

UNIVERSITY OF WARWICK

Minutes of the meeting of the University Health and Safety Executive Committee
held on 17 December 2018

Present: R Sandby-Thomas (Registrar, Chair), J Breckon (Director of Estates), L Cartwright (Trade Union representative nominated by the University Health and Safety Committee), C Farren (Senior Health and Safety Adviser), Dr I Hancox (Research Technology Engagement Manager), Professor A Lavender (Head of School, Theatre Studies), R Lawrie (Commercial Director), G McGrattan (Director of Human Resources), J Phillips (Director of Health and Safety)

Apologies: B Dhingra (Student representative nominated by the Students' Union and appointed by the Steering Committee), Professor D Leadley (Head of Department within the Faculty of Science), A Smith (Finance Director), Professor E Smith (Director of Centre for Education Studies), Professor L Young (Pro-Dean External Affairs)

In Attendance: M Patel (Health and Safety Administration Officer, Assistant Secretary), G Hakes (Senior Health and Safety Advisor), Dr M Miller (Associate Professor, WMS)
Dr N Waterfield (Chair of the GMBSC) attended for item 26/18-19.

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

15/18-19 Apologies and Conflicts of Interest

REPORTED: (by the Chair)

- (a) That apologies were received from B Dhingra (Student representative nominated by the Students' Union and appointed by the Steering Committee), Professor D Leadley (Head of Department within the Faculty of Science), A Smith (Finance Director), Professor E Smith (Director of Centre for Education Studies), Professor L Young (Pro-Dean External Affairs)
- (b) 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.
- (c) That members of the Committee were encouraged, wherever possible, to inform the Secretary prior to the meeting of any potential conflicts of interest.

(by the Trade Union representative)

RESOLVED:

That despite the Permit Officer raising a potential conflict of interest relating to agenda item 9 'Permit Management', the Chair did not consider that a conflict of interest be recorded.

16/18-19 Minutes

CONSIDERED:

The minutes of the meeting of the University Health and Safety Executive Committee that took place on 22 October 2018.

RESOLVED:

That the minutes for the October meeting be approved.

17/18-19 Chair's Business

REPORTED: (by the Chair)

That there was no Chair's Business.

18-18-19 Matters Arising on the Minutes

(a) Objectives and closing out actions (minute 56/17-18 refers)

REPORTED: (by the Director of Estates)

- i. That Estates project prioritisation programme was incorporated into the 5 year Capital Programme with projects being prioritised based on building condition.
- ii. That Departmental demands for reactive work was through submission of an on-line form on 'Insite'. On a fortnightly basis, submissions were reviewed against a criteria and that these were then escalated for review by the Estates leadership team. Work identified as a 'project' would be registered on the 'Concerto' project management software as either a 'Minor project' or 'Major project'.
- iii. That engagement meetings with clients (Faculty) take place to review projects and additional work requests to ensure that the project brief, design, construction and handover addresses the client's requirements appropriately.
- iv. That Estates currently commission around 350 projects each year.

(By the Senior Health and Safety Advisor)

- v. That one of the reasons for raising this matter is that the Health and Safety Department had informed Estates of what they considered a health and safety priority 2 years ago which had (at the time of the meeting) not yet started, e.g. Chemistry solvent store.

RESOLVED:

That the Director of Estates provide an update regarding the status of the Chemistry solvent store project at the next UHSEC meeting.

(b) Chemical storage Westwood Campus (minute 29/17-18 refers)

REPORTED: (by the Director of Estates)

That the chemical storage facilities and local exhaust ventilation installation project for the Teaching Building on Westwood Campus had now been completed.

(c) Labelling of drinking water outlets (minute 29/17-18 refers)

REPORTED: (by the Director of Estates)

- i. That all drinking water outlets were in the process of being identified.
- ii. That labels had been received in November 2018 and currently outlet labelling was underway.
- iii. That the completion of labelling was anticipated by the end of December 2019.

(by the Chair)

- vi. That labelling of drinking water outlets should not take a year to complete; an earlier date would be welcomed.

RESOLVED:

That the completion date be reviewed by the Director of Estates and an update be provided for the next meeting.

(d) Speed-humps on Leighfield Road (minute 55/17-18 refers)

REPORTED: (by the Director of Estates)

- i. That the design of the speed-humps had now been agreed.
- ii. That a discussion between Estates and the Director of Health and Safety had taken place to identify the best time for speed hump installation.

(by the Director of Health and Safety)

- iii. That prior to the installation date, appropriate signage to highlight the speed limit along Leighfield Road should be considered by Estates.

RESOLVED:

That the installation of the speed-humps on Leighfield Road be completed by April 2019.

(e) Chemical Inventory Tool (minute 04/18-19 refers)

REPORTED: (by the Director of Health and Safety)

- i. That two potential suppliers for a single chemical inventory tool for the University had been identified.
- ii. That three of the five panellists had failed to submit their scoring in time; scores had been submitted by IT Services and the Health and Safety Department.
- iii. That due to the above, the final selection panel for the appointment of a preferred supplier had to be postponed until January 2019, when it is anticipated that all scores will have been submitted.

19/18-19 OHSAS 18001 Audit Update

CONSIDERED:

A paper on 18001 Stage 2 Audit follow-up carried out by the British Standards Institute (BSi) during the November 2018 (UHSEC.13/18-19)

REPORTED: (by the Director of Health and Safety)

- (a) That the Stage 2 Audit follow-up of the seven higher risk department was completed by BSi in November 2018.
- (b) That the Major Non-conformities relating to Statutory Inspection of lifting equipment, pressure systems, bulk gas storage and Local Exhaust Ventilation Systems (including chemical fume cupboards and bio-safety cabinets) and Statutory Testing for Water Hygiene, including Legionella control measures had been successfully closed out following the University having developed a structured action plan to address the matters raised.
- (c) That as a result of the downgrading of the Major Non-conformities BSi was prepared to Certificate the University's Occupational Health and Safety Management System to OHSAS 18001.
- (d) That by entering into certification the University were committing to a three year cycle of surveillance visits, which consist of a three day auditing by BSi every 6 months at a cost of just under £6K per annum. These costs can be accommodated within the current Health and Safety budget.

- (e) That each of the seven departments would be audited by BSi at least once in the three year period, with additional audits being required of departments on a risk basis.
- (f) That the proposed scope for initial certification was: *The provision of higher education teaching to individuals and research activities in the following departments at the University of Warwick: School of Life Science, Warwick Medical School, Chemistry, Physics, Warwick Manufacturing Group and School of Engineering, plus the provision of professional services in support of these departments by the Estates (Operations) and Health and safety departments.*
- (g) That a paper was submitted to the University Executive Board, following discussion at the Audit and Risk Committee, where the proposal to adopt certification was approved, with the proviso that Research Technology Platforms (RTPs) be brought within scope at the earliest opportunity.
- (h) That additional departments across the University, outside the seven high risk departments had shown interest to be included for certification.
- (i) That departments which fail to reach the required level would be provided with 6 months to apply the corrective actions; if 6 months was considered unachievable then ultimately departments could be removed from scope.

(by the Head of Department within the Faculty of Science (via e-mail))

- (j) That whilst it was clear a mark of progress that BSi were prepared to certify the University, a concern was raised that gaining and maintaining 18001 certification would create a lot of extra work with limited gains in actually having a safe working environment.
- (k) That at this point in time staff within departments were struggling to understand what benefit the development and implementation of a whole series of new health and safety processes would have.

(by the Trade Union representative)

- (l) That consideration be paid to other departments who had shown an interest in gaining certification and the impact that this could have.

(by the Director of Human Resources)

- (m) That consideration be paid to departments who do not meet the required level once the University had been certified to OHSAS 18001.

(by the Chair)

- (n) That plans should be drafted in relation to further roll out and how this would be achieved.

RESOLVED:

That the Director of Health and Safety continue with certification for the seven higher risk departments and provide an update relating to the rollout to RTPs at the next UHSEC meeting, with some provisional ideas relating to other departments to also be included in such an update.

20/18-19 Statutory Inspection Project

CONSIDERED:

A paper on the progress with the Statutory Inspection Project (UHSEC.14/18-19)

REPORTED: (by the Director of Health and Safety)

- (a) That the Statutory Inspection Project was underway.
- (b) That the immediate actions of tagging equipment and the creation of an accurate inventory was being carried out by a team of experienced Estates staff seconded to the project under the guidance of a core project team.
- (c) That it was not possible to provide an estimate of the number of assets that would need to be registered at this time as departments have equipment stored in various locations and do not routinely dispose of equipment when it is no longer in use.
- (d) That upon completion of the project, untagged items (that should have been tagged) would be removed and would need to be quarantined and if not claimed after a pre-defined period, disposed of.
- (e) That long term actions were focussed on clarifying/re-defining the responsibilities for statutory testing and for developing processes in order to minimise ambiguity and prevent recurrence of issues identified during the BSi audit.
- (f) That good progress had been observed in many key areas, but there remained concern in relation to the 10 bulk storage tanks, with one of the tanks (the main nitrogen tank for Chemistry) being particularly problematic having reached its end of life.
- (g) That the liquid nitrogen tank had been taken out of use after the supplier raised concerns relating to its safety and integrity and that additional, more frequent deliveries to cope with demand had been arranged whilst a project had been set up with the Estates Department.

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

- (h) That the activity of tagging assets in the Materials and Analytical Sciences building was not communicated effectively by the Estates tagging team, with staff in the department seemingly unaware of the process.
- (i) That the task could have been made easier, as an inventory of statutory items by room already existed in Physics. A concern was therefore raised

that only a subset of items appeared to have been tagged and that a further set of visits could be likely.

RESOLVED:

That the Director of Estates update the UHSEC with a completion date for asset tagging at the next meeting.

21/18-19 Statutory Dashboard

CONSIDERED:

A paper on the dashboard metrics relating to statutory testing (UHSEC.15/18-19)

REPORTED:

(by the Director of Estates)

That the report outlined completed and uncompleted works for Estates' responsible work that they had identified relating to statutory testing and planned preventative maintenance. This report identified a total number of 8373 jobs having been allocated over an annual period with 97.4% of work completed on time, 1.5% completed but not within the allocated timescale and 1.1% of works remaining outstanding.

RESOLVED:

That the Director of Estates provide an update of the work that was reported to be outstanding to the next UHSEC meeting.

22/18-19 Asbestos Management

CONSIDERED:

A paper on the most recent meeting of the Asbestos Working Group (UHSEC.16/18-19)

REPORTED: (by the Director of Estates)

- (a) That a new Asbestos Manager had been appointed who started work in November 2018, a Mr Mark Henry.
- (b) That the New Electronic Asbestos register had been finalised.
- (c) That an on-line Asbestos register Moodle had been developed with support from Health and Safety Services.
- (d) That departmental representatives and key Estate staff had been granted access to the new electronic asbestos system.

- (e) That 88 asbestos re-inspections had been completed in 2018.

23/18-19 Permit Management

CONSIDERED:

A paper on work of the Permit Office (UHSEC.17/18-19)

REPORTED: (by the Director of Estates)

- (a) That a Permit Officer, Mr Lee Cartwright, was appointed in June 2018.
- (b) That monthly permit reviews now take place, led by the Estates Compliance and assurance Team.
- (c) That a new electronic permit system was under development with the Estates IT services provider, Quantarc. It was anticipated that the new system would become available for testing from January 2019 with a view to start roll out from May 2019.
- (d) That the new system would include multi permit requests, enabling persons to apply to for a single permit to cover all activities involved.
- (e) That training had been supplied by the Permit Officer to relevant departments, highlighting the process of applying for a work permit and the time required for approval.

24/18-19 Fire

CONSIDERED:

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

REPORTED: (by the Senior Health and Safety Advisor)

- (a) That the Fire Safety Working Group meeting was held on 26 September 2018.
- (b) That Fire Warden Training Guidance had been issued to all Head of Departments and was available on the Health and Safety Services webpages.
- (c) That a Fire Warden e-learning Moodle course had been developed and was available to staff and students.
- (d) That Fire Risk Assessments continue across campus with a view to complete 60 in academic year 2018-19.
- (e) That Fire Extinguisher Training, which includes appropriate practical training in the safe use of extinguishers had been sourced for departments that had identified a need for this type of training.

- (f) That the development of a general e-learning Moodle for improving awareness of correct extinguisher usage was planned for launch in the first half of 2019.
- (g) That 22 Evac chairs had been purchased and were being located around campus in key buildings, with a further 17 on order.
- (h) That Evac chair training was being provided to Fire Wardens and Security staff.
- (i) That work continued looking at compartmentation with work currently looking at the Rootes building, assessing ceilings, walls and doors.

25/18-19 Health and Safety Updates to Other Committees

CONSIDERED:

A paper on recent updates provided to Steering Committee and the Audit and Risk Committee (UHSEC.19/18-19)

REPORTED: (by the Director of Health and Safety)

- (a) That a paper was submitted to the Audit and Risk Committee in November 2018, providing an overview of the incident leading to, and actions taken as a result of, a Letter of Notification of Contravention (NOC) received from the Health and Safety Executive, which was issued in Response to a high Legionella count at Cryfield Pavillion.
- (b) That the University's formal response was sent to the HSE on 15 October 2018, and, in addition to including confirmation of the immediate actions taken, the response detailed further actions to be taken across the University in relation to the cleaning, disinfection and maintenance of TMVs in all relevant water systems.
- (c) That the HSE had confirmed that they were content with the improvements that were being adopted by the University, had updated their records to reflect the action taken and that they require no further action from the University.
- (d) That there was an ongoing project to review and update all of the Legionella Risk Assessments as required under the HSE's Approved Code of Practice 'Legionnaires' Disease.

26/18-19 Report from Genetic Modification and Biosafety Committee*

CONSIDERED:

A paper on the most recent University Genetic Modification and Biosafety Committee (GMBSC) (UHSEC.20/18-19)*

REPORTED: (by the Chair of the GMBSC)

CONFIRMED

- (a) That seven generic risk assessments and their supporting guidance was reported to have been published to help researchers assess biological research risk, along with flowcharts to guide users to the right forms.
- (b) That one plant researcher had not provided their plant based risk assessment on time. The late submitted risk assessment would benefit from further clarification being provided relating to the work being carried out.
- (c) That at the July GMBSC meeting it was resolved that the University Biosafety Advisor and the Technical Assurance Manager (for the School of Life Sciences/Warwick Medical School) review the project list and look to find a solution to archive projects which were no longer active, or where persons had left the University.
- (d) That the project to swap the BMRI CL3 suite fan belt drives over to direct units (planned for the November shutdown) had been delayed due to research needs for use of the facility; the major refurbishment works was now scheduled for the May 2019 shutdown.
- (e) That at the July GMBSC meeting it was reported that the business continuity issue relating to a separate CL3 laboratory, namely the control panel only communicating with an old laptop owned by a particular contractor was becoming critical and it was resolved to find funds for a replacement.
- (f) That at the October GMBSC meeting it was reported that the School had failed to obtain capital funding to replace the control panel after having been advised that this was not a 'maintenance' issue, however at this meeting, which involved the new Head of Maintenance, a maintenance programme for the BMRI suite was agreed along with the need to secure funds for the replacement of the control panel in the other facility.
- (g) That at the July GMBSC meeting two biological incidents were reported. One classified at 'serious' involved a fuse blowing in the plant room affecting the air handling of the CL3 suite. On investigation the cause was a result of the Building Management Services (Estates) carrying out work on a fan inverter. The second classified at 'significant' involved a conical flask containing a fungal culture shattering whilst being shaken. As the fungus was not a licensed material there was no need to inform the Plant Health and Seeds Inspectorate.
- (h) That since the October GMBSC meeting a further incident involving the ceiling collapsing to the one CL3 laboratory had meant that the University had now lost functionality of this CL3 laboratory facility (one of two) which was the one still needing a control panel reinstallation.
- (i) That the ceiling collapse incident was reported to be a significant event to the GMBSC, who have subsequently had to negotiate and manage the risks of the ongoing containment level 3 work that had been taking place inside this space (all be it that the work had been suspended during the shutdown when this incident happened, meaning there was no risk) and look to re-occupy and utilise the other CL3 laboratory.

- (j) That ongoing negotiations were taking place with Estates in order to replace the ceiling, however it remained unclear who was to fund the costs associated with this work.
- (k) That the annual compliance visit by the Counter-Terrorism Security Advisor took place during October 2018 and considered security issues relating to the new IBRB new build project.

(by the Director of Human Resources)

- (l) That procedures for 'leavers' of the University should incorporate a review of stocks or materials held by the individual concerned, however, this would need to be developed at a departmental level where there is knowledge on what information would be useful at this time.

(by the Chair)

- (m) That it may be advisable to review the current proposal for the IBRB building which currently does not include a containment level 3 suite into its design scheme as the costs of installation of a new build may outweigh the costs of a refurbishment (although it was recognised that the University would remain without a CL3 facility for some time yet).

RESOLVED:

That the Director of Estates, GMBSC Chair and Senior Health and Safety Adviser prepare a proposal to secure funding for the upgrading of the containment level 3 laboratory facilities.

27-18-19 Report from University Health and Safety Committees

CONSIDERED:

A paper on the University Health and Safety Committee (UHSEC.21/18-19)

REPORTED: (by the Senior Health and Safety Advisor)

- (a) That the annual Health and Safety Self-assessment Checklist was sent to Head of Departments during October 2018.
- (b) That the changes made to the Terms of Reference for the Health and Safety Committee was reported, this included the Science, Engineering and Medical Faculty Health and Safety Chairs becoming formal members of the UHSC.
- (c) That changes to policies introduced and funding implications were to be discussed at the next UHSC meeting.
- (d) That members discussed changes to the existing smoking policy. It was recognised that a total ban was not feasible on a campus like Warwick, but consideration be given to 'hot spots' like Library Bridge, Loading Bays and Compactor areas, abolish selling cigarettes on campus sites and smoking/vaping shelters across campus.

RESOLVED:

That it was recognised that introduction of a smoking policy which involved a part or total ban across campus, or introduced of other similar schemes was not currently something that the Committee could support, as further consideration needs to be given to the practicalities associated with implementing and maintaining such a ban.

28/18-19 Date of Future Meeting

11 February 2019, at 12.45, in CMR1.0

8 April 2019, at 12.45, in CMR1.0

20 May 2019, at 12.45, in CMR1.0

15 July 2019, at 12.45, in CMR1.0