

Health, Safety & Wellbeing Annual Report 2024

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1. EXECUTIVE SUMMARY

2024 saw a lot of change across the whole of the service, including a name change to University Safety & Resilience. Departures included David McLean, Head of SEPS, who retired at the start of April, with Jim Gray semi-retiring into an Associate post, continuing as Radiation Protection Adviser (RPA) and Radioactive Waste Adviser (RWA) on a part-time Affiliate basis during recruitment of his successor and still continues now while the new head of service completes the necessary registrations to become the full time RPA. Dr. Phil Rodger, Chemical Safety Adviser, left in July for a promoted post at the University of Edinburgh and Dr. Alice Gallagher, Biological Safety Adviser, retired early in August, with Liridona Jahdaut, Business Continuity Adviser departing in September for a new role at the University of Essex. We are enormously thankful for their time and expertise whilst with us and wish them every success in their new roles.

As saddened as we were by those departures, we were delighted to welcome new into post David Scott, Fire Safety Adviser in April who was very welcome after a 5-month void in the role. David brings with him a wealth of experience having worked previously in higher education at Queen Mary University of London for 3years, a qualified Fire Safety Manager in Singapore and then running his own fire safety consultancy for seven years in Hong Kong before relocating back to the UK in 2021 and being Global Head of Compliance for a fire safety company. Bruce Jolliffe, Head of Service for Radiation Protection Services started with us in July. Bruce has many years' experience as a Fire Scientist supporting UK fire services in radiological safety during emergency responses and is in the process of completing his formal registration as an RPA. This will enable Jim Gray to reduce his time further as he continues to kindly provide part time RWA cover for the University. Bruce and/ or Alex Shearer, Safety and Environmental Adviser, will ultimately apply for registration as RWA. To give context, there are very small numbers of registered RPAs and RWAs in the UK, which makes recruitment extremely difficult.

Ross Slavin, former Chief Technician for the Schools of Chemistry & Geographical and Earth Sciences, joined us in October as Chemical Safety Adviser, followed in November by Aude Aumeunier, former Biological Safety Manager at the CVR, as our Biological Safety Adviser.

As priority has to be given to responsive safety work, such as the investigation of incidents, supporting enforcement body interventions and urgent requests for advice, the primary impact of this level of turnover was most noticeable in the decreased volume of training delivered. Fewer fire safety courses were run at the start of the year and, towards the end of the year, we saw an impact on numbers of IOSH-accredited general safety courses as well as specialist

Biological and Chemical safety training delivered. The SEPS audit programme and was slightly affected during 2024 although this effect will continue for some months into 2025 as staff new to specialist posts and develop their broader general safety competencies and familiarisation with the audit tool. The SEPS fire risk assessment programme was also impacted due to staff shortages in the first quarter of the year and competing priorities throughout the year.

Despite all this change, and more to come as USR welcomes the Estates Compliance Team into the Service, the variety of challenges and quality of responses to those challenges continues to test the team and inspire in equal measure! Total numbers trained through the USR training programme totalled 10,984 (4,000 higher than 2023). This includes online courses and was considerably boosted this year by POD running a drive on mandatory training updates across the University. 134 courses were delivered in person (down by 19 courses on 2023) to 1442 staff and students, down by 300 compared to 2023 but a significant proportion of the drop was due to the decision to deliver fewer Mental Health First Aid courses as we move to a position of maintaining rather than growing numbers of MHFAs across the University.

From supporting a wheelchair-using veterinary student into her first year at the Vet School (the first wheelchair-using person to be accepted onto the Veterinary Medicine course in the UK by the Royal College of Veterinary Science) tackling accessibility issues and risk assessment, through the impact of climate change - advising and reassuring in relation to increased levels of anxiety-causing, damp-loving moulds - to facilitating disposal of potentially explosive crystals, the work has provided the whole team with excellent learning opportunities and new networks of service users.

This will be my final Annual Report for the University and, as I retire at the end of March 2025, I can look back with pride, fondness and great gratitude to my team members, past and present, as well as the huge numbers of great colleagues I have been privileged to work with over the years. Whilst I don't underestimate the challenges faced by the team as many of them are still developing their broader safety knowledge and experience, I have great optimism for the future of health and safety at UofG, given the enthusiasm, tenacity and skills of the professional, technical and administrative folk in USR.

2. KEY DEVELOPMENT AND ACTIVITIES

Administrative changes

It's been a busy year for accommodation moves. The Radiation Protection Service team members relocated to the SEPS offices within the Isabella Elder Building during February which has further supported collaborative working between the two teams. The end of the year saw the whole of USR relocating to Level 1 of the building, with colleagues from the Estates Compliance Team, as part of the decant arrangements for the refurbishment of the upper levels for the New Ways of Working strategy.

The collocation of the two teams will facilitate the plan to merge USR with Compliance into a broader corporate safety service over the course of the next year.

We welcomed new colleagues as detailed earlier and they have all made excellent starts in their new roles, with much positive feedback from the Schools and Professional Services.

General safety

Following the retirement of the Head of Service, and the decision to hold that post vacant, the majority of general safety work and enquiries have been fielded by the Safety and

Environmental Adviser (SEA), Alex Shearer, with assistance from the Director of USR, when possible. Requests for general safety advice that arrive via the SEPS mailbox cover a vast array of topics. Some of the typical requests include, but are not limited to, travel safety, food safety, disabled access to buildings, expectant mother risk assessments and lone working.

One topic that has seen an increase in requests is DSE/Workstation assessments. Although this is covered by the DSE Moodle module that was put in place last year, there has been a steady increase in colleagues returning to work after injury requesting SEPS presence in carrying out workstation assessments.

Another topic that has seen an increase in requests is water ingress and advice on subsequent mould issues. Due to increases in adverse weather events we have seen an increase in building fabric issues which eventually manifest as mould. Though not entirely benign, it's a very visible problem and colleagues get quite anxious believing they have been exposed to "toxic black mould" which, although prevalent in the Americas, is extremely rare in the UK. A large body of work over this year was inspecting affected areas, addressing anxieties and highlighting to colleagues in Facilities Services the need to prioritise work in badly affected areas.

Incident investigation continues to be an important part of SEPS role from which lessons can be learnt and improvements identified. Every incident report received by SEPS is reviewed by the USR Director and assigned to a specialist adviser for further review and, if necessary, investigation. The aim of this is to identify both the immediate and underlying causes of an incident so that these can be addressed. The outcome of individual incident reports cannot reasonably be catalogued in an annual report of this type and so are not discussed in detail. However, they are reported on a quarterly basis to the University HSW Committee and some summary data is provided within Section 6.

Continued requests for advice on the carriage of dangerous goods were also fielded by the SEA, mostly originating from the CVR, and included materials such as viruses, batteries, liquid nitrogen and other chemicals.

An overhaul of how we deal with statutory inspection reports is currently being undertaken with the Compliance team. Currently the SEA and CSA disseminate reports to the relevant contact in the Units and seek confirmation that any equipment with major defects is taken out of service and repairs are planned.

A major piece of work from this year has been the identification and disposal of peroxide-forming solvents. This followed an incident in the ARC where it was identified that peroxide crystals had formed in a solvent. This event took place during the void period between our former and current CSA so was responded to in full by the SEA. Peroxide crystals can be shock-sensitive explosives and access was restricted to the lab and blast shields erected, until disposal could be arranged. A Safety Alert was drafted and shared across all labs throughout the University. Due to the hazard posed by these solutions specialist explosive disposal by an explosives expert is the only suitable disposal method (at great cost). Following the distribution of the Safety Alert by the SEA, three additional instances of peroxide-forming solvents were identified and disposed of safely.

Another important and involved activity was advising and supporting the planning process to enable access to study veterinary medicine for a wheelchair-using student. Some fairly major works were needed to facilitate this at the Garscube campus and Cochno Farm. Consideration had to be given to both accessibility into and around several buildings, but also road safety between buildings for the student. As this is the first wheelchair-student in the UK to be accepted onto the course by the Royal College of Veterinary Medicine, and their decision took several months to be reached, the work to assess locations and activities for accessibility and

risk management purposes was both challenging and time-constrained. We would like to thank all the staff at the SAH, Weipers and Production Animal Units, as well as Clarke Elsby, Building Surveyor with the portfolio to lead the accessibility agenda for Estates, for all their input and support in ensuring the student was able to join their first- year fellow students in their studies at the start of the academic year. Work continues to ensure accessibility to other areas the student will require to access as they progress through the course.

Biological safety

The former Biological Safety Adviser (BSA) (Alice Gallagher) provided competent biological safety advice across the Colleges, Schools and Services as work progressed or was planned in her eight months in post in 2024 prior to retiring from the UofG in August. The Colleges of Medical Veterinary and Life Science (CMVLS) & College of Science and Engineering (CoSE) were again a major focus for the BSA although biological related activities extend across the University as a whole. General safety as well as specialist support was given to management units involved in teaching, research and support activities throughout the period.

Existing work with pathogens and animal models continued to grow. Input to the considerations and permissions for new proposed work was required in addition to providing consultation and competent advice for laboratory refurbishments and new builds, as the University expands. Input to refurbishment (especially for high containment facilities) and new-build planning and implementation considerations, involves intensive time-consuming meetings with relevant key stakeholders on multiple ongoing occasions.

The increasing biological risk profile (both safety and security) of the University has required the BSA to continue to support front-line academics and area managers as higher risk work has increased. There has been a marked increase in interdisciplinary collaborations within the University that involve biological material, encouraged by the co-location of chemists, engineers and biologists in areas such as the Advanced Research Centre. New and innovative work is encouraged and facilitated where possible, although further input was required from the BSA in those teams where personnel have no biological safety background or dedicated biosafety competent personnel within their discipline, to ensure compliance. The CMVLS Biological Safety Manager is proving to be a great support at CMVLS in informing units and ensuring compliance in relevant areas, particularly at the Gilmorehill Campus.

The University Scottish Marine Animal Stranding Scheme (SMASS) were finally able to commence work this year following the retrospective detection of SAPO 4 agents requiring containment level 4 in certain materials being held at the University in 2023. A thorough risk assessment was undertaken by the group in relation to commencing work in 2024 and appropriate consultation with HSE enabled an agreed approach to commencing work to include ongoing assessment to the changing foreseeable biological risk in the marine animal populations being studied.

HSE identified UofG as one of 6 higher risk organisations for biological work in December 2022 which resulted in an intensive regulatory inspection programme over the last 2 years with improvements made following enforcement or actions issued by HSE. Following on from this, HSE Microbiology and Biotechnology Unit undertook inspections and visits in April and October 2024 respectively and continue to work closely with the BSA for the rolling inspection programme and to ensure biosafety compliance.

The outgoing BSA met with HSE online in July 2024 to discuss handover to a different HM Inspector (for our future inspections) and also discuss appropriate business continuity. HSE were very satisfied with the current biosafety arrangements and looked forward to meeting with Dr Aude Aumeunier in her new capacity as University BSA in late 2024 having previously interacted with her in her previous role as CVR Biological Safety Manager.

The BSA attended and gave input to the School of Infection and Immunity's Health and Safety Committee meetings throughout the year, particularly as this is the largest School in CMVLS, where a substantial amount of higher risk biological work is undertaken. Many Units required support on the importation processes and documentation for receiving pathogens and specimens into the UK from EU and non-EU countries.

The BSA gave input and competent advice to the four CMVLS Genetic Modification Safety Committees (GMSCs) with the new CMVLS Biosafety Manager playing an integral role to help ensure appropriate approvals, or consent, were in place for the diverse range of work with genetically modified organisms, animals and plants. The CMVLS Biosafety Manager is now playing a pivotal role in working with the GMBSOs to help streamline processes, consolidate paperwork and ensure regular reviews are undertaken appropriately of GM risk assessments.

As a co-opted member of the NHS Greater Glasgow & Clyde GMSC the former BSA also continued to contribute to the review of GM risk assessments for work in NHS clinical trials until her retirement in August 2024.

The BSA role (and also the roles of the other Specialist Advisers in SEPS) includes general safety duties, which can occupy significant time. The work includes general accident investigations and ensuring statutory reporting to the enforcing authorities where appropriate. The BSA followed up on many biological and wider safety incidents across the organisation over the year.

The SEPS Team meet regularly with our colleagues in the Occupational Health Service (OHS) and the BSA liaised with them on specific health-related matters/investigations arising from within Units across the University. Some cases required more substantial input and liaison with OHS personnel, line management and relevant staff where appropriate.

Chemical safety

The former CSA provided services until his departure towards the end of July. During that time he contributed to a number of major projects. In particular he provided specialist advice to several new build and major refurbishment projects, including to the design stage of the Keystone Building, and the re-design/ occupation/ commissioning of the Skabara Lab in the Joseph Black Building.

He provided extensive advice to the Clyde Hydrogen spin-out company, including assisting in identifying suitable space for some of their activities, reviewing risk assessments and the assessment required under the Dangerous Substances and Explosive Atmosphere Regulations (DSEAR).

The CSA provided significant input to the finalisation of the upgrade plans for the liquid nitrogen facility at the Davidson Building.

A contractor was required to deliver a programme of roof repairs on buildings with vent stacks servicing local exhaust ventilation in labs. The CSA took part in a working group with representatives from the contractor, colleagues from Compliance and Estates projects staff to resolve concerns and prepared a detailed COSHH assessment for the contractor's activities to reassure the contractor and their employees on the control measures in place for their safety and to enable the urgent repair works to progress after what had been a considerable period of delay.

The incoming CSA worked with staff in the University Library's conservation unit to raise their COSHH-awareness and help improve their practices in working with chemicals.

The School of Chemistry's Safety Committee received continuous support from the CSA throughout the year.

Environmental and specialist waste issues

There have been long-running issues with the payment of invoices from our clinical/ biological waste contractor. This has seen large annual discrepancies in unpaid bills, leading to the contractor withdrawing services on some occasions. One such example involved unannounced withdrawal of service the Biological Services cadaver store. The issue was not noticed until there had been two missed collections and resulted in the Unit having to stockpile waste. The SEA worked with the unit to find extra cold storage capacity and worked with the contractor to address the issue ASAP. After one challenging and large collection, regular service followed the next week.

A great deal of work was undertaken during the year to address this repeating issue with our biological waste contractor. A new system was put in place with considerable invaluable support from the PA to the USR Director. This means the SEA now has sight of all biological waste collections and invoices as well as a contact list for all invoices, created to address any issues occurring from the University (client) side of the contract. The process helped us identify that the issue does not lie solely, or even primarily, with client processes. We subsequently worked with the contractor to identify problems at the invoicing end which were also causing payment delays or failures. Following the introduction of the new process, we have seen this discrepancy in payments fall from £15K-£27pa to less than £1K.

Chemical waste collections continued relatively smoothly. Some minor handling issues were raised such as waste containers and sharps bins not being fully sealed. Only one major incident was reported wherein a container of chemically contaminated material was overfilled causing it to break and spill on the South Front. We are fortunate that this was contaminated solids and fairly easy to clean up. Notice was sent to all users of the service to reinforce the importance of not exceeding container capacity.

Close communication with Security colleagues continued in coordinating the chemical waste collections. During the monthly collections typically around 10 tonnes of hazardous waste are collected around campus and removed.

Collections of waste electrical and electronic equipment (WEEE) continued throughout the year with no major incidents. The SEA continues to coordinate collections between units to ensure that the service remains free for users.

The contracts for all three waste streams (Chemical, Biological and WEEE) were reviewed by the SEA, with support from Procurement, with two being renewed and one extended for an additional year. All contracts continue with the previous/ existing provider.

Communications with SEPA were ongoing throughout the year and permits were obtained for CMVLS work with salmon at Millport and work on the mill pond at Cochno. The SEA also advised on SEPA requirements following erosion on the banks of the Kelvin at Garscube. It was noted that using a methodology taking advantage of native plants that there would be no requirement to register the activity with the regulator.

In collaboration with colleagues in the Sustainability team, a project was undertaken to get University-wide access to a chemical inventory system. Cheminventoy was chosen and the roll-out is well underway. This should allow users, labs and units to track their chemical use, share chemicals between groups and give the University some oversight for certain chemicals such as chemical weapons precursors and explosives. The SEA is currently the site administrator for the University.

The SEA also contributed to the APUC review of the frameworks for waste contracts.

Fire Safety

Following ongoing internal changes within the Estates Department, it was necessary to undertake a review of our Fire Safety Policy and Arrangements. This review was undertaken late in 2024 and is currently out for further consultation and a reviewed and updated document is expected to be in place for early in 2025.

Several procedures and policies were either reviewed (organising a fire drill, short guide to fire procedures and fire safety measures for PODs) and reissued or new policies introduced (lithium-ion battery guidance for small devices). Several are either out for consultation (Fire Precautions Register) or are in draft format (Portable heaters, PV panels, fire alarm management and fire alarm guidance note). We will continue to add further guidance as necessary to meet the changing fire safety landscape.

SEPS continues to support Personnel Evacuation Escape Plans (PEEPs), policy and procedures with guidance and support to students and staff, where this is required to ensure that the appropriate evacuation measures are in place. SEPS continues to work with Disability Services, and disability coordinators, with the start of the new Academic year being a particularly busy one in relation to the preparation, reviewing and issuing of final PEEPS.

The fire safety team continues to provide support to all building users across all UofG locations and this has recently included several visits to our site at SUERC (East Kilbride) with support and advice given to our Dumfries Campus and SCENE at Rowardennan.

Fire incidents

No serious fires occurred within university premises in 2024 although a small number of less serious incidents did occur, mostly within our science buildings, involving either electrical appliances or experiments within laboratories. Several outdoor fires were also recorded at our Garscube campus, mostly during a period of warm and dry weather in the Spring. We also had two incidents within our residential accommodation which required the attendance of the F&RS.

All other fire incidents were minor and were mainly dealt with promptly by those on site, with the Scottish Fire and Rescue Service (SFRS) being required for only four incidents, (except externally), these being the minor fire incidents within Queen Margaret Halls, (hair dryer) Wolfson Halls, (faulty lighting), Gibson Street residences, (cooking) and Boyd Orr Building (over heating diesel sprinkler pump) that are listed in Table 6. Other incidents included lab experiments with flammable materials, overheating of electrical equipment, lasers and incidents involving cooking which are clearly avoidable by improved operator attention. SFRS did not carry out post-fire audits in relation to these minor incidents but did so for the Queen Margaret Halls and Gibson Street residences, which resulted in further advice being offered as the only audit outcome.

Fire alarm activations

The SEPS Fire Safety Advisers continue to put considerable effort into monitoring unwanted fire alarm activations. The internal response process includes support by Security and Facilities staff to assist building occupiers and local Fire Safety Coordinators to identify, address and mitigate impacts of all unwanted fire alarm signals timeously to reduce unnecessary SFRS callouts.

The total number of alarm activations decreased from last year, down from 238 (2023) to 182, with decreases recorded for genuine activations, unknown cause activations, cooking, other occupant activity and water ingress/steam, with increases to alarm faults and contractors. (See Table 7 for a breakdown of causes). A reduction in numbers from last year is to be welcomed, and although this takes time and effort to manage, advice to all occupants to continue to reduce such activations to avoid unnecessary business disruption will continue. We also work with our fire alarm contractor Dante to improve our fire alarm installations and replace our installations in a timely manner.

Incidents with student accommodation account for 18% of the overall total, which is relatively low given the number of accommodation units we have. We have further identified several non-residential buildings with repeat activations and want to act on these to reduce the number of unwanted fire alarms. Other areas which are highlighted for further investigation and action are the number of alarm faults, and contractor events. The high number of activations where Security or occupiers have been unable to determine an obvious cause is also a target area.

With the number of unwanted alarm activations decreasing, attendance by SFRS has also decreased from 2023, down from 23% to 19%. This is a result of changes in call out practice over the past few years, and the change in policy from SFRS not to attend unwanted fire alarm activations within non-residential buildings unless a fire is confirmed. This has been driven largely by the Scottish Government and SFRS and is aimed at reducing both the cost and safety risk from unnecessary attendance at emergency speeds. As a result of these policy changes, we no longer receive automatic attendance at every alarm activation but are expected to confirm a fire, or significant likelihood of a fire before calling SFRS. This does not apply in residential accommodation where automatic attendance is still the norm in most cases. Therefore, of the 39 SFRS attendances 36 were at HMO accommodation, which accounts for 92% of the SFRS attendances. It is likely that this attendance figure will not change much in the future given that we will still summon the SFRS on every occasion for our sleeping risks. Operational incidents internally and externally (8 events) accounted for the remainder, although on some occasions the FRS may not have attended for internally managed incidents.

Fire risk assessments

Table 1

Premise Type	Number
Cat 1 - High Risk	17(13370m ²)
Cat 2 - Med Risk	24 (123,850m ²)
Cat 3 - Low Risk	11 (2200m ²)
Cat 4 – Very low risk	0
Total assessments	52 (139420m²)

Radiation Protection Safety

General developments

Changes in staff

- Jim Gray retired from being full-time after more than 40 years of service, became an affiliate part-time and remains RPA/RWA appointed in writing.
- Bruce Jolliffe was appointed Head of Radiation Protection Service 22 July 2024.

- Extended sickness absence within the team has led to resource challenges

Freedom of Information

A freedom of information request was received (September 2024) by the University of Glasgow in relation to many of its activities and processes. The RPS team was required, as a matter of immediacy, to collate information and sift it relative to its sensitivity. Prior to any release of information, the RPS team had to liaise with colleagues in Police Scotland (CTSA) to ensure any FOI released was appropriate to its security status.

Radiation Risk Assessments (RRAs)

A new radiation risk assessment format is being trialled across CoSE. The new format is aligned more closely with the HSE's IRR17 L121 approved code of practice, specifically paragraphs 70 and 71. At present it is being populated for use of a pulsed X-ray generator in the School of Engineering, X-Ray Diffraction analysers in the School of Chemistry and general use and movement of sealed sources for teaching in the School of Physics. Following these trials, it is intended to be reviewed prior to roll out across the University as a whole.

PET Laboratory, Joseph Black Building

The RPS team has been supporting both project management from Estates and the local research group with the development of the proposed PET research laboratory on the Gilmorehill campus. Advice has included shielding calculations for a variety of placement proposals for a shielded fumehood, with differing surrounding building materials, neighbouring areas of work occupancy type and multiple radionuclide options as well as general advice on regulatory constraints relating to the proposed overall development.

Radiation Protection Supervisors (RPS)

A lack of resilience has been highlighted in the University's cadre of local radiation protection supervisors (LRPS) and the process of reviewing and expanding the cadre has commenced. The general theme of this expansion is to ensure that experience is shared and that appointments of LRPS reflect the needs of IRR17. These are:

- The role is fully supported by the employer,
- Buildings with a variety of work practices with ionising radiation have sufficient resilience of cover to provide oversight of day-to-day activities,
- LRPS appointees command sufficient authority in the workplace

These requirements are why it is deemed appropriate for certain buildings, e.g. the Kelvin building, to have at least two LRPS sharing the role. NB the term RPS is the legally recognised term for appointment of supervisory persons in IRR17 whereas LRPS is specific to use within UoG, though in effect the two terms refer to the same individuals.

Laser Safety

Laser safety has been highlighted as an area requiring better representation and oversight in the university. Representatives from across the university were approached and some from the Schools of Chemistry, Engineering and Physics have met with the Radiation Protection Service and an Artificial Optical Radiation Working Group has been formed.

SEPA & Radioactive Cat Litter

During September and October of 2024, the RPS team were involved in an external investigation in support of SEPA. A bag of radioactive cat litter had triggered a radiation monitoring portal at a refuse site in the North of England. The truck was refused access and the refuse returned to Scotland on 4th September. On the 5th September SEPA monitored the waste and established that Iodine-131 was present in the cat litter. The waste shipment had originated from Perth & Kinross. The only cat from Perth & Kinross treated with I131 and returned to its owners at approximately that time had been treated at UoG's Small Animal Hospital.

Although the process should normally allow enough time for I131 decay prior to litter entering the waste stream, this event highlighted a need for review of the information, instruction and training associated with this process for both the discharging clinicians and cat owners involved.

Incidents

Incidents that required investigation during 2024.

1. Dosimeter badge inadvertently exposed to x-rays when staff member left it and ID it was attached to in X-ray room, SAH.
2. Suspected corneal exposure of a technician to UV radiation, GBRC.
3. Overexposure notifications on local area monitors (LAM) due to geological samples in a controlled area, Hunterian.
4. An overexposure notification on personal dosimetry attributed to several international flights taken by UoG staff while carrying their dosimetry badge, SAH.
5. Contamination of Cat and Vet Whilst Injecting I-131, SAH.
6. Overexposure notifications on LAM (Hp 0.07 only) in the vicinity of the sputter ion sources, SUERC-AMS.

Routine radiation safety activities

Contamination Surveys - 25 Radiation labs contamination surveys were conducted during 2024, This was up from 23 surveys carried out during 2023. Contamination surveys are part of our license conditions.

Source Audits - 25 source audits were conducted during 2024. This was the same number that was carried out during 2023. Source audits are part of our license conditions.

Decommissioning - No laboratories were decommissioned during 2024. A cryostat that resided within room 306 of the Sir James Black Building was surveyed and cleared for decommissioning.

Dosimeters

368 whole body dosimeters are issued bi-monthly.

23 whole body dosimeters are issued monthly.

10 eye dosimeters are issued bi-monthly.

6 eye dosimeters are issued monthly.

29 extremity dosimeters are issued bi-monthly.
7 extremity dosimeters are issued monthly.

Registered Radiation Workers

There were 91 new registrations in 2024 for a current total of 541 registered radiation workers, of which 16 were classified persons (under IRR17, schedule 3) in 2024.

The increase in classified persons was predominantly due to a need to cover contingency doses arising from work requiring consent from HSE. Under normal circumstances doses resulting from certain practices (injecting animals, operating accelerators) will be low, however, where potential for increased doses in contingency scenarios exists, prior classification is prudent. This has applied to staff from Small Animal Hospital (Iodine 131 treatments, Linear Accelerator), Weipers Equine Centre (Scintigraphy) and Positron Emission Tomography (PET) research (including cyclotron work).

Sealed Sources

Most of the sealed sources are held in the Kelvin Building. As part of our licence conditions these must be swab tested annually for leakage.

119 sealed sources were swab tested in 2024, none failed.

Furthermore, a new document from the National Counter-terrorism Security Office (NaCTSO) relating to security of radioactive sources was received by the RPS team from Police Scotland's Counter-terrorism Security Adviser (CTSA). This stated several requirements that must be met in relation to UoG's SEPA permit licensing conditions.

Contamination Monitor Testing

The University has around 155 contamination monitors available for staff, these must be tested annually for compliance with Ionising Radiations Regulations 2017. Of these 92 were tested (down 33 from in 2024), 1 monitor was scrapped for parts, 23 were missing at the time for their inspection and 42 were not checked due to staff absence.

Isotope Deliveries

There were 127 radioactive packages monitored, logged and delivered to users during 2024. This breaks down to:

Gilmorehill Campus - 845 MBq down from 1484 MBq in 2023

Garscube Campus - 227886 MBq up from 109085 MBq in 2023

Radioactive Waste Disposal

The University's radioactive waste management capability has been severely impacted by the ongoing refurbishment works at the Kelvin building. Access to the main radioactive waste store ceased in June/July 2024 and has not been regained. In the meantime, the radioactive waste store underneath the Sir Graeme Davies Building has been utilised as a stop-gap measure.

There were no sealed source disposals during 2024.

'Dustbin' solid waste disposals continue at the Garscube Campus for radioactive cat litter and horse bedding, and these records are kept on-site and can be available on request.

Liquid radioactive disposals for Gilmorehill during 2024 were 4007.21 MBq.

Liquid radioactive disposals for Garscube during 2024 were 0 MBq.

There was one uranium waste disposal to contractor (Grundon) during 2024, consisting of many small amounts of different chemical forms (uranyl acetates, salts, hexafluoride etc.) but a total activity of 6.95 MBq, all of which had been gathered under an amnesty to remove these materials from UoG campuses.

Inspection and Audit

In-house auditing

Over the course of the calendar year SEPS have continued to operate their rolling safety management audit programme. An audit system is an integral part of any good safety management system and a requirement in ISO 45001, the international standard for safety management. Although the University has not sought ISO 45001 accreditation, SEPS have sought to apply the standards within ISO 45001 and its predecessors, where it has been reasonably practicable to do so, as a benchmark for good practice.

During 2024 seven management systems audits were undertaken, using the internal auditing system developed by SEPS. This figure is slightly down on 2023 due to departure of experienced staff during the year. Audits are designed to scrutinise the health and safety management systems and arrangements of management units and form a vital part of the SEPS governance role helping units to identify areas for improvement as well as highlighting good practices which can then be shared across the organisation. A team of 4 SEPS staff comprising the Biological, Chemical and General/Environmental advisers, Head of SEPS along with the Director of USR undertook these audits, normally working within two-person teams. Larger units can take up to a week of working time to complete and so are a demanding part of our workload within the academic year. Audits from the 23-24 programme conducted this year were:

- Adam Smith Business School
- SUERC

Staff departures and recruitment reduced the number of audits it was possible to complete.

Progress on implementation with actions arising from all audits is monitored by SEPS on at least a quarterly basis and a summary report is submitted to each HSW Committee.

The in-house audit program seeks to ensure that the key elements of a safety management system are in place within each unit at a level that is proportionate to the risks within the unit. This programme has been in operation for over 11 years and is one strong element of the UofG safety management system that is not always matched by systems within other institutions, where routine auditing does not always take place. Repeat audits within the cycle now show that our system has been effective in getting the key safety management structures in place and that these are now being developed and enhanced by our major units.

Fire risk assessments

Sustaining the rate of assessment review is challenging alongside the demands of work associated with new build, refurbishment activity, and training commitments. This was compounded by staff shortages for a quarter of the year. However, the new fire safety team sought to maintain a pace of assessment, whilst always prioritising our sleeping and HMO

risks. The new Adam Smith Business School was completed in the summer of 2024 with the fire risk assessment currently underway.

Fortunately, our new Fire Safety Adviser is very experienced in carrying out fire risk assessments, which has allowed us to stabilise and slightly increase the number of assessments from last year including the total floor area of the assessments undertaken.

A breakdown of the fire risk assessments carried out in 2024 is shown below. These include scheduled assessment reviews, several large buildings including two wings of the Gilbert Scott Building with the third due for completion in January 2025, Boyd Orr, St Andrews Buildings and Lilybank Gardens. The overall number of assessments this year has increased, which is a reflection on the planning and output process undertaken. As the buildings vary in size, and to try to reflect the scale of work involved, the total square meterage of the buildings assessed has also been included. The range of buildings included varies from the Gilbert Scott Building to Victorian terraces to 1960's buildings and slightly more modern buildings.

At the start of 2025, the Fire Safety team are currently undertaking a review of the Estate and Fire Risk Assessment schedule. This involves evaluating the risk profile of the estate which will in turn dictate the review frequency of Fire Risk Assessment review periods. It is foreseen that this will also be useful in prioritising future resources dedicated to fire safety improvement works across the University of Glasgow estate.

Table 1

Premise	Type	Number	Compartment Size
Category 1	High Risk	14	15377m ²
Category 2	Med Risk	44	148386m ²
Category 3	Low Risk	3	2115m ²
Category 4	Very Low Risk	0	0

In-house inspections

In addition to our ongoing programme of audits, SEPS also undertook a series of workplace inspections focusing on laboratory areas. These differ from our audits in that they focus on practical compliance in an area and are based on observation of working practices, general housekeeping and availability of risk assessments, emergency equipment etc.. Where our management audits look at safety management systems from the top down, inspections look at the practical working arrangements that are being achieved.

Inspections were carried out in the following areas:

- Compressed gas cylinder store between Bower and Kelvin buildings (School of P&A)
- Eight lab inspections within the Joseph Black Building (Bell, Connolly, Gregory, Henderson, Skabara, Webb and C40-08)
- Series of regular monthly lab inspections in the School of Chemistry to raise awareness of safety knowledge base following departure of local safety coordinator.

Laboratory inspections were undertaken with local technical staff and Safety Coordinators to ensure that results were easily understood and clearly communicated to those with management responsibility for the area. The BSA accompanied the University CSA on a number of inspections across Containment level 2 areas.

The CL3 inspection programme continued across the 7 CL3 laboratories at Gilmorehill and Garscube campuses with some areas having more than one inspection pre and post HSE interventions. Progress with actions raised and verifications with management will be closely monitored in the 2025 inspection programme by the CMVLS Biosafety Manager who will liaise with the BSA and work in conjunction with area managers. This will allow effective oversight at CMVLS of the ongoing activities of their CL3 laboratory areas and ensure actions are completed in a timely manner.

The BSA raised major concerns about the suitability of one of the JBB insectaries for infectious work in animals during an inspection of the facility. Work with biological agents was stopped and relocation is sought while a longer-term solution is investigated. The BSA has been giving significant input, in conjunction with the CMVLS Biological Safety Manager, to ensure compliance.

External audits and visits

The Wellcome Trust funding body undertook an audit of the University in summer 2023 with the only action in relation to biosafety (to further enhance CL3 laboratory inspection action tracking and ensure that expected delivery dates were assigned where possible) was responded to and closed off by the auditors in the 2024 period. The overall audit went extremely well for the University with this important funding body.

We also received enforcing authority inspection visits from HSE's biological safety group and post fire audit visits from SRFS. Details of these are provided within Section 7.

Following last year's major insurance visit a further smaller scale visit was carried out this year by an external insurer to some of our rented properties. A reasonable amount of time was allocated by the Senior Fire Safety Adviser to facilitate the insurers request with the buildings including the preparation of documentation for the pre-inspection process. The inspection process involved physical inspections of the properties as well as a check on all documentation requested with no adverse outcomes with the insurer satisfied with our in-house provisions.

The Fire Safety team supported one SFRS familiarisation visit to our existing buildings (Gilbert Scott Building). The number of visits is well down on last year but may be a reflection on other work the SFRS has had to prioritise.

Campus development programme support

New build activity restarted with at least five new developments underway at various stages that required a particularly high input from USR advisers in terms of "soft landings" advice and support throughout the year and on the handover of the new Adam Smith Business School. Support for the campus development program by Fire Safety Advisers and other specialist advisers is key in minimising the need for expensive, disruptive post-commissioning work.

The extensive campus development program continues to require significant input from the Fire Safety Advisers, along with input by other specialist advisers, at the design stage to minimise the need for potentially costly and time-consuming alterations once the buildings are commissioned and occupied.

Except for the Keystone Building, which is to be built in St Mungo Square, the focus has moved to sites either on the out skirts of the old main hospital site at Church Street or to other vacant sites around the university perimeter, such as Lilybank Gardens with the provision of new sleeping accommodation and other innovative buildings for 'start up' companies supported by the university.

These buildings continue to be designs involving fire-engineered solutions, and the fire team has been involved in a significant number of "soft-landings" meetings to support and agree the designs developed for these new buildings on the existing campus and on the Western Infirmary site. Both the Keystone, Church Street and Lilybank Garden developments require a higher level of fire safety management due to the occupancy numbers and occupancy profile and again, we have been involved in discussions regarding staffing and resource levels in these projects.

This professional input is crucially important to ensure that these designs are suitable and that any change, or the conduct of building operations, does not compromise fire safety. Following this process, the Adam Smith Business School was opened in December 2023, fully completed in summer of 2024 with the fire risk assessment due for completion in early 2025.

As new buildings are near completion on the Western campus redevelopment, SEPS staff have been involved in a series of operational readiness meetings in preparation for handover of buildings and infrastructure to the University. This has particularly involved the fire team and has involved planning for the handover of the Adam Smith Business School. This process is separate from specialist advice and support provided during the design and construction phases which typically involves the wider SEPS team and may include review of design material held within the principal contractor's data system. Post-handover we have supported the local management teams with guidance on initial set up and with the development of new safety systems and arrangements.

Major refurbishment activity elsewhere in the estate demands similar levels of advice and support. Work within existing occupied buildings continues, including significant ongoing fire improvements within the Boyd Orr Building (continuing), Main Library cladding replacement program, (preparation), Kelvin Building new access arrangements (ongoing), including fire door refurbishment with multiple smaller ongoing programs, Rankine Building (continuing). Completed programs include the GUU fire door refurbishment and Gilbert Scott building (grand stair glazing replacement). Such refurbishment projects within existing, occupied and operational buildings require that work doesn't compromise escape routes or create additional risk to the occupants, and this is always a primary objective of the Fire Safety team and it is one of our safety-critical tasks.

Occupational health and Wellbeing

Staffing

The contracted Occupational Health Physician has chosen not to renew his contract as he transitions to reduced working hours. In response, the tender process has been initiated to secure a new physician for continued service provision.

Health surveillance

The Occupational Health team continues to strengthen its collaborative relationship with the University, providing support through health risk assessments and targeted health surveillance screenings based on identified risks.

Recent site visits to SUERC in East Kilbride and engagement with the Estates teams have been completed, contributing to a deeper understanding of workplace health risks. Moving forward, the team aims to work closely with SEPS to enhance insight into health risks across the University.

To support continuous professional development (CPD), Occupational Health staff have undertaken training, including updates on health surveillance practices.

Research passports

There has been a steady year-on-year increase in requests for research passports, a trend that has continued to grow since the COVID-19 pandemic.

SEQOHS

The Occupational Health team successfully achieved SEQOHS accreditation in December 2024 following a rigorous five-year audit process. This accreditation reflects the team's commitment to maintaining high standards in occupational health service delivery, ensuring compliance with sector best practices and regulatory requirements.

The successful outcome of this intensive assessment underscores the team's dedication to continuous improvement and the provision of high-quality support to university staff. Moving forward, the team remains focused on sustaining and enhancing these standards to uphold accreditation in future assessments. The next annual review is due in December 2025.

Digitilisation of systems

The team has successfully transitioned from paper-based records to the electronic, web-based system Orchid Live. As part of this transition, a comprehensive data cleanse was conducted, with over 2,000 employee records scanned and uploaded to the new system.

Approval has been sought for additional funding to customise the platform to better align with the specific needs of the University.

While the system is still in its early stages of implementation, it presents a valuable opportunity for future expansion and development.

Seasonal Influenza ('Flu) Vaccination drive

The Occupational Health team offered the flu vaccine to all staff who were ineligible for NHS vaccination. To facilitate this, an expression of interest process was developed to support procurement.

Scheduled walk-in clinics were held across multiple locations, including the main campus, Garscube, Berkeley, and SUERC. By 31st December 2024, a total of 1,800 employees had received the vaccine, while 14 declined for reasons such as unavailability, travel, or having received it elsewhere. In total, 1,813 employees registered interest.

A total of 2,000 vaccines were procured, with vaccinations continuing into early 2025.

Student health

The Occupational Health team continues to conduct entry screening for undergraduate students in the Schools of Medicine, Dentistry, and Nursing, with a small number of students also assessed for Veterinary studies.

Screening clinics are conducted in-house, supported by sessional nurses and phlebotomists. To enhance cost efficiency, these sessions have been successfully delivered without reliance on a nursing agency.

The growing student cohort has led to an increase in referrals to Occupational Health for fitness to practice assessments. In 2024, to align with Public Health requirements, the Pertussis vaccine was introduced for applicable students.

Student electives

There was no available data on student elective support due to introduction of new systems.

Wellbeing

Following recent staff and structural changes, wellbeing now falls under POD People, Performance and Recognition team, with Occupational Health providing input on health-specific topics and requests as needed.

The Occupational Health team continues to refer employees and students to the Sports Wellbeing Programme and actively promotes Able Futures and the Employee Assistance Programme (EAP) provided by Health Assured.

Five 2-day courses on Mental Health First Aid were attended by 56 employees. This is a slightly reduced number on previous years as we move to a maintenance level, having established a ~500-strong network of MHFAs across the University.

The Blood Transfusion Service ran a blood donation day in November, in the mobile unit outside the ARC building, drawing 106 donations and a further 40 donations were made in December at a similar event at Garscube.

Several online awareness and upskilling sessions were delivered by the Beatson Cancer Charity for line managers supporting staff experiencing cancer.

Evelyn Partners delivered a number of sessions to help employees manage finance and understand the mental health and wellbeing issues that can arise in periods of financial difficulty.

The UK Government DWP- funded Able Futures programme was promoted to staff. The service provides access to 9 months of support by an assigned mental health professional. This doesn't replace the EAP service already in place at UofG but aims to complement it by providing more practically- focused support plans for a longer period of time compared to the short-term therapy model available via Health Assured.

Business Continuity

The departure of Liridona Jahdaut in June, following on from that of the previous Business Continuity Adviser (BCA) the previous year, led to a void period while we reflected on how best to take forward the BCA role. The two most recent post-holders both came from outside the HE Sector from very different organisations and found the scale and diversity of the University a challenging adaptation process. Towards the end of the year, the decision was taken to consider an interim measure, ideally attracting an internal appointee with UofG experience and some local BC experience into the role.

While still in post, Liridona launched the new BC Sharepoint Hub, a repository of information, guidance documentation and templates, for use by the BC Coordinators across the University to access information and, subsequently, store their completed BIAs and plans.

Liridona also started a programme of training in BC awareness for BC Coordinators, delivering 5 courses over May.

3. COLLABORATION AND CO-OPERATION WITH EXTERNAL BODIES

External Representation

Regular collaboration with other Scottish universities continued through periodic sector meetings with colleagues working in general safety and in fire safety at other Scottish HE institutions. SEPS staff attended the two primary safety group meetings held during the year and our fire safety section hosted the Scottish Universities Fire Safety Advisers group meeting, within the ARC, in June 2023, providing a good opportunity to showcase our new building and the fire safety strategies applied within it. SEPS contributed the University statistics as usual to the national HESA data gathering exercise and received access to benchmarking data collated by the Scottish Universities Safety Advisers' Group (SUSAG) for Scottish data and by the University Safety and Health Association (USHA), for the UK-wide data.

SEPS continues to support the University's corporate memberships USHA, and the Environmental Association for Universities and Colleges (EAUC).

The SEA was asked to speak at a World Environment Day event in June and delivered a talk on lab plastics recycling and practical ways to reduce waste output.

The BSA is a member of the ISTR Executive Committee and UK Biosafety Steering Group and attended meetings throughout the year. As part of the Events Steering Group for ISTR she helped facilitate the organisation of the ISTR 2-day Autumn Symposium. The BSA has given advice and supported development of CL3 inspection programmes at various UK Universities.

The CSA has continued to represent the University of Glasgow on the University Chemical Safety Forum (UCSF) as a member of the organising committee responsible for planning and running UCSF events (e.g. online and face-to-face conferences). UCSF is a body dedicated to improving the standard of chemical safety applied across the higher education sector.

He has also continued in his role as a member the UK Nanosafety Group (UKNSG) who have responsibility for publishing the UK Nanosafety Guide which aims to improve the understanding of health and safety issues associated with nanomaterials and how these can be controlled. The group has spent the year working on the 3rd edition of the guidance document which is due to be published in early 2024.

The CSA organised and hosted an internal development day and networking event for safety coordinators and other UofG staff with health and safety responsibilities, held in November 2023. The conference was attended by around sixty staff who heard from internal and external speakers who covered a range of topics relevant to health and safety. The feedback from conference delegates was very positive and the intention is to run another similar session again in 2024.

4. TRAINING PROVISION AND STAFF DEVELOPMENT

Training provision

SEPS Specialist Advisers delivered a busy programme of specialist health and safety training courses to staff and students from across the organisation with most courses delivered in a face-to-face classroom or lecture theatre setting. The programme was busiest at the start of the year and dipped towards the end as we ran with vacancies for Advisers.

SEPS training has, for some time, been recorded with the People XD system. This system has a facility to send automated reminders when recompletion of a course is due. Use of this has been activated for some mandatory refresher training. Due to continued issues with reliable and accurate transfer of course data from Moodle into People XD we have struggled to have the notification system for Moodle-hosted courses activated, until this year when it seems now to largely operating well.

Training records for staff within Moodle can be viewed by the individual and their line manager. Composite data for a School or service can also be viewed using the Insight tool that is available within the People XD Manager Dashboard to authorised managers. Authorisation for access to this is provided by POD and is available to School Heads of Professional Service who may, in turn, request further POD authorisation for other College or School staff who have a need to see this data. Notification to line managers of staff not completing mandatory training has now come into effect, leading to a marked increase in completion of certain courses. This was further boosted by an HR-led drive across all employees on mandatory training, which saw a very significant increase in completion rates of Induction, Fire Safety Awareness and Display Screen Equipment training.

This year, staff movement reduced our capacity to deliver Institute of Occupational Safety and Health (IOSH) accredited courses in the latter part of the year, as we had no remaining IOSH-accredited trainers on the team. The BSA and CSA delivered several courses in the first few months and, towards the end of the year, arrangements were made for an external provider to deliver two Managing Safely courses, which were well-received by those attending – although slightly less well-received by the budget holders due to the five-fold increase in cost per head compared to SEPS-delivered courses. SEPS still hold licences for IOSH Managing Safely, the corresponding MS refresher course and the Working Safely course. The Safety and Environmental Adviser completed his IOSH train-the-trainer course and submissions during 2024 but confirmation from IOSH was not received until the new year. The plan will be to re-commence internally delivered courses in 2025.

The Biosafety & Genetic Modification training delivered by the BSA was well received again this year. There was very good attendance and high demand throughout the year. In person training enabled a better interaction/exchange with attendees and useful insight into the biological activities and processes taking place across the areas. Some training was specific to certain areas including bespoke group training.

The CL3 Management Training Programme commenced on 10th January 2024 for CL3 managers and relevant personnel with this initial workshop being led by the BSA in conjunction with CMVLS and CVR Biological Safety Managers. The CMVLS Biological Safety Manager

led on a further training session in May 2024 as part of this ongoing competency training programme.

The two CSA post-holders combined delivered 23 in-person chemical-related courses to 303 staff and students.

The fire safety team delivered 34 in-person various fire safety courses to 1539 staff and students – this included 7 sessions in lecture theatres for students in UofG residences.

SEPS First Aid and Manual Handling training contract entered its first year of a new four-year contract in March 2024, the existing provider being successful in the tendering process.

The SEA delivered 6 courses for 52 employees on hazardous waste topics.

The table below shows the delivery of formal courses and training achieved across HSW during 2024.

Table 2 Courses and training delivered 2024

Subject	Courses	No. Attendees
Induction		
Introduction to Safety at UofG	online	5,961 staff
IOSH Accredited courses		
IOSH Working Safely course (1 day)	2	16
IOSH Managing Safely course (4 day) (including 2 external)	4	46
IOSH Managing Safely Refresher course (1 day) New	3	31
General and specialist safety courses		
Biological Safety and GM (1/2 day)	9	166 staff/students
School of Chemistry PGR Induction (1.5 hours)	1	30 students
COSHH and Chemical Safety (3.5 hours)	5	50 staff/students
Chemical Emergencies (2 hours)	6	108 staff/students
Compressed Gas Safety (1 day)	2	39 staff/students
Cryogenic Refresher (2 hours)	9	184 staff/students
Safety in Research Groups (1 day)	2	19 staff
Chemical Waste (1 hour)	1	8staff
Hazardous Waste (includes chem and biological) (2 hours)	5	44 staff
Manual Handling (1/2 day – external trainer)	7	60staff
Working Safely with Computers (Full staff completions only as reported in Insight – many additional part-completions)	online	1999 staff
Homeworking Completion of training and assessment element	online	1232
First Aid Courses		
First aid 3-day certificated course	15	155 staff
First aid external 3-day certificated course	15	26 staff
First-aid 2-day refresher course	6	58 staff
First-aid external refresher course	9	16 staff
Oxygen/cyanide specialist first aid course	1	7 staff
Mental Health Courses		
Mental Health First-aid 2-day course	5	56 staff
Fire Safety Courses		
Fire Safety Coordinator (1/2 day)	8	91staff/students
Fire Warden (2 hours)	14	161 staff/students
Use of portable fire-fighting equipment (New)	3	20 students
Fire safety nursing students years 2 and 3 (1 hour)	2	81 students
Staff fire safety awareness training (online Moodle)	online	7177staff
Radiation Safety		
Radiation Safety (Attended)	online	62
Radiation Safety Examination (passed/ attempted)	online	62/62
Radiation Safety Refresher	online	15
X-Ray Safety Course	online	147
X-Ray Safety Examination	online	147/147
X-Ray Refresher Course	online	9
Laser Safety Course	online	117
Laser Safety Examination (passed/ attempted)	online	117/117

Laser Refresher Course	online	0
Totals	134	10,984

HSW staff development

All staff completed their mandatory training updates as part of the HR drive on this area. The new head of service for RPS completed his probationary induction training during the same period.

Most of the team attended one or more of the Estates- led Big Conversation workshops looking at some of those aspects arising from the colleague engagement survey.

The Training Coordinator attended the Amazon Business e-Procurement training session.

We had a USR Away Day at Ross Priory when we worked on our plan of work for the coming year, as well as celebrating long service anniversaries for several members of the team.

The BSA completed an online intensive NEBOSH Certificate course in occupational safety and health. We wish her success with her exam and assessment results!

The SEA completed the IOSH Train the Trainer course and assessment and subsequent to the year- end received confirmation of his success in becoming an IOSH- accredited trainer.

Two USHA Scottish Fire Officers meetings were held in 2024 hosted by the Universities of Dundee and the West of Scotland and chaired by Billy Russell our Senior Fire Safety Adviser covering a wide range of fire safety topics including items from the National Conference (see below), fire extinguisher simulation training, room occupancies, PV Solar Panels, fire extinguishers / blankets in student residencies and fire extinguishers for lithium-ion batteries. Unfortunately, despite our efforts we were unable to secure any external speakers, however we are hopeful that this will be remedied for next year. In addition, David Scott was nominated and voted for the position of Vice-Chair.

The national USHA Fire Conference was held at the University of Nottingham on the 17th and 18th October 2024 and this was attended by both fire advisers with presentations covering a range of subject matter including, PEEPS, (overview, legislation, guidance, and practical management), Fire Engineering Principles for fire risk assessment, Holistic Building Fire Strategies compliance and training review – Oxford University, and passive fire protection.

The main USHA conference continued on from the Fire Conference, running on the 18th-20th October and was attended by the Director of USR and Safety & Environment Adviser.

Several online presentations were also attended by the fire safety team, including Lithium Battery Fires (overview, cause of fires, behavior of use of batteries, guidance/legislation, different types of fire-fighting media- effectiveness) and questionnaire completion, Traditional Buildings, (fire strategies, sprinkler protection, inherent risks, passive fire protection).

BM Trada webinar - Building Safety Act (2022) following Grenfell Tower fire covering high risk buildings (over 18m in height, or 7 stories and used for sleeping accommodation (hospitals, domestic flats, care homes etc.).

The Business Continuity Adviser and Director of USR attended the Higher Education Business Continuity Network (HEBCon) conference, also in Nottingham, in March for 2 days.

The RPS Administrator completed the University course 'Managing the Monster: Records Management for Administrators' and focused on interdisciplinary skill-sharing with RPS colleagues to build service resilience.

The Society for Radiological Protection’s (SRP) Annual Conference was attended by the Head of RPS (in person) and the RP Officer (virtually) during the 14th – 16th May 2024.

The RP Officer and the Head of RPS both attended the SRP’s Scottish Event on contingency planning entitled ‘Getting It Right When Things Go Wrong’ on Thursday 28th November 2024.

The RPS team also joined many of the SRP’s programme of CPD webinar events throughout the year.

5. OTHER OPERATIONAL ACTIVITIES

Table 3

Activity	Description	2023	2024	
Occupational Health				
Bloods	All bloods, including undergraduate screening, elective students	2396	3103	
DNA	Includes staff, students and postgraduate students who did not attend scheduled appointments	267	323	
Management Referral	New	New referrals	472	526
	Returned	Returned to the referring manager due to insufficient/incomplete information supplied	6	3
	Declined	Guidance offered to referring manager & HR, as an OH referral will add no benefit to supporting the employee and business	8	5
	Reviews	Follow up review – variable clinical rationale	191	168
Health Surveillance	All health surveillance appointments for health surveillance screening. This includes appointments referred to the OHP for further evaluation. The data is per person not individual HS assessment completed.	256	187 employees listed for HS	
Undergraduate Medical student electives	Incoming to University	14	62	
	Outgoing from University	112	Unable to determine	
UG MVLS student Fitness to Practice referrals	students referred to occupational health and on commencement of study consult with occupational health to determine fitness and highlight recommended adjustments	260	94	
Research Passports	Processed by occupational health to conduct research in NHS. There has been a significant increase in the number of research passport requests.	54	60	

Immunisations	All staff, students, post graduate and elective students, researchers, including seasonal influenza programme	2357	3236
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Activity	Description	2023	2024
Radiation Protection			
Ionising Radiation	Registration of new workers	85 out of a total of 504 registered workers	91 out of a total of 541 registered workers
	Registration of classified radiation workers	0	16
	Issue of personnel dosimeters total. From this year figure represents those issued bi-monthly, including (in brackets) some issued monthly: Whole body dosimeters Eye dosimeters Extremity dosimeters	426 371 (25) 10 (10) 45 (18)	
	Radiation contamination monitors testing (12 required repairs, 110 batteries replaced)	125	
	Swab tests of sealed sources (all passed)	176	
	X-ray surveys (include electron microscopes and dedicated X-ray units)	0	
Radioactive Substances	Contamination Surveys	23	
	Source audits	25	
	De-commissions Beatson (1 room) Henry Welcome bldg. (5 rooms) Wolfson Wohl bldg. (1 room) Sir Graeme Davies bldg. (1 room)	8	
	Isotope Order Management	120	
	Contractor disposals of solid waste	1 114.26 MBq	
	Liquid waste disposal - Gilmorehill	622.5 MBq	
	Liquid waste disposal - Garscube	0 MBq	
Non-Ionising Radiation	Laser surveys	0	

6. UNIVERSITY PERFORMANCE INDICATORS

Table 4 Summary of incidents reported in 2024.

2024	Animals	Electricity	Explosion	Fall/Level	Fall/Stair	Fall/Height	Fire*	Handling	Glass/Sharps	Hand Tools	Hot/Cold	Machinery	Spill/Release	Sport	Strike Against	Struck by	Traffic	Other	Medical	Occ. Disease	Violence	Totals
Staff	23			20	16		1	5	21		8		15		25	27	5	1	2		1	132
UG Students	8			6	4				45		3		15		5	2			1	3		74
PG Students	4								13		3		7		3							29
Visitors/other	1			8	3				1			1	1		1	3						6
Total minor and over 3-day	36			34	23		1	5	80		14	1	38		34	32	5	1	3	3	1	311
RIDDOR reportable incidents				4	3				1						1	1				2		12
TOTAL work-related injuries	36			38	26		1	5	81		14	1	38		35	33	5	1	3	5	1	323
Work related injuries by year																						
2023	34	4	1	29	12			1	63		7	1	37	1	23	14			2	19	4	252
2022	33			19	11			7	66		5		33		23	23		1	4			226
2021	26			20	7	1		5	46		5	1	42		19	20			-	4		196
2020	20	1		18	3			8	52		5		27	2	8	13	2	1	-	3	1	164
2019	38			36	14	1		11	62		9	1	36	2	19	25	3		-	3	1	261

Other incidents - 2024																						
DO / Near Miss	2	4		6	2		7	2	13	1	2	1	43		3	16	5	12		1	1	121
Not work-related						1					1			10	1			1	35			49
Contractors						1			2				2		2	2						9

*Fire category covers incidents involving injury from fire only.

Incident frequency rates	STAFF rate (H/count basis 10.1k)	RIDDOR (11) NON RIDDOR(132)	1.09 per 1000 13.07 per 1000	Comparator National Rates Universities Health and Safety Association 2022-23 (Headcount basis)	0.63 per 1000 16.04 per 1000
	STUDENT rate (H/count basis 35.5k)	RIDDOR (1) NON RIDDOR(103)	0.03 per 1000 2.90 per 1000		0.05 per 1000 2.00 per 1000

Table 5: RIDDOR incidents reported to enforcing authority in 2024 by reporting criteria.

Description of incident	Category	Totals
“Major” Injuries (RIDDOR defined)		
Trip over tree stump causing broken rib/nose/finger. (fall on level)	Staff	5
Tripped over rubber carpet strip – Broken metatarsal. (Fall on level)	Staff	
Fractured wrist caused by hand hitting an automatic feeder. (Strike against)	Staff	
Fractured ankle after a fall over the lip of a kennel (Fall on level)	Staff	
Fractured ankle after a fall down stairs (fall on stairs)	Staff	
Over 7-day incidents (RIDDOR defined)		
Fall following a trip over electric vehicle charging cable. (Fall on level)	Staff	4
Heavy electric standing desk collapsed on foot. (Struck by)	Staff	
Trip over roller racking unit (Fall on level)	Staff	
Sprained ankle after slipping on stairs. (Fall on stairs)	Staff	
Student/public to hospital for treatment		
Capillary tube embedded in finger (Glass/Sharps)	None	1
Reportable dangerous occurrence		
No reportable dangerous occurrences recorded.	n/a	0
Reportable occupational disease		
Occupational dermatitis caused by sensitisation to denture material (Occ Disease)	Staff	2
Carpal tunnel symptoms with potential linked occupational cause. (Occ Disease)	Staff	
TOTAL RIDDOR REPORTABLE INCIDENTS		12

Table 6: Fire incidents 2024

Building	Probable Cause
Major fires (significant damage beyond part of building immediately affected)	<ul style="list-style-type: none"> • No incidents in 2024
Minor fires (localised fire or minor incident only)	<ul style="list-style-type: none"> • Joseph Black Building (Lab Experiment) • Biomedical Building (Lab experiment) • Mazumder Shaw Building (Oven) • Rankine Building (Laser) • Queen Margaret Hall Residences • *(Sanctuary)hair dryer) • *85 Gibson Street Residences (cooking) <p>*Not included as minor incidents in previous quarterly figures due to circumstances</p>
Other (Near Miss)	<ul style="list-style-type: none"> •Wolfson Hall Residences (Lighting) •Boyd Orr Building (Generator) •Sir James Black Building (fan) •Biomedical Building Lighting) •*Joseph Black Building (laser) <p>* Not included as minor incidents in previous quarterly figures due to circumstances</p>
External	<ul style="list-style-type: none"> • 4 external fires were recorded throughout the year consisting of small street furniture items (bins etc.) and grass and vegetation fires within or adjacent to the Garscube Estate

Table 7: Fire alarm incidents and activations 2019 – 2024

	2019	2020	2021	2022	2023	2024
Genuine incidents						
Major fire	0	0	1	1	0	0
Minor fire	10	3	9	5	3	7
External fire	3	0	5	12	13	4
Near miss	3	0	1	4	3	4
TOTAL GENUINE	16	3	16	22	19	15
Unwanted activations						
Accidental activation (good intent)	1	3	6	1	7	2
Alarm faults	15	8	32	22	21	28
Contractor activity/building work	33	18	23	41	28	35
Cooking	22	7	33	35	33	11
Deliberate/malicious	2	2	2	9	7	4
Occupant activity (other than cooking)	30	14	34	37	32	27
Water ingress/damp/steam	13	12	11	21	13	5
Unknown cause (unable to be determined)	41	26	77	97	74	68
Dust	4	10	3	7	4	2
Accidental activations	-	-	-	19	0	4
TOTAL UNWANTED	161	100	221	289	219	186
TOTAL ALL INCIDENTS	177	103	237	311	238	201
Of which activations in residential properties: -	31	14	79	76	40	36

Table 8: Detail of Unwanted Alarm Activations for 2019 - 2024

Year	No of Incidents	Fire Service attendances	As a % of Total Incidents	Attendance for Fire Incidents (no of incidents)	Attendance for non-fire Incidents (no of incidents)	Attendance for Residential (no of incidents)
2024	201	39	19%	8	31	36
2023	238	55	23%	9	46	37
2022	311	89	29%	6	11	76
2021	237	98	41%	8	11	78
2020	104	26	24%	1	17	8
2019	176	48	27%	8	40	23

7. ENFORCING AUTHORITY CONTACT, VISITS AND INTERVENTIONS

Home Office

Our routine annual chemical weapons declaration was requested by the Home Office in December 2023 and a request issued to relevant units by the CSA to provide the required data. The legally required return was submitted by SEPS in January 2024. A further request was received in December 2024 for our current year data, and this will be submitted in January 2025.

Health and Safety Executive (HSE)

HSE undertook an inspection of derogated CL3 laboratories at Garscube Campus in April 2024 with two Specialist Inspectors in attendance. It was an intensive inspection for all of the Units involved and required substantial input from the academics, laboratory managers and importantly from the CMVLS Biological Safety Manager and CVR Biological Safety Manager as well as the University BSA prior to and during the inspections. No letter or written actions were issued following the inspection, however HSE wished to see evidence of ongoing competency checks and a structured regular programme.

The evidence was presented during the next inspection, in October 2024, and was deemed satisfactory by HSE who confirmed that all actions were now closed. The HSE intervention in October focused on the management and processes related to risk assessment of activities involving biological agents. It required substantial contribution from the CMVLS Biological Safety Manager, CVR Biological Safety Manager, chairs of CMVLS Health and Safety Committees and GM Safety Committees. The inspection went extremely well, and no written or verbal actions were issued.

Glasgow City Council, Environmental Health

We received one regulatory inspection in relation to student accommodation HMO license. (Lister House).

Scottish Fire and Rescue Service (SFRS)

Post-fire audit visits included Queen Margaret Halls and Gibson Street residences following two incidents - refer to table 6, with follow-up letters indicating some areas of improvement required, which falls well short of enforcement action.

Police Scotland Counter Terrorism Security Adviser (CTSA)

Police Scotland Counter Terrorist Security Advisers (CTSAs) visited the University in relation to ongoing activities and made numerous visits to inspect and to facilitate new proposed work at additional locations across the University.

Scottish Environmental Protection Agency (SEPA)

During September and October of 2024, the RPS team were involved in an external investigation in support of SEPA. A bag of radioactive cat litter had triggered a radiation monitoring portal at a refuse site in the North of England. The truck was refused access and the refuse returned to Scotland on 4th September. On the 5th September SEPA monitored the waste and established that I-131 was present in the cat litter. The waste shipment had originated from Perth & Kinross. The only cat from Perth & Kinross treated with I131 and returned to its owners at approximately that time had been treated at UoG's Small Animal Hospital.

Although the process should normally allow enough time for I131 decay prior to litter entering the waste stream, this event highlighted a need for review of the information, instruction and training associated with this process for both the discharging clinicians and cat owners involved.

8. MAJOR ACTIVITIES AND KEY OBJECTIVES FOR 2025

2025 will be year of both change and consolidation for USR. There are several members of the team who are either new to their role and/or the sector who have joined within the last few months and are adjusting and developing into their posts. Some of the specialist safety advisers are growing their general safety knowledge and expertise to prepare them for contributing to the more proactive initiatives like auditing and safety management training, as well as supporting incident report responses. Like all development it is a gradual process and this will limit the scale of some of the programmes USR is able to deliver in the short term. However, the highest risk areas have good specialist support and will continue to be supported in the manner those activities require.

The impending retirement of the Director of USR marks more change and, to provide continuity while the post is recruited to, the Head of compliance has been appointed to the post of Assistant Director of USR and will be acting Director in the intervening period. The Director and Assistant Director will meet frequently to achieve as smooth and comprehensive handover as possible.

New ways of working will also require continued adjustment and are likely to pose considerable challenges. The first floor of the Isabella Elder Building has been a very useful space in which to support closer working between USR team members with those of the Compliance Team in preparation for merger during the course of the year. This space will no longer be available once the refurbishment of the upper floors of the building is completed and staff will need to find ways of delivering our services without the advantage of dedicated office space for everyone.

The Assistant Director will oversee a working group to establish how to make best use of available dedicated space and start to consider some of the wider implications of more hybrid and agile working practices for service delivery.

Meanwhile, other planned bespoke initiatives will be delivered in response to operational needs, trends in incidents, audit outcomes and requests for guidance. Some are identified below:

- Recruitment of new Director of USR
- Continued development of new specialist advisers to NEBOSH certification, IOSH train the trainer accreditation, RPA registration, RWA registration as appropriate.
- Administrative review of processes and systems across the two teams to rationalise approach and avoid duplication of records/ effort.
- Space management and agile working work group, mentioned above
- Radiation Protection Service review of processes, training and systems to update and optimise protocols and wider service offering
- Supporting research and teaching areas involved in HSE review in May 2025.

- Sharps initiative looking at the broad spectrum of injuries arising from both needlesticks and other sharp items to staff, including cleaning/ operational staff as well as researchers, technicians and students.
- Review of organizational level of stress risk assessment mechanism.
- Retendering of fire safety awareness online training provision
- Retendering of uplift service for chemical waste
- Increased digitalisation of occupational health systems
- Recruiting to an initial internal seconded BCA post
- Reviewing the long- term role of Business Continuity Adviser to improve retention and resilience in the post.