

UNIVERSITY OF WARWICK
UNIVERSITY HEALTH AND SAFETY EXECUTIVE COMMITTEE
OPEN MINUTES OF THE MEETING HELD TUESDAY 14 JANUARY 2019

Present	Rachel Sandby-Thomas	RS-T	Registrar (Chair)
	James Breckon	JB	Director of Estates
	Prof. Mike Ward	MW	Head of Department (Chemistry) and UHSC Chair
	Rupert Lawrie	RL	Commercial Director
	Lee Cartwright	LC	Trade Union representative nominated by the University Health and Safety Committee
	Caroline Farren	CF	Senior Health and Safety Advisor (Secretary to the UHSEC)
	Dr. Ian Hancox	IH	Research Technology Engagement Manager
	John Phillips	JP	Director of Health and Safety
	Andrew Smith	AS	Finance Director
	Charlotte Lloyd	CL	Student Sabbatical Officer
In attendance	Duncan Stiles	DS	Head of Compliance and Assurance
	Graham Hakes	GH	Senior Health and Safety Advisor (Commercial, Estates, Professional Services)

Ref	Item
016	<p>Apologies for absence</p> <p>Apologies were received from Prof. David Leadley, Lee Cartwright, Geraldine Mills and Mayur Patel</p>
017	<p>Declarations of Interest</p> <p>No new declarations were made.</p>
018	<p>Minutes of last meeting on 4 November 2019</p> <p>The minutes of the meeting held on 4 November 2019 were received and approved.</p>
019	<p>Matters arising from last meeting on 4 November 2019</p> <p>The matters arising were as follows:</p> <p style="padding-left: 40px;">(a) Governance arrangements relating to overseas travel (minute 071-UHSEC150719)</p> <p>As an outstanding action from the Genetic Modification and Biosafety Committee (GMBSC), it was raised that there could be gaps around the governance of biological research being conducted overseas; it was pointed out that the terms of reference for the GMBSC only considers biological work conducted on University premises. Discussions with Jane Prewett of Research & Impact Services (RIS) had taken place and it was agreed that there would be a review to assess how research considered by Biomedical & Scientific Research Ethics Committee (BSREC) could be tied in with considerations by the GMBSC; this work was ongoing.</p> <p>In connection with the safety of staff and students travelling and working overseas, a meeting involving key stakeholders across the University took place on 7 January 2020. As an output from this meeting, a draft paper outlining some key recommendations would be presented to the University Executive Board (UEB). In brief, there was a recommendation to mandate the use of Key Travel as a travel management company for all flight and hotel bookings, however a number of identified 'blockers' would have to be overcome in order to make this change. Key Travel offer many advantages over staff making their own arrangements, particularly relating to their ability to assist identify where staff are should there be an emergency, and to support their repatriation if required.</p> <p>There was recognition that there would have to be a communications plan outlining the benefits of using Key Travel, including their ability to try to match prices seen online and their usage fee, which was not as high as people perceived. The major issue in connection with utilising Key Travel currently was around the way in which</p>

	<p>staff have to procure the services of Key Travel and there was recognition that this process would need to be slicker to make this work.</p> <p>(b) Chemical Inventory Tool (minute 059-UHSEC200519)</p> <p>The Director of Health and Safety reported that the preferred supplier for the Chemical Inventory Tool was Labcup and that they were currently going through the process of submission of their Information Security Workbook. It was anticipated that the implementation plan could be 3-6 months, but that an IT Project Manager and IT infrastructure still needed to be put into place. Chemistry remained set to be the pilot department and they had been heavily engaged in the procurement process.</p> <p>(c) Student Welfare Governance Structure (minute 068-UHSEC200519)</p> <p>The Director of Wellbeing & Safeguarding would attend the next meeting.</p> <p>DECISION: The Student Welfare Governance Structure to be moved to the next meeting.</p> <p>ACTION: The Director of Wellbeing & Safeguarding to attend the next meeting.</p>
Chair's Update	
020	<p>Chair's Business and Actions</p> <p>The Chair reported that the Information Commissioner's Office (ICO) had just completed their inspection and that they had made a number of recommendations relating to information and data security.</p> <p>The Chair also reported that the Health and Safety Executive (HSE) would be visiting the University on 29th January to review how the University is managing non-ionising and ionising radiation, which was part of a sector wide inspection.</p>
Executive Update	
021	<p>Statutory Inspection and Compliance Programme Board</p> <p>The Director of Health and Safety presented the report (021-UHSEC191219) which contained the minutes of the meeting held by the Statutory Inspection and Compliance Programme Board on Friday 22 November. The committee received and noted the content of the paper.</p> <p>The Chair highlighted that there had been discussions relating to responsibilities and development of the RACI grid for this complex area and that Steven Twynholm, Operations Director in Estates, had proposed a different approach and to use RATS (Responsibility, Authority, Task, Support and Informed) instead which was to go back to the Programme Board. This should enable the University to define what it is that staff have to do, which would support Technical Services Managers and others involved in the discussion who now simply want to be told what to do.</p> <p>The Director of Estates reported that Estates were to expand the number of contractors that they utilise for statutory work, however they were currently maintaining the status quo whilst there were contracts in place with CSW and Walkers in relation to Local Exhaust Ventilation (LEV). The closer contractor management of CSW by Estates was having notable benefits and therefore the plan would be to dedicate a project manager to manage this and the Walkers contract moving forward.</p> <p>Speck & Burke had been appointed to inspect over 1000 regulators, but there was a need to recognise that it would take time to test these and put them back into use.</p> <p>The Director of Health and Safety reported that the proof of concept involving the use of Quemis for data management to support the statutory inspection and planned preventative maintenance (PPM) programmes was moving forward, but there was a need for other departments to utilise this system. It was not possible to identify a timeline for completion of this exercise. By April possibly however, lifting equipment, LEV and pressure systems should be completed. Post this there was a need to focus on other compliance areas such as bulk liquid nitrogen storage, water, etc.</p>

022	<p>New Policies for Biological Safety, Explosives, Laser Safety and Stress Management</p> <p>The Senior Health and Safety Adviser presented the report (022-UHSEC191219) which outlined four new policies for Committee approval. It was reported that the Laser Safety Policy would introduce a committee, which would peer review and approve high risk work involving non-ionising and ionising radiation and it would operate in the same way as the Genetic Modification and Biosafety Committee (GMBSC), reporting in to the UHSEC. Consultation had involved the policy having been presented to the respective departmental health and safety committees and individual high hazard laser users and membership remained in need of refining.</p> <p>The Director of Health and Safety reported that there had been good union engagement in connection with the development of the Stress Management Policy. It was also reported that the Trade Unions had been carrying out stress management inspections across the sector and the University had offered to work with the TU which had been broadly accepted, with the national lead on this likely to visit to discuss matters further.</p> <p>Stress and mental health had been a topic of debate across the sector via the Universities Safety and Health Association (USHA) and that every University was approaching this slightly differently.</p> <p>Mental health first aid training was unlikely to be adopted with the proposal instead to offer stress management training for line managers through a combination of face-to-face and e-learning training.</p> <p>The Chair reported that improving the resilience of individual staff members was also important.</p> <p>The Director of Health and Safety confirmed that changes to HR policies was likely where there was a potential for overlap.</p> <p>A discussion around the need to approach stress of individuals in a balanced way was held. The new Senior Occupational Health Adviser, Charlotte Green, would be looking to support the University and line managers with this.</p> <p>The Chair noted that there was a need to approach this holistically and to consolidate, not duplicate current activity.</p> <p>DECISION: The Committee approved all four policies.</p> <p>ACTION: Policies to be endorsed at University Executive Board.</p>
023	<p>Wellbeing and Safeguarding Strategy</p> <p>In the absence of Hannah Friend, Director of Wellbeing and Safeguarding, it was agreed to move this item to the next meeting.</p> <p>DECISION: The Committee agreed to defer this discussion until the next meeting.</p> <p>ACTION: Invite Hannah Friend to discuss the Wellbeing and Safeguarding Strategy at the next meeting.</p>
Governance	
024	<p>Report from the Asbestos Group</p> <p>The Estates Head of Compliance and Assurance discussed the paper (024-UHSEC191219).</p> <p>The one asbestos related incident, relating to a fly-tipped suspect asbestos containing material (ACM) panel that has been safely disposed of identified a gap in asbestos awareness training and has resulted in training being provided to the Grounds team in Estates.</p> <p>Asbestos re-inspection surveys were underway; all asbestos survey reports were now on a register, available electronically. The plan is to make this information available to the trades staff in due course which would start with a pilot. Enabling the trades to review the ACM survey information prior to undertaking work should speed up jobs, but training was required for all users. If the tradesperson can see that there are no ACM's in the area where the proposed work is to be carried out, then they should be able to proceed, but if suspect asbestos is observed, that works would stop until the checks on the asbestos had been carried out.</p>

	<p>The high priority asbestos remedial programme throughout Physics and Chemistry was to be undertaken shortly.</p> <p>A real improvement had been noticed with the data available on the asbestos register. This should stand the University in good stead if the HSE were to visit regarding asbestos management which they appear to be targeting universities on at the moment. That it was likely that asbestos management would be audited as part of the next round of BSI 18001 audits.</p> <p>It was reported that there were two currently asbestos removal companies but a need to always obtain 3 quotations for asbestos removal; two were currently on a framework. Asbestos Essentials remain the contractor who undertakes assurance testing.</p> <p>The Finance Director asked about risk of bringing asbestos in within research equipment or in research and it was reported that existing research equipment had been included within the asbestos survey programme and that if any equipment brought in since then which is considered to potentially have suspect ACM, then this would be inspected via Estates. All Technical Services Managers were asbestos awareness trained.</p>
025	<p>Report from the PTW Office</p> <p>The Estates Head of Compliance and Assurance discussed paper (025-UHSEC191219) and reported that the new permit system using the Quemis system was just about to go 'live'. This would link to the Estates 'docket system'. A new Permit to Access Plant Rooms was about to be added to the new system and electrical isolation and live working would transfer to the permit system in time.</p> <p>There was an ongoing issue in relation to who authorises the permits, with gaps in training having to be filled. Wellesbourne was to adopt use of the permit system shortly.</p> <p>The Permit Manager audits the system now and again to check that the permits are being effective.</p> <p>It was reported that contractor parking permits would be migrated to Security in time.</p> <p>The Estates Department were receiving more enquiries around the flying of drones with some students designing and building these (and wishing to fly them on campus) and there was uncertainty around the rules available to staff or students in relation to these.</p> <p>DECISION: To identify whether there are any governance arrangements relating to drone use on campus.</p> <p>ACTION: Health and Safety Services to check the University Governance webpages and report back to the Committee.</p>
026	<p>Report from the Fire Group</p> <p>The Senior Health and Safety Advisor (Commercial, Estates, Professional Services) discussed paper 026-UHSEC191219 and reported that the actions following all fire drills were now on SHE Assure, the new safety management system. Similarly, Fire Risk Assessments and recommended actions were being put into the SHE Assure system to help track the close out of actions. In terms of tracking close out of incidents and fire risk assessment recommendations, the close out rate was 70% currently.</p> <p>The Bolton fire was discussed; this triggered a need to respond back to the government on what the University were doing about fire safety. They expected a review to be conducted by an external body of all buildings used by students; the University Fire Safety Adviser has already carried out most of this work. That said, a gap analysis by an external consultant was going to take place towards the end of February, which would identify any deficiencies. The Director of Health and Safety confirmed two different companies had been approached.</p> <p>In response to the Grenfell and Hackett review, the Fire Group had already looked at the recommendations from these reviews and a strategic fire safety group has been developed to look at what we may want to do differently which has met once to date.</p> <p>The Director of Estates reported that there was a need to identify the real risk, and to recognise that we do have incidents. For new buildings these should already be fire compliant, however older building stock there was a programme of work to review and conduct appropriate remedial work to ensure fire stopping is brought up to</p>

	<p>standard which was a big piece of work which will take time and resources to complete. Accommodation was clearly the highest priority.</p> <p>The Director of Health and Safety provided assurance that there was a quick response to the fire evacuation drills carried, which had been stepped up over recent years, and that people would evacuate buildings quickly in the event of a fire; the main issue would be around business continuity associated with the loss of one or more buildings. That said there was still a recognised need to continue to raise fire awareness with the Residential Life Teams and across the student community more generally. Fire induction was included in the student inductions as it has been for years.</p> <p>The Chair requested an estimate of time to complete fire stopping and compartmentalisation, but this was reported by the Director of Estates to be funding dependent and due to the fact that many older buildings contain ACM's and there are access issues, it could take over 5 years. Currently due to the difficulty in accessing buildings, a lot of the work was being carried out outside of normal working hours and that this influences the Estates strategy incorporating the replacement of buildings.</p> <p>The Director of Health and Safety advised that there was a need to ensure that all those that appoint contractors, including those appointed by departments (including ITS) would need to ensure that fire stopping is incorporated into any proposal where compartmentation could be being breached.</p>
027	<p>Health and Safety Performance</p> <p>The Senior Health and Safety Adviser outlined the key points of paper 027-UHSEC191219 which incorporated statistics presented via the Health and Safety Software 'SHE ASSURE' which showed that the close out following reactive monitoring was currently at 54% and following proactive monitoring was 59% which was way below the target figure of 95% for both. 18% of the overdue actions related to minor non-conformities raised during the last BSI audit in October 2019.</p> <p>It was reported also that there had been a need to report 4 incidents to the Health and Safety Executive between 1 August and 30 November 2019 and that during the same period there had been 7 serious incidents, with 1 of these resulting in the serving of an internal Stop Notice. A further 2 related to serious health and safety breaches identified by one of the Health and Safety Officer's in a department relating to poor storage of batteries, materials and chemicals.</p> <p>It was pointed out that there had been 21 visits made by health and safety related enforcing authorities within the last year. From these some minor recommendations were made, including the need for the University to define its mandatory training course frequencies by way of refresher training. Whilst this point related directly to fire, this raises the question about mandatory training more broadly across the University.</p>
Subsidiary and Sub-Committee Reports	
028	<p>Report from GMBSC</p> <p>The Senior Health and Safety Adviser outlined the key points from paper 028-UHSEC191219. This included the concerns raised by the Committee in relation to health and safety oversight of biological risks to staff and students partaking in research overseas, which currently is only considered through BSREC. The Designated Individual for activities licenced by the Human Tissue Authority (HTA) also reported concerns relating to consent and the fact that consent differs between countries even within the EU and that they still awaiting a discussion following the audit by the HTA on this. The HTA report should also provide recommendations relating to sample labelling and storage more widely.</p> <p>Members of this committee considered also how to deal with principal investigators who continually do not follow the University governance arrangements and the law more generally and resulted to prepare a stern letter to a particular principal investigator before taking any further action.</p>

	The work being conducted by Pete Smith in particular (Estates) was commended to the Director of Estates in relation to their efforts in keeping the CL3 facility fitted with belt drives running whilst leak testing and considerations for a new modular CL3 facility continue to be discussed.
029	<p>Report from UHSC</p> <p>The Committee received the paper (029-UHSEC191219) and noted that many of the areas in this paper had already been covered under other agenda items.</p> <p>The Chair of the University Health and Safety Committee reported that Claire Daffern (TU Rep) had discussed a proposed Menopause policy which may be something for the University to consider as a new Human Resources Policy.</p> <p>DECISION: The Committee agreed to discuss this matter with Human Resources.</p> <p>ACTION: The Chair and Director of Health and Safety to discuss with Geraldine Mills and report back to the next meeting.</p>
Items below this line are for receipt and/or approval, without discussion	
030	<p>Revised Terms of Reference</p> <p>The Committee received and noted the report (030-UHSEC191219).</p>
031	<p>Revised Programme of Work</p> <p>The Committee received and noted the report (031-UHSEC191219).</p>
032	<p>Employee Assistance Programme</p> <p>The Committee received and noted the report (032-UHSEC191219).</p> <p>Despite being below the line, the Director of Health and Safety stated that there had been challenges about the way in which reports were being emailed back and forwards pertaining to staff occupational health (OH) matters, issues surrounding how Cohort and the HR system interfaces and data protection. Whilst the ICO had not expressed an interest in reviewing staff OH records, there was a need to ensure that any OH professional standards were not being compromised by the way in which HR interface with them.</p>
Other	
033	<p>Any other business</p> <p>No other business.</p>
Next meeting: 10.00, THURSDAY 6 FEBRUARY 2020, CMR1.0	

DECISIONS AND ACTIONS			
ITEM	DECISION/ACTION	LEAD AND DUE DATE	STATUS
010 – Review of Risk Register	The Director of Health and Safety to re-score the risk rating for departments and report back to the February UHSEC meeting.	John Phillips	Scheduled for the February 2020 meeting.
022- New Policies	DECISION: The Committee approved all four policies. ACTION: Policies to be endorsed at University Executive Board.	John Phillips	For February UEB
023 – Student Welfare Governance Structure	DECISION: The Committee agreed to defer this discussion until the next meeting. ACTION: Invite Hannah Friend to discuss the Wellbeing and Safeguarding Strategy at the next meeting.	John Phillips	To be scheduled for February meeting.
025 – Report from the PTW Office	DECISION: To identify whether there are any governance arrangements relating to drone use on campus. ACTION: Health and Safety Services to check the University Governance webpages and report back to the Director of Estates.	John Phillips	Drone Policy/arrangements to be developed.
029 – Report from UHSC	DECISION: The Committee agreed to discuss a Menopause Policy with Human Resources. ACTION: The Chair and Director of Health and Safety to discuss whether the University should introduce a Menopause Policy with Geraldine Mills and report back to the next meeting.	Rachel Sandby-Thomas and John Phillips	To be scheduled for April meeting.