

HEALTH AND SAFETY COMMITTEE

The first ordinary meeting of the Health and Safety Committee for the 2019/20 session, held on Wednesday 6th November in Meeting Room 3, Beit Quad at 2pm.

**Unconfirmed minutes**

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| Present: |  |  |
|  | Graham Parker (GP) | External Trustee - Chair |
|  | Ashley Brooks (AB) | Deputy President (Education) |
|  | Jill Finney (JF) | External Trustee (Chair of the Board) |
| In Attendance: | Malcolm Martin (MM) | Head of Finance and Resources |
|  | Jarlath O’Hara (JOH) | Managing Director |
|  | Surrinder Johal (SJ) | Director of Safety (Imperial College) |
|  | Tim Flint (TF) | Assistant Buildings Manager (Imperial College) |
|  | Julia Mattingley (JM) | Head of Commercial Services |
|  | Thomas Newman (TN) | Head of Student Experience |
|  | Iain Pullar (IP) | Student Activities Manager |
|  | Martin Benson (MB) | Buildings Manager (Imperial College) |
|  | Richard Beet (RB) | Administration Support Officer (Clerk) |
|  | Thomas Fernandez-Debets (TFD) | Deputy President (Clubs and Societies) |
| Apologies: | Sean Fanning (SF) | Chief Fire Officer (Imperial College) |
|  | Fi-Fi Henry (FH) |  |

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| **Item 01 – Welcome and Chairs Business**   1. The chair welcomed the committee to the first Health and Safety (H&S) meeting of the 19/20 session. Brief introductions were made. 2. The chair elected to visit the minutes and action tracker from the last meeting towards end of the agenda, his rationale was that a significant amount of time had elapsed since the last committee meeting, it would be pertinent for the committee to revisit the core remit of the committee in order to move forward properly. GP outlined to the committee contextual information regarding the lack of assurance over H&S matters that was noted at the last F&R committee. He said that actions that should have been done by now have not been, leaving ICU in a vulnerable position. GP also noted the inspection, and subsequent downgrading, by the Environmental Health Office as well as the recent closure of the commercial kitchens. GP invited JM to comment on the situation. 3. JM outlined the scale of the H&S issues facing the commercial kitchens, which have had to close to allow a proper assessment of the scale of the problems that have arisen. JM said was unable at this time to say when the commercial kitchens would reopen. JM said there was a problem with H&S management throughout the organization. She pointed to the lack of a structured oversight of H&S matters (resulting in this responsibility being left to individual managers to deal with), which has led to a fragmented approach. 4. JM said she had arranged for an external H&S consultant (named Carl) to inspect the kitchens on Monday, with a further inspection of all facilities to be arranged for a later date. The consultant’s findings would allow a frank discussion of the underlying problems to take place, and a meaningful plan of action to be created. JM added that one question to be considered was whether or not ICU needs to create a H&S post which would sit under JOH directly. JM noted that there is a discussion with Imperial College to share knowledge and best practice in implementing such a role. 5. GP said that it is right that ICU has its own policy and management, but he wants to avoid a situation where IC policy and ICU policy do not align, and he invited SJ to comment. 6. SJ said that she and her colleagues have been working with MM and others to highlight best practice at Imperial College with a view to aligning policy, but she said it is up to ICU to embed the processes that they adopt. SJ also pointed to safety leadership training which MM and others have attended; SJ said they are happy to keep providing the same development and support that is available to Imperial College staff. 7. SJ said Imperial College carried out its own audit of union facilities to enable ICU to identify areas for improvement. SJ said in order for Imperial College to assist in these matters the areas for action need to be identified by ICU. 8. TF said that from an estates point of view, H&S is intertwined with operations, so it is key that any actions that may arise from an audit are well understood by ICU. TF echoed SJ’s offer of assisting ICU in mapping out how to improve the management of H&S. 9. SJ noted that it has been difficult for MM to balance competing management priorities, and she agreed a H&S manager would be a good way to relieve this pressure. 10. GP added that one of his concerns was the lack of a standardized approach to H&S management, which should be remedied with the creation of a H&S policy that clearly articulates what must be done and how, together with proper implementation to embed new processes that this policy would prescribe. 11. GP said that he would rather H&S Committee report directly to the Board, rather than to Finance and Risk Committee. 12. JOH said that he acknowledged the challenge that ICU faces with H&S management and agreed with GP’s suggestion that H&S matters be treated as a priority for ICU. 13. SJ said that ICU did not inform Imperial College of the electrical safety issue in the kitchen; ICU had notified Imperial College of issues with food hygiene but it was a disappointment that the electrical safety issue was not picked up at the same time; SJ said this is an example of poor management. JM agreed and said this is a consequence of bad practice currently present among staff. 14. JOH noted this problem was only made known to senior management yesterday. SJ said this is an indication of the lack of proactive management of H&S. MM added that MB are reviewing the wiring test that took place in ICU two months ago. Pointed out that the fault has been identified (daisy chaining of domestic equipment that had not been PAT tested leading to electric shock) and reported via SALUS. GP acknowledged the situation but added that these matters should be covered by existing practice, and not something that should have to be reviewed by committee. 15. SJ commented about the role of the committee. JF said that SJ’s comments were helpful and recommended that JM ask the consultant how to embed a good H&S culture. SJ said that even with the efforts by IC, there are still gaps that IC must grapple with, and therefore there are initiatives to show how accountability flows through the organisational hierarchy. And this can be shared with ICU. 16. GP thanked SJ for her comments on training. 17. GP clarified that Carl (ext. consultant) will be carrying out a root-and-branch assessment of ICU’s facilities and H&S practice. 18. TF commented that the appointed of H&S manager is a good idea as it gives you a staff member who can take clear ownership of some matters of the H&S committee. GP said ICU was unsure if they needed a FT or PT H&S manager in post, and it was important to bear in mind all staff have a degree of individual responsibility. JOH said it was important that this committee does not debate the smaller details of the JD for a H&S manager but rather approve the creation of the post only. 19. MB said that there is a move across IC for all H&S policies to be amalgamated with fire safety etc. GP said this was a good initiative and is part of the rationale for a root-and-branch review to look at all processes of ICU. 20. JOH asked about costings? GP advised that we should wait for the outcome of the review, then MM would bring costings to F&R. JOH – what is the scope of the consultant's work? JM stated that he will be looking at kitchen on Monday and will check the rest of facilities at a later date. The consultant costs £300 per day. GP said the costing of the exercise can only be decided after the review. JOH agreed but just wanted to clarify the cost of what had already been booked for. SJ asked if this consultant will be able to accommodate all H&S matters? JM replied, yes. 21. GP asked if all were aware of publications from HSE – especially ‘The Management of Health and Safety’? In his experience it is a comprehensive document for reference. GP will circulate it on request.   **Item 02 – Declaration of conflict of interest**   1. None declared   **Item 03 – Apologies**   1. Sean Fanning 2. Fi-Fi Henry   **Item 4 – Minutes 5th June 2019**   1. The minutes were confirmed as an accurate record of the meeting held on 5th June 2019.   **Item 05 - Action tracker**  **Item 6 and Item 7– Terms of Reference and Health and Safety Policy**  MB joined the meeting  TF left the meeting  JF left the meeting.  JM left the meeting   1. MM summarized the paper as tabled. GP invited comments from members regarding the membership of the H&S committee. 2. IP questioned whether it should be a strategic committee that feeds to HoDs, or as an operational committee looking at the actual day to day management. 3. GP said this was a good issue to raise. He did not see it as a body to implement the basics, though conceded that this has to be done now; for the future he envisioned the committee becomes less operational and more strategic. In his opinion committee should be concerned with trends and make recommendation to management what should be changed to address new challenges. 4. MM said there would be an operational element as it is best to have departmental reports being fed to committee, as well as strategic concerns such as H&S culture. 5. GP acknowledged this and said this was indeed to be expected but said H&S committee should not be managing day to day activities but to only note reports, trends and exceptional items. 6. MM said that the H&S committee does have to be configured to accommodate some operational matters. 7. JOH said that this was a good opportunity to interface with IC on best practice with regards to this. JOH said that the membership is too staff heavy. 8. SJ echoed GPs comments regarding the purpose of H&S committee and added that it should not function as an implementation style committee. 9. GP invited comments re ToR. AB said the committee should convene more often than once every four months. GP agreed. JOH said that the frequency should increase but the membership must change in accordance to this. 10. GP invited comments regarding JOH’s comments regarding membership. JOH, stated that both HoSE and Operations Manager are needed. 11. IP agreed that there was no reason for SAM to be present to do this strategic H&S work. GP said there is indeed the need to streamline the membership. 12. TFD questioned why the Operation Manager was not senior rep for Commercial, should it not be the HoCS? JOH said you could make either case, in his opinion due to the size of commercial directorate, Ops manager is best placed to comment. 13. GP said membership can be decided outside of this meeting. Not wise to set it in stone just yet. 14. IP commented that it would be good to have reps from different levels of staff. 15. GP noted that training was not mentioned in 9.2. MM clarified training appears in section 8. 16. SJ commented regarding section 3.0’s introduction about individuals being responsible, ICU retains accountability. SJ recommended an organogram to show lines of management for the benefit of staff. 17. GP was mindful of creating a policy that bears no resemblance to IC. 18. SJ said ICU has access to IC’s documentation; it is wise to create a brief policy setting out key points, then a code of practice to detail the specifics. SJ said MM has access to IC code of practice. 19. JOH said that existing code of practice already heavily derived from IC’s own code of practice. 20. SJ said what IC did is they set a minimum standard of practice. TN asked how IC knows that practice meets this minimum standard. SJ said this is available on documentation. Also said there is a lot of documentation that requires review which should be borne in mind when viewing this documentation. 21. GP said that it is important that ICUs code of practice is a working document that allows stakeholders to implement its recommendations easily. It is important to have a working document to empower CSPs to improve their own practices. 22. GP said he agreed that ICU does not want to create a policy that was too restrictive or exclusive, but rather one that articulated best practice (or the minimum that is required) to ensure a good buy-in from CSPs etc. 23. IP said that it was crucial to accommodate the diversity of CSPs activities when constructing a policy. 24. GP agreed, but by providing an actual policy we provide them with assurance and protection. It does not mean that they do not have to be cognizant of specialist concerns that may pertain to them. 25. TFD left the meeting. 26. AB asked if key risks feature in a H&S policy? 27. Key risks may be outlined in a section of the H&S policy. SJ asked for what AB thought these key risks were, as normally they are identified via risk assessments. 28. AB agreed this was a good approach. JOH said ICU has a strategic risk register for management purposes. AB said something similar for H&S was what he had in mind. JOH said that a similar visual diagram provided by IC as to their risks could be adopted by ICU. MM said the strategic risk register does pick up on H&S issues. 29. SJ commented that you can have a key risk register as part of H&S policy documentation, but risk assessments must still be made for CSPs activities, for example. 30. MB pointed out that it is difficult to track each CSPs mgmt. of risk and that it is important to have a baseline code of practice to feed to CSPs. 31. IP stated that CSP’s were good at getting risk assessments done, but bad at monitoring how they implemented their risk assessment. 32. JOH asked if there is specific documentation? 33. IP stated there is training given but was unsure about specific documentation. 34. GP said that this is why this needs to be factored into the H&S policy as a two-way process. 35. GP said we will revisit ToR, and that the policy will be completed dependent on consultant’s recommendations. He also reiterated the need to create a workable document.   **Item 08 – next steps in management of health and safety**   1. MM summarized the paper as tabled and invited comments 2. GP expressed his appreciation of this paper as it provides a useful process map for next steps in management of H&S. 3. GP said regarding the loss of knowledge, he understood this, but the creation of central documentation and resources would ensure the impact of turnover is minimized. GP recommended that this is created if it does not exist already, especially for the benefit of all stakeholders. 4. MM commented on the importance of maintaining a good H&S culture during handover between staff. GP agreed and said this should be articulated via training and documentation and reiterated the need for a central repository of information. 5. GP said that there needed to be more discipline with delivering proper H&S training. 6. SJ commented that the culture will not change without sorting out the fundamentals of H&S policy. SJ said auditors will pick up issues and work with the organization to implement it, however without a clear delegation of responsibility changes will not happen. 7. TN said regarding the timetable re next steps need to be adjusted based on incoming recommendations. 8. GP argeed with TNs comments and made note of the action tracker which contains items arising that have not been picked up, and recommended that the timetable in item 8 be considered with the action tracker to ensure actions arising are not missed off. 9. MM said there was a need to scope the details of the KPMG visit by end of month. SJ commented that given recommendations due from consultants next week, more time may be needed to properly prepare. 10. GP said KPMGs last recommendations (the remedial work) may need to be extended and rolled into this H&S work. This may remove the need for another KPMG. However, he questioned whether KPMG could help with embedding culture/working values. 11. MM thanked GP for his comments. He also stated that only 3 of the 10 recommendations from KPMG are outstanding. These are in hand to be completed later in the year. GP acknowledged this and asked if MM can integrate this work with the upcoming H&S policy implementation activity. 12. MM commented that this would depend on successfully filling the existing vacancy. 13. IP said that there can be a problem with relying on particular staff, we need a secure source of reference and training 14. MM acknowledged this feedback and said it is a balance of the two. 15. MB said IC itself runs training for staff during probation period and you only pass probation by doing training. 16. JOH says ICU is also doing this. MM acknowledged this and stated the challenge is in making sure staff are reviewing and maintaining H&S practice after they leave the provisional period. 17. GP agreed and said that there does not seem to be a common thread of understanding through ICU. GP said that regarding the timetabling for KPMG, he noted that there is not a specific recommendation for another external audit. 18. MM said indeed, due to these discussions, he will not pursue an external audit from KPMG. 19. GP asked if F&R can meet before deciding if KPMG are needed? MM – no, KPMg need to be onsite late Feb at latest in order to have their report ready for the College Risk Committee. GP requested RB and MM to take this as an action to decide in a timely manner if KMPG are needed.   GP noted the agenda was running behind scheduled and invited MM to group the following items together.  **Item 9,10,11 – H&S Monthly Report, Regulatory Updates, Building/Facilities Update**   1. MM summarized the reports as tabled, and invited comments. 2. JOH said there was to be a H&S assessment of the activity room floors. MB stated that he not aware of this. An inspection has already taken place. No exceptional issues identified. JOH – MB so your assessment is that there is not a clear H&S risk? 3. MB replied, nothing obvious. 4. JOH asked for clarifcaiton. MB stated that an inspection of surfaces (only) was undertaken, not a full H&S review. 5. MB explained the context of scoping exercise already undertaken to scope the cost of renovating the floors in the activity space. 6. JOH thanked MB for this information, and said that he accepts he is not an expert but he is uncomfortable with the state of the activity floors. JOH said that he has been raising this issue for three years, as an increasing number of incidents had occurred regarding the floor. He does not understand how IC is allowing the floors to continue to be used without replacement or repair. 7. MB thanked JOH for his comments and assured JOH he will take that back to his team and provide a response. 8. MB said re soundproofing for the Gym area, that no significant improvement can be made that can be reasonably achieved.   *MB left the meeting*   1. AB asked what the incidents on the monthly report are. MM said specific details are not included in this report. JOH said we can provide AB with full information of what took place. 2. AB asked if the kitchen electric shock be included? JOH yes it is included. AB what about food hygiene? JOH said no incidents arose specifically so does not appear on report, but that is picked up as a matter of inspection. 3. SJ said a web based incident reporting platform has recently launched allowing stakeholders to log near misses. There is greater functionality than SALUS. This has not been formally announced as IC depts discuss the escalation process. Promotion campaign scheduled for January. She welcomed feedback from ICU regarding this. 4. GP invited comments regarding SALUS 5. IP said the infrastructure was good but embedding best practice needs to improve. 6. JOH agreed but pointed out that usage of SALUS has double over past 18 months. He said that the no. of inspections are included in balanced scorecard. 7. GP agreed and said it would be good to include comparative information, so useful for monthly report to include historic data. 8. MM asked about the safety app (safezone). SJ said it is a security app and cannot speak to it as it is concerned with personal security and safety rather than H&S. She recommended MM speak to security for further information.   **Item 12 – forward agenda**   1. MM gave a brief summary of the forward agenda as tabled and invited comments. 2. GP said this is a helpful start and would like to see it fleshed out a bit more in the context of the recommendations and reports that will be received by ICU in the near future. 3. JOH said that “leads” on the forward agenda need looking at. Some more discussion needed outside of this meeting.   **Item 13 – AOB**  None. | **Actions** |

Date of next Meeting: Wednesday 29th January 2020