

UNIVERSITY OF WARWICK

Minutes of the meeting of the University Health and Safety Executive Committee  
held on 31 January 2018

Present: G McGrattan (Director of Human Resources, Acting 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), Professor D Leadley (Head of Department within the Faculty of Science), J Phillips (Director of Health and Safety), Professor E Smith (Director of Centre for Education Studies)

Apologies: R Sandby-Thomas, (Registrar, Chair), Professor J Millar (The Head of Department within the Faculty of Medicine), A Smith (Finance Director), Professor L Young (Pro-Dean External Affairs)

In Attendance: M Patel (Health and Safety Administration Officer, Assistant Secretary)  
D Stiles (Health & Safety and Compliance Manager) for items 21-23/17-18

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

15/17-18 Apologies and Conflicts of Interest

REPORTED: (by the Chair)

- (a) That this meeting was originally planned for December 2017, but that was postponed.
- (b) That apologies were received from R Sandby-Thomas, (Registrar, Chair), Professor J Millar (The Head of Department within the Faculty of Medicine), A Smith (Finance Director), Professor L Young (Pro-Dean External Affairs).
- (c) That should any members 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.
- (d) That members of the Committee were encouraged, wherever possible, to inform the Secretary prior to the meeting of any potential conflicts of interest.
- (e) That Duncan Stiles (Health & Safety and Compliance Manager) will join the meeting for items 7, 8 and 9 to provide details on the Asbestos, Water Hygiene and Permit to Work papers respectively.

RESOLVED:

That no conflicts of interest be recorded.

16/17-18 Minutes

RESOLVED:

That the minutes of the meeting of the Committee held on 16 October 2017 were approved subject to the following revisions being made (additions underlined, deletions struck through):

04/17-18 University Health and Safety Risk Profile

- (k) That could some progress be achieved by the end of ~~December 2017~~ academic year 17-18.

17/17-18 Matters Arising on the Minutes

Chemical Inventory (minute 01/17-18 refers)

REPORTED: (by the Director of Health and Safety)

- i. That proposals had been received from several potential suppliers and that presentations were to be provided by each potential supplier during early April.
- ii. That the procurement process was taking longer than anticipated due to the complexity of the software tools being reviewed and individual workloads, which has meant that the date has had to be pushed back.

(by Head of Department within the Faculty of Science)

- iii. That waiting for availability for all panel members from departments would be difficult and that a smaller group should be involved to make a selection if that was possible.

Chemical storage Westwood Campus (minutes 04/17-18 refers)

REPORTED: (by Senior Health and Safety Advisor)

- i. That work had been progressed to the project stage and that the work had been programmed for completion at Easter.

RESOLVED:

- i. That an update be provided on progress at the meeting post Easter.

Building Manager (minute 04/17-48)

REPORTED: (by Director of Estates)

- i. That the job description had been agreed and that interviews had been delayed but were to take place shortly (early February).
- ii. That two roles were currently being recruited: one for Warwick Accommodation and one for Main Campus 'shared' buildings.

- iii. That the effect of the new position within Warwick Accommodation on the work of the Residential Life Team would need to be identified.

Health and Safety Policies (minute 04/17-18)

REPORTED: (by Director of Health and Safety)

- i. That 21 policies had been completed, made available to the Registrar and need to go to Steering for final approval.
- ii. That the draft policies were made available on the Health and Safety webpages for comment to speed up the process.

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

- iii. That clarification was required on the consultation process for policies due to the short period available for comment and that some staff who forwarded comments did not receive feedback.
- iv. That some staff were unaware on where to find the draft policies for commenting on.

(by the Senior Health and Safety Adviser)

- v. That not all staff were aware of how to navigate to the Health and Safety webpages, due to the complexity of the University webpages and all Departments having their own webpages that staff are directed to.

(by the Director of Estates)

- vi. That feedback would be more appropriate at the implementation stage, when local processes and procedures would need to be created and agreed.

Fire Evacuations on the Science Park (minute 08/17-18)

REPORTED: (by Director of Health and Safety)

- i. That the Science Park carried out their own fire evacuation drills.
- ii. That fire evacuation drills were carried out every six months.
- iii. That for large single occupancy buildings the drills were coordinated by the tenants and reported to the Science Park.
- iv. That for smaller buildings and multiple occupancy buildings drills were coordinated by the Science Park; Brian Nee would be the lead from the Science Park perspective.
- v. That the Board of Directors of the Science Park were ultimately responsible for the fire safety and health and safety.

18/17-18 Chair's Business

REPORTED: (by the Chair)

That members of the UHSEC were encouraged to participate and to share views, thoughts and good practice from within their respective departments or faculties.

19/17-18 Quarterly Reports for Steering and Action Plans from Steering

CONSIDERED:

A paper on the Quarterly Report for the December Steering Committee (UHSEC.09/17-18).

REPORTED: (by the Director of Health and Safety)

- (a) That the risk rating for health and safety remains at RED and will do so until the risk rating for each of the seven higher risk departments move from red to amber.
- (b) That an action plan needs to be developed to enable departments to move from 'red' to 'amber'.
- (c) That the use of internal and external audit and the detail captured should aid in moving the risk ratings to 'amber'.
- (d) That internal audit of the higher risk departments would take place between January and April 2018.

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

- (e) That it should be recognised that there will be inherent risks associated with the activities that Departments engage in that is reflected within the risk profile that may be able to be moved from 'red' to 'amber', but may never be able to move to 'green'.

20/17-18 Health and Safety Risk Profile and Audit Plan

CONSIDERED:

A paper on the next steps for the reduction of 'red risks' as detailed in the Risk Profile tool (UHSEC.10/17-18).

REPORTED: (by the Director of Health and Safety)

- (a) That the external audit of the University's central Occupational Health and Safety Management System (OHSMS) by the British Standards Institution (BSI) in January 2018 highlighted 7 minor non-conformities (with no major non-conformities being identified) and that those minor non-conformities are easily rectified.
- (b) That a more detailed paper will be brought to the next committee meeting.

- (c) That BSI reported concerns over the University's approach to risk assessment and suggested that departments should ideally adopt a standard template as using versions of their own leads to inconsistency of approach and complexity in relation to 'document control'.
- (d) That by University departments having separate processes and templates, it would become difficult to measure and compare progress.
- (e) That BSI suggested the planned external audit originally scheduled for May 2018 be delayed slightly to provide additional time to enable departments to meet the necessary requirements, and that options for some potential dates in August 2018 were being explored.
- (f) That previous discussions at this committee and at Audit and Risk Committee had been clear that external audits of the seven higher risk departments need to be completed before the end of the 2017-18 academic year.
- (g) That each department would be audited to the same OHSAS 18001 standard by a team of trained internal auditors drawn from the Health and Safety Department prior to the external audit.

(by the Chair)

- (h) That it would be advantageous to understand why BSI considered additional time would be useful.
- (i) That members should consider what benefit the extra time would offer departments.
- (j) That the BSI audit could be used to provide an indication on how far away departments were from achieving the accreditation.
- (k) That if the purpose of the audit was to demonstrate that departments were meeting the standard to secure accreditation, would it be more advantageous to wait until it was considered that the standard could be met.
- (l) That it could be more beneficial to complete the BSI audit once all internal audits had been completed and the actions had been closed out.

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

- (m) That two rounds of internal audits, (the first to identify issues and the second to confirm all actions had been closed out) would be preferred before the University invited BSI to attend again.

(by the Director of Estates)

- (n) That the approach suggested by the Head of Department within the Faculty of Science would be preferred by the Estates Department.

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

- (o) That there was concern that the health and safety policies that are about to be launched would have been introduced but there would not have been time for Departments to have implemented them.

RESOLVED:

- (a) That each department receive two internal audits from the health and safety department prior to the external audits being carried out.
- (b) That options relating to alternative dates for external audits be included in the formal paper to be presented to the February meeting of the University Health and Safety Executive Committee.

21/17-18 Report from Asbestos Group

CONSIDERED:

A paper on the work of the Asbestos Group (UHSEC.11/17-18)

REPORTED: (by the Health & Safety and Compliance Manager, Estates)

- (a) That an Asbestos Management Group had been established, which meets three times a year which would provide reports into this Committee.

(by the Director of Estates)

- (b) That every building constructed prior to the year 2000 would have had an asbestos management survey completed.
- (c) That a new Asbestos Management System was being populated with survey data from the above mentioned survey; this contains the most accurate data held by Estates to date and would soon become available to Departments.
- (d) That Departments wanting to carry out their own alterations to a space (building or infrastructure) must observe the information contained on the Asbestos Management System and have completed relevant Asbestos training or go through the Estates Department for the work.
- (e) That for the Estates Department to maintain accurate asbestos records, any alterations carried out must be captured back into the Space Management and its related Asbestos database.
- (f) That information about spaces and asbestos was available through QuEMIS.

22/17-18 Report from Water Group

CONSIDERED:

A paper on the work of the University's Water Group (UHSEC.12/17-18)

REPORTED: (by Health & Safety and Compliance Manager)

- (a) That a new Water Hygiene Manager had been appointed and a Water Safety Management Group established.
- (b) That water hygiene (legionella) risk assessments would be carried out every 2 years.
- (c) That a University Water Safety Plan had been developed by Hydrop, who are consultants appointed to the Estates Department.

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

- (d) That labelling across campus to indicate which tap water was drinkable could be improved.

RESOLVED:

That the arrangements for the labelling of all drinking water outlets across the campus would be reviewed.

23/17-18 Report from PTW Office

CONSIDERED:

A paper on the work of the university's Permit to Work Office (UHSEC.13/17-18)

- (a) That the Permit Officer post was vacant, although cover was in place via the Estates Compliance Officers.
- (b) That permits could be requested but issue time depended on activity.

(by the Chair)

- (c) That there was a perception that permits were only required for activities which posed a health and safety risk.

(by the Director of Health and Safety)

- (d) That activities involving an infrastructure or building fabric change would require a Department to apply for a permit through the Permit Office.
- (e) That 'specified' types of work activities being carried out within a department would require a permit, but departments should introduce their own local permit arrangements if being conducted in their own demise, e.g. hot works or work at heights where there is no change to be made to the building or its infrastructure.
- (f) That departments introducing their own local 'specified' work permits would need the process to be documented and managed.

RESOLVED:

That the policy for applying and issuing permits be reviewed to clarify the requirements.

24/17-18 Report from Health and Safety Committees

REPORTED: (by the Chair)

That whilst papers UHSEC.14/17-18 and UHSEC.15/17-18 were below the line, should anyone wish to raise any substantive matters for the Committee to consider, that these be raised at this point, otherwise, the papers would be noted by members.

(a) University Health and Safety Committee (UHSEC.14/17-18)

RECEIVED:

A paper on the discussions held and key decisions reached by the University Health and Safety Committee at its meetings held on 3 May 2017 and 11 October 2017.

RESOLVED:

The Committee noted the points made.

(b) University Genetic Modification and Biosafety Committee (UHSEC.15/17-18)

RECEIVED:

A paper on the discussions held and key decisions reached by the University Genetic Modification and BioSafety Committee (GMBSC) at its meetings of 13 July 2017 and 24 October 2017.

REPORTED: (by the Senior Health and Safety Adviser)

- i. That there was a substantive item that needed bringing to the University Health and Safety Executive's attention relating to a Containment Level 3 facility which was, following a condition survey, reported to be close to its 'end of life'; the continued loss of pressure has resulted in a number of near misses occurring which, under different circumstances (associated with the type of activity undertaken in this space at the time), could have required reporting to the Health and Safety Executive as a dangerous occurrence.
- ii. That Committee members resolved to write to the Registrar to express their concerns after having already written to the Director of Estates, as there was a perceived lack of urgency in the University acting on the condition survey findings.
- iii. That the Genetic Modification and BioSafety Committee (GMBSC) should consider ceasing research in the space.



RESOLVED:

That a specific update on the progress with the issues relating to the Containment Level 3 facility be tabled at the next University Health and Safety Committee meeting in February.

25/17-18 Any Other Business

REPORTED: (by the Director of Health and Safety)

- (a) That a new Fire Safety Awareness course had been developed and was now available on Moodle.
- (b) That the above mentioned course should be completed by all staff.
- (c) That it would be recommended that the course was repeated annually as a refresher.
- (d) That the Committee should recommend the course is made 'mandatory' for all staff; this may be easier to monitor once the Learning Management System (LMS) is introduced within the new Human Resources System.

(by the Chair)

- (e) That the course should be completed by all new staff at their induction.

RESOLVED:

That future discussion would be required to establish whether to make such courses mandatory.

26/17-18 Date of Future Meeting

13 February 2018, at 14.00, in CMR1.2

3 April 2018, at 14.00, in CMR1.2

30 May 2018, at 13.00, in the Council Chamber (Senate House)

3 July 2018, at 10.30, in CMR1.0