

UNIVERSITY OF WARWICK
UNIVERSITY HEALTH AND SAFETY EXECUTIVE COMMITTEE
OPEN MINUTES OF THE MEETING HELD Thursday 10^h December 2020

Present	Rachel Sandby-Thomas	RS-T	Registrar (Chair)
	Lee Cartwright	LC	A Trade Union representative nominated by the University Health and Safety Committee
	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
	Prof. David Leadley	DL	Head of Department within the Faculty of Science
	Prof. Rebecca Earle	RE	Head of Department within the Faculty of Arts
	Prof. Michael Ward	MW	Chair of the University Health and Safety Committee
	Sarah Duggan	SD	Head of Department within the Faculty of Social Science
In attendance	Graham Hakes	GH	Senior Health and Safety Advisor (Commercial, Estates, Professional Services)
	Duncan Stiles	DS	Head of Compliance and Assurance
	Kevin Edwards	KE	Chief Finance Officer - Estates
	Mayur Patel	MP	Assistance Secretary to the UHSEC
Ref	Item		
014	<p>Apologies for absence</p> <p>Apologies were received from Geraldine Mills, James Breckon, Rupert Lawrie, Caroline Farren.</p> <p>The Chair formally welcomed Sarah Duggan from the Faculty of Art representing the Faculty of Social Science.</p>		
015	<p>Declarations of Interest</p> <p>No new declarations were made.</p>		
016	<p>Minutes of last meeting on 05 November 2020</p> <p>The minutes of the meeting held on 05 November 2020 were received and approved.</p>		
017	<p>Matters arising from last meeting on 05 November 2020</p> <p>The matters arising were as follows:</p> <p style="padding-left: 40px;">(a) Drone policy (minute 025-UHSEC060220)</p> <p>The Chair informed the committee that the item was to be deferred until the next UHSEC meeting to be held in February 2021.</p> <p style="padding-left: 40px;">(b) International Travel report to UEB (minute 040-UHSEC060220)</p> <p>The Chair informed the committee that the item was to be deferred until the next UHSEC meeting to be held in February 2021.</p>		
Chair's Update			
018	<p>Chair's Business and Actions</p> <p>The Chair asked the committee to note that reports on Covid Risk Assessments, Test and Trace, Asymptomatic Testing and other Covid related matters would be reported and communicated under other agenda items elsewhere, and requested any related matters to be raised under 'Any Other Business'. The committee noted the request.</p>		

	<p>The Chair reported, at the time of the meeting, the testing centre established at The Slate had completed in the region of 10,000 Asymptomatic tests, with a capacity of carrying out 2,000 tests daily. Of the testing carried out, there had been a total of 11 ‘positive’ results. It was anticipated that the testing carried out prior to the end of Term 1, would be available in January 2021 for returning students, and again at the end of Term 2 prior to students leaving campus.</p> <p>The Committee was keen to understand, of the 11 positive Asymptomatic tests, how many were from ‘students’ or ‘staff’, and if positive results were followed up for confirmation. Also, clarity was requested as to the arrangements for testing of returning students regarding when they should be tested.</p> <p>The Chair informed the committee that all 11 positive results were from students and the number of staff being tested was low, but was anticipated to increase in the coming weeks as staff prepared for the holidays. Individuals who received a positive asymptomatic test result, would be advised to undergo a further (PCR) test at the NHS Gibbet Hill Testing Centre for confirmation. As it was not a mandatory requirement to undergo a further test, and NHS data was not available to the University, it would have been difficult to secure accurate data on levels of infection on campus. For returning students, the testing centre at The Slate would continue to be available and students had been advised to return to campus early, to be tested, prior to the start of Term 2.</p>
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Executive Update	
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019	<p>Statutory Inspection & Compliance Programme Board</p> <p>The Director of Health and Safety presented the report (019-UHSEC101220) on the recent meeting of the Statutory Inspection & Compliance Programme Board meeting. The Committee received and noted the content of the paper. The Director of Health and Safety Services highlighted that the attached version of the minutes supplied were currently ‘Draft’ and were still to be confirmed. The Key Point from the meeting included acknowledgement that the LEV Code of Practice was now approved and to be implemented early in 2021. Efforts would now be concentrated in the development of two further Code of Practice’s, firstly ‘Lifting Operations and Lifting Equipment’ followed by ‘Pressure Systems’.</p> <p>The Chair was keen to understand what criteria was used to enable prioritising which Code of Practice was developed first. The Director of Health and Safety Services clarified that the factors considered were the ‘Level of Risk’ and ‘Volume of Assets’.</p> <p>Chair of the University Health and Safety Committee, as well as being the Head of Department for Chemistry, raised a concern regarding the daily inspection of LEV systems. In departments which had teaching labs, there could be in the excess of 40 such LEV fume cupboards which would require inspecting, increasing work load for existing staff, needing to allocate a 1 hour of their working day to carry out the task. It was also emphasised that this task would have to be conducted by staff and undergraduate students could not be relied on to carry out the tests.</p> <p>The Director of Health and Safety Services suggested that further discussions would be had outside the meeting, but did suggest that LEV inspections could potentially be carried out by students followed by ‘Sample Checks’ by staff. The Chair confirmed that this type of monitoring in principle could be a good starting point.</p> <p>The Director of Health and Safety Services also reported that at the Board Meeting the Estates Head of Assets and Information had reported use of QuEMIS as a tool for recording all asset data and associated maintenance records would work as a short term solution whilst a new CAFM system developed. The Chair was keen to understand the progress of the tagging of such assets and posed the question “out of 100 how many assets had been tagged to date”. The Director of Health and Safety Services clarified that an exact figure was hard to report but tagging had probably been completed in the region of 80-90%, as new assets were always being acquired these would also need to be included so tagging of assets would be on-going and reviewed at timely intervals.</p>
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020	<p>H&S Policy and Leadership and Management Document Review</p> <p>The Director of Health and Safety Services presented paper 020-UHSEC101220(a-b), the committee received and approved the content of the paper following the minor recommended amendments.</p> <p>Members of the committee raised concerns regarding training and monitoring of staff and students. The key areas of concern are outlined below.</p> <ul style="list-style-type: none"> • Once training had been completed what mechanisms had been put into place to notify individual to review and refresh their training once expired. • That training courses which had been previously provided by Health and Safety Services seem to have been omitted from the new list. • How was engagement from staff to complete training going to be encouraged, was there plans for a launch of a campaign or was responsibility to be left with departments. • Due to the large number of training courses required to be completed, if they were ‘drip fed’ individual could very easily become overwhelmed, it would be far better to generate and distribute a complete list that could be worked through. <p>The Director of Health and Safety informed the committee that the introduction of the Learning and Management System (LMS) by HR would help as a means of managing H&S training requirements and would incorporate an automated notification email feature to notify individuals that training needed to be reviewed. As to previously offered training courses, these could continue to be completed, but should now be provided a departmental level as not required across departments. Engagement of staff to complete training, for new staff members it was envisaged that it would be incorporated within their induction training; for existing staff, further discussions were to be had with departments or faculty level to identify the best way forward.</p> <p>The Head of Department within the Faculty of Arts sought clarity on the Leadership and Management document emphasising departments providing support relating to ‘Physical and Mental Health of Staff’, would Health and Safety Services and Wellbeing Services provide advice and support; ‘Individual Stop work’, how were individuals empowered to stop teaching in rooms where they did not feel Covid safe when the University had deemed spaces as Covid secure; and the responsibility of safety of students falls with Academics and Principle Investigators but in many departments it is Administrational staff who are Health and Safety Representatives so how do they get involved.</p> <p>The Director of Health and Safety Services advised that health and safety issues within the Faculty of Social Science should be raised at faculty level at H&S meeting, but recognised that currently there was no dedicated H&S Advisor allocated, the Central Health and Safety Team was to be reviewed and restructured to provide this resource. Work regarding Physical and Mental Health of Staff had been conducted by the Director of Wellbeing and Safeguarding and resulted in two wellbeing strategies, one for staff and one for students, training provisions for staff were currently being addressed.</p> <p>The completion of Risk Assessments had ensured that the University was Covid-Secure, but risk assessments could be reviewed and updated if required at any time if required. If individuals fail to follow the risk assessment and compromise Covid-security, it is in this instant that individual should feel empowered to stop work of themselves and other. Administration staff had not been named as responsible for student safety to encourage academic engagement and to clarify that even though tasks maybe delegated the responsibility for safety still lay within ‘line management’ including for Academic staff and Principle Investigators in particular.</p>
021	<p>Health and Safety Plan 2020-21</p> <p>The Director of Health and Safety Services, presented the report (021-UHSEC101220) on the Health and Safety Plan 2020-21. The committee noted the content and confirmed approval.</p> <p>The Director of Health and Safety Services requested that committee members provide comments directly if further clarifications were required. It was also highlighted that 3 Health and Safety Advisors had left the team and so there may be some delay or slippage with the scheduled work but this would be reported at future UHSEC meeting.</p>

	DECISION: The Committee approved the Health and Safety plan 2020-21.
022	<p>Phenol Incident</p> <p>The Director of Health and Safety Services provided a verbal update relating to reported phenol incidents from the School of Life Science. The committee were informed that 12 months ago phenol incidents were frequently reported to Health and Safety, where phenol was left in equipment requiring autoclaving, phenol should not be autoclaved indicating the correct procedure for disposal was not being followed. The Health and Safety Department issued a 'Stop Notice' whereby no further phenol work could be conducted up until a formal investigation had been conducted. The investigation involved interviewing academic staff resulting in disciplinary action being taken and procedures being reviewed and updated changing the way work was carried out. Recently further phenol incidents had been reported, indicating that the original issue had not been resolved fully, a second 'Stop' notice had been issued. It was very difficult to identify and track a single user due to work spaces being shared spaces. The department had suggested that all phenol work to be carried out in a designated laboratory, which may improve traceability.</p> <p>The Trade Union representative reported that a Union Member had been exposed to phenol and the Union supported the issuing of the 'Stop Notice'. Early indication had been received that the exposed individual had been hospitalised but not confirmed at the time of the meeting. The Union Rep emphasised the importance of action being taken otherwise staff could feel they were not being heard. Union members had been instructed that if they were unable to work safely then to stop and if the issue was not addressed, then external Health and Safety Union Representatives could be contacted for help.</p> <p>The Finance Director had suggested the installation of temporary CCTV as used in other areas of the campus may be an option that could be explored. The Chair was keen to understand how this issue could be investigated and what steps could be taken to move forward.</p> <p>The Director of Health and Safety informed the committee that the Head of School of Life Science has indicated that all phenol work should be done in one laboratory and is working with the Senior Administrator to develop a plan and control mechanism. The concern is that phenol had an odour and so could be detected, and were there other odourless chemicals being autoclaved. A meeting had been scheduled to discuss the best steps to be taken and move forward within the department of Life Sciences.</p>
Governance	
023	<p>Report from Fire Group</p> <p>The Senior Health and Safety Advisor, presented paper (023-UHSEC101220) highlighting the key points of the paper. The committee received and noted the content of the paper.</p>
024	<p>University Risk Profile Tool Review</p> <p>The Director of Health and Safety Services, presented paper (024-UHSEC101220) on the University Risk Profile and reported that a gradual improvement had been seen across all university departments with the exception of the School of Life Sciences. The Lay Member of Council at the last meeting requested that the Statutory Inspection programme should be included in the Risk Profile, this had now been incorporated under various headings, documentation had been completed and implementation was soon to be started. The committee were requested to forward comments to the Director of Health and Safety if required.</p>
025	<p>LEV Policy</p> <p>The Director of Health and Safety Services presented paper (025-UHSEC101220) highlighting the main changes to the LEV Policy. The committee were asked to approve the policy and so it could be taken to the Policy Oversight Group.</p> <p>DECISION: The committee approved the draft policy.</p>

Estates	
026	<p>Report from Asbestos Group</p> <p>The Head of Compliance and Assurance presented paper (026-UHSEC101220) highlighting the key points from the meeting of the Asbestos Group. The committee received and noted the content of the paper.</p> <p>The Head of Compliance and Assurance reported that 1 incident had to be reported to the Health and Safety Executive (HSE), the HSE had requested further information which had been supplied but no subsequent correspondence had been received. The Estates Health and Safety Group had scheduled a meeting to discuss incidents in their area, an update would be provided at the next UHSEC meeting.</p>
027	<p>Report from PTW Office</p> <p>The Head of Compliance and Assurance presented paper (027-UHSEC101220) highlighting the key points from the Permit to Work Office. The committee received and noted the content of the paper.</p> <p>The committee were asked if the Trade Union representative present would need to be excused as they held a position within the Permit Office and there may be a conflict of interest. The Committee agreed that they could not see any conflict of interest.</p>
Subsidiary and Sub-Committee Reports	
028	<p>Report from GMBSC</p> <p>The Chair informed the committee that whilst the paper (028-UHSEC101220) was below the line it needed to be noted that relevant RA's for GMB work to be carried out in the new IBRB building would need to be submitted and approved by the GMBSC before any such work could be carried out. The committee noted the content of the paper and made no further comments.</p>
029	<p>Report from UHSC</p> <p>The Chair informed the committee that paper (029-UHSEC101220) was below the line and its content should be noted. The committee received and noted its content with no further comments.</p>
Items below this line are for receipt and/or approval, without discussion	
Other	
030	<p>Any Other Business</p> <p>The Director of Health and Safety Services informed the committee, the SHEAssure H&S Software Tool which had been used for Incident Reporting, Accident Investigation and Inspections/Audits had been developed since March 2020 to capture Risk Assessments, to date 450+ Covid Secure RA's had been completed and it was to be further developed to capture CoSHH Assessments at the request of WMG.</p>
Next meeting: Thursday 11 February 2021	

DECISIONS AND ACTIONS

ITEM	DECISION/ACTION	LEAD AND DUE DATE	STATUS
064 – Matter Arising	<p align="center">(a) Drone policy (minute 025-UHSEC060220)</p> <p>DECISION: The committee agreed that the item be carried forward to the next UHSEC meeting.</p> <p>ACTION: The Director of Health and Safety Services provide an update at the October 2020 UHSEC meeting.</p>	<p>John Phillips</p> <p>Feb 2021</p>	On-going
064 – Matter Arising	<p align="center">(b) International Travel report to UEB (minute 040-UHSEC060220)</p> <p>DECISION: The committee agreed that the item be carried forward to the next UHSEC meeting.</p> <p>ACTION: The Director of Health and Safety Services provide an update at the October 2020 UHSEC meeting.</p>	<p>John Phillips</p> <p>Feb 2021</p>	On-going
009 - Statutory Inspection & Compliance Programme Board	<p>ACTION: The Director of Health and Safety Services to provide an update from the Audit and Risk Committee meeting relating to the risk rating of the university</p>	<p>John Phillips</p> <p>Dec 2020</p>	