

UNIVERSITY OF WARWICK

Minutes of the meeting of the University Health and Safety Executive Committee  
held on 8 April 2019

Present: R Sandby-Thomas (Registrar, Chair), J Breckon (Director of Estates), L Cartwright (Trade Union representative nominated by the University Health and Safety Committee), C Farren (Senior Health and Safety Adviser), Dr I Hancox (Research Technology Engagement Manager), Professor A Lavender (Head of School, Theatre Studies), Professor D Leadley (Head of Department within the Faculty of Science), G Mills (HR Director (Interim)), J Phillips (Director of Health and Safety)

Apologies: B Dhingra (Student representative nominated by the Students' Union and appointed by the Steering Committee), R Lawrie (Commercial Director), A Smith (Finance Director), Professor E Smith (Director of Centre for Education Studies), Professor L Young (Pro-Dean External Affairs)

In attendance: G Hakes (Senior Health and Safety Adviser) and D Stiles (Compliance and Assurance Manager, Estates)

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

42/18-19 Apologies and Conflicts of Interest

REPORTED: (by the Chair)

- (a) That apologies were received from B Dhingra (Student representative nominated by the Students' Union and appointed by the Steering Committee, R Lawrie (Commercial Director), A Smith (Finance Director), Professor E Smith (Director of Centre for Education Studies) and Professor L Young (Pro-Dean External Affairs).
- (b) That should any member or attendees of the University Health and Safety Executive Committee have any conflicts of interest related 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.

43/18-19 Minutes

CONSIDERED:

The minutes of the meeting of the University Health and Safety Executive Committee that took place on 11 February 2019.

RESOLVED:

That the minutes of the meeting of the University Health and Safety Executive Committee held on 11 February be approved.

44/18-19 University Health and Safety Policy

REPORTED: (by the Chair)

That all of the University's health and safety topic policies due for review had been reviewed and re-issued with no major changes; all remain available via the Health, Safety and Wellbeing webpages. Policies relating to statutory inspections would be amended in the near future as part of the work being undertaken in that particular topic area.

45/18-19 Matters Arising on the Minutes

(a) Chemistry solvent store update (minute 32/18-19 refers)

REPORTED: (by the Director of Estates)

That the project had been allocated to a project manager and works were to commence in the summer, with completion due towards October of this year. Prior to this, a survey of the space including its foundations would need to be completed.

(b) Labelling of drinking water outlet update (minute 32/18-19 refers)

REPORTED: (by the Compliance and Assurance Manager, Estates)

(i) That 29 buildings had been surveyed and asset labels affixed to drinking water outlets; progress continues to be made to complete the 150 buildings outstanding which is being carried out in conjunction with the water risk assessments.

(ii) That the deadline for completion was end of October 2019.

(c) CL3 Laboratory Facility refurbishment update (minute 32/18-19 refers)

REPORTED: (by the Director of Estates)

(i) That work to replace the CL3 laboratory ceiling that had collapsed due to a water leak had been completed. The final piece of work involving pressure testing had revealed leakage of air through some of the dampers which were subject to further investigation and remedial work by Cleanroom and Containment Facilities.

(ii) That until there was proof that the containment laboratory could withhold the pressure regimes required to operate at containment level 3, the facility would remain closed.

(d) Chemical Inventory (HazMat) Tool update (minute 37/18-19 refers)

REPORTED: (by the Director of Health and Safety)

- (i) That there were still two potential software providers going through the procurement process, and that the costs for implementation and ongoing maintenance costs would be used as deciding factors.
- (ii) That in the next 2 weeks a final decision would be made and an implementation programme developed in readiness for reporting to the May meeting.

RESOLVED:

That an update be provided to the next meeting of this committee.

(e) Governance structure for student welfare (minute 37/18-19 refers)

REPORTED: (by the Chair)

That the governance arrangements for student welfare would be brought to this committee as a formal paper.

RESOLVED:

That a formal paper be brought to the May meeting.

46/18-19 OHSAS 18001 Audit Update

RECEIVED:

A paper outlining progress against the BSi OHSAS 18001 Audit (UHSEC.29/18-19).

REPORTED: (by the Director of Health and Safety)

- (a) That British Standards Institute (BSi) conducted a routine surveillance visit in March which involved audits of the Chemistry Department and the School of Engineering. This visit involved a review of the 6 outstanding non-conformities raised during the last audit, 5 of which were accepted as being long-term issues to resolve (which includes statutory testing and legionella management).
- (b) That there was insufficient evidence of 1 of the minor non-conformities raised during the last audit having been progressed which escalated the item from a minor to a major non-conformity; this related to a draft health and safety action plan having not yet been signed off by the departmental health and safety committee and senior management team which the auditor considered had progressed too slowly.
- (c) That this escalation would be reflected in the report, requiring the department to progress this action.

- (d) That a new major non-conformity had been raised relating to the objectives set in departments not being aligned with those set by the Health and Safety Department.
- (e) That failure to demonstrate that general risk assessments and work equipment risk assessments under PUWER (Provision and Use of Work Equipment Regulations) had been completed and that adequate risk controls were in place had led to a further major non-conformity.
- (f) That provisional feedback had been provided to the relevant Heads of Department and Senior Administrators following the audit for their action.
- (g) That departments would need to demonstrate close out of these actions by June 2019 when BSi would be returning to these departments as a result of the new major non-conformities having been raised.
- (h) That there was some learning here that could be beneficial to other departments already certificated and in scope for OHSAS 18001.
- (i) That the Research Technology Platforms (RTP's) would be audited by BSi by 23 April 2019 in order to bring them into scope of the standard.
- (j) That Departments were being provided with notice prior to the audit dates.
- (k) That Departments should be able to evidence that they have risk assessments in place, that they are regularly reviewed and that relevant people are aware of these.
- (l) That should areas or items of equipment be considered to be unsafe, they would be taken out of use, or other action taken to safeguard the health and safety of those that could be affected; this process was not simply a paper review exercise.
- (m) That if departments did not close out the major non-conformities, or if they were unable to demonstrate that they had a programme to close these out in a timely manner, this would affect compliance against the certification and result in the certification being withdrawn.
- (n) That areas within the scope of OHSAS 18001, or being considered for certification were being audited by staff in the Health and Safety Department, in order to give them time to address any issues raised against the standard before being externally audited.
- (o) That the Commercial Group wanted to be brought into scope as they saw that it could act as a boost to their commercial activities.
- (p) That as there were only a couple of areas being identified as a non-conformity this would not affect the overall risk register, but any more major non-conformities could result in the health and safety risk status being altered from 'amber' to 'red'.

47/18-19 Statutory Inspection and Compliance Programme

RECEIVED:

A paper on the programme brief for the Statutory Inspection and Compliance Programme Board (UHSEC.30/18-19)

REPORTED: (by the Director of Health and Safety)

- (a) That a Statutory Inspection and Compliance Programme Board had been established to ensure that the resolutions being made by the working group are backed up by sufficient resources and systems to tackle longer term compliance moving forward.
- (b) That Hilary Watson and David Bishton were assisting by shaping out the scope of the project whilst Andrew Smith had been appointed as Chair to the Board.
- (c) That some of the Senior Administrators from the Science, Engineering and Medical Faculty, namely Katherine Branch (Physics), Catherine Gordon (WMG) and Simon Bailey (SLS) had been appointed to the Board; these staff should be able to speak for those of a technical background, as those within the Technical Support function report in through the Senior Administrators.
- (d) That the biggest issues to resolve were around budgets, checking/inspection and tackling behaviours; that the group would be looking at a culture change and the introduction of new processes.
- (e) That work by the variety of Statutory Working Groups remained ongoing and would feed into this board.
- (f) That the asset tagging process had been paused to review progress so far prior to going into the Research Technology Platforms (RTP's) and Commercial Group.
- (g) That Operation and Maintenance instructions and maintenance manuals which would have been supplied when the equipment was new may no longer be available due to recognition that there remains a lot of legacy equipment in place.
- (h) That the Board may also need to look at technical staffing, competence and the University's Technicians Commitment.
- (i) That Health and Safety Services were working with departments and would continue to pick up statutory testing issues during the next round of inspections.
- (j) That there were differences across the Science, Engineering and Medical Faculty as to where the Technical Support functions are distributed and how they function which may need to be examined if they are required to ensure that statutory testing and maintenance was carried out as required.

- (k) That Research Technology Platforms (RTP's) tend to have better 'ownership' of their facility and it's capabilities, which tends to lend itself to them taking servicing and maintenance more seriously.
- (l) That some research groups were excellent in relation to 'ownership' of their equipment and where this was found to be the case, servicing/ maintenance and statutory testing tended to go hand in hand with this.

(by the Research Technology Engagement Manager)

- (m) That it should be recognised that there were differences in relating to resourcing within an RTP.

(by the Chair)

- (n) That any slippage in the project workshops should be reported to the Registrar.
- (o) That it should be clear whose responsibility it is for understanding the maintenance requirements of equipment brought into a department and to quarantine equipment upon it having failed or not having been subject to statutory test.

(by the Director of Estates)

- (p) That it should be recognised that this was a major piece of work that could take several years to embed into the normal way of working.
- (q) That those in a Technical Support role would be instrumental in assisting with this programme.

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

- (r) That there needed to be clarity on what was to be asset tagged from the outset. There had been hundreds of assets tagged, but not all were necessarily subject to statutory testing. This had resulted in a lot of assets that the Departments were being asked to make sense of.
- (s) That had there been greater clarity on what should have been asset tagged from the outset, this could have saved departments a lot of time later.
- (t) That those in a Technical Support role typically understand what sort of maintenance should be required for their pieces of work equipment.

(by the Senior Health and Safety Adviser, Graham Hakes)

- (u) That pressure systems appeared to be the most complex area where most of the confusions lie.

(by the interim HR Director)

- (v) That the Technicians Commitment would not necessarily address the disparity between Departments, and that this would need to be picked up separately.

- (w) That spreading technicians across departments, or not designating them to particular spaces could lead to a dilution or loss of knowledge.

48/18-19 Asbestos Management Group

RECEIVED:

A paper on the most recent meeting of the Asbestos Management Working Group (UHSEC.31/18-19)

REPORTED: (by the Compliance and Assurance Manager, Estates)

- (a) That the Code of Practice and Standard Operating Procedures had been reviewed and revised to take into account the change brought in through the introduction of the Quemis Asbestos Management System.
- (b) That training had advance to include Project Managers on the Capital Programme and that access to the Asbestos Management System would support their work programme.
- (c) That a pilot study involving the Maintenance teams had commenced, permitting them to access the Quemis system to check for asbestos containing materials prior to them undertaking work in an area.
- (d) That the Head of Maintenance was supporting the pilot study and would support roll out with further training should the pilot study prove to be successful.
- (e) That full asbestos demolition surveys were underway with the programme of work to demolish buildings and car parks to make way for new buildings.
- (f) That there had been several asbestos related incidents over the last 6 months, including asbestos containing waste not having been dealt with properly, as picked up by the asbestos surveying team. This had led to a full incident investigation with the contractor concerned and for the company being removed from the framework.
- (g) That there were two other companies on the asbestos removal framework which were currently being used.
- (h) That another incident involved suspect materials again being identified by our asbestos management team operatives; another involved disturbed asbestos where a contractor did not carry out their work properly. On that occasion the disturbance led to them stopping work and making the area secure as per the procedure.
- (i) That the incidents have been investigated and Estates were working through the investigation report and had already re-trained operatives concerned.

49/18-19 Permit Office Update

RECEIVED:

A paper on the progress being made in relation to the management of University Permits to Work (UHSEC.32/18-19).

REPORTED: (by the Trade Union representative nominated by the University Health and Safety Committee (and Permit Officer))

- (a) That the Quemis Permit System was planned to go live in June which would enable all permits for the Estates Office to be managed via this system.
- (b) That ultimately all permits raised across the University could be raised via this system.
- (c) That Permit Authorisers training had been identified and would shortly be rolled out; each Permit Authoriser would be issued with a letter of appointment upon completion of the training.
- (d) That the new system would allow for multiple permits to be raised at the same time, rather than issuing separate permits, however this was likely to be the only time saving involved, as there would still be a requirement to check through the documentation received at the time of submission and liaise with other parties.
- (e) That the timeframe for authorising a permit was generally 72 hours, although the timeframe was longer for permits to dig (10 days) and for the flying of drones (20 days).
- (f) That there had to be an allowance in terms of time for the checking of paperwork and for seeking clarification where information may be lacking.
- (g) That there was a team within Estates that looked at permit to dig requests. If in a nominated high risk area, 4-5 people who know where the services could be, would meet to confirm whether the permit could be issued, but this would not negate the need for cable scans to take place.
- (h) That there had been times when permits had to be cancelled due to bad weather.
- (i) That the papers showed year on year results from 2015, prior to this there was no method for monitoring the permits issued.
- (j) That it was recognised that other departments used different methods for issuing permits, with Chemistry for example using a paper system currently for the isolation of local exhaust ventilation.

(by the Director of Estates)

- (k) That the more recent cable strike involved a subcontractor working under the direction of Wilmott Dixon as Principal Contractor and as they were pegging out the edge of the road they put a peg through an electric cable.



That information would have been provided, but in this case, it may not have been known where the cables were.

- (l) That this cable strike posed a serious risk to the person undertaking the pegging and led to disruption on campus. As a result Wilmott Dixon sent their Health and Safety team onto site.
- (m) That the investigation conducted by the University involved looking at what information was supplied to the Principal Contractor, as to see whether there was anything else that the University could have been done.
- (n) That there had been a lot of money spent on surveying the ground.
- (o) That it concluded that Estates had supplied all of the information to the contractor in this particular case.
- (p) That the procedure was always to survey/scan, regardless of the information supplied.
- (q) That Estates had started to introduce vacuum extraction, avoiding where possible, the need to dig, and that this technique had been used during the works around the Arts Centre.
- (r) That Estates could be more prescriptive in terms of the type of method contractors take.
- (s) That those involved in reviewing the permits to dig had suggested the ground be re-scanned after a build to verify the accuracy of the 'As Built' drawings.
- (t) That there could be the possibility of working closer with researchers, as in WMG there are researchers who are looking at utilising radar for cable scanning.

(by the Director of Health and Safety)

- (u) That the aspiration would be for all departments to use the Quemis Permit System.

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

- (v) That it was hoped that the Permit to Work System would speed up the processing of permits.

(by the Director of Health and Safety)

- (w) That the permit system would continue to require sufficient notice to be given by the 'requestor' (typically 72 hours) to allow for checks and planning to be carried out, but that there would be a process to fast-track genuine emergency work.

50/18-19 Fire Safety Working Group

RECEIVED:

A paper on the most recent meeting of the fire Safety Working Group (UHSEC.33/18-19).

REPORTED: (by the Senior Health and Safety Adviser, Graham Hakes)

- (a) That there had been 48 fire risk assessments conducted out of the programme of re-visits; 180 were to be completed over a 3-year cycle.
- (b) That most high risk buildings had been completed, with the reports issued to duty holders (in departments) and Estates for tackling the issues raised.
- (c) That building fire strategies needed to be developed so Health and Safety Services were currently working with Estates to bring in a resource to help develop these.
- (d) That approximately 220 buildings required a fire strategy; these would provide information such as maximum occupancy numbers which would be beneficial to those involved in space management.
- (e) That all buildings have a fire risk assessment and fire alarm detection and alarm systems.
- (f) That 546 persons had completed fire awareness and fire warden training.
- (g) That details of fire related training could be sent to Departments in the interim prior to the Learning Management System coming into effect.
- (h) That fire evacuation drills continue to take place across campus.
- (i) That specialist risk assessments in order to review compliance against the Dangerous Substances and Explosive Atmospheres Regulations (DSEAR) were in progress utilising the company Gexcon. To date 7 had been completed out of a total of 18 buildings which require these.
- (j) That reports from the DSEAR risk assessments were being sent to Heads of Department and Estates for them to review and comply with in the same manner as Fire Risk Assessments.
- (k) That once all 18 DSEAR risk assessments had been completed, it would be necessary to track the close out of the remedial actions raised. The process of review would be on a 3 year cycle.
- (l) That substantive changes, including the introduction of new or changes to research direction where there could be a fire or explosive risk introduced would warrant a review to take place. Similarly new buildings could warrant a new risk assessment.
- (m) That there had not been any substantial news released post Grenfell worth discussing at this meeting, but should there be any implications to the University then matters would be brought to this committee.

(by the Director of Health and Safety)

- (n) That there could be questions raised during the Grenfell inquest as to the role and validity of Building Control, whether this be managed through the local authority or approved via local authority but delivered privately.

51/18-19 Employee Assistance Programme Pilot

RECEIVED:

A paper outlining the progress made so far with the implementation of a pilot Employee Assistance Programme (EAP) for the University (UHSEC.34/18-19).

REPORTED: (by the Director of Health and Safety)

- (a) That an Employee Assistance Programme managed through Health and Safety Services, aimed at supporting staff and their direct family was to be launched on the 8<sup>th</sup> April 2019 on a trial pilot basis (for a year).
- (b) That the EAP would provide 24/7 access to professional advice and counselling support via Health Assured for a variety of issues, whether work related or externally triggered. The aim was to provide a wellbeing support service to staff.
- (c) That over 9 million workers across the UK currently used Health Assured for this service, including 8 other Universities.
- (d) That Health Assured would be providing headline information only back to the University as the employer, meaning that confidentiality would be maintained.
- (e) That the service would not negate staff consulting with those in Human Resources or Occupational Health, but would work alongside these existing services.
- (f) That 'employees' or 'salaried staff' of the University (which may include some student types) would be eligible to utilise this service, but this service would not be provided currently to those on short-term stipends or hourly paid staff. Hourly paid staff would need to utilise Occupational Health and their Human Resource Advisory service and other students would need to be directed to Student Wellbeing Support Services.
- (g) That anonymised data relating to services used would be sent and reviewed every quarter to evaluate service viability and 'added value'.
- (h) That this service would support the Wellbeing Charter and would form part of the 'wellbeing' review.
- (i) That Insite and other channels of communication would be utilised to get the message out.
- (j) That a 'Windows at Warwick' session via Learning & Development may be possible.

(by the Compliance and Assurance Manager, Estates)

- (k) That leaflets may be required to distribute information to those that do not utilise computers for work.

(by the interim HR Director)

- (l) That methods for cascading information about the Employee Assistance Programme would be discussed later this week.

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

- (m) That the Unions wished to thank the University for launching this service, as this type of service was considered to be of real benefit to staff and their families; it was hoped that there would be a good take-up.

52/18-19 Health and Safety Performance Report

RECEIVED:

A paper outlining performance for the period September 2018 to February 2019 (UHSEC.35/18-19).

- (a) That numbers of incidents in the last 6 month period have increased further and that could continue with the introduction of the new accident reporting software as it becomes easier to report incidents online, with the introduction of an App for your phone.
- (b) That 3 of the serious incidents warranted a report to be sent to the Health and Safety Executive (HSE), one of which was discussed at the last meeting (relating to a climbing wall incident), the other two related to food – one being an allergen incident and the other a burn caused by spilt hot food.
- (c) That 'failure to follow rule/procedure' was the highest incident category, with 'slips, trips and falls' (on the level) a close second.
- (d) That a number of serious incidents in the Estates Department related to asbestos incidents as already discussed. In the Science, Engineering and Medical Faculty a number of phenol related incidents had led to the incident being raised to 'serious' and the departments enforcing training to be undertaken prior to its use, with them resorting to locking the material away, for use by trained operatives only. The other serious incidents worth mentioning related to a chemical runaway which led to an explosion of the flask and its contents and an employee getting their hand stuck inside an extruder feeding machine when trying to unblock a jam.
- (e) That a total of 8 visits every 6 months had continued to take place by the University enforcing authorities and whilst a Notification of Contravention was served in the last 6 month period in relation to legionella management, this had previously been brought to the attention of this committee.

- (f) That a number of Simplify, Collaborate, Deliver projects had commenced off the back of the external audits against OHSAS 18001 by the British Standards Institute (BSi) which would help delivery against the agreed action plan, which downgraded the major non-conformity to minor and recommended the University for OHSAS 18001 certification.
- (g) That a further 102 health and safety inspections had taken place in the last 6 month period, raising 626 actions across the Science, Engineering and Medical Faculty, with a close-out rate improving, at a reported 41.8%.
- (h) That due to the BSi audit recommending the Science, Engineering and Medical Faculty and Estates (Operations – Maintenance) for certification to OHSAS 18001 the overall health and safety risk rating had been downgraded from 'red' to 'amber', although it should be recognised that with the BSi raising further major non-conformities from this latest round of audits, that this was a very fragile 'amber'.

(by the Director of Health and Safety)

- (i) That the SHE software, SHE Assure went live last week, permitting those wanting to report incidents to do so via the new system.
- (j) That the SHE software would be steadily rolled out when training becomes available for licence holders.
- (k) That there was a need for a communications plan to be drawn up so that information goes out to those that are being granted as licence holders and so that dashboards can be set up and interpreted.
- (l) That the next phase would be to turn to the inspection and audit reporting programme part of the software, as this would help the University to track the closing out of actions.
- (m) That academic departments would need to be contacted to determine who would be best placed to be notified of incidents being reported and to lead or collate information for an incident investigation.

53/18-19 Report to Steering Committee\*

RECEIVED:

A paper (Steering Committee H&S Quarterly Report) presented to the University Steering Committee on 11 February 2019 (UHSEC.36/18-19\*).

REPORTED: (by the Chair)

That should any member have any questions relating to this paper, to contact the Director of Health and Safety outside of this meeting.

54/18-19 Major Incident Team

REPORTED: (by the Chair)

- (a) That there had been occasion for the Major Incident Team to be put on 'standby' but not to assemble for two potentially significant incidents recently. The first was a power outage at Heronbank, which was the result of an underground cable strike; the second involved the attempted abduction of a researcher (following the successful abduction of a local contact) who was carrying out research into the operation of drug cartels in Mexico.

(by the Director of Health and Safety)

- (b) That there was a need for the University to review the procedures relating to work in high risk travel locations overseas.

55/18-19 Dates of Future Meetings

20 May 2019, at 12.45, in CMR1.0

15 July 2019, at 12.45, in CMR1.0