UNIVERSITY OF CAMBRIDGE

Minutes
Health and Safety Executive Committee (HSEC)

8th March 2019, 09.00 – 10.30, the General Board Office, Old Schools

Present: Professor David Cardwell, **(Chair),** Dr R Henderson, Acting Head Department of Pharmacology. Dr G Christie, Lecturer Chemical Engineering Jessica Gardner, University Librarian

In attendance: Dr M Vinnell - Director of Health and Safety, Ms Emma Rampton, Registrary, Ms Emma Stone - Director of Human Resources, Dr Caroline Edmonds, Secretary of the School of Clinical Medicine, Mr Michael Aston, Development Manager Estates, Ms Sarah Foreman - Head of Estate Facilities, Mrs Dee Vincent, Registrary's Office (Minutes).
Mr Anthony Taylor, Group Health and Safety Director Avison Young.

1. **Welcome and Apologies**

1.1 Welcome:
The Chair welcomed Anthony Taylor, Group Health and Safety Director, Avison Young, attending HSEC as an observer. Mr Taylor explained that subject to agreement, he would conduct a review of asset management compliance for the University estate.

The Chair also welcomed Michael Aston, Development Manager Estates, representing Jason Matthews.

1.2 Apologies:
Apologies were received from Dr Richard Sandford, Dr Jason Matthews, Dr Mick Mantle and Dr Tamsin O'Connell.

1.3 Declarations of interest:
There were no declarations of interest.

2. Minutes of the Last Meeting
The minutes of the meeting held on 4th December 2018 were approved subject to the following amendment.
Minute 5.2 HSE and other Enforcement Agency Action, Visits and Information:
The word "Contravention" be replaced with "*Intervention".* The final sentence of minute 5.2 to commence with the word *"Sometimes".*

Action: Dee Vincent

3. Matters arising
There were no matters arising.

Principal Business

4. Compliance Update

The Committee received the paper, *Overview of Recent Compliance Issues.* The Head of Estates Facilities reported that the paper would be presented to Buildings Committee followed by Planning and Resources Committee in March.

4.1 It was noted that the position relating to the asset management programme was much improved; slides detailing the compliance programme from December 2018 to February 2019 showed the department was on target and in some areas ahead of target.

4.2 Following a question on perceived risk, the Head of Estates Facilities explained that staff have ensured records and evidence of compliance are up to date and in place. The problem encountered relates to a lack of system integration, although it was noted that the Estates team are working to resolve this. The Registrary asked that all perceived risks are placed onto a Risk Register with the necessary actions to mitigate against risks clearly detailed.

Action: Head of Estate Facilities

4.3 The Committee were informed that reported evidence of compliance from December 2018 to February 2019 shows significant improvement. The Head of Estates Facilities reported that staff have worked additional hours with one member of staff dealing solely with cleansing and uploading data.

4.4 The Head of Estates Facilities reported that the contracting programme update had been taken to Buildings Committee to show progress against the plan. Although some progress has been achieved, the team have struggled with technical scopes.

4.5 In relation to contracting, Buildings Committee have requested the use of public sector procurement frameworks is explored. It was noted that some public sector framework specifications are not SFG20 compliant.

After further discussion, it was agreed that encouraging progress had been made with specific items of compliance since the last meeting. The Chair reminded the Committee that there are a number of contract related issues requiring attention. The issue of resource is key and there may be an additional adverse consequence for other areas of diverting disproportionate resource to the compliance issue in the short term which the Committee should be mindful of. There are issues of structure, management and planning that are being dealt with outside of the HSEC and taking these forward remains fundamental.

5. HSE and Other Enforcement Agency Actions, Visits and Information:

The Director of Health and Safety reported on the recent enforcement visits all of which emphasized biological compliance.
5.1 It was noted that a SAPO application had been submitted to the HSE and a SAPO3 license granted.

5.2 The HSE conducted a routine 3 year CL3 lab inspection, the overall findings were good and there was no non-compliance reported. It was noted however that following the inspection, the HSE have issued a letter addressed to the Vice Chancellor recommending improvements to central systems and staff training, the Biological Sub Committee will receive a report.

5.3 The Director of Health and Safety reported that the Health and Safety Executive (HSE) have undertaken an investigation at Newnham College. Following the investigation, the HSE have recommended referral to the Crown Prosecution Service (CPS), this is due to the exposure of asbestos fibres following rewiring work. The contractor failed to report the asbestos immediately to the College. It was noted however, that once the Bursar had been informed the necessary and correct steps were taken. The Director of Health and Safety felt it was unusual for this level of non-compliance to receive a referral to the CPS but the University is regarded as a profile organisation. It was noted that the College will be liable for prosecution although the HSE does not distinguish between the University and Colleges for reporting statistics. The Communications department have been appraised of the situation.

6. Consultative Committee for Safety: (CCFS)

The Committee received the minutes of the Consultative Committee for Safety (CCFS) March 2019 meeting. The Director of Health and Safety referred the HSEC to the following items,

> ***6.1* CCFS minutes (item 5).** A member of staff received a significant whole body radiation dosage and a formal investigation is being conducted. It was noted that under the technicalities of the Ionising Radiations Act, the limit for workers was not breached. The Secretary of the Clinical School explained that concerns had been identified prior to the incident. The exposure had occurred in November 2018 and the facility was closed down at the beginning of December, it remains closed pending ongoing investigation.
> ***6.2 The High Cross Store***: The University undertakes radioactive decay on its radioactive waste. Disposal of radioactive waste is agreed by License with the Environment Agency. The Committee were advised that although radioactive waste is decreasing yearly, radioactive waste material is stored within a derelict University building. The building has numerous structural defects which do not allow safe storage of radioactive material. As a matter of urgency the Director of Health and Safety has requested two parallel work streams urgently look at the site. In the long term the most feasible solution is to relocate the radioactive waste store. As a short term solution, a porta cabin for office work and shipping container to house the waste will be utilized.

7. Audit Summary:

The Director of Health and Safety reported that an Audit Support Officer had been recruited and a new auditing schedule commenced. The plan for the Safety Office is to increase the frequency of vertical audits, these audits are identified on the risk register. Four departmental audits have confirmed dates, Archaeology, Judge Business School, Material Sciences & Metallurgy and Sainsbury Laboratory.

It was noted that the Safety Office will undertake the auditing of sports clubs following the Review of sports at the University. The Director of Health and Safety mentioned that the staff within the Sports Syndicate had worked hard to ensure the correct systems were in place and had moved from a position of zero to full governance. In addition to sports clubs, the University has many Societies and who are not currently part of the Review, although it was noted that many Societies undertake high risk sporting activities.

The Director of Health and Safety reported that the auditing office have purchased new auditing software enabling quick and efficient system integration and report writing.

8. Fire Safety Report:

The Head of Estates Facilities reported no change to existing legislation relating to fire safety, relevant to the University Estate.

8.1 It was noted that Phase 1 of the Grenfell Enquiry may suggest legislative changes.

8.2 Three recent audits undertaken by the Cambridge Fire and Rescue Service report compliance in all three buildings.

9. Safety Report:

9.1 The Director of Health and Safety reported that over the last 18 months the University has developed and formalised the process for study undertaken outside of Cambridge.
Working across departments a process and procedure has been developed for students, offering advice to University staff.

It was reported that students travelling away from Cambridge (overseas) must undertake a risk assessment to validate their travel insurance. For students this is a formal process. However, staff can opt out of the University Insurance provision by using their own insurance policy; however they cannot opt out of management processes. The Director of Health and Safety explained that the University use Key Travel through central procurement and once a booking is made via Key Travel the traveller is automatically covered by Key Travel's insurance policy and under the terms of the agreement if an incident occurs overseas the traveller is returned to the UK. It was noted however that the use of Key Travel is voluntary across the University.

The Chair agreed that using Key Travel for bookings to high risk countries should continue. It was noted however, that aggressive marketing techniques may suppress market competition giving Key Travel market advantage, whilst not giving the University a cost advantage.
The Committee agreed that this technicality would need to be pushed back to Key Travel in any further discussions.

After some further discussion it was agreed that the Director of Health and Safety develop a proposal that distinguishes between travel to high and low risk areas. The report should strongly mandate that Key Travel is used for travel to high risk areas although any proposal would need to be proportionate.

Action: Director of Health and Safety

9.2 The Registrary reported that the Internal Auditors conducted an audit report on *Safeguarding Students Studying and Working Away.* At the time of the audit, work to implement the new policy and produce further guidance for travel, fieldwork, and work away from Cambridge was still on-going. The Audit Committee having considered the report have asked that the audit is repeated in 12 to 18 months time. The HSEC agreed that given the earlier discussion the remit of the audit should also include staff.

9.3 The Director of Health and Safety mentioned that the Studying Away, Risk Assessment Committee (SARAC), chaired by David Summers has received an increase in referrals for study in high risk areas. The Committee noted that SARAC was working well and agreed that the HSEC should receive an annual dashboard report. **Action: Director of Health and Safety**

10. Any Other Business:
There was other business to report.

11. Date of next meeting of the HSEC
The meetings of the Health and Safety Executive Committee for the academic year 2019 will be held on: **Monday 3rd June 2019, 09:00–10.30, venue: The Syndicate Room**