

UNIVERSITY OF WARWICK

Minutes of the meeting of the University Health and Safety Executive Committee
held on 16 May 2017

Present: Ms R Sandby-Thomas, (Registrar, Chair), Mr J Breckon (Director of Estates), Professor J Davey (Chair of the University Health and Safety Committee), Dr J Ferrie, (member with expertise in the area, appointed by the Council and a serving lay member of the Council), 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 A Smith (Finance Director)

Apologies: Mr L Cartwright (Trade Union representative nominated by the University Health and Safety Committee), Ms G McGrattan (Director of Human Resources), Professor J Millar (The Head of Department within the Faculty of Medicine), Mr M Roberts (Director of Campus Services and IT), Ms C Wynne (Student representative nominated by the Students' Union)

In Attendance: Mrs C Farren (Senior Health and Safety Adviser, Assistant Secretary)

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

51/16-17 Apologies and Conflicts of Interest

REPORTED: (by the Chair)

- (a) That apologies were received from Mr L Cartwright (Trade Union representative nominated by the University Health and Safety Committee), Ms G McGrattan (Director of Human Resources), Professor J Millar (The Head of Department within the Faculty of Medicine) and Mr M Roberts (Director of Campus Services and IT).
- (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.

52/16-17 Minutes

REPORTED:

That the minutes for the February and April meetings be approved.

53/16-17 Resolutions from previous meetings of the UHSEC

REPORTED: (by the Chair)

That due to time constraints, the following resolutions from the meeting of 4 April be carried over to the 3 July meeting of this committee:

- i. That the Estates Department implement a process to trigger a DSEAR assessment (and any other compliance assessment) within their existing project management system, Concerto.
- ii. That a review be conducted of similar high risk areas of the University following sufficient completion of the Hazard Management System.
- iii. That Ben Pithouse, Head of Institutional Resilience be invited to a future meeting of this committee.
- iv. 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.

54/16-17 Building Manager

REPORTED: (by the Director of Health and Safety)

- (a) That a Facilities Management consultant had been undertaking a review of the Building Manager role and function in consultation with a number of stakeholders from across the University.
- (b) That particular challenges that should come out of the review would include reporting line, competence, and number and where each Building Managers should be located would be outlined in a report which was expected in the next week.
- (c) That the consultant would be making a series of 'firm' recommendations.
- (d) That the project had been discussed at both Steering and Administrative & Professional Services Group (APSG) during the last quarter of 2016.

(by the Director of Estates)

- (e) That there would be a requirement for a bid for money.

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

- (f) That there needed to be consideration paid in relation to the rationale for a Building Manager to report to each Head of Department where there could be multiple associated with a building.

(by Dr J Ferrie)

- (g) That the University decision making process was too long.

RESOLVED:

- (a) That the Building Manager role(s) be incorporated into the 5-year plan.

- (b) That upon receipt of the report members reconvene to make a decision and report this decision to Steering.

55/16-17 Chemical Safety Task and Finish Group

REPORTED: (by the Director of Health and Safety)

- (a) That the task and finish group had been closed down following the two outstanding matters having been transferred to the Estates Strategic Health and Safety Committee and the Chemistry Department Committee.
- (b) That the project to procure a chemical inventory tool was underway, with three separate companies having recently demonstrated their current software solutions to the stakeholder group.
- (c) That the earliest it was likely that a system would be rolled out would be post-Christmas as there were detailed implementation stages which would need to be developed before this date.
- (d) That the project had involved multiple stakeholder engagement.

(by the Chair)

- (e) That there seemed to be a lengthy timescale involved.

(by the Finance Director)

- (f) That the delay was attributable to the fact that this should be recognised as a change management process.

RESOLVED:

That the Director of Campus Services and IT provide the procurement timeline to the Chair.

56/16-17 Chemical Storage Westwood Campus

REPORTED: (by the Senior Health and Safety Adviser)

- (a) That there had been a lot of activity, involving the technician on Westwood and the Health and Safety Officer for Chemistry to separate and dispose of old and unwanted chemicals from the chemical store.
- (b) That recommendations had been made in relation to some storage requirements.
- (c) That there remained a need to put an inventory together, outlining the chemicals that remain and those that require to be stored appropriately.
- (d) That the appropriate segregation of chemicals would need to be reviewed.

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

- (e) That there were two technicians operating out of the chemical store, one of which was from the Centre for Professional Education (CPE).

(by Dr J Ferrie)

- (f) That any cabinets required should simply be ordered once sufficient knowledge is known with regards to chemical segregation needs.

RESOLVED:

That a timeline be developed outlining what needs to be completed and by when which should include a chemical inventory and cabinet needs.

57/16-17 Internal Awards and External (RoSPA) Awards

REPORTED: (by the Director of Health and Safety)

- (a) That there would not be insufficient time to apply for the RoSPA award this year, but the University should consider doing something like this for the following year.
- (b) That health and safety would be factored into the University's internal awards scheme.

58/16-17 Incidents involving 'failure to follow rule/procedure' and three tiers of investigation

REPORTED: (by the Senior Health and Safety Adviser)

- (a) That the majority of incidents reported against 'failure to follow rule/procedure' related to contractors failing to work in accordance with their method statements, e.g. not providing barriers around excavations, storing hazardous materials too close to University buildings, not wearing PPE, closure of pavements with no consideration on impact of others, as well as issues connected with waste being left in the wrong place or in wrong bag.
- (b) That the three tiers of investigation followed the principle that if considered 'minor', that a response would be required from the line manager; if 'significant', then investigation by the line manager and a Health and Safety Officer/Adviser may be warranted, and if 'serious', then the Health and Safety Department would take the lead in the investigation.
- (c) That by reporting incidents in terms of their priority, as, 'minor', 'significant' or 'serious' enabled the University to focus in on the important incidents to address, as they considered 'consequence' of the failure.

(by Director of Estates)

- (d) That a report of the incidents would be taken back to the Estates department to discuss contractor related incidents.
- (e) That many of the issues raised should be seen as a positive sign, as it demonstrated an attitude that staff do not walk past but report these types of near miss incidents.
- (f) That with more work going on around the campus, an increase in these types of incidents would have been expected.
- (g) That a campaign to tackle these types of matters with contractors could be beneficial.

- (h) That the Estates Department were raising health and safety awareness of their contractors; some were recognised as being better than others. Tackling these issues would improve health and safety performance of contractors.

(by the Director of Health and Safety)

- (i) That the issues connected with hazardous waste within the list of incidents reported as 'failure to follow rule/procedure', were dealt with prior to reporting.

59/16-17 Health and Safety Plan

CONSIDERED:

A paper providing a summary of progress with the development of the University's Health and Safety Plan, taking into account findings from internal and external audits carried out in November 2016 and March 2017 (UHSEC.24/16-17).

REPORTED: (by the Director of Health and Safety)

- (a) That the paper was presented to an 'exceptional' meeting of the Audit Committee (as recommended from the internal audit of health and safety).
- (b) That the audit recommendations had been embedded into the timeline within the report; that it should be recognised that real timescales for implementation would be affected by 'behaviour'.

(by Dr J Ferrie)

- (c) That the timelines seemed generous; as relayed at Audit Committee, there was considered a need to increase the pace.

(by the Finance Director)

- (d) That there was a perceived conflict within the paper in relation to what constitutes a 'zero tolerance' to inappropriate safety behaviours; a minor or major safety behavioural issue should potentially be handled differently, with a major being important to deal with immediately.

(by the Chair)

- (e) That the strategic goal and objectives as well as the tactical actions were otherwise good.

RESOLVED:

- (a) That within the Health and Safety Vision section, inappropriate behaviour statement would be better to be reworded to state, 'not considered acceptable'.
- (b) That the Chair and the Director of Health and Safety review the Health and Safety Plan post meeting.

- (c) That post the above minor changes being made, the Health and Safety Plan be approved.

60/16-17 Steering Committee

CONSIDERED:

The draft Quarterly Steering Report, which includes a review of health and safety element of the Institutional Risk Register, (UHSEC.25/16-17).

REPORTED: (by the Director of Health and Safety)

- (a) That the template presented had been developed to report quarterly to Steering Committee.
- (b) That over the last quarter (January to April) there was a noticeable improvement in health and safety, indicated by the reduced number of 'Red' blocks in comparison with the detail given in the previous report to Steering which showed May to August and September to December.
- (c) That the paper, (UHSEC.25/16-17), was the proposed paper to be presented to the next Steering meeting on the 5 June 2017.
- (d) That whilst recognised there was more work to do to improve health and safety, there was a tendency to be biased towards 'Red' and 'Amber' within this paper; once improvements have been made, any 'Green' issues would naturally disappear from the paper over time.
- (e) That whilst it was felt that the overall ranking of the University was 'Amber', this should be interpreted that the University were progressing in the right direction.
- (f) That a risk profile by department had been carried out as a desktop exercise by the Health and Safety Department which looked at pre- and post- control risk and assurance; this could be demonstrated to members, as it provides some of the detail behind which the ratings are generated from.
- (g) That the 'Dashboard Metrics' and 'Performance Metrics' would be possible to report on once there were software systems in place to capture the data required.
- (h) That a new member of staff appointed to the Health and Safety Department was looking at a new Safety Management System and it was intended for the University to have this in place by November 2017.
- (i) That there remained a need to build in a space in the paper to report on major and minor non-conformances.
- (j) That following incorporation of the Quemis Hazard Management System completion statistics, the completion rate had moved from 16% up to 72% at the time of reporting.
- (k) That once audits were rolled out, compliance would be the key message to Heads of Department.

- (l) That a new (internally served) Improvement Notice had recently been served on Warwick Arts Centre in connection with a lack of a suitable and sufficient risk assessment for the movement of art and sculpture materials into the Mead Gallery.
- (m) That there had been a recent incident (not reflected in the paper) that had occurred connected with Warwick Arts Centre which had been caused by equipment failure of a suspended access gantry where a full accident investigation was ongoing.
- (n) That this incident had been reported to the Health and Safety Executive as a 'Dangerous Occurrence' under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), as a lifting equipment failure.
- (o) That a number of contractors had been engaged in connection with the suspended access gantry to either inspect or maintain this equipment over the years, including Otis, Classic Lifts and Zurich; any lessons learnt would be teased out throughout the course of the investigation.
- (p) That there were no other items of lifting equipment like this at the University and an independent engineering company were to be engaged to identify what went wrong as part of the investigation process.

(by Dr J Ferrie)

- (q) That it was important to ensure that any big messages from within the paper were sufficiently visible to enable them to be brought to the Council's attention; items that give no assurance should be clearly visible.
- (r) That irrespective of there being a drive to put systems into place and improved ways of reporting, the University were still having incidents.
- (s) That it was important that the paper does not provide false assurance; currently the University was not considered to be out of the 'Red'.
- (t) That to retain management focus, it was important to consider how an 'Amber' rating may be interpreted.
- (u) That a change in behaviour would be necessary before the University could move from 'Red' to 'Amber'.
- (v) That there was a need to ensure all management teams were trained in health and safety, including the executive team.
- (w) That consideration should be paid as to whether health and safety should be a standing agenda item on every meeting agenda (but not as the last item).

(by the Chair)

- (x) That it was recognised that a behavioural change would take longer to move from 'Red' to 'Amber'.
- (y) That it could be assured that the Vice Chancellor was taking health and safety seriously.

- (z) That the Vice Chancellor had introduced the Head of Department health and safety training that was delivered on 5 June 2017 and a list of attendees had been recorded.
- (aa) That Faculty Chairs provided a 'soft' management function/role and do not have specific health and safety responsibilities; health and safety responsibilities rest with Heads of Department, as outlined within the University Health and Safety Policy and supporting Leadership and Management document.
- (bb) That it was not considered worthwhile to have health and safety on every meeting agenda if there was nothing to report under this item.
- (cc) That there had been progress in health and safety, but the departmental risk profile may be invaluable to demonstrate where the 'ratings' were driven from.
- (dd) That whilst it was recognised each department had their own health and safety culture, health and safety should be on the agenda of meetings with Heads of Department.
- (ee) That it may be worth reflecting on whether the 'Dashboard' was reporting on the right things.

(by the Director of Estates)

- (ff) That there could be value in separating out 'Exposure' from 'Progress' in the rating status of the University.
- (gg) That it could be more useful to consider whether there could be any health and safety considerations per agenda item.
- (hh) That wellbeing should also be considered by departments, (recognised as a big topic which would be more important from one department to another).

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

- (ii) That if the departmental risk profile showed any 'Red' then the University should remain 'Red'.

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

- (jj) That there could be value in looking at what departments report within their departmental risk assessment each year which get sent to the Institutional Risk Management team.
- (kk) That it was unclear where a review of chemicals should sit, as this did not need to be reflected upon within their departmental risk assessment.
- (ll) That health and safety was not a standing agenda item within any departmental meeting, although the Faculty Chairs did have this on their meeting agenda.
- (mm) That despite having a raised awareness of health and safety since the Head of Department training, if health and safety was on the agenda, it would not be known what should be discussed under this item at their

departmental meetings; this was likely to be different department to department.

RESOLVED:

- (a) That the departmental risk profile be shared with the Operational Risk Management Group and Business Continuity Planning for discussion post agreement with this Committee.
- (b) That a self-assurance checklist/toolkit be developed and rolled out to Departments for collating health and safety information (assurance) and for reporting on.
- (c) That consideration be paid to delivery of health and safety training for those in a management position, as they start with the University.
- (d) That the report to Steering include the overall University Status at the top of the paper, to draw attention to the senior management team and for there to be two boxes, indicating 'Exposure' and 'Trend/Progress'.

61/16-17 Annual Report for 2016

CONSIDERED:

A summary of the University's health and safety, fire safety and occupational health performance during the period January 2016 to December 2016, (UHSEC.26/16-17).

- (a) Health and Safety Performance Report

REPORTED: (by the Senior Health and Safety Adviser)

- i. That there had been an 11% increase in the number of incidents reported, however, this may be somewhat due to greater reporting; out of these only 8 were reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) to the Health and Safety Executive (HSE), which was less than the figure normally reported.
- ii. That of those reported to the HSE, two resulted in intervention by an enforcing agency; one of which resulted in the University receiving a Notification of Contravention Letter.
- iii. That there remained further work to do with colleagues in Finance and Procurement in connection with the selection and procurement of contractors in order to lift the HSE Notification of Contravention Letter.
- iv. That 8 Health and Safety Department Improvement Notices had been serviced over the course of the year, for a variety of non-compliance issues across the Science and Medical Faculty and Estates.
- v. That 40% of the 584 incidents related to matters connected with the Estates Department, 28% being reported within the Science and Medical Faculty and 22% CCSG related; all 'serious' and 'significant' incidents had been investigated and reported.
- vi. That during 2016 there was one potentially serious incident which was reported by CCSG which related to significant property damage (no injury)

in connection with a piece of work equipment cutting through the roof truss of the Desso Hall.

- vii. That 'failure to follow rule/procedure' was the most commonly reported incident category, closely followed by 'slips, trips and falls (on the level)' during 2016.
- viii. That completion of risk assessment and health and safety training had been a focus of attention during 2016 and would continue to be a theme for 2017.
- ix. That around 500 enquiries had been handled through the Health and Safety Department 'Helpdesk', nearly double the volume of enquiries since the previous year.

(b) Occupational Health

(by the Senior Occupational Health Adviser)

- i. That there had been 513 Occupational Health referrals over the course of 2016, which equates to 10% of the University workforce.
- ii. That many of the referrals related to complex cases such as those with long-term health conditions, which should be seen as a positive, as the University looks to accommodate and support people to remain at work by implementing adjustments to accommodate their needs.
- iii. That there had been a higher proportion of 'other' categories of HR referrals this year that were non-work related, such as those who have been diagnosed with cancer.
- iv. That there had been a notable jump this year in relation to those being referred with 'mental health' issues; this could be related to the introduction of the RA1 form and disability framework which is resulting in increased reporting.
- v. That in the mental health/stress category this included work-related stresses being experienced by staff who regularly become interrupted in the workplace or who have been affected by change, with some staff considered more at risk of suffering stress as a consequence of change being imposed on them.
- vi. That staff who get regularly interrupted by students, or who work in open-plan office environments would benefit from being permitted some quiet time to enable them to conduct focused work.
- vii. That both administrative and academic staff reported working longer hours to enable them to complete their work required, due to being affected by interruptions, although this was more noticeable at certain times of year when there were peaks in workload.
- viii. That other work-related mental health referrals related to those under performance management, or individuals affected by change; the latter often triggering referrals from the same group affected.
- ix. That recognition should be paid to how change is introduced within the University, so that those impacted, particularly those areas which tend to

attract more vulnerable work groups, have time to adjust, with the key to ensure good communication through a change management process.

- x. That the majority of musculoskeletal referrals related to those working in accommodation areas; this resulted in a review of bed making activities which included ergonomic training of staff and examined grip strengths and forces required to make different beds in the accommodation blocks.
- xi. That as a result of the work by Occupational Health with the Cleaning teams involved in accommodation areas, worksheets were being generated with pictures on to help educate staff working on each job. This has been felt necessary to tackle the changes being imposed on staff connected with the desire to rotate staff between work areas.
- xii. That the work with the Cleaning team was intended to help tackle the high levels of absence being experienced this year.
- xiii. That 28% of advice given could have been sought directly using pages on the web, rather than speaking directly to someone within the OH team; a target for 2017 would be to better publicise information and make web information more readily accessible.
- xiv. That trends had been identified, including the movement and handling of fire doors by the carpenters in Estates and in this case, Occupational Health worked with the line manager to look to reduce the amount of manual handling required and thus reduce those receiving musculoskeletal injuries.
- xv. That line managers would only be made aware that a member of staff had been referred to Occupational Health if they had completed an RA1 form but staff would be encouraged to complete this to enable HR and line management intervention.
- xvi. That where individuals may have an issue that could have an impact on safety, the recommendations made would be to ensure that sufficient adjustments were put into place to prevent them from harming themselves or others, e.g. where a person had come forward as having a drinking problem, a recommendation would be made to suspend them from driving or operating machinery.

(by the Director of Health and Safety)

- xvii. That there was opportunity to consider how Occupational Health, Disability Services and Wellbeing Student Services could work together for the benefit of staff and students being all being based within the People Group.
- xviii. That the University had applied for a Wellbeing Charter (for staff and students) and were awaiting the final report.
- xix. That staff or students who do not seek help through Occupational Health or through Disability or Wellbeing Support Services could be more at risk and efforts should be made to encourage persons to disclose and obtain support.

(by Dr J Ferrie)

- xx. That the University should reflect on whether there could be a deterioration of the risk profile as the University strives to retain people in work.
- xxi. That there should be consideration paid to ensuring that persons returning or remaining at work do not put themselves or others at risk.

(c) Fire Incident Statistics

(by the University Fire Safety Adviser)

- i. That the number of fires occurring within residential accommodation were similar to those that would be anticipated nationally when compared to domestic dwellings, with the vast majority being cooking related.
- ii. That the difference between the University and national incidents of residential fires, is that the majority in the University occur between midnight and 6am, whereas nationally, these would generally occur in the evening.
- iii. That the fire that had instigated the fire compartmentation review across Westwood had highlighted that the breaches in compartmentation were replicated across similar designed blocks. This review would continue over the summer, with a view of inspecting 1 block of each design, with a proposed completion date in August.
- iv. That remedial firestopping of any breach in the fire compartmentation within kitchen areas was a priority.
- v. That beyond the residential properties, there had been 1 arson event which was caused by youths setting fire to toilet paper within the Cryfield Sports Pavilion.
- vi. That there was a need to maintain sufficient coverage of CCTV in order to identify these incidents early.
- vii. That there was an increase in number of dustbin fires over the course of 2016, caused primarily by disposed cigarettes and barbeques.
- viii. That the Residential Life team would be incorporating more information into the induction material at the start of the academic year.
- ix. That the number of fire alarm activations was levelling out, being similar to previous years with regards to reporting numbers.
- x. That the number of false fire alarm activations should drop further as new technology is introduced into new building stock.

62/16-17 Health and Safety Policies

CONSIDERED:

An annual review of the University's Health and Safety Policy Document and progress towards the development of topic specific policy documents (UHSEC.27/16-17).

REPORTED: (by the Director of Health and Safety)

- (a) That there would be three batches of policies released over the course of the year.
- (b) That a revised timeline would be issued in between meetings including distribution to members of the University Health and Safety Committee.
- (c) That the revised Health and Safety Policy Statement would be launched in November 2017 and comments were welcomed prior to sign off.
- (d) That explicit reference to the University plan and departmental health and safety plans were required to be incorporated.

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

- (e) That the chart depicting the Organisation for Health and Safety was not clear where responsibility lies.
- (f) That Professor Pam Thomas reported that she did have health and safety responsibilities within her job title.

(by Dr J Ferrie)

- (g) That the document should be short and concise to enable staff to understand.
- (h) That the role of Faculty Chairs within the Organisation for Health and Safety chart could be made clearer.

(by the Chair)

- (i) That despite Faculty Chairs being considered as executive management, they were not in the executive line with regards to responsibility; their role was that of influence, rather than responsibility.

RESOLVED:

That clarity be made with regards to Faculty Chairs within the Organisation for Health and Safety chart.

63/16-17 Reports from Health and Safety Committees

RECEIVED:

- (a) University Health and Safety Committee

A report from the University Health and Safety Committee on the discussions held and key decisions reached at its meeting of 2 February 2017 (UHSEC.28/16-17).

- (b) University Genetic Modification and Biosafety Committee

A report from the Genetic Modification and Biosafety Committee on the discussions held and key decisions reached at its meetings of 26 January and 25 April 2017 (UHSEC.29/16-17* {restricted})

RESOLVED:

The Committee noted the content of the reports from the Health and Safety Committees.

64/16-17 Performance Update

RECEIVED:

A report on incidents reported to the Health and Safety Department for the period January to the end of March 2017 and an update on University health and safety performance for the same period (UHSEC.30/16-17 {restricted})

RESOLVED:

The Committee noted the content of the performance update report.

65/16-17 Major Projects Update

RECEIVED:

A report on the status of the health and safety performance of the major projects currently in progress on campus as reported in the Project RAG status report (UHSEC.31/16-17).

RESOLVED:

The Committee noted the content of the major project update report.

66/16-17 Dates of Future Meetings

REPORTED:

That the next meeting dates of the Committee were:

Monday 3 July 2017 (internal only) 10.00-12.00 CMR1.1