

CONFIDENTIAL

**THE UNIVERSITY OF
DUNDEE**

A

**CORPORATE GOVERNANCE REVIEW
(OCCUPATIONAL HEALTH AND SAFETY)**

FEBRUARY 2013

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1. BACKGROUND AND OBJECTIVES

This report is presented in accordance with a written request from Dr Ian Scragg, Head of Safety Services in September 2012.

Further clarification of the terms of reference were agreed in the lead up to the review during the period Sept 2012 – February 2013 through electronic discussions with Dr Scragg.

1.1 Objectives

The objective of the review was to take further account of the key recommendations contained within a major risk review undertaken by the writer in 2002 and the re-evaluation of status further undertaken by the writer in 2009.

Significantly, the writer sought to understand and evaluate not only compliance with current standards of statutory and civil legal requirements, but additionally and importantly, the University's understanding of Corporate Governance in relation to occupational health and safety together with the guidance contained in the Universities & Colleges Employers Association (UCEA) guidance 2001.

As part of this process of evaluation, significant attention was given to the effectiveness of the advice provided by the service leaders within the Occupational Health and Safety Services and of equal importance the role of the Colleges and Schools Management teams, Safety Officers and Safety Representatives, some of whom have been in post for a number of years and were met during previous reviews.

1.2 Methodology

In order to achieve the objective, interviews were held with a number of personnel based at the principal University Campus, and the Medical School at Ninewells Hospital. No physical surveys were undertaken. A list of those members of staff with whom I met is at Appendix 1.

Additionally and by request, I conducted two 'master classes' focussing on the role of the Safety Practitioner. Both sessions were well attended and lively discussion ensued.

In addition, I reviewed a number of up-dated documents, policies and guidelines. The list of documents reviewed is at Appendix II.

This review was undertaken to review the effectiveness of key post holders and relevant management systems in matters relevant to the key risk exposures which may affect the University. I do not claim to have identified an exhaustive list of all potential hazards. This report and any subsequent recommendations or services provided by myself are advisory, and are designed to assist the University of Dundee in maintaining and improving its own risk control strategy. They are not intended to replace the Institution's own efforts in providing a safe environment and in requiring safe practices for employees, students, members of the public or other third parties.

1.3 Acknowledgements

I would like to once again express thanks to all members of staff listed in Appendix 1 who participated in this exercise and who, without exception made invaluable contributions. I should also add that I met with many other members of staff during the two workshops on the University campus who are not named but who were also extremely helpful and provided valuable insight into the day to day management of health and safety.

2. EXECUTIVE SUMMARY

2.1 Governance

Vice-Chancellors and Principals have many duties and risk management, in the context of occupational health and safety, is not one that can be ignored. Without the leadership, commitment and accountability of senior officers, the University will inevitably be exposed to external threat, sanction and adverse publicity

The new *'Vision'* document clearly reflects the University's aspirations in terms of knowledge, teaching, research and tellingly – *'by the example and influence of our corporate life'*. In a further extract the document reflects on *'How we'll be seen'* and goes on to say *'If we deliver our purpose, live our values and reach our vision – we'll have transformed our reputation and our standing'*

This is a splendid vision and sets the tone for the comments I wish to make below.

As the University will be aware there have been a number of Governance initiatives and since the publication of the Cadbury Report in 1992. The Turnbull report 1999 is perhaps the most significant in the context of risk management in that it sets out to clarify and formalise risk management procedures.

2.2 Risk Management

Risk Management has become a central focus of Corporate Governance and this is especially relevant as it relates to the University of Dundee. It consists of the set of processes, customs, policies, laws and institutions affecting the way people directly administer or control the University's activities. As the University strives to achieve top Scottish University status it is imperative its corporate risk management processes is sufficiently robust to withstand challenge in the event of untoward events occurring, and indeed to reflect best practice in the light of current knowledge and experience.

There are arguably four key elements to this process:

- Risk identification
- Assessment
- Management
- Review

I am comfortable with this model and believe that where these four criteria are largely achieved, an organisation, regardless of its size, structure and complexity has a high chance of maintaining a robust risk management organisation capable of withstanding both internal and external audit.

In my experience, failure occurs where an organisation is fragmented for whatever reason, and accountability is not evident.

I am aware the University, through the offices of Safety Services has instituted numerous internal and external reviews over the past ten years. These have included

staff questionnaires and joint workplace inspections. Additionally and recently, the Head of Safety Services has invited members of the Tayside H&S Forum Auditors to undertake selective walkthrough inspections against a pre-established pro-forma. At this date the results are not totally collated, however, those examples of completed questionnaires I have viewed were extremely constructive.

I am also familiar with the reporting structure by which the Head of Safety Services communicates to the HR Committee and the University Safety Sub Committee. At the same time I have studied Dr Scragg's annual safety reports and the resulting progress.

All of this is admirable and having regard for my experience undertaking similar reviews within Scotland and the UK generally, reflects well on all parties.

With this in mind, and the fact that I have been fortunate to view the progress the University has made during the past ten years on a wide range of risk management related matters my experience elsewhere allows me to make the following observations:

Looking back to my 2002 report and the many and varied issues highlighted at that time, I have been able to view the evidence of this progress. In 2009 I undertook a further brief review, mainly looking at management systems and again with one or two notable exceptions I reflected favourably on the status at that time.

Three examples are especially worthy of recognition:

- The introduction of an in house Occupational Health Service
- The provision of IT support within Safety Services
- The continuing & enhanced robustness of the University Fire Management Systems.

In my current 2013 review, I would add to this list, the strides Campus Services have made with regard to the virtual elimination of local contracting by Schools and Colleges – this is especially pleasing.

2.3 Areas of Concern

2.3.1 On the negative side, many aspects of training and education are exemplary. However, I do not see evidence of 100% take up, especially in key areas of risk. Yes, there are improvements and a far greater take up than in the past. These improvements are reflected in the numerous working documents I have viewed including the minutes of the University Safety Sub Committee. This is pleasing, however, progress appears slow and is often at the mercy of local opinion and veto depending on the philosophy of local managers and students. Accountability does not appear to be germane to the process.

One simple example of this would be fire safety training where the Fire Safety Officer has worked tirelessly to introduce the most simple (highly professional) on-line fire safety training module which takes less than two minutes to complete. Returns indicate that that at best no greater than 80% of new starters complete and send in their return.

Ironically, this module is considered to be of such a high standard in terms of information and practical application that it is supported by local fire authorities and sought after by other centres of higher education throughout the UK.

In my professional opinion this is not good enough. The role of the Head of Safety Services is to advise and there is no mechanism (other than by persuasion) to effect direct change unless at the mutual agreement of local Directors and Managers.

2.3.2 The University Safety Sub Committee is an important body, however, I do not entirely understand its terms of reference and ultimate authority in policy matters affecting the University generally. For example:

- Does it have the power of sanction?
- Can it call to account colleges and schools where compliance standards fall below those set by policy?
- Is the frequency of meetings sufficient to meet the present day needs of the University?
- Does it instigate any form of active sampling against pre-set targets? This is a matter I have raised previously and whilst I am aware Safety Services carry out active sampling, I am not aware this is formalised and monitored by the University Safety Sub Committee. This should be an important consideration for the Committee with particular regard for potential adverse incidents.

2.3.3 It may be argued, the Ethylene Glycol drinking water contamination incident and the F1 accident at Knockhill were not 'reasonably foreseeable'. In my view this argument carries no weight. There are clearly issues of statutory and civil liability which bear scrutiny and I am aware the University knows this. Arguably, the University may have been alert to the possibility of at least one of these events occurring, had active sampling of policies and procedures existed.

With this in mind it is also worthwhile considering the large numbers of students and staff undertaking trips to countries defined as high risk. The position is the same. There is well documented knowledge of incidents involving foreign nationals. These vary from kidnap and extortion, illness and rare diseases, physical attacks, arrest and sometimes simply ambiguous travel advice. Clearly not all risks are foreseeable, however, most are, and policies and procedures must reflect these risks.

Additionally, and by example there is clearly an evident split in standards of basic compliance in some laboratories. I find this disturbing and not representative of the very high standards the University is aspiring to.

It is wholly unacceptable that any one department operate its own separate policy and procedures or indeed operate a cavalier approach to the subject. At the same time accountability must be clear and unambiguous at all levels.

2.3.4 As we have seen through the examples discussed above, the potential for a major incident occurring through poor practice is always present and the importance

of having robust in-house procedures paramount. I would add that within the UK there is a well documented history of high profile exposures within research laboratories resulting in both personal exposure to pathogens and cross contamination. In my experience these have mostly occurred because of a failure to observe the most basic safety precautions and a cavalier attitude which has gone un-noticed or been largely ignored by line managers.

If or when an incident occurs, a professionally managed service must be able to demonstrate the highest achievable standards both in terms of the light of current knowledge and best practice befitting its area of expertise. Where these do not exist and sanction is introduced by external enforcing authorities, there is a tendency for an enforcing officer to demand higher and perhaps more draconian standards of compliance than may be necessary because of a perceived element of distrust and an almost certain knowledge that a follow up inspection may be some weeks or even months away.

Frankly this is the approach I would have to take if I were wearing an enforcing hat. In the context of research activities I am fully aware this may have a negative impact on the freedom Researchers quite rightly feel they must enjoy. The reality is that 'bucking the system' is simply not worth it and I would urge a common sense attitude prevail.

2.3.5 Finally on this matter, I note that section 17 of the University Health & Safety Sub Committee minutes dated 16 January 2013 appears to approve a new Safety Policy Arrangement for good Laboratory Practice. Additionally and significantly, that the Committee should approve the policy without consultation as it reflects good practice. This is refreshing as I am aware the disparity in standards has existed for some years.

However, given the frequency of committee meetings and in the knowledge the next meeting is scheduled for May 2013, what mechanisms are there for ensuring the policy is enacted without delay.

2.3.6 I would remind the Safety Sub Committee and all relevant parties that where matters such as the Ethylene Glycol & F1 incidents, laboratory policies, overseas travel and similar matters are discussed and recorded, they by their nature assume the status of 'disclosable' documents' in the context of statutory and civil requirements. As indeed is this commissioned report.

2.3.7 I note that in the case of the Ethylene Glycol incident at the Sir James Black Centre the procedure for informing senior members of staff and the emergency response team was in part unsatisfactory. In my experience this happens where an emergency procedure is overly complicated or may only be used infrequently. I am aware the procedure has been refined in order to expedite rapid response by the right people.

I understand the system is now greatly improved. However, I am bound to ask the question "How often is a swot analysis undertaken in order to ensure the system is 100% effective at all times?"

3. OCCUPATIONAL HEALTH PROVISIONS

In my previous 2009 report I reported favourably on the standard of service provided by the in-house Occupational Health Service. This status is unchanged and if anything, has been enhanced by the professionalism brought to the service by the team.

This is a justifiably highly respected and professional service enjoying an excellent reputation throughout the University. It is interesting to look back at the progress the University has made since 2002. When I undertook my first review, Occupational Health requirements were contracted out on an infrequent sessional basis and were largely ineffective.

The current service, reporting to the HR function meets the necessary standards of expertise and is proactive in all areas of occupational exposure. This is especially evident in key areas where health surveillance is a pre-requisite.

Additionally the service enjoys a high level of confidence where matters of staff referral are necessary.

I have commented previously on the national debate concerning the effectiveness of Occupational Health Services in the workplace and the debate has changed very little in recent years. It is estimated that well over 53,000 people permanently leave the labour market every year because of a workplace injury or illness. In my continuing experience nationally, many enlightened organisations embrace a more holistic approach to healthy life style, including diet, smoking, stress alleviation and exercise.

Additionally the service is viewed favourably by all parties with whom I met and actively secures income generation where practical in areas of Essential Health Surveillance.

Key services provided now include:

- Essential health surveillance
- Spirometry for animal workers
- Occupational deafness screening
- Stress monitoring, referrals and counselling
- Night shift working
- Hep B
- Immunisation and vaccination programmes
- Consultancy and advice

- Training for staff to avoid health problems in specific areas such as upper limb disorders and respiratory problems
- Working closely with Safety Services in order to ensure a uniform approach in key areas of risk

I have no hesitation in commending the value the Occupational Health Service brings to the University.

4. INSTITUTE OF SPORTS AND LEISURE

This is a large organisation providing an extensive range of sports and leisure activities for student use. Additionally, some activities are frequently used by external bodies on a fee earning basis.

In addition, the ‘student club’ activities, previously run as an independent body, are now incorporated for management purposes and it is understood this fairly recently introduced arrangement has been well received and is functioning to a high standard.

There is a refreshing and transparent air of professionalism about the service, with particular regard for all issues of potential risk. In addition, day to day health and safety requirements appear well managed as part of a challenging regime of workplace risk assessments.

The management structure for overseeing high standards of occupational health and safety is cascaded through the Service Director, the Deputy Director, Operational Managers and Safety Representatives.

The Service Director and his team together with the Head of Safety Services have a close working relationship thus ensuring a rapid response in matters requiring advice or resolution. Additionally, there appears to be a robust meeting structure providing opportunities for airing important H & S issues and where necessary challenging the status quo.

In particular there is a recognition of the high profile the service represents within the University, together with the importance of image and integrity of service given the internal interface and relationship with external bodies and the public generally.

Working relationships with the Occupational Health Service are excellent, as reflected by both parties.

The following list reflects a selection of issues that are both prioritised and managed on a day-to-day basis:

- Internal weekly inspections of sports equipment with specific regard for the type of equipment, its general usage and that equipment where the potential for wear or damage is significant.
- Recorded monitoring and continued revision of written risk assessments.

- The employment of external specialist engineers to undertake thorough examination of be-spoke sports equipment on a pre-determined frequency and additionally to undertake specialist repairs where required.
- As mentioned in the main text, the meaningful use of the in-house Occupational Health Service in matters of client exposure to particular sports equipment, general health surveillance and referrals.
- Weekly/Monthly internal meetings aimed at bringing to the table any matters not surfacing during the normal process of risk assessment and revision. The effectiveness of this process was discussed in detail.
- Meaningful status reporting lines through the function of the University Safety Sub Committee.
- In summary, from an occupational health and safety perspective, the impression gained, and corroborated from other sources, is of an impressively managed organisation meeting statutory and civil obligations and employing best practice as a pre-requisite throughout a wide variety of activities.

5. F16 FULTON – DRIVE - WORKSHOPS

Firstly in the matter of the workshops, there are clearly physical areas that would benefit from improvement. These have previously been highlighted as part of the risk assessment process, however, remain uncompleted.

In the introduction to this report I have said that I did not undertake any physical inspections. The Fulton Drive workshop *is one exception* in that I met with Alan Slade in the workshop and I was able to directly view a number of issues raising concern.

These are generally issues that I would expect to see corrected as a normal feature of managing a small workshop of this nature, and especially given the exposure to students and potential out of hours working.

Using one specific example, the shortage of power socket outlets at the workbench has resulted in an excessive use of trailing extension cables. This is not good practice.

I am aware this and other matters have been highlighted as part of various risk assessment reviews. Additionally these were summarised in a report dated 3 September 2012. This report contains nine recommendations following joint inspections with Safety Services and the Drive management team. I have included a list of the salient recommendations in Appendix III which I concur with.

Additionally, as with all small workshops of this nature, the area would benefit from improved standards of housekeeping and the orderly maintenance of tools and equipment. I am not insensitive to the nature of the work being undertaken and the need sometimes to be relaxed in the spirit of research and development. However, workshops of this nature are not exempt from statutory requirements or the

implications of civil law and any outstanding issues listed in Appendix III should be set timescales for completion in consultation with Safety Services.

Secondly, in the matter of the serious accident that occurred at Knockhill Racing Circuit on 8 November 2011, it would be imprudent of me within the body of this report to discuss in detail the circumstances of the accident or any likely outcomes. I have, however, read two of the in-house accident investigation reports and I have met briefly with Alan Slade (Drive) at which time we did have a short discussion concerning the accident.

Clearly this was an extremely dangerous incident resulting in life threatening injuries. Formal investigations were undertaken by the Environmental Health Department of Fife Council and relevant insurers.

A number of recommendations were made following formal & separate meetings between the Head of Safety Services, the Fife Environmental Health Officer, Representatives of Assets & Insurance & Lecturers and Heads of Department within Mechanical Engineering & Mechatronics.

The key recommendations are contained within Appendix IV of this report.

It is important this accident is viewed in the wider context of Corporate Governance, and I have made further comment within section 2 Executive Summary.

6 LIFE SCIENCES

My visit to Life Sciences was extremely brief and whilst I am grateful to Lisa Grayson, as always, for her time and the information she was able to provide me with, my summary views may well be limited.

I first visited Life Sciences in 2002 at which time, together with representatives of Safety Services and Lisa Grayson, we carried out a detailed tour of inspection. I further visited the facility in 2009. I am of course aware of the enormous size and scope of the service and the diversity of research undertaken.

I must make comment about the role undertaken by Lisa Grayson. Reviewing previous reports and talking with other service providers I continue to be impressed with the knowledge and skill she brings to her role, and it is worthwhile cross referencing an example where she interfaces with external bodies. Her software systems for coordinating and disposing of hazardous materials both through the offices of the Hazardous Waste Manager and the enforcing role of the Scottish Environmental Protection Agency (SEPA) are acknowledged as without peer in Scotland.

In reviewing the paper trail kindly provided for my perusal, there is a clearly evident split in standards of basic compliance in some laboratories. I find this both disturbing and not representative of the very high standards the University is aspiring to, with particular regard for the target of achieving top University status in Scotland.

I do not make these comments lightly or from a narrow minded health and safety perspective. The potential for a major incident occurring through poor practice is always present and the importance of having robust in-house procedures paramount.

If or when an incident occurs, a professional managed service must be able to demonstrate the highest achievable standards both in terms of the light of current knowledge and best practice. Where these do not exist there is a tendency for an enforcing officer to demand higher, and perhaps more draconian, standards of compliance than may be necessary because of a perceived element of distrust.

In both my 2002 and 2009 report I made comment about the nature of risk as it impinges on research programmes. These comments were made in page 12 of my 2009 report and are not surprisingly as relevant now, perhaps more so, as they were previously.

I have taken the liberty of re-printing those comments below with slight editing given the increase in size and scope of Life Sciences.

By the nature of the research undertaken, the school has a substantial number of significant risk exposures. These include some 88 sealed radioactive sources and a wide range of substances and liquids with the potential for occupational exposure.

Again, by the nature of the research carried out and the equipment used, the school is subject to wide ranging statutory controls and regular inspection by regulatory authorities. These include specialist divisions of the Health and Safety Executive (HSE) and the Scottish Environmental Protection Agency (SEPA).

The writer acknowledges the many unique facets of research programmes. By their nature these often involve long and varied hours of working, unique dedication to projects, leading edge research and protracted lead times. Sometimes a single dedication to a project can result in a research scientist being unaware of the support infrastructure necessary (whether legally or practically) to ensure the day-to-day running of a faculty of this nature. The challenge will always be to find a relative and meaningful communications mechanism, by which a research scientist can access appropriate information and relate to it at his or her level.

It is simply not acceptable to have dual standards and I would earnestly counsel the College to look at those areas where there is a fundamental difference in management culture and attitude.

In my opinion these are simple matters and I would reference two examples:-

- In some laboratories the wearing of requisite eye protection is mandatory and signage is posted accordingly. In other laboratories the signage indicates that the wearing of eye protection is advisory, and therefore largely ignored.
- A similar problem exists in the matter of the Lab coat policy. Compliance in a number of Labs has improved greatly and in some cases is now 100% or very close. Elsewhere standards vary from patchy to poor and there are examples where lab coats are not worn at all. It is difficult to follow the logic for this

decision. By example if a member of staff entered any of the dining room facilities wearing a lab coat, I am quite sure they would immediately be challenged and yet a Researcher may enter a dining room wearing the same clothes he or she has been wearing in a laboratory and no-one would know the difference. The implications for contamination, cross infection and with particular regard for the specialised work undertaken by Researchers are transparent and this matter should be addressed.

- On this latter point, I would add that where clear advice has been given by Safety Advisers and the management of a specific college choose to ignore that advice the risk of personal sanction is likely.

Within the Executive Summary section 2 I have made further, and in my view, important comment which I believe is highly relevant to Life Sciences.

7. MEDICAL SCHOOL, NINEWELLS

This was a short visit to establish contact with the Vice Principal and College Secretary.

Additionally I met with Carol Gallagher, the newly appointed School Safety Officer, for the Medical School. I originally met Carol in 2002 when she was DSO for the Dept, Molecular Cell Pathology.

There is no doubt that Carol is a top rate proven Safety Practitioner, however, she faces a considerable challenge in getting to grips with the wide range of risks as they effect the School of Medicine and it is important she given maximum support at all levels.

I can make no other comment at this time except to reflect the health and safety management structure she is currently working on. This is shown as Appendix V, VI & VII.

8. CIVIL ENGINEERING - FULTON

I met with Dr Dyer, the Safety Representative for Civil Engineering and we discussed a range of topics. I originally met with Dr Dyer in 2002 at which time we carried out a fairly comprehensive inspection of the areas under his jurisdiction.

Most current exposures within the college are of a similar nature with the addition of Pluviation Dust Suppression which I did not review in any detail although I have studied relevant risks assessments made available to me.

The issues we discussed included:

- The shortfall in the PAT testing regimes, monitoring and recording as highlighted in the KPMG report dated December 2011

- The operation of the Centrifuge with particular regard for the electro/mechanical interlocking systems, maximum performance times, two man working, maintenance of the CCTV system and use of the Control Room. I was informed there had been no recorded incidents causing concern.
- Out of hours working.
- PPM and testing of lifting equipment in accordance with statutory requirements.
- The use of a horizontal miller for use on formed concrete.
- The use of Lasers.
- On-going relationships with Safety Services and in particular the risk assessment process.

9. CAMPUS SERVICES

At the time of my 2009 visit a major new build programme was affecting large areas of the campus. Notwithstanding this observation, I commented on the further progress that had been made with particular regard for my observations in previous years in a number of key topic areas.

Based on my current meetings and discussions with the Director of Campus Services and the management team, it is clear that a further swot analysis has highlighted a number of key areas where the service can move forward. Some of these initiatives are significant and are commented on below:

- The use of contractors has long been an Achilles heel in many organisations. The potential for untoward incidents and especially fire related incidents unfortunately continues unabated throughout the UK. With this in mind the importance of robust systems in the control of contractors, regardless of the type or level of service being provided is of paramount importance. Campus Services is clearly aware of these risks and continues to make significant strides to ensure the highest standards of compliance.
- The general employment of written permit to work systems was discussed together with close out timing with special regard for hot working.
- Of significant note is the virtual elimination of local contracting by schools and colleges. In the past this was a major problem which at times seemed insoluble. I am pleased to acknowledge the controls that are now in place and these have been confirmed in my discussions with Campus Departmental Managers and Safety Representatives.
- Confirmation of this policy is contained in the communiqué issued by the Director of Campus Services in January 2013. See Appendix VIII

- The revised Campus Services health and safety policy dated December 2012 additionally makes it clear that the competency of contractors is a pre-requisite to engagement and that 'nominated' competent staff will ensure contractors are working in accordance with legislative, industry and University procedures.
- The identification and management of Asbestos related matters were raised and the current policies in regard of policy, identification, removal and decisions on encapsulation discussed.
- Likewise the potential for Legionella exposure was raised with regard to current policies and procedures. We further discussed a specific potential exposure and the decision making process resulting in the eradication of the risk.
- The general matter of in house workplace risk assessments, recording and responsibilities were highlighted together with review mechanisms. I specifically studied the risk assessments prepared for the Mechanical Section in July 2012 together with related action plans and timescales.
- I am aware that Ged Keane, the previous Health, Safety & Asbestos Manager has now left the University. He has been succeeded by Ronnie Patterson who is presently getting up to speed. The new post holder is extremely personable and relates well to the various E&B departments. The task is large and the importance of keeping a clear head and prioritising accordingly is important. From my brief meetings with the new post holder I believe he has these qualities and it is important he is given the right level of support.
- I am aware the Director is embarked on a significant risk management action plan as it applies to Campus Services. The plan is challenging and has been running since August 2012. The run out date is set as July 2013 and I am not aware of any slippage to date. I have taken the liberty of attaching a copy of this action plan as Appendix IX as I feel it to be a clear and concise summary of most of the major initiatives being rolled out by Campus Service.
- There are a number of major topic headings within the plan and the workload is considerable. Notwithstanding this comment they are issues of considerable importance in the context of managing a large Campus Services organisation and interfacing with the many and varied University Colleges and Schools.
- Many of these matters have health and safety implications and I look forward to observing progress.
- The contamination of the water supply to the Sir James Black Centre in February 2012 was an extremely serious matter. There has been much internal investigation, discussion and enquires and external consulting Scientists and Engineers Burgoyne of Glasgow were additionally appointed to undertake an independent investigation. I have seen a copy of their report together with copies of various internal reports, minutes of related safety meetings and follow up reports.

- All parties are clearly aware of the implications of this incident and it would not be appropriate for me to comment technically. However, I do wish to observe in the context of corporate governance and related strategic risk management policies and procedures. I have therefore made further comment in the Executive Summary section 2.

10. OVERSEAS WORKING

The number of students and members of staff travelling abroad to destinations defined as high risk is significant. In a recent compliance audit exercise for the period May 2011 – May 2012 nearly fifty countries were identified involving 251 trips.

This issue was raised with me on no less than three separate occasions during my current visit to the University and there are clearly concerns in some quarters whilst at the same time the people raising the issue were unable to quantify their rationale. Likewise Safety Services realising there may be an issue have commenced a selective compliance audit following discussions with the Insurance Manager.

Fifteen overseas trips were selected for audit based upon information on the F&CO website and Safety Services background knowledge. The final overall return rate was 80% and the results communicated to the University H&S Sub Committee in September 2012.

Those people that did reply raised a number of important issues that appear to have been addressed. My general concern is based on experiences in other organisations including higher education. Whilst I have been given reasonable assurances on matters of insurance, pre-existing medical conditions, contacts, travel handbooks etc, I would suggest more needs to be done to ensure that a robust policy is in place. I have made further comment in the section Executive Summary section 2.

A copy of the Compliance Audit undertaken in 2012 is shown at Appendix X.

11. SAFETY REPRESENTATIVES

I met separately with a number of Trades Unions Safety Representatives. This was an excellent and productive meeting. We exchanged views on a range of issues including OH referrals, perceived delays in effecting corrective action in exemplified cases, occupational asthma, the risk assessment process and the function of safety committees.

I was especially pleased to note a very positive attitude toward the services provided by the Occupational Health and Safety Services.

12. HAZARDOUS WASTE

The control of hazardous waste continues to be managed to the highest level with all related management systems in place. To-date there has been no unforeseen problems and external enforcing authorities have commented favourably on the high standards maintained. Although I have commented on this elsewhere, it is worth reiterating the

high opinion in which SEPA hold the management systems overseen by Lisa Grayson within Life Sciences.

13. FIRE SAFETY

The progress made by the Fire Safety Adviser in recent years is remarkable and once again I am able to report favourably, not only on the standards achieved, but also on the excellent working relationship that has been forged with key departments and especially Estates & Buildings.

All aspects of inspections, fire risk assessments and training are current.

Especially pleasing is the manner in which compliance is achieved, with the use of be-spoke on-line training systems via the intranet a particular feature.

There are clearly a wide range of related topics on which the Fire Safety Adviser majors and I reflected a number of these in my 2009 report. This status not only remains unchanged but has been enhanced through the skill and application of discussion based on *practical* decision making. The sum total of this is that the service is now far more likely to be asked a question than people waiting for 'big brother' to appear 'enforcing'.

On the down side, the Fire Safety Adviser retires in April and finding the right calibre replacement will be challenging. In the interim, I am aware the Hazardous Waste Manager will be fulfilling part of the role.

14. RADIATION PROTECTION

The RPA is additionally the Deputy Head of Safety Services and once again demonstrated a highly professional grasp of all matters relative to radiation protection with the additional responsibility for advice on matters in relation to the use of lasers. We discussed a number of issues mainly connected with exposures and the interface with RP Supervisors.

I note that Ninewells Hospital now employs its own RPA under the auspices of the NHS.

15. DJCAD - ART SCHOOL

The Safety Representative was extremely helpful and we discussed a range of topics as they affect the school. In particular we discussed general perceptions and attitude together with the importance of a 'no blame culture'

Gary Hanman demonstrated an exceptional good problem solving technique and an indication of a positive cyclic workplace inspection policy. He stressed a close working relationship with the Head of Safety Services with an emphasis on pitching issues down to the lowest possible common denominator in order to tease out the most practical solution to problems.

There is a good awareness of the potential for problems where students wish to liberate their thinking through creative images. Many of these creative thoughts are challenging and whilst every effort is made to facilitate a wide range of artistic impressions, there are instances where a creative idea has to be vetoed for health, safety or legal reasons. For example the use of electrically charged bodily fluids or human blood.

Inspection of the many and varied workplaces appears to be reasonably good together with internal reporting regimes.

16. SCHOOL OF ENVIRONMENT - MATHEW

This was a necessarily very short meeting at which time I briefly discussed general issues of safety related exposures, control measures and workplace risk assessments with the Safety Representative.

17. KPMG REPORT DATED DECEMBER 2011

I have been furnished with a copy of this report which I have duly considered.

18. CASE – EWING

An extremely constructive discussion took place together with the Vice Principal and College Secretary. The meeting was slightly curtailed by inclement weather, however, a number of key issues were highlighted and given the importance of the topics I have reflected further in the section Executive Summary section 2.

The key topics considered included:

- Standards of Governance.
- International travel/placements and their various implications.
- Structure of Safety Committees in the context of Governance.
- The F1 project/accident, on which I have reported separately.
- Responsibilities in respect of training requirements.
- Overall strategies and accountability.
- Comparisons with other Universities.
- Overall strategy, expectation and accountability.
- Dip sampling given the size and complexity of the University.

Appendix I

Persons Met/Interviewed

School of Medicine

Prof John Connell	Vice Principal,
Ian Leith	College Secretary
Carol Gallacher	Safety Officer, Medical School

Safety Services

Dr Ian Scragg	Head of Safety Services
Damian Leddy	Deputy Head of Safety Services & Radiation Protection Adviser
Larry Fortune	University Fire Safety Adviser
Martin Rollo	Hazardous Waste Manager

Campus Services

Colin McNally	Director of Campus Services
Les Morrison	Facilities Manager
Ronnie Patterson	Health & Safety Adviser

Institute of Sports and Exercise

Brian Ewing	Director of Institute of Sports & Exercise
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Drive

Alan Slade	Lecturer
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DJCAD (Crawford)

Gary Hannan	Safety Representative
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Engineering

Dr Tom Dyer	Safety Representative
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CASE

Prof Steven Decent	Vice Principal
Iona Mair	College Secretary

Safety Representatives

George Mason
Dave Ritchie
Ian Ellis
Marion Sporing

Unison Representative
Unite Representative
DUCU Representative
Case Worker, DUCU

College of Life Sciences

Lisa Grayson

Health & Safety Information Officer

Occupational Health

Isla Reid
Audrey Burns

Occupational Health Nurse
Occupational Health Nurse

School of Environment

Neil Verow

Safety Representative

Appendix II

Documents Seen/Reviewed

1. **Civil Engineering Lab Tour October 2011**
2. **Up-dated Risk Management plan for Drive, November 2012**
3. **Various correspondence re: Pluviation Dust Suppression**
4. **Accident Statistics 2003 - 2009**
5. **Audit report – Staff Questionnaire 2013**
6. **Senior Management Training Matrix**
7. **Audit Committee Up-date on H&S management training**
8. **My 2009 Occupational Health & Safety Report.**
9. **Ethylene Glycol contamination incident 2012 - various and comprehensive documentation.**
10. **KPMG Audit Report – December 2011**
11. **F1 (Drive) Accident. Various documentation and procedures**
12. **International (Overseas) Compliance Audit**
13. **Life Sciences minutes of safety meetings and various related documentation including audit summaries.**
14. **Campus Services Health & Safety Policy**
15. **Risk assessments for Mechanical Section (E&B)**
16. **Alterations to Fabric, Systems or Fittings to University Buildings**
17. **Campus Service’s Risk Management Action Plan Aug 2012 – July 2013**
18. **Summary Report on Research Governance Activity**
19. **Report to HR Committee(HRC) 2010 – Prepared by Dr Scragg**
20. **Report to HR Committee(HRC) 2011 - Prepared by Dr Scragg-**
21. **Report to HR Committee(HRC) 2012 – Prepared by Dr Scragg**
22. **Transformation – The New Vision for the University**
23. **Current UCEA Guidance**
24. **Health & Safety Annual Report – May 2009 – Prepared by Dr Scragg**
25. **Health & Safety Annual Report – May 2010 – Prepared by Dr Scragg**
26. **Minutes of University Health & safety Sub Committee Jan 2013**

Re: risk assessment. You will read I have included the following recommendations:

1. try non-thoriated tungsten rods, and if they prove unsuitable then fit either dust extraction to the grinder or as a last resort provide suitable masks (see below for spec)
2. fit additional power socket- as previously discussed
3. wear impact resistant polycarbonate visor when using machinery where there is a risk of eye injury eg grinding wheel, and hand grinder
4. put chemicals in suitable store- as previously discussed
5. put chemicals into suitable container with lid, and label correctly. Tim is looking into where to buy the containers, and I will ask Martin to provide suitable orange/black pictogram labels
6. have spillage granules readily available. Tim is looking into a supplier, and I will ask Martin to provide thick plastic bags with ties and arrange with Tim when waste has to be collected
7. provide disposable masks for welding/paint spraying such as 3M 9928 valved premium welding fume respirator
8. buy an industrial standard vacuum cleaner eg Nilfisk for weekly cleaning
9. clean, inspect and maintain extract ventilation for engine exhaust fumes, and consider installing duct and fan to discharge outside. I'm not sure but the Art College may have a suitable LEV system that is not being used that they can donate. I'll look into this.

DRIVE Workshop Risk Assessment

Completed by Tim Linford, Alan Slade and Ian Scragg on 11 Sep 2012.

What are the hazards?	Who might be harmed and how?	What are you already doing?	What further action is necessary?	Timescale for Action	Person responsible for implementation	Date completed
TIG welding	Team members from fume, heat and intense light. Sporadic activity- estimate exposure for a team member as several hours per annum. Team members from inhaling dust when sharpening thoriated rods.	Large ventilated Workshop. Implement Workshop Rules.	Inform Team members of Workshop Rules, and consequences of not doing so Use non-thoriated rods if possible, or fit dust extraction to grinding wheel or as last resort wear suitable RPE.	Wed 12 Sep	IS	
Electrical shock	Team members from using equipment not fit for purpose or faulty. Fatal injury, electrical burn or shock, fire.	Fit for purpose equipment provided. Team members check for damage/faults before use. Team members report	Fit additional power socket for TIG welder to eliminate trailing cable.	Immediate	AS	

		<p>damaged/faulty equipment.</p> <p>Visually check equipment for damage daily by competent person.</p>				
Grinder-abrasive wheel	<p>Injury to Team members from flying wheel fragments or ejected workpieces: especially to eyes.</p>	<p>Abrasive wheel mounted by competent person.</p> <p>Machine cannot operate above maximum operating speed of abrasive wheel.</p> <p>Machine checked daily by competent person.</p> <p>Team members trained in correct use.</p> <p>Implement Workshop Rules.</p>				
Argon compressed gas cylinder	<p>Injury to Team members from topping cylinder, or moving heavy cylinder.</p> <p>Injury from flying cylinder if there is sudden release of</p>	<p>Cylinder secure.</p> <p>Cylinder trolley available.</p> <p>Regulator inspected and fitted by competent person.</p>	<p>Team members trained how to open and close cylinder valve and adjust flow.</p>	AS/TL		

	pressure/ energy.	Cylinder valve closed when finished work. Implement Workshop Rules.				
Noise eg when engine running, grinding	Hearing loss/ damage to team members	Short duration high noise levels. Ear defenders available				
Compressed air line	Compressed air. Explosion of equipment or tyres; injection of air in the body	Deadman's handle Instructed in use.				
Engine exhaust fumes	Team members including eye irritation and breathing difficulties, including CO poisoning.		Check and maintain extract system. Extract system inspected.	AL/IS Martin Rollo, Safety Services		
Paint spraying	Fire/explosion. Typical symptoms such as headaches, dizziness, nausea, eye, skin, nose and breathing airway	Two pack-isocyanates not used. Small scale one off tasks. Roof extract fans switched on.	Investigate sponsorship deal with local Company. Investigate if Art College have any plans to resurrect their spray booth.			

	irritation to Team members.	Outside if possible- if not when no-on else is in vicinity and wearing a disposable mask. Electrical items in vicinity switched off. No hot work /welding in vicinity. No other activity on-going				
Proprietary chemicals	Typical symptoms such as headaches, dizziness, nausea, eye, skin, nose and breathing airway irritation to Team members.	Used according to manufacturers instructions. Large ventilated Workshop. Sporadic use. Implement Workshop Rules	Chemical store Use suitable containers with lids, and labels			
Lifting and moving engine	Back or other injury to Team members	Lifting gear used. Inspected annually by Insurance engineer.				
Solvents	Typical symptoms such as headaches, dizziness, nausea, eye, skin, nose and breathing airway irritation to Team	Used according to manufacturers instructions. Large ventilated Workshop. Sporadic use.	Chemical Store			

	members.	Implement Workshop Rules				
Slips/ trips	Team members and visitors	Implement Workshop Rules				
Unforeseen event leading to injury or ill health	Team members	Implement Workshop Rules First Aiders available. Phone available and 24/7 response to 4141. AL and IS phone numbers available. Security check Workshop is empty and locked at 10pm or 5pm.				
Dermatitis and other illnesses from poor personal hygiene	Team members	Implement Workshop Rules				

Risk management for DRIVE activities, v6 Nov 2012

Background

Dundee University Race Innovation and Vehicle Engineering (DRIVE) is the team set up by Dundee University to take part in Formula Student. It is a team of student volunteers with Alan Slade as Academic Co-ordinator. It falls under the jurisdiction of Ian Scragg, Head of Safety Services who has authority to stop any unsafe activities.

Formula Student is an international university competition for students to design and build their own single seat race car and present how they would run their own team. It is organised by the Institution of Mechanical Engineers (IMechE). In partnership with various well known companies in the industry, it promotes careers and excellence in engineering, by challenging university students to design, manufacture, develop, market and compete as a team with a small single seater racing car.

The rules of Formula Student require that this is a student led initiative. A team of students is set up that designs, manufactures, markets and drives a race-car. There are a very stringent set of rules for the competition produced by the Society of Automotive Engineers (SAE) which define the construction of the vehicle in terms of materials that can be used, crash protection, driver safety and engine performance.

DRIVE is not a racing team: they do not participate in events which involve overtaking or time-trials other than Formula Student competitions. They do promotional activities when the car is driven to demonstrate its abilities.

Arrangements

Workshop

DRIVE team members must follow Workshop Rules and respond promptly when non-compliance is brought to their attention. They will report any problems such as broken or damaged guards, tools and equipment to Academic Supervisor or Workshop technician immediately.

The Workshop technician carries out regular checks of the Workshop and reports any issues or suggestions for improvements to Academic Supervisor.

The Academic Supervisor inspects the Workshop daily and if standards are not being met will remind team members of the standard required. If no improvements are made then he will notify Head of Safety Services.

Head of Safety Services will inspect regularly and take action if Workshop rules are not being implemented.

Design, build, testing and scrutiny of race-car

The DRIVE team leader is responsible for ensuring the car is designed in compliance with Formula Student.

The DRIVE team leader is responsible for ensuring the car is manufactured according to design specification.

The DRIVE team leader is responsible for checking the integrity of the build, and that safety critical systems such as brakes and steering are fully operational, as well as safety items such as seat belt fixing points and roll cage mounting points before the car is driven. These checks shall be recorded by the DRIVE team leader and signed off by the Academic Co-ordinator.

The race-car is tested by an experienced driver at low speed to ensure all components are operating correctly.

The race-car is scrutinised by IMechE engineers at Silverstone before it is allowed to be driven at Silverstone.

The DRIVE team leader is appointed by the team based upon his/her knowledge and experience of Formula Student and leadership qualities.

The Academic Co-ordinator oversees these arrangements, and advises on what standard needs to be achieved. School staff provide specialist skills such as welding and machining and provide advice and support in working safely in the Workshop.

Drivers

All drivers must have a full driving license. They must wear a helmet and overalls when driving the car, and fasten seat belt.

Novice drivers must learn to drive a go kart and demonstrate aptitude to DRIVE team leader before they drive the car. They must familiarise themselves with the controls and emergency stop procedures before they drive the car. They must rehearse the procedures with the engine off, and then with the engine on with gears in neutral ie static.

Qualified drivers must have demonstrated competence to Academic Co-ordinator.

Race drivers must have demonstrated competence to Academic Co-ordinator.

A log of driving hours and their status will be kept by Academic Co-ordinator.

Travelling to test areas

The race-car will be loaded by two students onto a trailer and secured with straps and wheel loops. The trailer will be towed by a vehicle capable of towing 500kg. For journeys greater than 2 hours regular breaks will be scheduled into the journey.

Testing race-car systems and integrity by driving at low speed

A race driver drives the car at low speeds at Oval Track, Crail Raceway. This area has been chosen since it is a large open area which gives the driver ample time to stop the car in an emergency situation. It is part bounded by tyre barriers in case of collision, and is surrounded by a field.

Other team members remain in a "paddock" area where fire extinguishers and a first aid kit are held. This area has been chosen to give protection to team members in the event of a race driver losing control of the race-car.

The DRIVE team leader will act as a marshall and wear a high visibility jacket. Drivers must follow his instructions at all times, and follow the track set out by the DRIVE team leader.

Driving race-car

The race-car can only be driven in areas approved by Head of Safety Services. These areas will be chosen to ensure the safety of drivers and passers-by. They include:

1. Race tracks approved by (professional body)
2. Hill Climbs approved by (professional body)
3. Oval Track, Crail Raceway

Emergency arrangements

When the car is being driven at least two other team members and a member of University staff must be present. They should be trained in use of fire extinguishers and first aid, and have extinguishers and first aid kit readily available. They should carry mobile phones and check they are working.

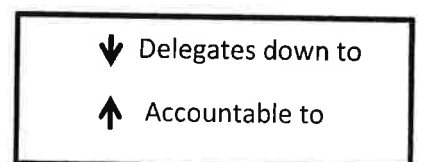
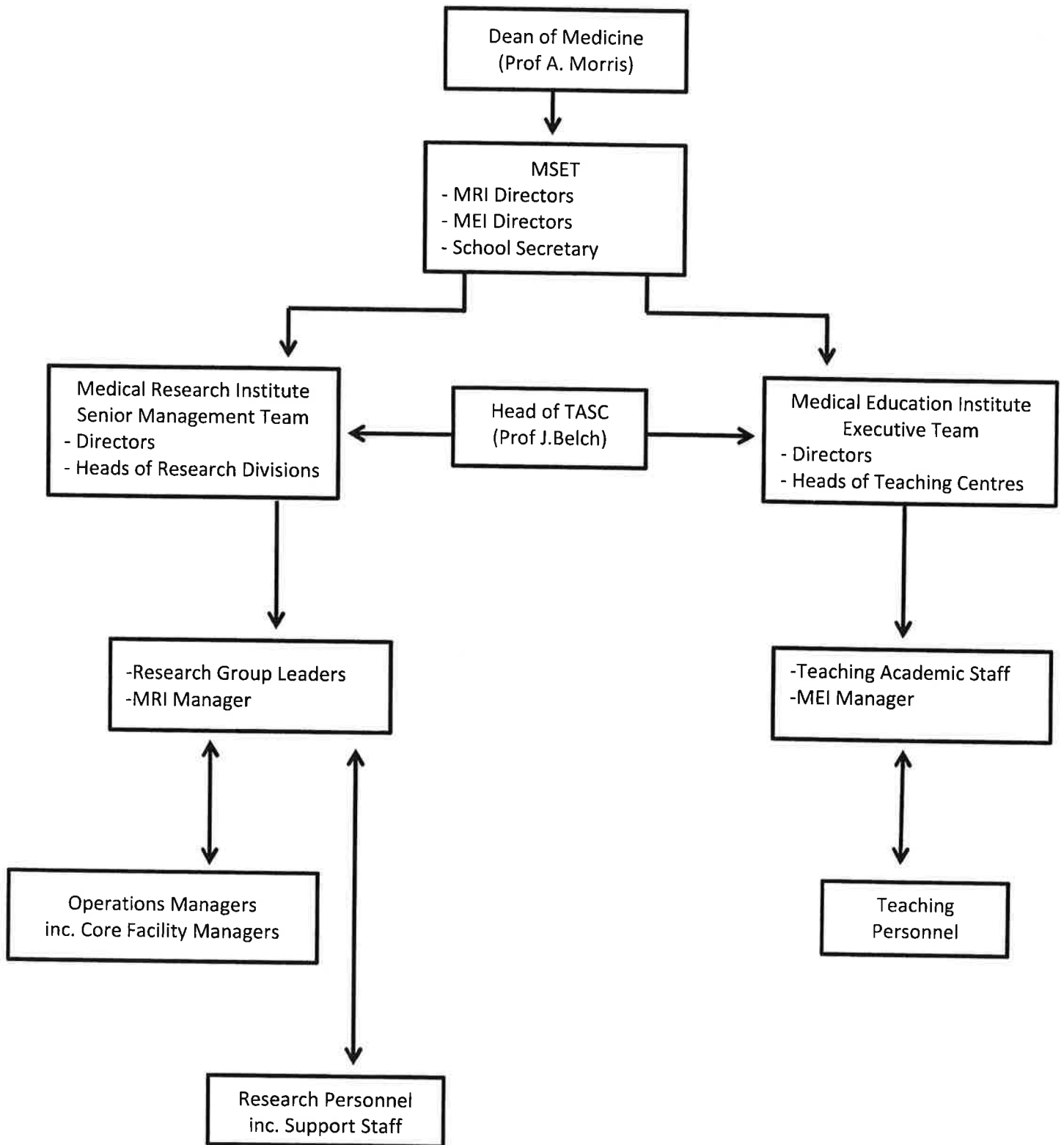
Additional documents

Risk Assessments

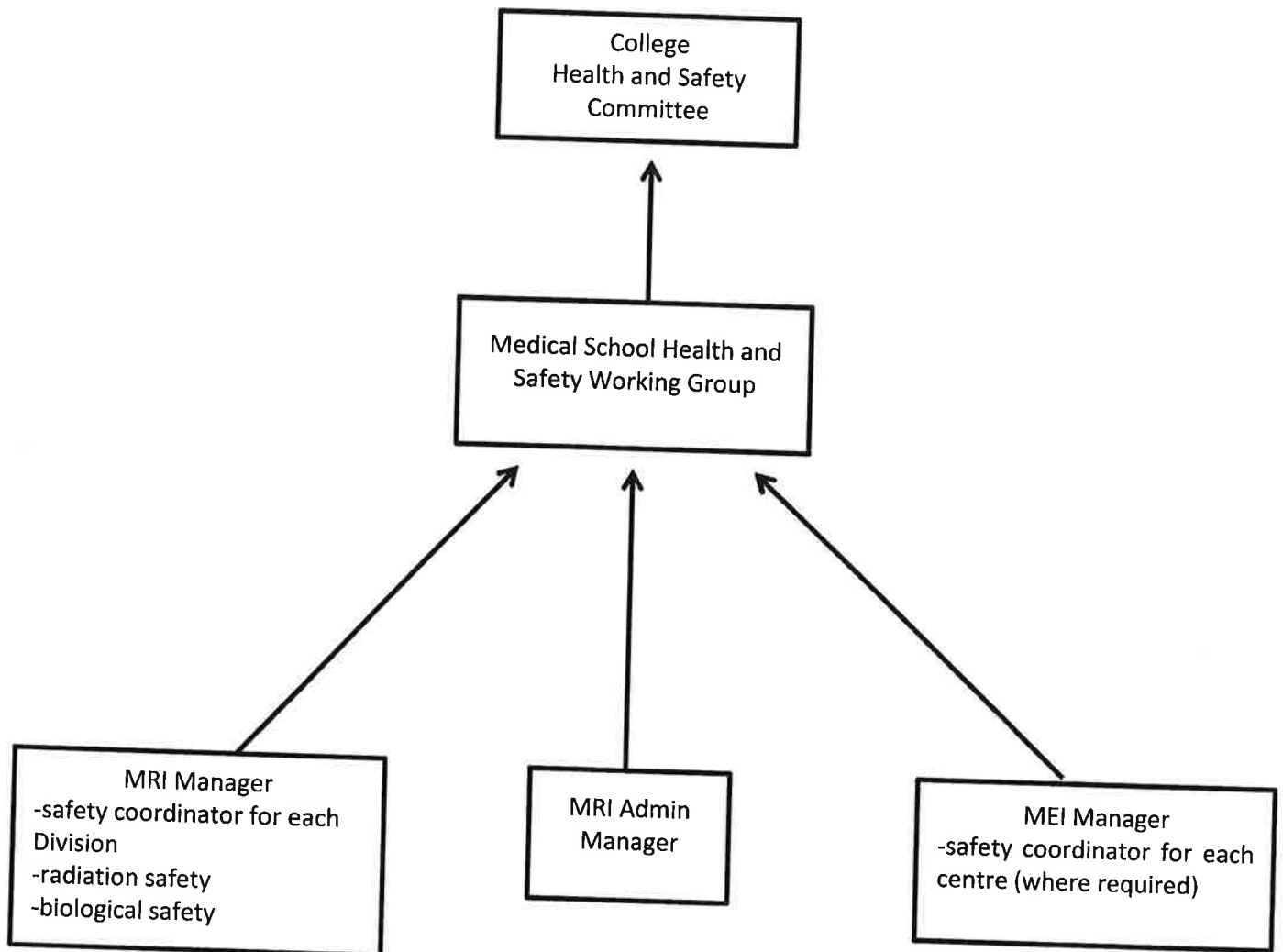
1. School workshop and out of hours working
2. Driving race-car

Workshop Rules

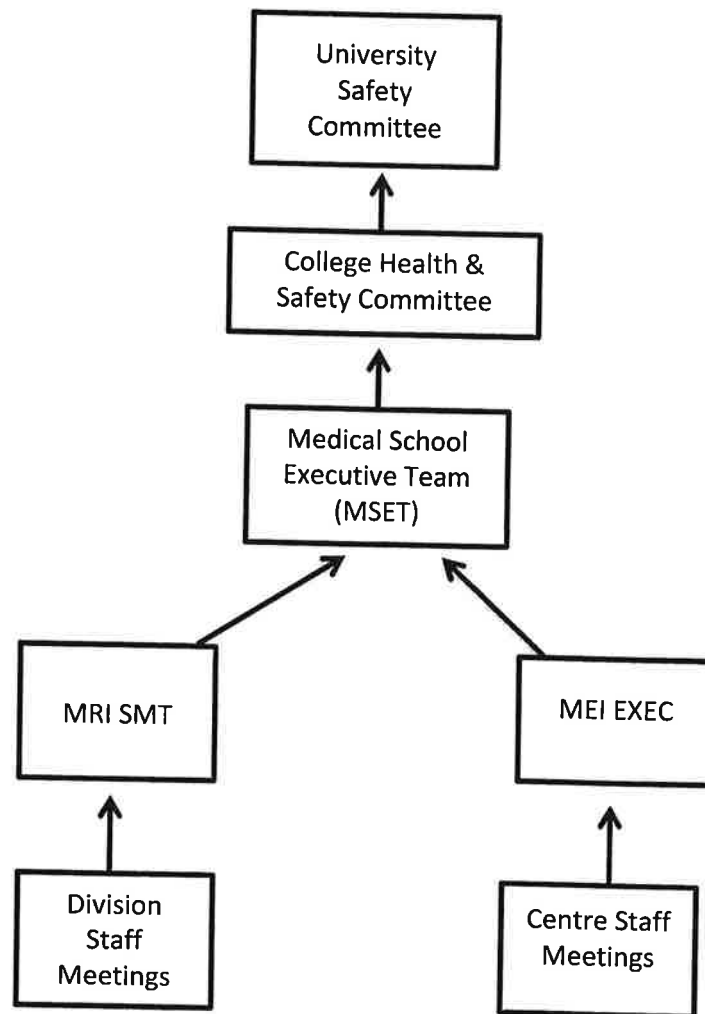
School of Medicine Health and Safety Implementation Structure



Medical School Health and Safety Working Group



Health and Safety General Committee Structure



ALTERATIONS TO FABRIC, SYSTEMS OR FITTINGS TO UNIVERSITY BUILDINGS

There have been incidents where departments have either installed their own equipment or made alterations to the fabric of buildings without involving Campus Services that could have had unexpected and potentially hazardous outcomes. It is the responsibility of Campus Services to ensure compliance with the numerous statutory regulations, building control, fire authority, insurance provisions, etc that apply to the University under a variety of law and regulations.

Maintaining high qualities of design within the University and accurate records of our facilities are also relevant. It follows that work on the Estate that is not performed by or under Campus Services management may place all concerned at risk.

For the purpose of this document alterations and renovations are defined as any work that modifies the building fabric or services. This includes adding, replacing or removing doors, walls or windows, altering or penetrating walls or ceilings, adding on to or dividing existing space or working on any building utility systems including electrical, plumbing, ventilation, fire alarms, security and fume hoods.

No alterations should be made to the fabric, systems or fittings of any University building without the express written consent of Campus Services. Where Campus Services staff are making or approving alterations then a comprehensive risk assessment will be carried out and documented prior to the work being undertaken or approved.

Campus Services will provide advice on how best to develop a project or alteration from initial inception stages through to completion and will ensure that the alteration complies with statutory legislation such as planning law, building regulations, CDM regulations, control of asbestos, general health and safety etc. In addition to these legal requirements the University needs to ensure that its procurement policy is followed.

Work on University buildings may not be undertaken by School, College or Directorate staff, students or volunteers without prior written approval from Campus Services. The purpose for having advanced written permission is to ensure that the project / alteration has been properly reviewed for statutory compliance, is not in breach of health and safety regulations and has been properly risk-assessed, authorised, documented and recorded.

All contractors' services must be arranged through Campus Services regardless of the funding source for the work. Typically projects costing less than £25k will be completed as a minor project and projects over £25k will be managed through the Capital Projects team.

It is important that Campus Services are involved to ensure proper procurement processes are followed and that appropriate levels of health and safety are observed as well as co-ordination of the building systems.

Undertaking any works of this kind without the prior consent of Campus Services is unacceptable and likely to be regarded as a disciplinary matter.

All work that modifies, alters or expands any University utility systems (both distribution systems and internal building systems) may only be performed by Campus Services employees or by contractors under their supervision. This requirement is applicable to steam, hot water heating, central air conditioning, electrical, water, sewer, gas, chilled water, compressed air and vacuum. Exceptions may be granted on a case by case basis depending on the scope of the change but only with the written delegated approval of Campus Services.

Campus Services' Risk Management Plan Aug 2012 to July 2013.

Item	Person responsible	Target Date	Completion date- signed off by SMG
Review and update H&S Policy	SMG with input from Campus Services H&S Representative	28 Feb	Completed to be rolled out asap
Write H&S handbook and circulate to all staff by appropriate means	SMG with input from Campus Services H&S Representative	28 Feb	Draft sent to Safety Office, now want one for staff and one for contractors
Implement Control of Contractors policy	SMG	29 March	Test program due wc 4/2/13
Collate training records for all staff	Campus Services H&S Representative	8 Feb	Ongoing RP
Organise management training for all levels of management	SMG	30 April	Ongoing RP
Review core competencies of all Trades staff and SMG arrange essential training	Heads of Section SMG	30 Sep	Ongoing RP
Review core competencies of Clerks of Work and Co-ordinators and arrange essential training	SMG	Constant review	Ongoing RP
Review risk assessments	SMG	30 April	Ongoing
Approve risk assessments brought to their attention and prioritise resources	SMG	30 April	RP working on High Risk areas up to a generic point
Review Method Statements	Foreman and staff acting foreman level	30 April	High Risk areas a priority
Approve Method Statements brought to their attention and prioritise resources	Heads of Section	30 April	Foremen/ Section heads to make current copies available, up to a generic point
Update buildings plans and drawings	Space Manager and CAD technician	Constant	Ongoing Cailan Gordon (no as-built)

Update buildings operations and maintenance manual to include current maintenance schedule and statutory inspections	??	Constant	Ongoing Cailan Gordon
Implement procedure to ensure building drawing and plans are kept up to date	SMG	Constant	Ongoing, Cailan Gordon
Appoint Electrical Engineer and assign duties in writing	SMG		In hand SMG, advertised
Review backlog maintenance plan and update for 2012-2017	SMG		Being done with RAMS
Organise and chair quarterly H&S Committee meetings	Practice Manager		Refer to new policy, set dates
Organise and deliver H&S awareness training courses for all staff	Campus Services H&S Representative		Ongoing
Organise monthly "tool box" talks for high risk activities	Campus Services H&S Representative		Safety Services/RP, ongoing
Organise monthly seminars for managers for high risk activities	Campus Services H&S Representative		Safety Services/RP, ongoing

Compliance Audit for Working Overseas

1. The Insurance Manager provided details of staff who had notified him of overseas travel for the period May 2011 to May 2012.

2. The table below gives the number of trips to destinations defined as high risk in the Policy.

Destination	Number of trips May 2011-12	Selected for audit
Africa	3	
Algeria	1	
Bahrain	1	
Bangladesh	1	Yes
Brazil	13	
Cambodia	1	Yes
China	44	
Colombia	8	Yes
Egypt	1	Yes
Eritrea	1	Yes
Estonia	1	
Ethiopia	4	Yes
Gambia	1	
Ghana	1	Yes
India	29	
Israel	10	
Japan	14	
Jordan	1	
Kazakhstan	3	Yes
Kenya	1	Yes
Kuwait	31	
Latvia	1	
Lithuania	1	
Malawi	1	Yes
Malaysia	2	
Mexico	2	
Mozambique	1	Yes
Nigeria	5	Yes
Pakistan	1	(asked about another trip)
Panama	1	
Paraguay	1	Yes
Qatar	1	
Russia	9	
Rwanda	4	Yes
Saudi Arabia	2	
Shanghai	1	
Singapore	8	
South Africa	7	
Taiwan	2	
Thailand	3	
Trinidad	8	
Tunisia	1	
Turkey	12	
UAE	1	
Uruguay	1	
Uzbekistan	1	Yes
Vietnam	4	
TOTAL	251	15

3. Fifteen overseas trips were selected for audit based upon information on the F&CO web site and my background knowledge. An e-mail with header "Compliance Audit" was sent to one member of staff taking part in the trip on 27 July 2012 together with an audit checklist to complete as given below:

"Dear (name),

I am carrying out an audit of compliance with the University's policy on working overseas: see Safety Policy Arrangement 44-2009 (rev. 2010) Working Overseas.

Therefore, I would be grateful if you could spend about one minute completing the audit checklist (attached) for your visit to XX in XX.

I will be giving a summary anonymised report to the next meeting of the University H&S sub-committee on 4th Sep so I would be grateful if you could send me the completed table by 25th Aug.

I would also welcome any feedback on the policy, guidance and handbook on Working Overseas, and I will include your feedback when I revise the documentation so that other staff benefit from your input."

Audit checklist

Question	Response
1. Did you complete a risk assessment for this work overseas?	Yes / No
2. Did you discuss the risk assessment with your line manager and obtain their approval?	Yes / No
3. Did you read the staff travel handbook?	Yes / No
4. Did you register travel itinerary and contact details with Foreign and Commonwealth Office using LOCATE?	Yes / No
5. Did you contact your GP for travel advice?	Yes / No

4. Ten replies were received by 20 Aug: a reminder was sent to five staff on the same day. One of the replies was sent by a post-graduate student asking if she should respond since the policy refers to staff, and she was attending a Conference. She did not reply to further e-mail correspondence.

5. There were 2 additional replies in response to the e-mail reminder on 20 Aug giving an overall return rate of 80%.

6. The results are given in table below:

Question	Number of returns	Number of Yes returns	Compliance rate (%)
1. Did you complete a risk assessment for this work overseas?	11	6	55
2. Did you discuss the risk assessment with your line manager and obtain their approval?	11	7	64
3. Did you read the staff travel handbook?	11	8	73
4. Did you register travel itinerary and contact details with Foreign and Commonwealth Office using LOCATE?	11	2	18
5. Did you contact your GP for travel advice?	11	10	91

7. Staff who did not comply with any part of the policy were asked for the reason by e-mail. The response was usually they did not know about the Policy ie a communication failure.

8. In response to a member of staff who had difficulty in obtaining travel advice from his GP the contact details of three local travel health clinics has been included in the Travel Handbook.

9. In response to a member of staff who found it difficult to find the policy, guidance and handbook on Safety Services' web site the policy has been re-named "Travelling on University Work Overseas" so it should be easier to find using the A-Z.

10. In response to a member of staff who highlighted the benefit of using a local agent and making contact with ex-pat community appropriate information will be included in Guidance.

11. In response to this audit one School with many staff travelling overseas is reviewing their procedures.

12. Several members of staff commented on the amount of information required by F&CO for their LOCATE service, and the time it would take to complete as the reason for not using this service. Therefore, Committee should review this policy requirement.

12. Head of Safety Services asked Insurance Manager if he could raise awareness of the policy, guidance and handbook when staff contact him regarding travel insurance.

14. Committee members should consider means to raise awareness within their College/SAAA. Head of Safety Services will deliver awareness training upon request.