

UNIVERSITY OF WARWICK

Minutes of the meeting of the University Health and Safety Executive Committee held on
Thursday 9 June 2016

Present: Ms J Horsburgh (Deputy Registrar (Chair)), Dr J Ferrie (Serving lay member of the Council), Mrs P Glover (Director of Governance and Assurance Services), Professor D Leadley (Head of Department within the Faculty of Science), Mrs L McCarthy (Trade Union representative nominated by the University Health and Safety Committee), Ms G McGrattan (Director of Human Resources), Mr W Heynes, (vice Director of Estates), Mr L Pilot (Student representative nominated by the Students' Union)

Apologies: Professor P Thomas (Chair of the University Health and Safety Committee), Mr J Breckon (Director of Estates),

In Attendance: Mr J Phillips (Director of Health and Safety (Secretary)), Mrs C Farren (Assistant Secretary), Mrs J Poole (Senior Occupational Health Adviser), Dr A Marsh (vice Chair of the University Health and Safety Committee) (for item 44/15-16 (a), Professor A Easton (Chair of the Genetic Modification and Biosafety Committee) (for item 44/15-16 (b))

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

31/15-16 Apologies and Welcome

The Chair welcomed Mrs J Poole as an attendee to the meeting and Will Heynes attending on behalf of James Breckon.

32/15-16 Conflicts of Interest

CONSIDERED:

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.

RESOLVED:

That no conflicts of interest be recorded.

33/15-16 Minutes

CONSIDERED:

The minutes of the meeting held on 2 March 2016.

RESOLVED:

That the minutes of the meeting of the University Health and Safety Executive Committee held on 2 March 2016 be approved.

34/15-16 Fume Cabinet Maintenance and Testing

CONSIDERED:

An update from the Estates Department in relation to the collation of fume cabinet inventory data and status of their statutory testing and maintenance (minute 19/15-16 refers).

REPORTED: (by the Operations Manager, Estates, vice Director of Estates)

- (a) That the Estates Department now had a complete inventory of fume cabinets and other relevant local exhaust ventilation from across the Science and Medical Faculty which was now on the statutory examination and testing register.
- (b) That information on the interactions with the fire alarm systems had also been pulled together, identifying where cabinets need to continually run when the fire alarm is activated.

(by the Director of Health and Safety)

- (c) That collation of all of the information regarding the chemical inventory would likely highlight new cabinet needs, including those that require ventilation.
- (d) That there needs to be an ongoing checking measure to ensure that the existing contractor used to test and inspect fume cabinets collates gaps in the existing inventory and incorporates any new requirements into the test register.
- (e) That information from the Request for Information had recently been received which would now expedite the work to engage the right contractor for building a chemical inventory system.

(by Dr J Ferrie)

- (f) That there was a need for the University to move forward with the collation of information on the chemical inventory, whilst recognising that there was work to do in relation to behavioural change and engagement by Departments.
- (g) That there was a need to ensure that any relevant training embedded the appropriate key messages for staff and students in relation to chemical management to support a change in behaviour.

RESOLVED:

- (a) That the Director of Health and Safety would work with the Science and Medical Faculty to ensure that fume cabinets could go back to low flow mode out of hours.
- (b) That a review takes place of the induction material used at the start of term, to ensure that key messages are passed on to all relevant groups, whether online or via other means.

35/15-16 Electrical Safety Policy

CONSIDERED:

An update on the status of the Electrical Safety Policy (minute 21/15-16 refers).

REPORTED: (by the Director of Health and Safety)

- (a) That the Electrical Safety Policy had been approved and was published on the web.
- (b) That a Simplify, Collaborate, Deliver team was to instigate a review of portable appliance testing next, in support of the policy, with dates already established to deliver on this.

36/15-16 Management of 'change of use' of spaces

CONSIDERED:

An update on the 'change of use' process which was resolved to be developed and recommended to CSAG to ensure a full assessment of a space could be conducted prior to its allocation for a particular purpose (minute 22/15-16 refers).

REPORTED: (by the Director of Health and Safety)

- (a) That a paper had been taken to CSAG which identified that further work was required to ensure that information within the Quemis Space Management System links effectively with the information held in the Hazard Management System.
- (b) That progress by Departments to input data on high hazards remained slow; such data input remains necessary to enable this process to work.
- (c) That space ownership remained problematic at the Gibbet Hill campus due to the dual ownership of spaces between the School of Life Sciences and Warwick Medical School.
- (d) That WMG had appointed a champion to gather the data required for input into the Hazard Management System; once the Departmental Health and Safety Officers are appointed, they will help drive this process.
- (e) That some Departments, such as Physics were keen to share information held within the system to students using the spaces.
- (f) That a further paper would be presented to CSAG upon completion.

(by Dr J Ferrie)

- (g) That there would need to be consideration paid to highlight when a space was going to change its use; space owners may not necessarily be aware that changes are planned.
- (h) That vacation of a space would also need to be considered in the change management process.

(by the Director of Human Resources)

- (i) That often negotiations take place involving needs of new academic staff way before they arrive on campus,
- (j) That the PVC's may be more aware of changes being proposed before any other member of staff.

(by the Operations Director, vice Director of Estates)

- (k) That the Estates Department would be notified of projects where there are changes required of the Estates Department; these would be incorporated into the Major Project List that is seen by the Health and Safety Department early in the process.
- (l) That Departments are able to undertake some changes to their spaces independent of Estates.

RESOLVED:

- (a) That the process for new academic staff appointments would be investigated by the Director of Human Resources and reported back at the next meeting.

37/15-16 Health and Safety Resource

CONSIDERED:

An update on the health and safety resource bids (minute 25/15-16 refers).

REPORTED: (by the Director of Health and Safety)

That advertisements for the Departmental Health and Safety Officer roles and Training Officer would be going out soon.

38/15-16 Building Manager Resource

CONSIDERED:

An update on the resourcing of a Senior Building Manager (minute 25/15-16 refers).

REPORTED: (by the Chair)

That a Senior Building Manager had already been approved and a person would shortly be moving into the role.

39/15-16 Occupational Health and Safety Management System

CONSIDERED:

A paper on the development of a University of Warwick Occupational Health and Safety Management System (OHSMS) (UHSEC.19/15-16).

REPORTED: (by the Director of Health and Safety)

- (a) That the OHSMS would pull together information into a framework and ISO 45001 standard would be used as a guide.

- (b) That the H&S Department were scheduled to have an internal audit later this summer and that this standard would be used as an indicator.
- (c) That it was vital that the links between the University and its subsidiary boards, such as the WMG Academy and the Science Parks were identified within the OHSMS.
- (d) That a policy gap analysis would be undertaken as part of this process to develop a full legal register; any gaps identified would subsequently be built into a work programme, which would subsequently be developed into the OHSMS.
- (e) That despite approximately 80% of policies already being considered to be in place, many had not been written as policies which would require them to undergo review and revision to ensure the wording was appropriate.
- (f) That the leadership and management document already developed would form part of the OHSMS in support of the University Health and Safety Policy.
- (g) That plans and objective setting at both University and Departmental level need to consider health and safety and be defined and that a formalised process of communication, monitoring and audit would be established.
- (h) That the finalised document would only be used by the Health and Safety Department and the internal audit team, acting as the Health and Safety Manual.

(by the Head of Department within the Faculty of Science)
- (i) That there should be elements that relate to research activities considered within the OHSMS, as this was not considered to be sufficiently stated within the paper.

40/15-16 Leadership and Management of Health and Safety

CONSIDERED:

A paper on the University of Warwick guidance document on Leadership and Management of Health and Safety which was drawn up in support of the University's new Health and Safety Policy document (UHSEC.19/15-16).

REPORTED: (by the Director of Health and Safety)

- (a) That an electronic document would be made available once the document has been approved.
- (b) That the document embraced the Universities and Colleges Employers Association (UCEA) guidance and the 'Plan', 'Do', 'Check', 'Review' model would meet the Health and Safety Executive's (HSE) expectations.
- (c) That health and safety objectives would be reviewed over time.
- (d) That the Leadership and Management document had been shared with Heads of Department, Technical Services Managers and Senior Administrators, as well as local Health and Safety Committees in

Departments and the University Health and Safety Committee; the document had also been available for comment on the Health, Safety & Wellbeing webpages.

- (e) That training material was being developed by the Health and Safety Department, including the Institute for Occupational Safety and Health (IOSH) Managing Safely course which would need to be delivered to relevant staff; defining competencies of roles remains necessary.

(by Dr J Ferrie)

- (f) That at the period of induction, each person should be taken through their responsibilities as outlined within this document.
- (g) That in time, auditing should be carried out to ensure that every person understands their responsibilities and are operating at the required competency level.

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

- (h) That some staff have multiple roles as defined within the document and persons may not recognise which role relates to them.
- (i) That there was no consideration paid within the document to University interaction with contractors or visitors.

(by the Director of Health and Safety)

- (j) That the Leadership and Management document did not need to consider the responsibilities of contractors or visitors as the document relates to responsibilities of persons managing an activity; management of contractors is dealt with under a separate management arrangement.

(by the Chair)

- (k) That recognition should be paid to 'other' activities on campus.
- (l) That the role of the Pro Vice-Chancellor and Faculty Chair was not considered to be captured sufficiently within the existing document.

(by the Student representative nominated by the Students' Union)

- (m) That there could be a need to consider how SU societies operate and the levels of responsibility separately.

(by the UCU Representative)

- (n) That the UCU and other unions represented at the University Health and Safety Committee were pleased with the content of the Leadership and Management document.

(by the Director of Human Resources)

- (o) That the new Human Resources system should help to define competences relating to each job role and capture relevant training undertaken in line with the Leadership and Management document.

RESOLVED:

- (a) That the document be taken to the Student Union for comment in light of the wider implications of student life and management of societies at the University whilst remembering that focus should remain on the main business of the University.
- (b) That the Pro Vice-Chancellor and Faculty Chair roles be reviewed in light of the comments made.

40/15-16 Occupational Health Annual Report for 2015

CONSIDERED:

An annual report on Occupational Health (for 2015) from the Senior Occupational Health Adviser (UHSEC.21/15-16*).

REPORTED: (by the Senior Occupational Health Adviser)

- (a) That a significant amount of work had been completed which related to 'Fitness to Practice' and 'Fitness to Teach' in support of students being recruited to social work and teaching courses.
- (b) That the University is taking on more persons with disabilities, both as students and as employees; such vulnerable people often require more support to permit them to complete their studies, teaching, research and other work; the increase in those transferring from student status to employee status could be the cause in the rise in number of staff reporting 'mental health issues' in the data.
- (c) That whilst 'mental health' includes stress, other factors are also considered within this topic and external stressors also contribute to overall staff referrals, including stress brought about by financial pressure, marriage breakup and bereavement.
- (d) That in conjunction with (b), the general attitude towards declaration of a disability, is seeing an increase in the number of students and staff actually declaring their disabilities prior to them starting at the University.
- (e) That the University will need to ensure that there is support that enables such 'vulnerable' persons to deal with everyday work demands; in many cases, persons may have difficulty in managing time, multi-tasking and coping with change.
- (f) That managers of Departments undergoing change could have to adapt their management style to be able to support particularly vulnerable individuals in the workplace; Human Resources and Occupational Health have introduced mediation as one means to help to resolve issues.
- (g) That during periods of change, such as the School of Life Sciences re-structure, Human Resources, Counselling Services and Occupational Health were involved; problems tend however to arise where there are long league times between initial proposal and final decisions being made.
- (h) That Higher Education performance measures, such as 'REF' and 'TEF' naturally introduce an increase in the number of referrals being made to Occupational Health and a spike in performance management.

- (i) That Learning and Development had reviewed their training on time management, Counselling offer support on self-management and mindfulness and courses on 'procrastination' and similar are being run for students currently, although there was a view that this would also be beneficial and made available to staff.
- (j) That the number of non-attendance at appointments continued to be monitored; Occupational Health and Physiotherapy appointments (reported as DNA) was reported to be running at 4%, but of concern were persons failing to attend Occupational Health Physician appointments (8.5%); a review on whether better communication could reduce this figure was being considered.
- (k) That new and international staff traditionally tend to spend longer hours at work often associated with a lack of a social life; staff and students in this position could benefit from additional networking support.

(by the UCU representative)

- (l) That there had been a noticeable increase in the number of students arriving to study medicine declaring a disability before they arrived; an increase from 6/7% to 25% of the new cohorts was anticipated this next year.
- (m) That out of the 25% of declarations, 7-10% are anticipated to declare depression and other mental health issues.

(by the Director of Human Resources)

- (n) That a reduction in autonomy in academic departments could be felt as pressure, whilst in administrative areas, staff often struggle with the lack of structure.
- (o) That whilst a lot of resource is put into managing large departmental restructures, the smaller staff re-structures could warrant greater input.

(by the Chair)

- (p) That there was recognition on how non work-related issues could impact on work and that persons working beyond retirement age, particularly in areas such as cleaning was now commonplace.

(by the Senior Occupational Health Adviser)

- (q) That the training delivered by Cleaning Services was considered to be excellent, including good ergonomic training and detail in relation to recognition of personal limitations.

RESOLVED:

That the Occupational Health annual report for 2015, as set out in paper UHSEC.21/15-16, be noted.

41/15-16 Health and Safety Performance Update Report

CONSIDERED:

A paper from the Senior Health and Safety Adviser, (UHSEC.22/15-16*) on health and safety performance for the period January to April 2016.

REPORTED: (by the Senior Health and Safety Adviser)

- (a) That the report focused on four key areas: inspection, incidents, risk assessment and training.
- (b) That health and safety inspections conducted in areas of the Science and Medical Faculty highlighted issues around risk assessment, chemical storage and incompatibility, housekeeping and in some areas, a lack of recognition for the need for statutory testing; reports has been sent out to Departments inspected for action plans to be developed.
- (c) That during inspection some departments had not fully adopted completion of the chemical inventory spreadsheets which had been put into place prior to the introduction of a chemical inventory system.
- (d) That specific inspections to target a reduction in slips, trip and fall injuries had been conducted across areas of Warwick Retail.
- (e) That the Health and Safety Department had served two Improvement Notices in order to improve adoption of the chemical inventory system and served another Improvement Notice on a Department for failing to manage their contractors.
- (f) That there continues to be an increase in the numbers of reported incidents, accidents and near misses, possibly due to increased reporting as opposed to there being more incidents.
- (g) That there were four incidents reported to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), one of these being 'significant' involving a student receiving burns to her hands whilst conducting an aseptic technique involving a Bunsen burner and use of ethanol.
- (h) That there were three incidents reported across Campus and Commercial Services Group which resulted in over 8 days absence following a musculoskeletal type injury.
- (i) That the Desso Hall near miss incident resulted in the Hall being taken out of use whilst the roof trusses were repaired and the basketball hoops installed correctly.
- (j) That approximately 50% of the incidents associated with the Estates Department and issues arising out of inspection related to issues associated with poor design, in particular, insufficient consideration being paid to how equipment is used or maintained, or failure to ensure equipment is installed correctly.
- (k) That all incidents classified as 'serious' or 'significant' had been investigated and action plans developed by line management.
- (l) That there were more occupational health referrals associated with non-work related issues as opposed to those that arose out of work during this four month period.

- (m) That of the new referral cases, approximately 30% were related to mental health issues, the majority being triggered through non work matters.
- (n) That there had been six cases of musculoskeletal referrals which were related to activities being conducted at work (either caused by work, or exacerbated by work).
- (o) That between January and April 2016 there had been 3 fires across the estate, the most significant being associated with a burn injury as reported previously and the other involving Hampton residences, caused by a defective toaster which failed to switch off.
- (p) That CCSG and the Estates Department had been making substantial progress in completing new risk assessments or revising old assessments for their work activities.
- (q) That significant progress had been made to enter data into the Quemis Hazard Management System by some of the Departments of the Science and Medical Faculty, particularly WMG, where dedicated resources have been allocated to complete this work.
- (r) That a variety of training courses had been run by the Health and Safety Department, although take-up by Departments varied across the University.
- (s) That a number of external enforcement agencies had visited the University over the four month period, with four visits having been made by the Fire and Rescue Service alone.
- (t) A Department for Transport inspection resulted in a 'serious deficiency' being raised, requiring the University to ensure that relevant staff undertake security training the result of which was the development of a course which would shortly be scheduled.

(by the Director of Health and Safety)

- (u) That, since the production of the report, the Health and Safety Executive had visited the scene of an incident that involved a contractor falling from height whilst conducting maintenance work on behalf of the University.
- (v) That the incident would result in a further visit by the same HSE Inspector as previous visits and that the senior management team within the Department involved were anticipating a request for interview.

(by Dr J Ferrie)

- (w) That the University should recognise its system failures and ensure the lessons learnt from each incident are put into place to prevent future similar incidents occurring.

(by the vice Director of Estates)

- (x) That the causal failure of the ceiling collapse of the Avon Building was considered unrelated to the Desso Hall near miss incident.

RESOLVED:

That the Health and Safety performance report, as set out in paper UHSEC.22/15-16, be noted.

42/15-16 Major Projects Update Report

CONSIDERED:

The PPG RAG status report as at 1 June 2016 (UHSEC.23/15-16).

REPORTED: (by the vice Director of Estates)

- (a) That the RAG status did not show any increase in health and safety connected to any individual project.
- (b) That there had been no reported major incidents across the major project sites.
- (c) That the most significant point to note was the significant scale of activity taking place across the University.
- (d) That the Estates Department had utilised a number of administrative committees to engage stakeholders and raise awareness of the potential impact of the scale of work.
- (e) That there remained a challenge to ensure the construction work has minimal impact on persons on the campus; the scale and impact of deliveries in particular was being monitored to establish if more work could be done via 'Keep Campus Moving'.
- (f) That an improvement in the handover procedure had been introduced in connection with the Benefactors project as it reached completion.
- (g) That the extensive work involving the NAIC project had been publicised across the University in particular relation to footpath diversions.
- (h) That the Estates Department had introduced senior management team health and safety site inspections.

RESOLVED:

That the Health and Safety status of capital projects, as set out in paper UHSEC.23/15-16, be noted.

43/15-16 Department for Transport Dangerous Goods Transport Inspection

CONSIDERED:

A summary report detailing the outcome of the re-inspection by the Department for Transport which related to the transportation of dangerous goods across University premises or associated with University activities, (UHSEC.24/15-16*).

REPORTED: (by the Director of Health and Safety)

- (a) That the paper outlined the actions required by the University and what work had been carried out to date.

- (b) That the inspection identified actions that extended beyond health and safety, relating to staff and student recruitment and pre-employment screening of new and existing staff.
- (c) That relevant staff (those involved in working with highly infectious biological materials) had subsequently received security training which had been supported by online assessment developed via Moodle.
- (d) That the paper had already been taken to Steering Committee.

RESOLVED:

That the Department for Transport inspection outcomes, as set out in paper, UHSEC.24/15-16, be noted.

44/15-16 Reports from Health and Safety Committees

CONSIDERED:

- (a) University Health and Safety Committee (UHSEC.25/15-16).

REPORTED: (by the vice Chair of the University Health and Safety Committee)

- i. That the Student Union were looking to develop a safety training video for the start of the next academic year to raise awareness on road safety.
- ii. That the Health and Safety Policy Statement and its supporting Leadership and Management document were well received by committee members.
- iii. That raising awareness on activities taking place around the University was considered an important agenda item for the University Health and Safety Committee; the Estates Department, for example, shared details of the improvements being made to raise health and safety performance.
- iv. That a significant amount of work had gone into making chemical segregation simpler to understand; tools had also been developed to support this.
- v. That the introduction of a 'fit for purpose' chemical inventory system would be supported; the committee recognised that the change in behaviour required to implement this system would be a challenge.
- vi. That the detailed presentation alerting members to the changes taking place over the summer to footpaths, cycleways and roadways gave members opportunity to consider the impact on persons on campus.
- vii. That members suggested that the University should be investing in a campaign to raise awareness of road safety.
- viii. That the impact on cyclists travelling with vehicles on the proposed narrow road alongside the NAIC building was considered the highest risk.

- ix. That a 20mph speed limit on University Road was considered unlikely to discourage car drivers to overtake cyclists.

(by Dr J Ferrie)

- x. That if significant risk, consideration should be paid to requesting cyclists to dismount rather than permit them to travel on the road with other road users.

(by the Director of Health and Safety)

- xi. That the risk assessment for the changes to the roads and walkways would be reviewed as circumstances changed; a variety of options were being considered to manage road risk including solid white lines down the road and improved signage.

- (b) University Genetic Modification and Biosafety Committee (UHSEC.26/15-16*).

REPORTED: (by the Chair of the Genetic Modification and Biosafety Committee)

- i. That the Chair would be stepping down from the GMBSC at the end of the academic year when he retires.
- ii. That the highest risk work at activity levels 2 and 3 continue to be scrutinised by the Committee and where necessary the HSE.
- iii. That the number of research activities at activity levels 2 and 3 was increasing, which was placing demand on existing space and the need for new facilities to be built and approved.
- iv. That the Health and Safety Department, in particular the Biosafety Adviser, should be commended for processing the required paperwork, for checking and approving facilities and for providing his advice and support without introducing a delay to research activities.
- v. That the HSE were scrutinising documentation submitted in connection with lentiviral research activities and required submission of additional documentation for assurance purposes.
- vi. That the committee resolved to provide governance oversight of biological research activities being conducted by other legal entities working on our campus following agreement that they would be unlikely to have sufficient resource to comply with the GM (Contained Use) Regulations.
- vii. That changes introduced by Higher Education Funding Council for England (HEFCE) had made researchers look to develop new industrial collaborations; committee members recognised that this required good management and governance oversight.
- viii. That the GMBSC had good engagement of committee members and was considered to be providing good governance oversight in relation to biological research including matters involving Human Tissue Authority approval.

(by the Chair)

- xii. That thanks was given to Professor Andrew Easton for his role as Chair of the GMBSC.

RESOLVED:

That the reports from Health and Safety Committees, as set out in papers UHSEC.25/15-16 and UHSEC.26/15-16, be noted.

45/15-16 Dates of Future Meetings

REPORTED:

That the meetings dates of the Committee for the 2016/17 academic year would be circulated when available.