

**Date:** 20/12/24

**Time:** 1.30pm

**To:** Committee Members

**At:** MS Teams

**Subject:** AWERB Operations Committee

**Attendees:**

**Apologies:**

**Minutes:**

**Mentioned within text:**

### 1. Minutes

There was a reminder that there is a new system for distributing the minutes. Minutes from each meeting will be sent to the whole committee. Attendees of that meeting will have a chance to comment via email before the minutes are then taken as agreed.

### 2. Matters Arising

There was a query over the agenda for the meeting changing. The structure is currently being reviewed.

### 3. Establishment Licence Holder Report/Update

■ and ■ attended the PEL holder's forum in London. ■ gave a talk about how the University of Cambridge establishment licence holder supports him as a NACWO. He did an excellent job and thanks were passed on to him for this.

ASRU gave some training to the PEL holders and PEL delegates which was guidance for training and CPD under ASPA. The most important part was that establishments will ensure access to appropriate initial training and ensure competence and continued professional development of an individual post training. Meaning that the establishment licence holder's responsibilities to make sure people are trained initially, but then also that they are covered for reassessment and competency throughout the time of them doing procedures. We have a big responsibility to provide appropriate training. Please contact the Training Centre for help if needed.

█ spoke about the Home Office operational and staffing structure however, this remains unclear.

#### 4. What is happening in your unit?

█ spoke about the Home Office minimum standards of Asepsis and the LASA guidance and asked if there were any issues with these documents being brought to users groups by NVS's in January. It was agreed that this would be ok.

There was a conversation around how this works for larger animals as the guidance is rodent based. Large animals will need at least three people in surgery whereas the rodents just need two. █ will need a slightly different message in the users meeting.

█ have had a couple of deliveries where the pallets of diet have arrived in an unacceptable unsafe condition. The hauliers are now refusing to deliver to central deliveries as they have been rude to them, and even refused a delivery that was stacked perfectly. █ have written a formal complaint which has been forwarded to █ and █. One delivery had a pallet that fell, this has been added to AssessNet. The last delivery was delivered to █ but was left at the top of the slope so the hauliers helped to move that. It was discussed that this should also go on AssessNet as a near miss. █ to contact the relevant people to look into this issue.

#### a) What is happening with animals in your unit?

No comments

#### b) What is happening with staff in your unit?

No comments

#### c) What is happening with researchers in your unit?

No comments

#### 5. Overview of RCA's and SC18's

Comments and questions about the learning cards were invited. They seem to be working well.

The SC18 report was circulated prior to the meeting and █ shared it on screen. It follows a similar pattern to November but there was a spike in Tamoxifen related issues. A lot of these seem to be related to IP administration. There was a discussion around this.

#### 6. Biofacility Infrastructure

There was a HSE visit last week and thanks was extended to █ and █ for their hard work ensuring a smooth inspection.

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

█ passed on her thanks for everyone working with her over the last six months while visiting the units.



The ergonomics visits have now come to an end for the year and next year [REDACTED] will be really focusing on RPE and the service area risk assessment. Ergonomic champion training will still be going ahead. Please promote this within your units.

MCMS now has a health and safety section which [REDACTED] are trialling adding risk assessments where they can be accessed easily and added to people's training records. If it is successful the UBS risk assessment process will be rolled out early next year. Volunteers will be needed to join the working group for that.

Thank you to the [REDACTED] working group who reviewed a document which is being used across UBS.

The process for the Code of Practice is being streamlined.

The clean space works Halo have been implemented and there are now 17 across a number of facilities.

Super users were trained in November. Feedback has been positive so far but a formal review will take place in about eight weeks.

The new UBS RPE policy has been circulated to managers. All templates that used the previous UBS RPE policy will need to be changed.

[REDACTED] attended the IACT training which is a new training program designed to improve workplace well-being and support employees who may be facing mental health and well-being challenges.

The safety management hub is now live

Between June and September, we had 32 reported incidents on AssessNet. September to December this year there was an increase in reporting and physical incidents have doubled. This was discussed. More of an overview will be given when there is more data.

There was a question about how serious a mouse bite needs to be to be reported. It was suggested that if it is felt to be significant enough it should be reported.

## 8. Training and Competencies

It has been brought to light that some users are under the impression that when they complete their handling assessment for the PIL course, that this is the equivalent of doing the full handling DOPS required for competency. Due to this confusion, [REDACTED] will be changing the PIL course DOPS forms to reflect this more clearly.

[REDACTED] asked at what point are people in facilities being assessed for handling? Some facilities do it as part of the induction process. It needs to be clearer what the difference in expectation is for the PIL handling and the full DOPS handling.

[REDACTED] said that in the [REDACTED] they go through the full DOPS with new users before they go on to anything else. [REDACTED] agreed this as the 'gold standard'.

[REDACTED] mentioned to remember that if someone needs to do procedural training, but hasn't yet completed their Schedule 1 training, they can do this training alongside each other as long as the person training them in the procedure is competent at Schedule 1.

There is still some confusion about the role of the Training Centre. [REDACTED] and [REDACTED] attend users meetings but are also looking at doing something in the termly meeting to make sure everyone knows what the Training Centre is there for. [REDACTED] will be looking at how to make this as clear as possible next year.

[REDACTED] and [REDACTED] will be doing some webinars from January for users to give the basics of the training and assessment process. These can be recorded. The link to access the webinar will be distributed so it can be



given at inductions. There is currently no plan to do any webinars that are staff specific but it was mentioned that this may be useful.

There will be sessions running for trainers which will give them a chance to get together and refresh any training and give them an opportunity to ask questions.

IAT reports are now going out. The current blended learning cohort are doing really well.

The bank staffing has been chaotic so thank you to those that have helped training them and giving them inductions. The process should be clearer next year. Bank staff team meetings will be starting again next year, please allow them to join.

There was a request that [REDACTED] be sent anything relevant to bank staff as their line manager.

[REDACTED] will be visiting facilities next year.

[REDACTED] passed on thanks to [REDACTED] and [REDACTED] for spending the day at [REDACTED] recently.

## 9. Any other business

A reminder that there are still people that have not attended the malocclusion workshop, please encourage those that have not completed to do so.

The rota for next year's AOC meeting has been circulated.

The structure of AWERB 3Rs meeting has not had any NACWOs in attendance for the last four meetings. The decision has now been made to set it up as a quorate meeting from February, where NACWOs will be requested to attend as a named person. [REDACTED] will send an email out explaining this and with the rota.

There is a document from the Colony Management group regarding management in vaginal septums in colonies that will come to the meeting in the New Year for comments.

**Date of next meeting:** Friday 24<sup>th</sup> January, [REDACTED], Group 1