Minutes of the meeting held on 3rd November 2014

Present: Dennis Hopper (Chair), Lee Bryan, Steve Gilley, Martyn Spence, Ian Robertson, Stewart Ross, and Paul Veevers

Apologies: Nick Creighton, Louise Ellis, Jolene Firth, Neil Lowley, Josie Ormston, Mike Howroyd and Neil Maughan

In Attendance: Alistair Cunliffe

Minutes of the previous meeting
14/01 RECEIVED: the minutes of the meeting held on 23rd July 2014 (AGENDUM1)

Matters arising from the minutes and actions
14/02 The minutes from the previous meeting were approved and it was noted:
   a) In regards the process for ambulances arriving on site, the group agreed that a further alert should be sent to all staff confirming the correct protocol. PV would action this. IR noted that staff should also be asked to accurately describe where the incident is on campus. DH also suggested that a supply on the new campus map to the ambulance service would be useful.
   b) RH noted that incident 13629 was on the system, but for some reason had not been reported due to a glitch.
   c) The Edge Escape Lighting had now been resolved.

Incident Summary & Accident statistics report
14/03 RECEIVED: the FD accident statistics Report (FDHS/14/01)

14/04 There had been a significant drop in incidents this quarter, down from 34 to 25. This was likely due to the time of year with an increase in annual leave. No RIDDOR reportable incidents were reported during the period.

14/06 PV noted that the University H&S team were reviewing the data that was produced via Sentinel to ensure that the data was relevant and to ensure that the levels and details were adequate. For example, when looking at a decrease in the number of incidents, was this due to the right reasons.

14/07 MS noted that it was still likely that some incidents were not being reported, i.e. if you slipped or fell when doing something incorrectly would you report it. Therefore a reminder at team briefings would be useful. LB confirmed that often tradesman may see some issues as trivial.

Fire wardens inspections report
14/09 RECEIVED: a report on fire inspections (FDHS/14/02)

14/10 RH confirmed that the amber items reported were not actually out of date and were now fully compliant.

14/11 The only Red item reported was in regards door seals repairs in the Ziff Café with an order raised in June. The seals had been placed on order but the action was still outstanding as would be followed up.

FD Annual Inspections Overview
14/12 RECEIVED: the FD Annual Inspections Overview Report (FDHS/14/03)
A number of items relating to Estates Annual Inspections were noted. RH was unable to provide full descriptions of the issues, but did send an e-mail the following day confirming the below:

a) The ground floor storage area required tidying up and ownership allocating. RH would speak with Steve Winter to resolve.
b) Fire Safety was labelled as Red incorrectly within the report.
c) H&S training required confirmation to establish whether it was up to date for office based staff. Jane Holmes would try to resolve this issue; however this related to the difficulty in extracting data from Complywise.
d) There was a need for signage to indicate where the first aid kit was held on the 1st floor.
e) High shelving was noted in the Capital Projects office which had now been addressed.

RH believed that these issues should not be repeated in the short term and once the new software was online then information could be easily attained.

SR noted that the following issues had been identified with action plans being produced:

a) A carbon monoxide detector was required for Selside and had been ordered.
b) The flooring at the front of house for the Refectory and Mezzanine needed to be looked at.
c) Overheating in the Ziff café bar had been reported despite cooling being installed. Further testing was required.

DH noted that this report was very difficult to read and assess, therefore RH would review the format and potentially only include the Red items with exception reports.

**FD Health and Safety Objectives and Targets**

**RECEIVED:** FD H&S Objectives and Targets paper (FDHS/14/04)

The lack of a quality software system meant that Objective 4, to develop staff through the delivery of effective H&S training, was labelled as Amber. SG noted that the team were part way through the tendering process for a system with EQMS recently presenting.

Issues with Complywise also led to Objective 7 being highlighted. PV noted that an update to Complywise was also required which could assist although it was recognised that the system was an issue across the University.

Objective 9 – Reduce work related stress was also highlighted as there was no active programme for this issue. PV confirmed that there was no current procedure across the University but there were plans to move to new working procedures and stability scales. DH queried whether including something within the staff survey may be appropriate as this was already up and running. PV believed that the main issue was that once surveys had been received back it was often difficult to respond; therefore this issue required further discussion.

**Asbestos – Ducts and Plant Rooms**

**RECEIVED:** a paper on Asbestos in the ducts and plant rooms (FDHS/14/05)

A sampling survey was undertaken in duct zones 11 and 16 in light of recent asbestos debris issues in duct zone 10 which had been identified after a flood. The surveys came back positive for asbestos debris. It was therefore likely that contamination existed within other areas of the duct network. From the 29th August new PPE requirements were instigated for anyone entering the ducts. Further asbestos surveys
had been commissioned which would be completed in November. The initial reports indicated that the asbestos was not airborne.

14/22 DH confirmed that he was pleased with the PPE response however the surveys needed to be fully received and should be absolutely clear in what areas the issues had been identified. It was also vitally important how the issue was communicated with full clarity required. PV agreed that the facts needed to be confirmed before the situation was managed. A University position could then be confirmed in regards entering the ducts, with re-assurance to be provided once confirmation was received in regards the asbestos not being airborne.

14/23 Likely actions once the reports were received were that the ducts would undergo an environmental clean which involved the removal of debris but did not include the removal of asbestos containing materials. The works would likely take 3-5 years and would need to be aligned with the shutdown of steam as well as the Capital Programme. An accurate cost could not be provided until the surveys were complete however other universities had budgets ranging from £5M-£20M.

Compliance Management

14/24 RECEIVED: a paper on meeting statutory compliance requirements for the maintenance of assets across the University (FDHS/14/06)

14/25 The report was received by the group and it was noted:

   a) In April 2014 a gap analysis was undertaken by Mace Macro Consulting to review the assets being maintained across the Faculties. This highlighted that there was some confusion in relation to the assets notified to the FD and therefore maintained by them, and those maintained by the Faculties themselves.

   b) PV confirmed that the issues would be presented to the University H&S committee in February. However no clear audit trail currently showed how the issues would be closed out. The issues identified as A’s and B’s needed to be resolved in the short term, whilst a medium term plan needed to be developed. The Allianz notification system needed to be reviewed as it appeared that it was not always clear who within the Faculties should receive the notification.

   c) SG confirmed that the lack of a coherent process was a major issue whilst the responsibility of the system needed to be confirmed. Currently Allianz had no responsibility to verify that defects had been rectified and they did not re-inspect unless specifically requested to re-inspect. PV agreed that a single system needed to be developed which could then be properly managed to ensure that defects were being closed out.

FD Health and Safety Training Update

14/26 JO was not in attendance to update.

Update from Trade Union representatives

14/27 MS noted concerns with workload issues within the Estates maintenance team in light of sickness and vacancies and the speed with which it takes to find replacements. SG would speak with Steve Winter as to workload issues.

14/28 MS noted that a proposal was being developed to look at the long term strategy for Trend alarms. SG noted a strong link to Security to understand what alarms are necessary.

14/29 MS noted issues with maintenance within the Union building and confusion as to who should be maintaining certain areas. SG confirmed that the University was the landlord
and therefore the Union employed their own maintenance. PV agreed that the Union needed to maintain as per the Service Level Agreement. DH noted that whatever was agreed with the Compliance Management Process should also be implemented with the Union. SG confirmed that the lease may need to be reviewed.

14/30 LB queried whether hepatitis B injections could now be offered for those that requested such as plumbers, porters etc and could they be arranged via their line manager. PV noted that some workers in the joint NHS University areas were offered the injections and he would speak with Occupational Health.

14/31 LB noted a number of incidents where some of the plant rooms were also being used as cleaner’s cupboards particularly in Engineering. MS requested a list of these rooms so that they could be reviewed.

**Contractor Management Report**

14/32 RECEIVED: the Contractor Management Report (FDHS/13/21)

14/33 SG noted that it was pleasing to see that the number of site visits had increased from the last quarter.

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

14/34 SR noted that the recent legal change to label all allergies, could lead to a resource issue with food sold needing to include this extended information. The Union also needed to adapt to these changes. DH queried whether the Nursery also needed to action this. SR would check this.

**University of Leeds H&S Committee Agenda – for information**

14/35 RECEIVED: a copy of the Agenda from the meeting held on the 6th October 2014 (FDHS/14/08)

14/36 PV noted that old protocols were being reviewed to produce a better format and more clarity with a new website to be populated in the new year.

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<tr>
<th>Minute</th>
<th>ACTION</th>
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<tr>
<td>14/02a</td>
<td>PV would ensure that a further alert was sent out to all staff in regards the procedure for ringing for an ambulance on campus.</td>
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<td>14/15</td>
<td>RH would review the style of report for the FD Annual Inspections Overview.</td>
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<td>14/27</td>
<td>SG would speak with Steve Winter in regards concerns raised over workload issues.</td>
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<td>14/34</td>
<td>SR would check whether the new food allergy labelling guidelines needed to be implemented at Bright Beginnings Childcare.</td>
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