UNIVERSITY OF CAMBRIDGE
University Biomedical Services

Minutes

Date: Friday, 19/12/25

Time: 1.30pm

To: Committee Members

At: Held virtually using MS Teams

Subject: AWERB Operations Committee

Attendees: [redacted]

Apologies: [redacted]

Minutes: [redacted]

Mentioned within text: [redacted]

1. Matters arising from the previous minutes

There was clarification over some points that were made in the previous minutes. Firstly, the training in module 6.3 and Schedule 1 should not take place prior to completion of the three-month probationary period. Secondly, trainers and assessors should be aware that their competencies should be valid, especially before they do any training or competency assessments of other people.

Named Animal Care and Welfare Officers (NACWOs) are struggling to keep an eye on training and competencies for the non-reg users that come in for unusual species. [redacted] has spoken to [redacted] who has confirmed the species can be added to MCMS.

In the January MCMS update the developers are putting something in place that will stop users with deactivated training records from being able to add a new training record.

2. Establishment Licence Holder Report/Update

The Home Office have lots of new inspectors so will be taking them round to different establishments for experience, starting in February. They have requested that they are accompanied by a Named Veterinary Surgeon (NVS) and another named person from the governance section, and they would like to meet technicians.

There is a change going through Parliament at the moment relating to the police's powers to deal with protesters. This will enable disruptive behaviours like the animal rights protesters to be dealt with by the police.

There was an unannounced visit at [redacted] and [redacted] by two Home Office inspectors on 21st October which went well. The report has been issued and there was one low level concern which was regarding the material on the surgical table being dated. This has now been replaced.
At the end of November there was an Animal Welfare and Ethical Review Body (AWERB) Training Day hosted in [redacted] for all members of AWERB committees. Attendance was good and feedback was positive so it is hoped this will now happen annually.
The UK Government has published a strategy to replace the use of animals in research and testing. They are looking to phase out the use of animals in science, but this needs to be supported by reliable and effective alternative methods. In the meantime, they said they will continue to support and enable well justified and designed animal research where alternatives do not exist.
At the Home Office Liaison, Training and Information Forum (HOLTIF) meeting there was an update on the changes taking place in the Animals in Science Regulation Unit (ASRU). There will be a larger inspection team of 22 Home Office Inspectors, and their training should be completed during 2026.
Audit types will now be more thematic with more of a focus on the effectiveness of AWERB.
The National Centre for the Replacement, Refinement and Reduction of Animals in Research (NC3Rs) are being consulted as the Home Office are looking to develop shorter licences. As consistency is an issue, they will have quality systems and a form to reflect this. They are also looking at having fewer iterations hoping that the first time it is submitted it will be correct.
Now the Home Office are fully staffed they are hoping to reduce application backlogs and are aiming for amendments to be done in 20 working days. They are also hoping to resolve non-compliance backlogs.
They are updating the Standard Condition 18 (SC18) process, but people should continue reporting as normal until the Home Office advises us otherwise.

3. What is happening in your unit?

The transport documents are now on the website. There was a query about whether there was an update regarding the animal transfer form. An email was sent yesterday asking for everyone to send [redacted] the form they are using so they can be amalgamated with a view for everyone to use one standard form.
On MCMS the end date on the Direct Observation of Procedural Skills (DOPS) and Standard Operating Procedures (SOPs) for the induction process is set at 20 years. This will be looked at to see whether it needs to be reset to something more appropriate.
There was a conversation around what each facility does for their users' inductions and each facility has a different process. [redacted] do DOPS for users' inductions.
There was a conversation around the number of errors in the study plans that NACWOs are receiving. There have been times where a PPL holder signature has been added by someone other than the PPL holder. It was suggested that rather than NACWOs spending a lot of time going through

the study plans when there are errors, they can pass them back and tell them that what they have written isn't suitable, so they have to spend their time correcting their own mistakes rather than the NACWOs doing it.
The HR24 for new starters form has a lot of links that do not work. This has been raised with HR. [redacted] [redacted] will raise it with [redacted] again.

Action: Training Centre to look at end dates on MCMS for induction process DOPS
[redacted] to speak to [redacted] regarding HR24 form

4. Overview of RCA's and Learning cards

Since the meeting on 19th September, 16 potential non-compliances have been reported to ASRU. Of those, two outcomes have been received. One was not pursued and the other received letters of inspector's advice.
A learning card was distributed prior to this meeting. There was positive feedback on the learning card. There was a query over whether trainers should be completing DOPS for conducting training sessions . It was confirmed that anyone that's doing the Train the Trainer course as of last October is doing that as part of their completion of the course. It hasn't been requested that everybody who's currently training goes back and does that. It was agreed that [redacted] will send out lists of people that have taken the course but not done the DOPS so the facilities can get the trainers to do the DOPS.

Action: [redacted] send lists of people that have not completed the DOPS

5. Overview of SC18's

As the previous meeting was cancelled there were two months of data distributed prior to this meeting. There is nothing to report and the numbers remain average other than the spike in April which was because a user hadn't been reporting correctly and then reported everything in one month.

6. Biofacility Infrastructure

Nothing to report.

7. Health and Safety (RA's, COSHH)

Report from [redacted]

Ongoing across UBS facilities,

Ongoing safety visits across UBS facilities- Focus continues ergonomics, RPE Management, and risk assessments.

Ergonomic variations across facilities - although some excellent processes are in place, managing people to ensure they follow these processes remains challenging.

UNIVERSITY OF CAMBRIDGE
University Biomedical Services

Minutes

Risk assessment review update:

Three Teams Channels are now actively in use to support the Health and Safety Document review process across UBS.

1) UBS_Health and Safety channel, populated with
   a) CL3 Code of Practice, SOPs and various reports to support servicing of equipment in the suite
   b) Two separate CL2 Code of Practice, rodents and aquatics, and various supporting documents
   c) UBS Health and Safety Committee meeting minutes, UBS schedule of facility health and safety inspections and rolling actions for the department.
   d) UBS Ionising and Non-Ionising radiation sub committee minutes, Managers reports and any associated documents
2) UBS_Risk assessment channel populated with
   a) task-based risk assessments across sites, which acts as a SharePoint to streamline generic documents
   b) COSHH – University Hazardous substances risk assessment forms. Examples: Formalin, Amphoclen
   c) Each folder will contain a University Hazardous substance risk assessment record- this is a record of individuals carrying out the procedure. The statement reads" I hereby acknowledge that I have read and understood the attached risk assessment and agree to abide by and implement the control measures therein when carrying out this procedure"
   In signing the supervisor acknowledges that to the best of his knowledge the individual is suitably experienced, trained and / or supervised at an appropriate level to safely perform the procedure using the control measures identified in the attached risk assessment.
   This is currently not used across all facilities however I would like to focus on how we are documenting Health and safety training next year and this will be a good place to start as the documents are already in place.
3) UBS_Building and Plant maintenance channel populated with
   a) Task-based risk assessments in various formats, which are in use to support the management of the buildings and plant across sites.
   b) Minutes of our newly appointed working group to support the documents and training for the roles in these areas.

Process hopes:

Once the Risk assessments have been completed, they are added to MCMS in the Health and Safety category, and the documents can be added to individuals' records, the same as the SOPs.

Enabling this system has also meant that [redacted] can now add RA numbers to the SOPs that are being written.

The goal is to add the RA's associated to any SOP, and the SOP and DOPS to everyone training record as they work through the training.

Risk assessment review is ongoing and will be for a number of years (in fact it will never really stop) but I wanted to use this opportunity to say a huge thankyou to everyone who has been involved with this process to date.

What's coming in the New Year?

1) University of Cambridge safety audit – week commencing February 2nd, 2026.

We have now received the list of required documents, and I will reach out to all of you in the New Year for your help (thank you in advance)

The auditing team have identified the facilities they are looking to attend, and we will reach out to Facility Managers with the timetable for the dates identified. A number of roles have been requested to be available for discussions during the visits and will coordinate with the timetable in the New Year.

2) IOSH training dates for 2026- 23rd –25th March - 12 confirmed candidates, excellent support from the facilities- thank you
3) RPE management and understanding of LAAs requires revisiting with technicians - Tea Talks across sites
4) AssessNet incidents and local dashboards - training to support investigations with facility managers
5) Animal by-product process document to support licence requirements for some research diets used in UBS facilities.

Once again, I would like to extend my thanks to everyone for their continued efforts in supporting Safety across UBS and wish everyone a Merry Christmas.

There was a conversation around Genetically Modified (GM) risk assessments for all strains of animals used in the biofacilities. There was discussion on where is the best place to have these stored and a suggestion that the dashboard in MCMS could be appropriate but concerns were raised about confidentiality. [redacted] will raise this at user groups in the next quarter to understand what users do currently

8. Training and Competencies

There was an assessors meeting a couple of weeks ago that was in person and a different format to usual. It went well and everyone was really engaged. The meetings will continue in this format with at least one person attending from each facility.
There will be a trainers meeting, the first will be in the new year, which will follow the same format as the assessors meeting.
The role of Training and Competency Supervisor will be advertised in the New Year.

There were some questions raised regarding information received in the assessors meeting. It was asked whether a DOPS needed to be completed for a reassessment. It was suggested that there is some confusion between competency review and competency reassessment. [redacted] explained that a competency review is where somebody has been continuously performing the task that expires on MCMS, but they're regularly performing it anyway. As part of a competency review, as long as they've already been DOPS assessed, then an assessment can be added with competency review written in the comments box. Whereas, a competency reassessment is where somebody's assessment competencies have lapsed or they're not regularly performing it or they've got a Camtral assessment, and there isn't

a DOPS assessment there, then it would still be expected that a DOPS form is uploaded. It was also mentioned that there was the belief that only one Schedule 1 method is needed when performing procedures or husbandry. People can't be forced to learn a physical method; however, we would always encourage people to have something like cervical dislocation under their belt too. There are other conversations about this that have come out of that meeting which will be reported back on.

9. Any other business

In the New year, the 3R's strategy committee will be sending an e-mail out asking for help in finding a 3R's champion from each facility. This should be somebody that can listen to colleagues, engage in meetings and is keen to help improve on the 3Rs within the facilities. They will be asked to attend an online meeting led by the Named Information Officers (NIOs) every quarter. Further details will be circulated once the 3Rs champions have been put forward. A poster will be circulated.

[redacted] gave an SOP update. In the past six months 88 SOPs have been completed and approved. There are 350 SOPs currently in place and 131 being written or going through the review process.

Date of next meeting: Friday, 23rd January 2026. Group 1.