UNIVERSITY OF LEEDS
Facilities Directorate Health and Safety Committee

Minutes of the meeting held on 15th November 2012

Present: Dennis Hopper (Chair), Madeleine Aziz-Brook, Granville Cheetham, Nick Creighton, Lee Dewhurst, Steve Gilley, Neil Lowley, Ian Robertson, Stewart Ross, Harry Sumner and Kim Whittaker

Apologies: Stuart Eyles, Mike Howroyd, Andy Lindley, Neil Maughan, Josie Ormston

In Attendance: Sally Joels

Minutes of the previous meeting

12/01 RECEIVED: the minutes of the meeting held on 5th July 2012 (AGENDUM1)

Matters arising from the minutes and actions

12/02 The members were informed that Kone’s lift contract included cover for Sentinel Towers and Montague Burton.

12/03 GC informed the members that as requested invites had been sent to the Union’s representatives to attend FD annual outdoor activities inspections.

Accident statistics report

12/04 RECEIVED: the FD accident statistics Report (FDHS/12/01)

12/05 Due to the change in meeting frequency for this committee, the reporting period had been extended from 3 months to 4 months. Therefore the incident summary comparing each quarter would be less meaningful until the next quarter was reported. An annual statistics report for the Facilities Directorate had also been included within the report this time.

12/06 40 incidents have been noted during the reported period, which was an increase. It appeared that many of the “Near Miss” incidents had occurred due to Dental students in Worsley not disposing of “SHARP” items correctly. Training and management systems have been put in by the NHS and Safety Services to address these issues.

12/07 During the reported period, 6 incidents had resulted in 66 lost days due to absence which was a significant increase. However there are been no trends highlighted. The members agreed that some of the absence time appeared to be excessive for the injury sustained. GC would investigate if “Fit Notes” were being used to facilitate a return to work.

12/08 It was noted that “over 3 day injury” incidents were no longer RIDDOR reportable since 6 April 2012. This had changed to “over 7 day injury” incidents which were now reported under RIDDOR. It was stated that “over 3 day” incidents would still be noted.

12/09 There was a general query regarding the type of incidents being reported, some appear to be very minor. However, the members agreed that, although there are “trivial” incidents reported, we do not want to discourage staff from reporting. The investigating officers will categorise incidents accordingly.

12/10 DH noted that there needed to be a more common sense approach when reporting with an understanding and clarification of what is actually an incident/accident.
Firewardens inspections report
12/11 RECEIVED: a report on fire inspections (FDHS/12/02)
12/12 All fire warden checks were reported as being up to date, except for the Central Boiler House which had an outstanding annual risk assessment. This had been highlighted to local management to address.
12/13 GC informed the members that planned inspections needed to be better managed at a local level to ensure they have been undertaken in a timely manner, it is apparent that there are some inspections only being done when chased up for the committee report. GC was asked to reinforce the need for managers to monitor the inspections at their local meetings.

Safety co-ordinators inspections report
12/14 RECEIVED: the Safety Coordinators Inspections Report (FDHS/12/03)
12/15 There was nothing significant to report to the group. SG advised that Leodis could be removed from the report. The university still owned Clarence Dock for the periods the report shows, however going forward Clarence Dock could also be removed.

Lift Entrapment Releases – Update
12/16 RECEIVED: a report on Lift Entrapment Releases (FDHS/12/04)
12/17 At the last meeting more information was requested on the Lift Entrapment Protocol. GC presented the updated protocol chart provided to the group. Facilities Directorate engineers would no longer be used to undertake a lift release, only Lift engineers will be used in the future. The group agreed that it was sensible to include a maximum time into the procedure. The protocol would be monitored going forward.
12/18 NC thanked GC for all the work that has been put into developing the protocol and confirmed that the protocol was very clear and should be advertised around the university, and also be made available on the website. LD will ensure the protocol was included into the monthly circulation which Kathy O’Neil sends out.
12/19 MAB asked for the new training protocol to be brought to the attention of Alan Cain to see if anything else needed to be added from a training point of view.

FD Health and Safety training report
12/20 RECEIVED: an update on training for the FD (FDHS/12/05)
12/21 The matrices have been developed with GC, dates would be inputted which would show any outstanding training with all FD areas using the same template.
12/22 GC presented the template to members of the meeting which illustrated specific roles, each individual’s area and essential training. There was a meeting on the 19 November with JO and the SAP team confirm the current situation in regards training. The themes for training would be centralised by HR.
12/23 The group agreed that a review of the resources required for managing the training database for the Directorate was required to ensure efficiency and consistency. MAB asked for training to be discussed at the next FDSMT meeting and queried the most efficient way to log training, as at the moment there was no system to capture all the information.
LD advised that SAP was the database in which all information needed to be logged, however it was noted that SAP was not fit for purpose.

The matrices excel and access spreadsheets would all be inputted onto SAP, KW advised that the meeting with the SAP team on the 19 November would assess whether information could work on SAP. The SAP team would also be asked if SAP could be accessed through windows.

Costings would be discussed regarding the development of a consolidated centrally managed training database appearing to be more cost effective.

**Enforcing bodies interactions**

HSE have been in contact with the University twice in the last month. This had been due to contractors carrying out checks on lifts. If the lift was out of action, then a report would be sent to HSE. HSE then contacted the University to query how lifts were currently managed.

HSE were currently changing their contracts with employers. LD would bring a paper to the February 2013 meeting to discuss partnership with HSE.

**Update from trade union representatives**

No significant issues were reported by the Trade Union attendees.

**Contractor Management Report**

RECEIVED: a report on contractor management (FDHS/12/06)

There had been an increase in the number of site visits due to the reporting period being moved to the 4 monthly cycle rather than the 3 monthly.

GC advised that site visits revealed the lack of suitable emergency procedures. This would therefore be targeted.

**Feedback from FD Health and Safety Management Groups**

SR confirmed that the HASMAP reports had been received back from the audits covering Catering and SPA. Catering received 3+ and SPA received 2+. A meeting would take place on the 16 November to discuss action plans.

IR confirmed the residencies audit received 3+; with the action plan to be reviewed.

MAB advised that the new procedures are working well between Health and Safety and Cleaning.

SG stated that there had been an ongoing problem with radio coverage in the ducts however a solution had been found which would allow works in these areas to continue.

**Update from Health and Safety Services**

LMD explained that the development of a medium and longer term strategy for 2013-2015 has begun and the emerging themes are:

- risk management improvements through profiling and the targeted development and implementation of protocols focussing on high risk activities and significant exposures:-
  a) Key compliance needs are (Provision and use of work equipment (PUWER), Environmental Licensing and Permits, Maintenance of statutory records;
  b) Key ‘health’ risks include (Musculoskeletal disorders (MSDs), Hazardous substances, Asbestos, Asthma’ Hand-arm vibration’ Water hygiene
c) Key safety risks focus on risk assessment processes that lead to the production and implementation of safe systems of work, PUWER (LOLER, Machinery guarding, pressure systems and LEV), Falls from height, Flammable liquids, Workplace transport.

d) Management of health and safety risks includes the capability to manage health and safety risks to a reasonable, sustainable and acceptable level, as defined by the protocols and standards.

e) Health impact management (see University Health and Safety Committee papers). For the service and wider University there is an emerging gap between potential staff health impacts from the rate of movement and change (sectorally and institutionally) plus the increased level of expectation from students, and our preparedness to respond.

f) Supporting delivery for improvements to the Student Experience and the ‘Partnership’.

Health and Safety Sub-Committee
A request to Secretariat has been made to convene a University Health and Safety Sub-Committee to discuss the following papers:

1. Review of the University’s Health and Safety Policy
2. The Management of Water Hygiene (Legionella) at the University
3. Car Parking Enforcement

Institute of Fire Engineers Presentation
12/38 RECEIVED: a report on Fire Engineers (FDHS/12/07)
The report was reviewed and it was confirmed that False alarms were a major issue in residencies. The inclusion of sprinkler systems in residencies was not a national trend and current smoke alarms are recognised as being adequate.

Any Other Business
12/39 DH asked for GC to develop a consolidated report on HASMAP Audits standings for all FDSMT.

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<th>Minute</th>
<th>ACTION</th>
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<td>12/07</td>
<td>GC would look into why sick/fit for work notes are not being received as absence is excessive.</td>
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<td>12/13</td>
<td>GC would send out an email reminding people to complete actions without waiting for the FD H&amp;S committee to meet. Management would ask if inspections had been completed at their local meetings.</td>
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<td>12/13</td>
<td>Heads to ensure that local managers have systems in place to regularly monitor the status of all inspections</td>
<td>HoS</td>
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<td>12/37</td>
<td>LD to forward copies of the University Health and Safety Committee Papers to FD SMT members.</td>
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<td>12/39</td>
<td>DH asked for GC to send out a consolidated report on HASMAP audits to all FDSMT.</td>
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