

UNIVERSITY OF WARWICK

Minutes of the meeting of the University Health and Safety Executive Committee
held on 3 July 2018

Present: R Sandby-Thomas (Registrar, Chair), D Stiles (Compliance and Assurance Manager) vice 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), G McGrattan (Director of Human Resources), Professor J Millar (The Head of Department within the Faculty of Medicine), J Phillips (Director of Health and Safety), M Roberts (Director of Campus Services and IT), A Smith (Finance Director), Professor E Smith (Director of Centre for Education Studies)

Apologies: J Breckon (Director of Estates), Professor L Young (Pro-Dean External Affairs)

In Attendance: M Patel (Health and Safety Administration Officer, Assistant Secretary) and G Hakes (Senior Health and Safety Advisor) for agendum 62/17-18.

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

52/17-18 Apologies and Conflicts of Interest

REPORTED: (by the Chair)

- (a) That apologies were received from J Breckon (Director of Estates), 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.

RESOLVED:

That no conflicts of interest be recorded.

53/17/18 Minutes

RESOLVED:

That the minutes for the May meeting be approved.

54/17-18 Matters Arising on the Minutes

(a) Building Managers (minute 04/17-18 refers)

REPORTED: (by the Compliance and Assurance Manager)

- i. That the two Building Managers within Administration/Academic areas have now been appointed.
- ii. That both new Building Managers started on 2 July 2018.
- iii. That a review of other, lower risk areas will be carried out to ascertain if similar Building Manager support would be of benefit.

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

REPORTED: (by the Compliance and Assurance Manager)

- i. That a new Project Manager has been appointed as the previous Project Manager has left the University.
- ii. That the newly appointed Project Manager is currently reviewing the chemical storage safety cabinets for their suitability.
- iii. That this recent change in Project Manager has resulted in the project delivery to be delayed.

RESOLVED:

That a written timeline for completion of the work is required and progress against this timeline to be provided at the next UHSEC meeting.

(c) Drinking water outlets (minute 29/17-18 refers)

REPORTED: (by the Compliance and Assurance Manager)

- i. That the labelling of drinking water outlets across campus is yet to be completed.
- ii. That tagging of outlets will be included within the water strategy along with asset mapping.

(by the Chair)

- iii. That a concerns was raised in relation to the progress and delivery of the project.

RESOLVED:

That a written timeline for completion of the labelling of drinking water outlets is required and progress against this timeline to be provided at the next UHSEC meeting.

(d) BMRI CL3 Laboratory (minute 36/17-18 refers)

REPORTED: (by the Senior Health and Safety Adviser)

- i. That there is still a need to identify a new company to undertake the proposed work, as the previous preferred supplier has withdrawn their services.
- ii. That two potential providers of this service have been identified, have visited the site and are in the process of providing quotes for the work.
- iii. That both companies have carried out similar work at other Universities, so there is high confidence that the required specification should be met.
- iv. That the design of the refurbishment of the plant within the BMRI CL3 suite needs to be developed with longevity in mind, as the suite will be required for a significant period of time.

RESOLVED:

That a written timeline for completion of the CL3 work is required and progress against this timeline to be provided at the next UHSEC meeting.

55/17-18 Chair's Business

REPORTED: (by the Chair)

- (a) That a number of cycling accidents had been reported relating to the newly replaced speed humps on Leighfield Road.

(by the Director of Health and Safety)

- (b) That warning notices have been placed close to the area warning cyclist and vehicles of speed bumps, and more were on order.
- (c) That the natural light at this time of year in this area had made the speed humps and signage difficult to see, and, even though speed bumps had been painted various colours they are still difficult to see.
- (d) That there was uncertainty as to whether the humps were appropriate on a known cycle route and whether they meet the relevant standards.

RESOLVED:

- (a) That the height of the speed bumps be measured and checked against relevant standards from the Department for Transport on traffic calming.
- (b) Estates to investigate and implement a longer term solution accordingly.

56/17-18 Revised H&S Objectives

CONSIDERED:

A paper on changes to the Health and Safety Objectives (UHSEC.32/17-18)

REPORTED: (by the Director of Health and Safety)

- (a) That the Health and Safety Objectives for the University set in 2016 had been further refined to include more specific timeframes and measures, as required under the OHSAS 18001 standard.
- (b) That the refined objectives were shared with the Audit and Risk Committee in May 2018.
- (c) That Heads of Department were expected to ensure that these objectives were incorporated into their departmental objectives and were measured through their Health and Safety Committee meeting and/or senior team meetings.
- (d) That the amendments made to the objectives were indicated as per the paper.
- (e) That the Risk Assessment, Proactive Monitoring and Reactive Monitoring objectives would be measured through the new H&S Software Tool (SHE Assure).
- (f) That actions raised during the internal departmental audits were currently being logged on a spreadsheet and monitored; it could be reported that non-completion of actions was evident.
- (g) That the training objective would be measured through the new Learning Management System (LMS) and currently the only measurement possible was through the Moodle e-learning packages that have been developed, namely, 'Health and Safety Induction', 'Fire Safety Awareness' and 'Risk Assessment'.

(by the Chair)

- (h) That communication would be necessary to ensure that departments understand and support achievement of these objectives.
- (i) That there was a need for the Estates 'docket system' to have a flag where related to a health and safety priority, such that it be given higher priority for action once received by Estates.
- (j) That there was a need to understand the process for monitoring completion of jobs that have been sent in to Estates for their action, whether this be for reactive or proactive work.

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

- (k) That Heads of Department may find completing actions following proactive or reactive monitoring within a 3 month period impossible when actions are

passed on to other Departments to carry out work, such as Estates; particularly when Estates have their own priorities.

- (l) That there was a risk of jobs being given a low priority by Estates and never being actioned, or being delayed due to other work commitments, or being closed out, but no action having been taken.

(by the Director of Campus Services and IT Services)

- (m) That the mechanism presently used within Estates for the prioritisation of reactive work and minor projects, all of which potentially impacts on departments, should be shared.

(by the Compliance and Assurance Manager)

- (n) That the Estates objectives were likely to change with the introduction of a new Head of Maintenance.
- (o) That jobs were currently 'triaged' and then distributed to either maintenance or project teams accordingly.

RESOLVED:

- (a) That the objectives be communicated to departments in writing and via their Health and Safety Committees and Audit Committees.
- (b) That for departments which do not have a Health and Safety Committee, communication should be via their Health and Safety Representatives as provided in the Head of Department H&S annual response; the best course of communication to be investigated.
- (c) That the Estates process for prioritising reactive work and projects requested by departments, especially those relating to Health and Safety issues, be provided at the next UHSEC meeting.
- (d) That the Director of Estates investigate a mechanism to provide relevant departments with key information on the progress and timelines relating to reactive work and minor projects.

57/17-18 Chemical Inventory Timeline

REPORTED: (by the Director of Health and Safety)

- (a) That from the potential suppliers who presented on the chemical inventory system, one provider appeared to be able meet more of the original specification but not all.
- (b) That a discussion was required with the Procurement Department as to the next steps required.

(by Director of Campus Services and IT Services)

- (c) That no one company would be able to fulfil the full requirement outlined in the specification.
- (d) That departments should be asked what was important for them to have from the original specification.
- (e) That departments be supplied with information of what vendors could offer as a minimum and then what else they would 'like' rather than what they believe they 'need'; this should result in a reduced specification.

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

- (f) That when a supplier has been identified we should purchase what they offer to reduce delivery time instead of trying to obtain a bespoke package.

RESOLVED:

That an agreement be reached with the Procurement Department on the steps necessary to move this project forward and further progress with the best of the current potential suppliers, and that an update be provided at the next meeting of UHSEC.

58/17-18 Lead Policy

CONSIDERED:

A paper on a proposed change to the Lead Policy (UHSEC.33/17-18)

REPORTED: (by the Director of Health and Safety)

- (a) That at present the University's Lead Policy requires researchers wishing to work with Lead or Lead Compounds to seek pre-approval from the University Health and Safety Executive Committee.
- (b) That this process could potentially lead to time delays due to the gaps between meetings of this Committee.
- (c) That the acquisition of Lead and Lead Compounds by researchers was considered infrequent and each order was limited to small amounts, thus presenting a lower risk than anticipated at the time the policy was written.
- (d) That it was proposed that the second point in the 'Core Principles' section of the Lead Policy be amended to read as follows (new content underlined and content to be deleted scored through).
 - "The use of lead or lead compounds in a research setting must be approved ~~at the University Health and Safety Executive Committee, by~~ the Director of Health and Safety, before it is acquired or brought into the University."

RESOLVED:

That the proposal put forward by the Director of Health and Safety be approved.

59/17-18 British Standards Institution Stage 2 Audit Progress Report

CONSIDERED:

A paper on the progress with the OHSAS 18001 Stage 2 Audit being carried out by BSi (UHSEC.34/17-18).

REPORTED: (by the Director of Health and Safety)

- (a) That the internally delivered OHSAS 18001 audits across the high risk departments had now been completed with the exception of one audit for Warwick Manufacturing Group.
- (b) That the External Auditor had completed their first two days of the Phase 2 audit process at the time of the UHSEC meeting.
- (c) That all 7 minor non-conformities identified during the Stage 1 external audit in January had been closed.
- (d) That the Stage 2 external audit of the University's central Occupational Health and Safety Management System (OHSMS) by BSi had highlighted 4 new minor non-conformities with no major non-conformities being identified.
- (e) That all four minor non-conformities raised would be rectified easily.

60/17-18 Review of Risk Profile Scores

CONSIDERED:

A paper on the revised scoring of the risk profile tool for the seven higher risk departments of the University (UHSEC.35/17-18).

REPORTED: (by the Director of Health and Safety)

- (a) That following the completion of the Health and Safety Department delivered internal audits, the seven higher risk department's risk profile rating had been reviewed and updated accordingly.
- (b) That all departments had seen an improvement in their score, with Physics and Estates provisionally being moved from 'Red' to 'Amber' status.
- (c) That there was a significant improvement in the assurance rating for the School of Life Science, Warwick Medical School and Engineering.
- (d) That Warwick Manufacturing Group currently remained without a Health and Safety Officer in post, but an appointment was to be made shortly, with a member of existing staff currently seconded into the role.

RESOLVED:

That on completion of the Stage 2 Audit in early August the risk profile rating be reviewed and updated accordingly again having taken into account all the findings from the BSi Audit.

61/17-18 Report from Statutory Inspection Group

CONSIDERED:

A paper on the work of the University's Statutory Inspection Group (UHSEC.36/17-18).

REPORTED: (by the Compliance and Assurance Manager)

- (a) That the Terms of Reference for the group had been agreed.
- (b) That the group would advise on compliance with statutory and mandatory inspections and associated Planned Preventative Maintenance schedules across the University.
- (c) That a Local Exhaust Ventilation (LEV) equipment audit was underway to review LEV systems, identifying their location, who has responsibility and who undertakes the statutory testing, maintenance and repair.
- (d) That gas networks required a visual check yearly with a full check every 5 years; a review was underway to establish where the gas network responsibility stops and the University responsibility starts.
- (e) That a Lift and Lifting Equipment audit to assess the compliance of internal and external processes was underway; this audit would examine defects reported via the Crimson system and how these were being actioned.
- (f) That some departments were still unsure how to arrange Portable Appliance Testing (PAT).
- (g) That fixed ladder checks would be undertaken across the University, requiring Estates to either inspect these using trained direct labour or via an external contractor.

RESOLVED:

That the Statutory Inspection Group produce a report, using the dashboard data and metrics already being gathered in relation to inspections which are mandatory (statutory) or required under University policy, and that these be presented in future reports to the UHSEC.

62/17-18 Report from Fire Safety Group

CONSIDERED:

A paper on the work of the University's Fire Safety Group (UHSEC.37/17-18).

REPORTED: (by the Senior Health and Safety Advisor)

- (a) That the Terms of Reference for the group had been agreed.
- (b) That the group had received a presentation from the External Services Engineer (Estates) and the Trinity Fire Manager relating to maintenance of the University Fire Safety System to improve understanding in this area.
- (c) That centrally timetabled spaces had been issued with bespoke fire evacuation notices.
- (d) That Fire Warden Training was under development and would be available via an e-Learning Module through Moodle soon.
- (e) That the number of Fire Wardens required per building was yet to be established.
- (f) That in future a Fire Extinguisher Training e-Learning course would be developed.
- (g) That following non planned fire evacuations, the Fire Observation Forms had been shared with relevant building representatives. Shared space Fire Observation Forms were to be provided to numerous people / departments who occupy these buildings in order to share lessons learnt.

63/17-18 Performance Report

CONSIDERED:

A paper on health and safety performance for the period December 2017 to May 2018 (UHSEC. 38/17-18).

REPORTED: (by the Senior Health and Safety Advisor)

- (a) That the period of reporting on the paper should read December 2017 to May 2018; this would mean that some of the information would repeat some of the discussion had at the committee's previous meeting.
- (b) That the number of incidents reported (including near misses) had decreased slightly compared to the previous six months.
- (c) That the highest incident category was 'Slip, Trip, Fall' (STF) which increased approximately by 24% compared to the previous six months.
- (d) That thirteen of the 'significant/serious' incident warranted a RIDDOR report as a result of over 8 day absence from work.
- (e) That one serious reportable incident involved an electrical fire within a construction site associated with the redevelopment of the Art Centre as reported at the last meeting.
- (f) That the QuEMIS Hazard Management System completion rate currently sat at 97.3%.

- (g) That 62% of the internal 18001 audit programme had been completed and reported on across the 'high' risk Departments. Of the information currently collated, the internal audit programme had identified 43 major non-conformities and 126 minor non-conformities.
- (h) That the overall risk rating for the University of Warwick remained 'Red' or 'high risk'.

RESOLVED:

That a report be provided on what is being done to improve the incidence of 'Slip, Trip, Fall' accidents on walkways, pavements and roads in shared areas in particular, and, that this be presented as a paper to the UHSEC.

64/17-18 Health and Safety Plan

CONSIDERED:

A paper on progress made with the Health and Safety Plan for 2017-18 (UHSEC. 39/17-18).

REPORTED: (by the Director of Health and Safety)

- (a) That progress had been made against the plan in areas including completion of hazard assessments, the introduction of a new inspection process and the introduction of internal 18001 audits.
- (b) That a delay had been experienced with the development of some e-Learning (Moodle) modules due to re-prioritisation of work for the Training Officer. Work has had to be prioritised for Hazard Waste, Fire warden, Food Safety and Allergen modules which were not originally included in the October 2018 plan.
- (c) That a delay with the fire stopping and compartmentation programme had been experienced due to the full extent and complexity of work only becoming fully evident in late 2018. The work would be contracted out and was anticipated to be a project that will last 5 years.
- (d) That there had been a delay with the delivery of the compliance audits due to the scale and complexity of delivering such an audit.
- (e) That there had been delays with the procurement of the Chemical Inventory Tool and the H&S Software Tool due to the additional GDPR requirements being introduced part way through the procurement process.

RESOLVED:

That outstanding items be carried forward into the 2018-19 Health and Safety Plan.

65/17-18 Any Other Business

REPORTED: (by the Chair)

- (a) That it was understood that there had been several sightings of a South African civet (wildcat) on campus.

(by the Director of Health and Safety)

- (b) That the South African civet had been notified to the local RSPCA and the police; it was established that the cat was nocturnal and should not pose a threat to campus users unless it was felt threatened.
- (c) That the recent HSE reportable incident on site involving an HGV driver falling and breaking their wrist whilst trying to remove items that had not been palletised would be reported through Keir Construction as this incident was as a result of their activity.

66/17-18 Date of Future Meetings

Monday, 22 October 2018	Full committee	12:45	14:45	CMR 1.0
Monday, 17 December 2018	(Internal only)	12:45	14:45	CMR 1.0
Monday, 11 February 2019	Full committee	12:45	14:45	CMR 1.0
Monday, 08 April 2019	(Internal only)	12:45	14:45	CMR 1.0
Monday, 20 May 2019	Full committee	12:45	14:45	CMR 1.0
Monday, 15 July 2019	(Internal only)	12:45	14:45	CMR 1.0