mild	16	56.3%	56.3%	56.3%
4. Severe	27	85.2%	55.6%	44.4%
3. Moderate	22	90.9%	63.6%	59.1%
Total	71	73.2%	53.5%	47.9%

Following structured therapy there has been a 73.2% improvement in the GAD-7 scores



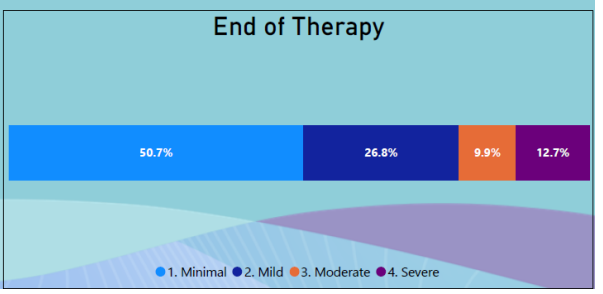
Significant Improvement: A decrease of at least 3 on GAD7 scale.

Response: A decrease of at least 50% on the GAD7 scale.

Remission: The latest GAD7 score is 5 or less; the initial score having been above 5.

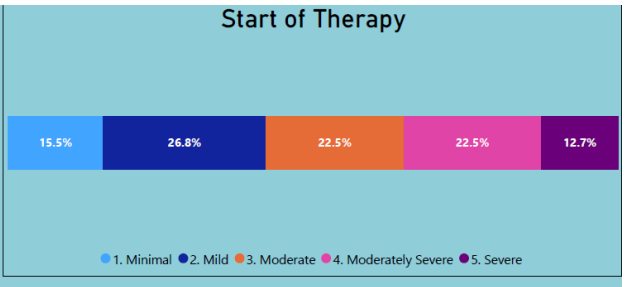
Count : Number of entries.

Disclaimer : For low data sets (<15 referrals), there will be greater variance in results with the expectation these will stabilise going forward



Category	Count	Significant Improvement	Response	Remission
2. Mild	19	63.2%	63.2%	57.9%
3. Moderate	16	56.3%	56.3%	50.0%
4. Moderately Severe	16	75.0%	62.5%	43.8%
1. Minimal	11	9.1%	36.4%	0.0%
5. Severe	9	100.0%	77.8%	55.6%
Total	71	60.6%	59.2%	43.7%

Following structured therapy there has been a 60.6% improvement in the PHQ-9 scores



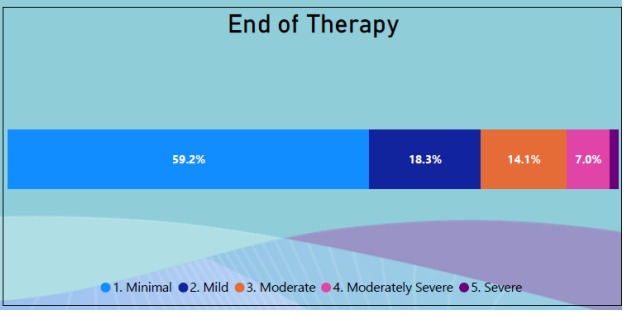
Significant Improvement: A decrease of at least 3 on PHQ-9 scale.

Response: A decrease of at least 50% on the PHQ -9 scale.

Remission: The latest PHQ -9 score is 5 or less; the initial score having been above 5.

Count : Number of entries.

Disclaimer : For low data sets (<15 referrals), there will be greater variance in results with the expectation these will stabilise going forward



The service level agreement has met for most agreed KPI's however, there has been a slight reduction in counselling cases being matched to a counsellor within 2 working days.

KPI	Target	Actual
The helpline calls to the service shall be answered within 20 seconds	95%	96.8%
The call abandonment rate	2%	0.2%
Initial callbacks to take place within two (2) hours	95%	98.7%
First session to be offered within a further three (3) working days of being matched to a counsellor	90%	93.2%
All counselling cases to be matched to a counsellor within two (2) working days	90%	89.1%

The EAP mobile phone application named 'Wisdom' received a total of 248 new registrations in 2025. The application is tailored to suit the preference of the user with useful wellbeing tips and health trackers. Staff are also able to utilize the mobile application for contact and call back with the EAP. The

EAP have launched an online instant mental health portal 'Wisdom AI' for instant advice and query response from professional counselling expertise utilising latest artificial intelligence.

13. Fire Safety

The direction of travel driven by post-Grenfell legislative changes has now been embedded, with fire safety arrangements operating as part of business as usual across the University. During the reporting period, the University experienced a significant fire incident on 20 November 2025, representing a further test of these arrangements. The incident was investigated, with learning identified and incorporated into existing controls, and most actions have been completed or are progressing. The affected building was subsequently inspected by the Fire and Rescue Service, with written confirmation received that adequate fire safety measures are in place. The ongoing relationship with the Fire and Rescue Service continues to develop, with planned collaborative activity including periodic audits, fire risk assessment engagement and broader safety education initiatives for students.

The Universities UK (UUK) Code of Practice for University Managed Student Accommodation has now been fully adopted, with annual fire risk assessments for student sleeping accommodation established as standard practice. This requirement has been absorbed into the delivery model and is managed alongside a wider, risk-based programme for the remainder of the estate.

We are focused on the delivery and management of Fire Risk Assessments (FRAs), maintaining coverage across the estate and supporting statutory compliance, with FRA compliance increasing from 86% in the previous year to approximately 96%. The Fire Safety Team undertakes a supporting role in FRA delivery, with primary focus on reactive fire safety matters, including incident response, evacuations, the management of Personal Emergency Evacuation Plans (PEEPs) and engagement with capital projects and refurbishment works. This approach reflects the scale, complexity and pace of change across the estate and provides resilience across both planned and reactive activity.

14. Food Safety

The University's Food Safety Management System (FSMS) was reviewed in 2025. Following this, Warwick Food Group and Warwick Conferences implemented the updated FSMS across their respective areas during the summer of 2025. This implementation was supported by locally conducted food safety audits within each area. In addition, a risk-based inspection programme delivered by the Health & Safety Team provides further assurance. Ongoing support from the Primary Authority partnership with Coventry City Council has ensured access to consistent, assured advice throughout the FSMS review process. Regular engagement between the Council and the Health & Safety Team continues to support compliance with food safety regulations and the maintenance of hygiene standards across University food businesses.

15. Genetic Modification and Biological Safety

Work with any biological material, including genetically modified organisms (GMOs), is somewhat unusual in that the risk assessment for such activities are required, by statute and by the University Biological Safety Policy, to be approved by committee before the work commences. The oversight committee responsible is the Genetic Modification and Biological Safety Committee (GMBSC), which is a subcommittee of UHSEC.

In 2025, the GMBSC met four times, during which it approved a total of 4 new or substantively revised projects at Containment Level 2 (CL2), and two at the higher Containment Level 3 (CL3), which have since been notified to the Health & Safety Executive. A further 22 CL2 projects were approved after periodic review, in line with the Policy. A total of 16 new projects were approved at Containment Level 1 by the University Biological Safety Adviser during 2025.

There was one planned proactive CL3 inspection by the Health and Safety Executive (enforcement authority). This resulted in a successful outcome with no formal action taken. Defra's Plant Health and Seeds Inspectorate (PHSI) a specialised unit within the Animal and Plant Health Agency (APHA) that implements and enforces plant health policy also visited which resulted in no major issues and only a couple of amendments required.

There were 7 incidents relating to work with biological materials during 2025 (5 minor and 2 significant), none of which were reportable under RIDDOR or other legislation.

16. Radiation Safety

In 2025, The Ionising and Non-ionising Radiation Committee (IRNIRC) met three times to review new procedures and policies and raise and address any emerging issues. All new equipment purchases and activities were reviewed and approved by Aurora, our appointed Radiological Protection Adviser (RPA).

Ionising and non-ionising radiation provision was audited by Aurora in 2025, and a number of minor recommendations were identified, these are being tracked out through Assure. The Environment Agency conducted a visit in June 2025, following the change in permit application. All recommendations were completed and the permit changed to a standard permit.

Additional radon gas surveys were undertaken in the two buildings that demonstrated elevated levels in 2024. Interim mitigation measures were implemented, and longer-term solutions were investigated and commissioned. These works are scheduled for completion in Spring 2026.

17. Chemical Safety

The rollout of LabCup has continued throughout 2025 across additional Schools and Departments. Engagement with the system has significantly increased, with users continuing to realise both the compliance benefits and the practical advantages of improved chemical inventory management.

The system continues to be flexible, with new modules being developed to overcome unique challenges, such as handling complex chemical kits. Increased use of the stocktaking system is also expected to contribute to longer-term reductions in chemical waste and associated costs.

A key development during 2025 has been the establishment of the Chemical Safety Committee, providing enhanced governance and oversight for chemical safety management across the University. The Committee will support greater collaboration between departments, promote the sharing of good practice, and help drive consistency.

Routine inspections of chemical laboratories have continued throughout 2025, with assurance activities now expanding into other areas adopting LabCup. A new LabCup compliance audit has allowed us to improve the embedding of the new processes, while also identifying opportunities for further improvement and training.

18. Statutory Compliance, Water and Asbestos

Statutory Compliance

Throughout the year the work of the Statutory Inspection and Compliance Working Group, a sub-group of the University Health and Safety Executive Committee, has continued to monitor progress with the inspection and certification of statutory items including electrical installations, pressure systems, Local Exhaust Ventilation (LEV), lifts and lifting equipment. We now have Power BI dashboards that summarise compliance in these areas well. Work still needs to be done on the granular detail but overall, they present a positive outlook.

Water Management

The University's Water Safety Policy and Management Plan has been reviewed and updated to reflect recent technical and organisational changes.

Legionella Risk Assessments (Part 1, 2 & 3) are actively managed, with an ongoing programme of remedial actions that are monitored by the University Water Management Group. The Group has been expanded with representation from other areas on campus including NAIC, WMG and Life Sciences.

A delegated Duty Holder designated Responsible Person and Deputy Responsible Person are formally appointed across all campuses to ensure robust compliance and oversight.

In 2025 saw significant works to reduce outstanding remedial actions.

The decision has now been made to insource the monitoring and maintenance of hot and cold-water systems. This follows a period of disruption due to service provider performance. This transition will commence from August 2026 allowing more control and assurance of these deliverables and will also deliver significant cost savings.

Asbestos Management Summary

The University Asbestos Code of Practice was reviewed and updated to address risks associated with buried services. In parallel, the Service Desk and Maintenance Trades Workflow Process (Asbestos) Standard Operating Procedure (SOP) was amended to replace previous references to the asbestos register and Service Desk systems with the Invida CAFM system, reflecting updated processes and system controls.

The asbestos re-inspection programme continued throughout the year, assessing existing asbestos-containing materials (ACMs) and identifying required remedial actions. Asbestos abatement works were implemented based on assessed risk priority and available budget.

Through this programme, the University continues to meet its statutory obligations under Regulation 4 of the Control of Asbestos Regulations 2012 (CAR 2012) — the duty to manage asbestos in non-domestic premises.

An Asbestos Safety Awareness Campaign was led by the Asbestos Team engaging directly with Maintenance Zone Teams to reinforce knowledge, understanding, and safe working practices relating to asbestos.

A new Asbestos Removal Framework was established from May 2026, supported by an updated contract specification. Two licensed asbestos removal contractors (LARCs) have been appointed and will be used for both minor and major asbestos abatement projects for an initial four-year period.

Asbestos awareness training remains a priority for all new and existing staff who interact with the University's building stock. During the year, the delivery model was enhanced, moving from a purely online format to increased face-to-face training, improving engagement, interaction, and learning outcomes.

19. Other Initiatives Around Campus

There have been a significant number of construction and refurbishment activities during the year, and this will continue into 2025 and beyond. Site inspections are carried out by Estates colleagues, reducing re-works and improving the standards, and there is continued involvement with the Considerate Constructors Scheme and the Construction Logistics and Community Safety groups. Logistics planning groups encourage collaboration, informing stakeholders, improving wellbeing and seeking efficient ways of carrying out projects to minimise disruption. A new monthly SHE Statistics

collection system for all Estates contractors to complete monthly has been introduced in 2025, enabling a comparison of sites performance against national averages. A Code of Conduct video for all contractor staff to view prior to commencing works has been developed.

20. Adequacy of resources and funding

The health and safety requirements of the University are well resourced and properly funded at present, with one post being vacant at the end of 2025.

21. Communication with staff, students and other interested parties

When approved by UHSEC and UEB this document is to be shared with UHSC, and the Trades' Unions and Students' Union will be asked to comment on the content, identifying any areas for improvement they would like to have made to the report. The report will also be presented to the Audit and Risk Committee. Once finalised the report will be published on the Health and Safety Services webpages and will be made available to other stakeholders and interested parties on request.

Effective communication with the Trades' Unions is integral to the success of health and safety management. Relationships between the Health and Safety Services team and the three recognised unions (Unite, Unison and UCU) are considered to be positive and constructive. There is strong union representation at both the University Health and Safety Committee and the University Health and Safety Executive Committee. Health and Safety Services continues to support the Joint Consultative Committee, attending meetings as required to provide updates and respond to queries. Union involvement in all safety committees and working groups is actively encouraged, and team members remain accessible for informal engagement with union representatives. Looking ahead to 2026, union representatives will be specifically consulted on developments relating to stress management and stress risk assessment.

22. Opportunities for continual improvement

There remain several key areas for improvement, which will be carried forward from 2025 into 2026–27. These include:

- Strengthening the completion, quality, and review processes for risk assessments
- Reviewing emergency arrangements identified within risk assessments to ensure they are practical, effective, and supported by appropriate staff training
- Enhancing contractor control and management arrangements
- Progressing towards SEQOHS accreditation for Occupational Health services

In 2026-27, our efforts will focus on the following area for improvement:

- Supporting major infrastructure projects from the design stage through to construction and delivery
- Managing campus logistics during a period of potential disruption
- Improving health and safety training data recording, quality, and completion rates
- Strengthening committee structures and safety working groups to enhance effectiveness and productivity
- Maintaining a continued focus on the quality and consistency of risk assessment
- Reviewing stress risk assessments at a University level to establish patterns and trends that need to be actioned
- Reviewing Invida hazard module and its application in department
- Reviewing and improving documentation and document management process
- Establishing our compliance with Environmental regulations
- Departmental Risk Profile awareness

23. Actions

UHSEC and UEB are asked to consider and comment on the following points in relation to this report:

a) the continuing suitability, adequacy and effectiveness of the health and safety management system
b) any need for changes to the system
c) the continual improvement opportunities identified
d) any health and safety implications for the strategic refresh and direction of the University.