

## OCCUPATIONAL HEALTH, SAFETY & TRAINING ADVISORY GROUP

39<sup>th</sup> meeting

28 Nov 2011

Present	<p>Professor Nalin Thakker, Chair                  Dr Tanya Aspinall, UCU                  Mr Steve Blatch, Unite                  Mr Paul Dixon, Head of STDU                  Mr Tony Morehead, UNISON                  Dr Melanie Taylor, Head of Safety Services</p>
In attendance	<p>Mrs Daniele Atkinson, Occ Health Services Manager                  Mr Anthony Cassidy, USC                  Mrs Linda Coulston, USC                  Ms Catherine Davidge, USC                  Mr Simon Holden, Unite Shadow                  Mr Martin Hampar, Insurance Office                  Mr Trevor Humphreys, Deputy Director of Estates                  Mrs Janet Makin, First Aid Co-ordinator                  Mrs Karen Morgan-Tallents, Compliance &amp; Risk Officer                  Mr Andrew Morris, USC                  Dr Patrick Seechurn, USC                  Mrs Rachel Valentine, STDU                  Dr Linda Green, Shadow UCU</p>
Apologies	<p>Dr David Barker, Head of Risk &amp; Compliance                  Mr Sean Mulchinock, Students Union                  Dr Susan Robson, Director of Occupational Health</p>

### 1. Minutes of the meeting held on 10 Oct 2011

*Confirmed:* Minutes of the 38th meeting were approved, subject to an amendment in agendum 3(e) to explain that e-prog is being used in FLS to deliver health & safety training, not for submission on on-line risk assessments.

### 2. Matters arising not covered elsewhere

*Received:* a summary of actions taken since the last meeting and work completed or in progress. The following matters were discussed in more detail:

#### 2.1 Communications between Estates and building occupiers (actum 2.1)

*Reported:* by Mr Humphreys, that he would submit a written report on progress with the Chemistry building pilot and a new pilot in the Mill, to be circulated with the minutes.

## **2.2 Use of ResourceLink to record health & safety training, and to link training statistics to training need (actum 2.2)**

*Reported:* by Paul Dixon, that recent developments in the Manchester Working Environment (MWE) program were encouraging. He had recently attended a MWE program board meeting at which a formal request for e-prog to deliver this objective had been supported by Karen Heaton and Mike Shore-Nye.

## **2.3 Guidance for schools re occupational health monitoring (actum 2.3)**

*Reported:* by Prof Thakker, that he would take this forward with Dr Robson on her return, and report back to the next OHSTAG meeting.

## **2.4 Development of University guidance on fieldtrips (actum 2.4)**

*Reported:* by Prof Thakker, that he had held a very constructive meeting with Dr Caroline Whitehand from the Study Abroad Unit, Dr Taylor and Anthony Cassidy. The outcome was an action plan to improve access to information about where UG and PG students and staff were carrying out placements or fieldwork anywhere in the world. This would enable the University to search records in the event of an environmental disaster or civil unrest, to try to communicate with those at most risk, establish their safety or risk status and provide advice.

The UCEA Guidance on Fieldwork extends to low risk travel, for example to conferences in European capital cities. The Safety Office was working on example risk assessments for such low risk fieldwork.

By Mr Humphreys, that the Egencia Travel Management System was being rolled out across the University. This would provide information on the location of staff, as well as assist with steps to minimise the carbon footprint of staff travel. The Director of Finance was leading on this and a series of visits to Deans was taking place to promote adoption of the system. For the fullest benefits of the system to be achieved, use of the system for booking travel would need to be made obligatory

## **2.5 Inventory control of hazardous chemicals (actum 6(i))**

*Reported:* by Dr Taylor, that she would set up a small working party to look at this, including representation from the trade unions, School of Chemistry and other interested parties.

## **2.6 First aid provision in Estates and Facilities (actum 8(ii))**

*Reported:* by Mr Humphreys, that he would follow up the data omitted from their annual monitoring report, and send it to Mrs Makin.

## **2.7 Electronic sharing of OHSTAG documents (actum 8(iii))**

*Reported:* by Dr Taylor, that she had a meeting arranged with the PSS IT support team manager on 29 November to discuss options.

## **2.8 Slips and Trips action plan (actum 9.1 (ii))**

*Reported:* Mr Humphreys and Dr Taylor had met to discuss putting time scales against the individual actions, and would update OHSTAG regularly on progress.

## **2.9 Status of P&DRs (actum 10)**

*Reported:* that Dr Taylor had written to the Director of HR to clarify the status of P&DRs across the campus, and in particular their use to discuss and record health and safety training needs. See agendum 5.

## **2.10 Use of nanomaterials (agendum 10, July 2011)**

*Reported:* by Dr Taylor, that she had recently been informed by HSE inspectors that they planned to issue formal guidance to the HE sector in July 2012. Drafts were consistent with the controls evident in laboratories already inspected by HSE (31 Aug 2011). In expectation of the new document, she had suspended further work on developing University guidance.

By Dr Taylor, that HSE had requested further visits to the University to look at laboratories working with nanomaterials, and these were being arranged.

## **3. Report of the Director of Occupational Health**

*Received:* Paper OHST 43/2011 prepared by Dr Robson and Mrs Atkinson, which included the first aid report by Mrs Makin.

*Reported:*

- (a) the new fully automated HR recruitment tool (Jobtrain) was helping to reduce the number of staff who never complete a health questionnaire. Newly appointed staff will not now get a confirmed start date until pre-placement assessment checks (previously known as pre-employment medical checks) have been carried out.
- (b) In theory, the same process should apply to existing staff who change roles or move between research projects, but it was up to the HR managers to identify such changes and refer staff to Occ Health.
- (c) Discussions had taken place about project-based assessments, so that new staff moving into a project would trigger the appropriate screening.
- (d) The new procedure was expected to generate more work for Occ Health staff, but this was hard to quantify. The screening process takes time, even if it involves no more than a check on the questionnaire return. It takes much longer if it involves a consultation with the Occ Health Nurse or Physician. The impact of the change was being monitored.
- (e) Mrs Makin had assembled a list of locations of the deployed automated external defibrillators (AEDs). Dentistry has also purchased its own, bringing the number on campus to 9.

#### 4. Report of the Head of Safety Services

*Received:* Papers OHST 44 and 45/2011, prepared by Dr Taylor

*Reported:* (a) The School of Nursing had queried the wording in the University's Driving at Work procedure, and it was proposed to clarify the wording in para 18 to read "....the vehicle must have current and valid insurance which includes cover *for use on University business*" instead of "...." *cover for business use*".

*Agreed:* This change was approved.

- (b) HSE specialist inspectors visiting the University's containment level 3 facilities on 8-9 November had made a number of non-biological safety recommendations. These would be brought to the next OHSTAG, together with action(s) taken since the visit. [NB the recommendations relating to GM and biological safety will be monitored by that Advisory Group.]
- (c) On 20 October, a technician working on a remote telescope site in Cambridge fell from a short access ladder and was taken to hospital. Initially, it appeared that the incident resembled a serious one that occurred a few years before, but further investigation revealed significant differences. The individual was not detained and returned home the same evening.
- (d) On 21 October, a private tenant of the Incubator Building had dropped a tray of approx 70 vials of trizol, a proprietary product containing phenol and guanidine isothiocyanate used for DNA/RNA extraction. The tray fell 2 floors and most of the vials landed on a canopy over Hickmans Café. A small amount of trizol splashed out, and came into contact with staff at the Café. The building was evacuated and the Fire & Rescue Service attended. The incident was being investigated by UMIC as landlords, in consultation with Safety Services.
- (e) Paper 45/2011 outlined progress on various aspects of the Health & Safety Action Plan 2010-2015, and was received without further comment.

#### 5. Report of the Head of Staff Training & Development Unit

*Received:* a verbal report from Mr Dixon.

- Reported:* (a) that he was encouraged by developments on e-prog as the means of booking on STDU courses, recording mandatory training needs and local induction. He had been informed by Mark Hagan that this was relatively easy to do. A case for development of E prog I this way was to be considered by the Manchester Working Environment Board today.
- (b) At a meeting on 23 November between Mrs Heaton, Mrs Valentine and Dr Taylor the following key points had been agreed:
- There was now agreement at Senior Leadership Team to move towards a performance management culture, and Mrs Heaton was working on a roadmap for achieving this (to be submitted for SLT approval)
  - Currently P&DRs were applicable to all staff but not mandatory, and also not fit for purpose for some groups of staff

- There was agreement in principle that the new P&DR guidance and documentation would be more explicit in prompting managers to discuss and set compliance related objectives and training
  - Once agreed, the new processes would be mandatory
  - Until then, STDU and Safety Services, in consultation with safety representatives, would draft interim guidance for senior managers.
- (c) Dr Aspinall confirmed her view that the UCU were not opposed to P&DRs, although they did oppose the Research Profiling Exercise.
- (d) For Unite, Mr Blatch explained that the Union did have reservations about appraisals where these were carried out without training of both reviewer and reviewee, but he received assurances that STDU provided training courses for both parties to the P&DR.
- (e) Mrs Valentine was working on e-learning modules for staff.
- (f) The next Safety Advisors Networking Event (SANE) would take place on 13 December, and amongst other things, would explore the role of local safety advisors as set up by the current health & safety policy statement.

## 6. Health & Safety Performance Monitoring Reports

### 6.1 Faculty of Medical and Human Sciences

*Received:* Paper OHST 46/2011, the Health & Safety Annual Monitoring Report for Medical & Human Sciences for the period Aug 2010 to July 2011, presented by Dr Patrick Seechurn and Mrs Linda Coulston.

- Reported:*
- (a) Overall, the standard of report was much improved compared with those submitted last year and reflected a greater commitment and better understanding of what was expected.
  - (b) Areas where further improvements were necessary included the risk profiles for some schools
  - (c) There was a tendency to underestimate their role in managing risks for work carried out off campus (eg during working in the community, student placements and work experience)
  - (d) the over-arching Faculty report was somewhat biased towards the Schools in Medicine, and didn't fully reflect the goals of other schools.
  - (e) In some places, documentation placed the University Safety Co-ordinators at the centre of safety management, rather than as advisors.
  - (f) The Faculty was being restructured again, and current arrangements would need to be reviewed.
  - (g) Dr Seechurn felt that the faculty would benefit from a new Safety Committee to strengthen communications between school and faculty, to provide the Dean with the assurances he needed that health & safety was being managed appropriately.
  - (h) The suggestion from Dr Seechurn of a M&HS faculty health and safety was debated by members. Other faculties use various means to ensure the Dean is fully supported and assured of processes within schools. Currently, M&HS SMT consider health & safety "on a regular basis". Support for a faculty health & safety committee came from Dr Aspinall; others thought it was up to the senior managers in each faculty to determine their own arrangements in

accordance with their needs and management culture. One model currently used by EPS is to have health & safety as a standing item on the SMT agenda, although this meant that union safety representatives were not invited or involved.

- (i) Mr Holden asked about comments in the School of Pharmacy's report that there were problems with the Stopford Building's air handling systems that adversely affected the performance of fume cupboards and resulted in complaints of chemical smells in offices. Mr Humphreys explained that these problems had existed since the original project to relocate the School, and Estates and Facilities were due to start a major project in Stopford Building next summer to resolve them. Dr Taylor confirmed that the School was managing the risks by close monitoring of equipment performance, and decommissioning of fume cupboards where performance was not sufficient, but that this was very inconvenient for them.

*Agreed:* Dr Seechurn and Mrs Coulston would provide feedback to the Faculty and individual schools, and the Secretary would write to thank them for their contributions.

## **6.2 Administrative Directorates and Divisions in PSS**

*Received:* Paper OHST 47 and 47A/2011, the Health & Safety Annual Monitoring Reports for the administrative Directorates within PSS and the overarching monitoring report for the period Oct 2010 to Sept 2011, presented by Mr Anthony Cassidy.

- Reported:*
- (a) Overall, Mr Cassidy reported that there had been improvements in these relatively low risk areas, and all had signed policy statements, but he picked out some specific points he will follow up with the directorates concerned.
  - (b) The Communications, Media and PR Division now included a report from the Jodrell Bank Discovery Centre. This Division did not distribute safety circulars beyond the Director and SSA.
  - (c) The Research and Business Engagement Support Office had recognised some resource issues, and the report looked forward rather than reflected on the previous year's achievements.
  - (d) ITS had engaged very positively with health & safety issues over the past year, and had adopted satellite health & safety committees to increase involvement (based on the Estates and Facilities model).
  - (e) He had returned the report from HR initially, as their focus had been on trivial risks.
  - (f) He commented very favourably on reports submitted by the President's Office and ITS.
  - (g) The PSS Forum meets twice yearly, and is roughly equivalent to a "faculty" health & safety committee.

*Agreed:* Mr Cassidy would provide feedback as above, and the Secretary would thank them for their work in assembling the reports.

## **6.3 Manchester Museum and Whitworth Art Gallery**

*Received:* Paper OHST 48/2011, the Health & Safety Annual Monitoring Report for Manchester Museum and WAG for the period Oct 2010 to Sept 2011, presented by Ms Davidge and Mr Cassidy.

*Reported:* (a) This year was the first year these two facilities had been managed jointly, and the new management structure was settling down.  
(b) They had achieved much, and done well in their HASMAP audit, although Ms Davidge felt that particular issues were taking too long to resolve.

*Agreed:* the Secretary would write to the Director to thank him and his staff for their work.

#### **6.4 John Rylands University Library**

*Received:* Paper OHST 49/2011, the Health & Safety Annual Monitoring Report for JRUL for the period Oct 2010 to Sept 2011, presented by Mr Cassidy.

*Reported:* This year's report was a considerable improvement over previous ones, and Mr Cassidy was confident that they were engaging effectively with health & safety. He had no areas of concern.

*Agreed:* The Secretary would write to the University Librarian to convey thanks for their achievements.

#### **6.5 Purpose of annual monitoring reports**

*Reported:* by Mr Humphreys, that he sought clarification of the role of OHSTAG members in receiving these documents. Dr Taylor confirmed that University Safety Co-ordinators critically reviewed the contents in advance of the meetings, using their more in-depth knowledge of the unit's activities. The Chair and other members, including the trade union safety representatives, also scrutinised them, and all could draw attention to any concerns they had for further discussion at OHSTAG. The overall purpose was to satisfy OHSTAG members, and provide assurances to H&S Committee and ultimately the Board, that the senior managers signing these off could demonstrate their engagement with and commitment to health & safety management. This was distinct from the HASMAP audit process which was carried out by a safety professional "independent of" the audited unit, and against a pre-determined set of criteria and standards of performance.

### **7. HASMAP audit programme**

*Received:* Paper OHST 50/2011, HASMAP Progress Report presented by Mr Andrew Morris

*Reported:* (a) The audits of schools in EPS and FLS were nearing completion, those in M&HS are well underway and audits in Humanities are due to start shortly.  
(b) The report drew attention to examples of good practice in PSI, Materials, SEAES and FLS which will be shared with others.  
(c) Audits were approx 2 months behind programme.  
(d) Detailed performance charts completed since the last report were presented for SEAES, MACE, SCEAS, Physics and Astronomy, Jodrell Bank, Chemistry and FLS.  
(e) Mr Morris asked for views about whether to include level 4 recommendations in his reports. Level 4 represents excellence (well

beyond legal compliance requirements, and includes extension of performance beyond the workplace). Some schools seemed to be distracted by Level 4 recommendations, before seeking to achieve or consolidate level 3 performance.

- (f) Level 3 represented a robust compliance, giving a margin in which minor deviations from policy and procedures could occur without performance dropping to non-compliance. Level 4 was aspirational, and appropriate for those units seeking continuous improvement (and indeed, was being achieved by some schools for some indicators).

*Agreed:* Future HASMAP reports should make it clear that the University expects all units to achieve level 3 in all indicators, but will clearly differentiate Level 4 recommendations as being over and above that expectation.

## **8. Any other business**

*None*

### **Additional papers received for information:**

*Received:* OHST 51/2011 Accident Statistics, July-Sept 2011 prepared by Dr Taylor  
OHST 52/2011 Review of civil claims, Nov 2011, prepared by Marsh

*Reported:* (a) 55 out of 121 claims between 2004-2011 arose out of slip and trip accidents  
(b) Dr Taylor and Dr Hampar will examine the data with a view to comparing the rate of claims for RIDDOR accidents compared with non-RIDDOR accidents  
(c) the number of claims is skewed away from later years, as claims for accidental injury can be submitted up to 3 years after an accident.  
(d) Dr Hampar also has a report on travel claims that may give useful data on the type of incident experienced by people on placements and field work.

### **Date of next meeting**

12 March 2012, 14 May 2012