

UNIVERSITY OF WARWICK

Minutes of the meeting of the University Health and Safety Executive Committee  
to be held on 4 April 2017

Present: Ms G McGrattan (Acting Chair and Director of Human Resources), Mr J Breckon (Director of Estates), Mr L Cartwright (Trade Union representative nominated by the University Health and Safety Committee), Professor J Davey (Chair of the University Health and Safety Committee), Mrs K Ireland (The Head of Department within the Faculty of Social Sciences), Professor D Leadley (Head of Department within the Faculty of Science), Dr A Phillips (The Head of Department within the Faculty of Arts), Mr J Phillips (Director of Health and Safety), Mr M Roberts (Director of Campus Services and IT), Professor J Millar (The Head of Department within the Faculty of Medicine)

Apologies: Ms R Sandby-Thomas, (Registrar, Chair), Mr A Smith (Finance Director), Ms C Wynne (Student representative nominated by the Students' Union)

In Attendance: Mrs C Farren (Assistant Secretary)

*Note: Restricted business (denoted by an asterisk {\*}) is confidential to members and attendees of the University Health and Safety Executive Committee.*

42/16-17 Apologies and Conflicts of Interest

REPORTED: (by the Acting Chair and Director of Human Resources)

- (a) That apologies were received from Ms R Sandby-Thomas, (Registrar and Chair), Mr A Smith (Finance Director) and Ms C Wynne (Student representative nominated by the Students' Union).
- (b) That, should any members or attendees of the University Health and Safety Executive Committee have any conflicts of interest relating to agenda items for the meeting, they should be declared in accordance with the CUC Guide for Members of Higher Education Governing Bodies in the UK.
- (c) That members of the Committee were encouraged, wherever possible, to inform the Secretary prior to the meeting of any potential conflicts of interest.

RESOLVED:

That no conflicts of interest be recorded.

43/16-17 Minutes

REPORTED:

That the minutes would be formally considered at the next meeting.

RESOLVED:

That any revisions to the draft minutes of the meeting of the University Health and Safety Executive Committee held on 10 February 2017 be sent to the Assistant Secretary by 16 April in readiness for the meeting of the full committee on 16 May.

44/16-17 Building Manager

REPORTED: (by the Director of Health and Safety)

- (a) That the consultant appointed to review the Building Manager role and function would be joining the 'Simplify Collaborate Deliver' team and a number of stakeholders to review all areas of the University from Thursday 6 April 2017.
- (b) That a report proposing how the University could manage its multiple use buildings, or buildings that currently have no defined 'owner' would be presented in approximately 6 weeks' time; this would include the role of Building Managers and where they should report to.
- (c) That the report would be circulated to take forward the recommendations made.

RESOLVED:

That a paper outlining the proposal for Building Managers be brought to the University Health and Safety Executive Committee and Steering.

45/16-17 Arrangements for Identifying and Engaging Independent Specialist Advisers/Consultants to Estates Managed Projects

REPORTED: (By the Director of Health and Safety)

- (a) That this situation had arisen in connection with a proposal to convert a Class 4 laser laboratory to a wet chemical engineering laboratory in the School of Engineering.
- (b) That it was recognised between the School of Engineering and the Estates Department that they did not have the expertise in-house to be able to satisfactorily specify the facilities and infrastructure required to accommodate the proposed research.
- (c) That Concerto would be used as a vehicle to prompt whether an external consultant would be recommended during the design stage.
- (d) That a specialist consultant was brought in to look at the implications of the Dangerous Substances and Explosive Atmospheres Regulations (DSEAR) on the chemical engineering research space, the size of the space(s), the infrastructure required and the type of work proposed.
- (e) That the specialist consultant had identified the primary area allocated to one of the principal investigators as a high risk space, which would warrant the installation of ATEX rated equipment and infrastructure; this may

warrant a review to be carried out on the suitability of the space which has been allocated by the department for this type of research.

- (f) That all wet chemistry areas in the vicinity of this space would form part of the review by the consultant; further reports were expected.
- (g) That the hazard assessments being conducted by Departments in the Quemis Hazard Management System would help a review to be conducted.
- (h) That the Hazard Management System completion rate by the Science and Medical Faculty was currently at 60%, but once at 80% this data could be used to review similar high hazard spaces.
- (i) That moving forward a significant 'change in use' of the space should trigger a review of the hazard assessment within Quemis.
- (j) That such a 'change in use' should always warrant a review to be conducted by the Estates Department, so that Departments can be forewarned of any potential cost implications of making such a change.

(by the Director of Estates)

- (k) That this would have wider implications in relation to the decisions made within Departments associated with their allocation of space.
- (l) That there were likely to be other areas in use across the University which hadn't been specified to these standards.
- (m) That the Technical Service Manager meetings could be used as a vehicle to investigate this.

(by the Head of Department within the Faculty of Science)

- (n) That there was a need to consider how the Quemis Hazard Management System would be kept up to date with information.

(by the Acting Chair and Director of Human Resources)

- (o) That greater scrutiny in relation to compliance with DSEAR was well received.

**RESOLVED:**

- (a) That the Estates Department implement a process to trigger a DSEAR assessment (and any other compliance assessment) within their existing project management system, Concerto.
- (b) That a review be conducted of similar high risk areas of the University following sufficient completion of the Hazard Management System.

46/16-17 Steering Committee Action Plan

CONSIDERED:

A paper from the Director of Health and Safety outlining the status of the actions identified in the Steering Committee Action Plan as presented to Steering Committee on 20 February 2017 (UHSEC.22/16-17).

(by the Acting Chair and Director of Human Resources)

- (a) That health and safety had received a high level of attention over the last few years and there was a desire to see less 'red' or 'high' risk ratings within the reports into the future.
- (b) That this paper provided the Committee with the latest health and safety review.

(by the Director of Health and Safety)

- (c) That the Vice Chancellor had sent out an email to all Heads of Department to advise that there was a Heads of Department training session on the 5 May which both the Director of Health and Safety and the University Solicitors would be delivering.
- (d) That health and safety had been identified as being a 'red' or 'high' risk within the Institutional Risk register and Internal Audit.
- (e) That there was soon to be an extraordinary meeting of the Audit Committee which would look at the results of the September 2016 internal audit of health and safety.
- (f) That the British Standards Institution (BSI) had conducted a review (gap analysis) of health and safety compliance against standard ISO 18001 on the 29 March 2017.
- (g) That the internal Improvement Notices served against the School of Engineering and the Estates Department had been closed out.
- (h) That cycling safety and the implications of ongoing and further construction works on campus were being discussed by key stakeholders.
- (i) That the overseas travel policy and associated risk assessment would fundamentally change the way international travel was managed, resulting in the ability to be able to identify who is in which country upon its successful implementation.
- (j) That a number of staff across Departments and the Finance Department had been involved as stakeholders in the development of the travel policy and risk assessment.
- (k) That Committee approval would be required upon the overseas travel policy being agreed.
- (l) That the Estates Department had appointed a Permit Officer who would be joining the University later this month to assist in the issuing of permits and access permissions to high hazard spaces.

- (m) That the Quemis Hazard Management System would provide the University with more information on the hazards connected with spaces the University manages.
- (n) That the projects relating to contractor approval, the chemical inventory system and health and safety management system (which would support accident reporting, accident investigation and inspection and auditing close out rates) were currently with Procurement; these systems should provide better information to Departments, to enable them to improve risk management in their own areas of responsibility.
- (o) That it was anticipated that the contractor approval system would be linked to the OPeRA system, which would introduce workflows for approval, enabling the University to have one source of data relating to our contractors, rather than the 4 lists that exist currently.
- (p) That the 4 lists included one held by Central Procurement (for contracts over £35K), Estates, Commercial Group and those that have been, 'health and safety' validated, making the process very cumbersome for stakeholders to go through each time they wish to engage a contractor.
- (q) That the Health and Safety Department had identified wider issues in connection with compliance when referring to the approval process for contractors other than just health and safety.
- (r) That the procurement process and contractor data management had been raised as a 'Simplify, Collaborate, Deliver' project.
- (s) That in conjunction with the Head of Procurement and Insurance the actions taken so far and the work which remains in need of completion had already been identified.
- (t) That the chemical inventory project, which would ultimately manage information connected with the introduction of chemicals to the University, its storage (including segregation) and ongoing management was still under development.
- (u) That the policy and risk assessment relating to overseas travel would relate to anyone travelling on University business abroad.
- (v) That as Director of Health and Safety there were signs that health and safety was improving, however it was still considered overall that the risk rating was 'red' ('high' risk) as there was a lack of assurance that significant risk activities were being adequately risk assessed.
- (w) That the 4 priorities remained in place; conducting risk assessments; completion of training; closing out after incidents; and closing out following inspections.
- (x) That some Departments, including Estates had done a lot of work in this area; but some Departments would not know how many risk assessments that they needed, nor how many they had completed.
- (y) That there was a need to set objectives in departments using the 4 priority areas and ask that they deliver such metrics on a regular basis, similar to what has been established for the Quemis Hazard Management System;

the Health and Safety Department were in the process of setting up a system to deliver such metrics.

- (z) That the Health and Safety Department had conducted a nonscientific risk profile of the University which had identified high risk departments and 'hot spots' which could be provided to the next meeting.
- (aa) That in relation to similar sized organisations, Universities were considered to be around 20 years behind where they should be.
- (bb) That in some departments, there seemed to be a lack of awareness in relation to how to report a maintenance related incident or issue, with some of these coming to the Health and Safety Department to resolve.

(by the Director of Campus Services and IT)

- (cc) That the intention was for the procurement of chemicals to continue to be managed using OPeRA and the intention then was for the substance to be put into the chemical inventory and for this to be linked in to the Quemis Hazard Management System.
- (dd) That OPeRA did not have the ability to hold information in relation to where items were stored.

(by the Acting Chair and Director of Human Resources)

- (ee) That the University needed to resolve the contractor procurement issue, with an output being one 'approved' contractor list; individual departments having to manage this bureaucracy would find the existing process difficult to follow.
- (ff) That the overseas travel policy and risk assessment should make it easier to confirm whether staff or students could be in a location where terrorist activities have taken place (as an example).
- (gg) That a travel portal was to be used to book travel arrangements and to hold travel information (for travel arrangements booked via other means).
- (hh) That the recent Westminster incident had prompt staff to call others that they knew had travelled to London that day; that said, there were no plans to extend the travel portal to include details of UK visits.
- (ii) That identifying what had been achieved to date would be useful
- (jj) That it would be helpful for this committee and departments to see the small steps still to be taken to move the University from 'red' to 'amber' (from 'high' to 'medium' risk) to show what needs to be done to achieve compliance.

(by the Director of Estates)

- (kk) That whilst there was recognition that construction and travel were high risks, it would certainly help this committee to know what other risks there were that this University was facing.

(by the Head of Department within the Faculty of Social Sciences)

- (ll) That as an organisation the University should be highlighting good practice and areas where compliance with legislation is high.
- (mm) That as a Head of Department in a building of multiple department occupancy, whilst there was an awareness of the Avon incident and a little knowledge of the sort of work that took place afterwards, the future of this building remained uncertain, despite there being staff based in this building and building defects being a constant issue being reported.
- (nn) That as a Head of Department with staff in a multiple department occupied building, the work connected with the Building Manager role was welcomed.

**RESOLVED:**

- (a) That Ben Pithouse, Head of Institutional Resilience be invited to a future meeting.
- (b) That the risk profile of the University identifying 'hot spots' or a 'heat map' of high risk areas of the University be presented by the Director of Health and Safety at the next meeting.
- (c) That the Estates Department take offline the issues surrounding the Avon Building and the building issues being reported, such to establish a means to communicate repair work that will be carried out to the users of this building.

47/16-17 External Health and Safety Audit

**CONSIDERED:**

A paper from the Director of Health and Safety on the outcome of the external audit conducted by the British Standards Institution (BSI) on the 29 March 2017, (UHSEC.23/16-17).

**REPORTED:** (by the Director of Health and Safety)

- (a) That BSI had conducted a review of the University's health and safety management system against ISO 18001 which is soon to become a recognised international standard.
- (b) That personally it was considered difficult to provide assurance in health and safety without some form of external accreditation/validation and it was otherwise considered 'healthy' for someone external to the University, who has good health and safety knowledge, to conduct such a review.
- (c) That external accreditation/validation should provide the assurance that the Senior Management Team were requiring.
- (d) That the initial stage, Stage 1, would look at the building blocks of health and safety, i.e. that the University has policies and arrangements in place that cover the areas of legislation it would be expected to cover; Stage 2 would look to see whether there was good adoption and implementation of these systems and procedures.

- (e) That in total 20 gaps were identified in the University's health and safety management system or which there were no surprises.
- (f) That of the gaps, it was recognised that the health and safety policy statement would need to be reviewed at the end of this year, so the minor amendment identified would be addressed at that time.
- (g) That whilst there were 20 areas listed as gaps, 4 key areas that were highlighted included:
  - that the University was not good at formulating written risk assessments;
  - that it was not good at having local procedures written down, (this would be also identified as a training need);
  - that there was a fundamental need to change how the Health and Safety Department operate (rather than carrying out local inspections, the Health and Safety Department should be conducting audits and be trained to do these);
  - that there was a need for a management review of health and safety to be carried out with the Senior Management Team.
- (h) That the recommendation would be for the University to look to achieve Stage 1 compliance in November in one or two departments, with assurance at Stage 2 then required by March 2018.
- (i) That BSI would require a review every 6 months and the scope could be increased as more departments look to go through this accreditation / validation.
- (j) That whilst November 2017 and March 2018 deadlines may seem too soon, it should provide an incentive for departments to aim for.
- (k) That the University could defer the November date if it was felt that the dates were going to be unachievable.
- (l) That the Director of Health and Safety would be looking for departments to volunteer where they consider that they could meet the standard required.
- (m) That the University would need to develop an action plan that identified when other departments would come on board in order to give assurance to the Health and Safety Executive, so not to have extremes in place associated with health and safety management.
- (n) That shared areas, such as School of Life Sciences and Medical School which were considered 'high' risk would be expected to fall in line later.
- (o) That in connection with Senior Management Team involvement in health and safety, the University Health and Safety Executive Committee and Steering may not be considered sufficient as these did not necessarily involve discussion with the Vice Chancellor.
- (p) That the software tool which was currently with Central Procurement should help departments close out on accident investigation recommendations and recommendations made following inspection.
- (q) That an extraordinary meeting of the Audit Committee would be considering this at their meeting of 5 May 2017.



- (r) That it was worth the Committee being aware that if the University obtained accreditation against the standard there was a risk of losing it if it does not continually meet the standard; and then the University would have to publically announce that it had lost its accreditation.
- (s) That in reality the University would get a number of warnings from the accrediting body before it lost certification; the timescales for close out of issues would be provided by the accrediting body, e.g. BSI.

(by the Acting Chair and Director of Human Resources)

- (t) That the attraction was that this could provide good evidence of compliance in health and safety and as such good assurance, however it should not be perceived that the University was just chasing a badge.
- (u) That it was important for those departments that were able to demonstrate good health and safety performance to be highlighted and used as a motivator for other departments to follow.
- (v) That recognition by the Senior Management Team for good health and safety performance at departmental level would be welcomed.
- (w) That there was a need for this Committee to consider its own views on proceeding with this as well as that of Audit Committee.

(by the Director of Estates)

- (x) That there was a need to consider how much progress could be made to meet the November deadline; a behavioural change would take longer to embed.
- (y) That whilst supportive of ISO 18001, concern was expressed on the timing; there was a need to ensure that the University did not set itself up to fail; a lot of work had already gone into Estates achieving ISO 14001 and this continues to need monitoring to maintain compliance with the standard.

(by the Chair of the University Health and Safety Committee)

- (z) That the roll out of Athena Swan was done incrementally which permitted best practice to be shared with other departments before more tried for accreditation.
- (aa) That the perception was that there was a desire for the University to look towards external validation as this does provide some degree of confidence and as a common standard, others would understand externally what the University has had to achieve.
- (bb) That there was a need to look at both the Health and Safety Executive opinion, i.e. one department achieving accreditation versus another that hadn't yet met the standard and the perception of departments who haven't managed to achieve accreditation versus those that have.

(by the Trade Union representative nominated by the University Health and Safety Committee)

- (cc) That there was a need for departments to be honest with themselves and to recognise where they may be deficient, so that they can develop action plans to put matters right.
- (dd) That current closing out of inspection recommendations and accident investigation recommendations was currently difficult to achieve.

RESOLVED:

That comments be sent to the Director of Health and Safety in advance of the next meeting.

48/16-17 Construction Related Issues

REPORTED: (by the Director of Estates)

- (a) That the Academic Loop Road near to Computer Sciences would be closed for an extended period whilst two construction sites work adjacent to each other; Balfour Beatty who are working on NAIC and Morgan Sindall who are new to the campus, working on the extension to Maths and Stats building opposite.
- (b) That there were a number of problems being experienced with Morgan Sindall, which Estates were working through and the impact of pedestrian interface with this project were being addressed; this impact would be ongoing until late in 2018.
- (c) That at a point in the summer of this year, before Car Park 16 is re-developed, the University House pedestrian link to main campus (runway) would be re-opened.
- (d) That the 'Contractor Code of Conduct' video was soon to be launched; this would be aimed at those coming onto site and would be a useful tool for any new contractor coming onto campus, irrespective of engaging department.
- (e) That the 'Contractor Code of Conduct' video would be hosted on the Health, Safety and Wellbeing 'Contractor' webpages.

(by the Director of Health and Safety)

- (f) That the launch of the new pages on Contractors and the link to the 'Contractor Code of Conduct' video would be disseminated via the 'Health and Safety Matters' Newsletter shortly.

49/16-17 Existing Building Related Matters

REPORTED: (by the Head of Department within the Faculty of Social Sciences)

- (a) That there was a need for information to be passed on to Avon Building occupants that inform them on the future of this building, as currently the occupants were reporting leaks through the ceiling but no firm decision appears to have been made in relation to whether a long term repair will be made.

- (b) That it was felt that the lack of an appointed Building Manager to Avon Building was compounding the issue.
- (c) That it was hoped that the future of Westwood would be disseminated at a meeting with the Registrar which was planned in the near future.

(by the Chair of the University Health and Safety Committee)

- (d) That there appeared to be difficulty in fully resolving matters being reported in to Estates in connection with the infrastructure of a University building.
- (e) That occupants of the Materials and Analytical Sciences (MAS) Building had reported a water leak approximately a year ago which caused a lot of equipment damage and whilst this was repaired, a further two fractured valves had occurred recently, causing more damage to other equipment.
- (f) That there was a need for there to be a holistic review conducted for the MAS Building to ensure that valves were not positioned above technical instruments and high value equipment.

(by the Head of Department within the Faculty of Science)

- (g) That there was a need to understand why the valves within a fairly new building were failing and to ensure that any value engineering exercises conducted during the design stage of future new builds/major refurbishments were not compromising safety, or leading to the University opting to choose cheaper valves for the purpose of making a cost saving.
- (h) That life-time costs should be considered during any value engineering exercise.

RESOLVED:

That specific matters relating specifically to the Avon Building be taken out of this meeting and Estates to consider including the Head of Department within the Faculty of Social Sciences within communications for this building.

50/16-17 Dates of Future Meetings

REPORTED:

That the next meeting dates of the Committee were:

Tuesday 16 May 2017		09.00-11.00	CMR1.2
Monday 3 July 2017	(internal only)	10.00-12.00	CMR1.1