

HEALTH, SAFETY & SECURITY COMMITTEE**OPEN AGENDA****Wednesday 8th March 2017 (Room 116)**

HSS 16/17 2 A	Minutes To approve: minutes of the meeting held on 07 October 2016	[Attached]
HSS 16/17 2 B	Action Points	[Oral Updates]
HSS 16/17 2 C	Matters Arising/Matters for Report	[Oral Updates]
HSS 16/17 2 D	Report from the Health & Safety Manager To Receive	[Attached]
HSS 16/17 2 E	Report from the Assistant Director of Estates To receive	[Attached]
HSS 16/17 2 F	Occupational Health Services To receive: A verbal update from the HR Manager	[Oral Update]
HSS 16/17 2 G	Reports from Staff Representatives, Student Representatives and from Union Safety Representatives To receive	[Oral Updates]
HSS 16/17 2 H	Risk Register – Safety For consideration	[Attached]
HSS 16/16 2 I	Asbestos Plan and Report For approval	[Attached]
HSS 16/17 2 J	Work-Related Stress and Bullying For approval	[Attached]

NOTE: These minutes are for information only. Any corrections to the minutes will be recorded in the minutes of the subsequent meeting of the committee.

SOAS, UNIVERSITY OF LONDON
HEALTH SAFETY & SECURITY COMMITTEE (HSSC)

26 October 2016

Room 116, College Buildings

MINUTES

MEMBERS:

Mike Baptista (Library representative)*
Matthew Craven*
Dr Collette Harris
Peter Baran
Elizabeth Hull (UCU representative)
Russell Hunter (H&S Manager)
Dr Chris Ince (Chair)
Jahan Latif (UNISON representative)*
Adwoa Darko (Student Representative)
Alyx Lakewood*
Rychard Scrasefield (Assistant Director, Estates & Facilities)
Tim Surch (Interim, HR Business Partner (Academic))
Jonathan Tanner

IN ATTENDANCE

Anne Marie O'Mullane
Kimberly Hovish

*- indicates a member unable to attend

The Chair welcomed all members and attendees to the meeting.

Terms of Reference and Procedures for the Conduct of Meetings HSS 16/17 1 A

The Committee noted the Terms of Reference and Procedures for the Conduct of Meetings.

Minutes HSS 16/17 1 B

The Committee approve the minutes of the meeting held on the 25 May 2016 as a true record.

Action Points

HSS 16/17 1 C

Health & Safety Audit Recommendations

This was dealt with under item HSS 16/17 1 E, Report from the Health & Safety Manager.

Asbestos Management Plan

It was confirmed that Chris Smith, Performance & Compliance in Estates & Facilities, would have a remit including Asbestos Management. He would be asked to submit an Asbestos Management Plan to the next meeting.

Accident Reporting

The plan was that guidance and forms for accident reporting would be made available on the external website as well as on MySOAS. The action was deemed to be closed.

Fire Safety Policy

The Committee received an update on all actions in connection with the Fire Safety Policy. The action was deemed to be closed.

Health & Safety Policy

The policy had been approved by the Board of Trustees on 11 July 2016. The action was deemed to be closed.

Matters Arising/Matters for Report

HSS 16/17 1 D

There were no matters arising to report.

Report from the Health & Safety Manager

HSS 16/17 1 E

The Committee **received** an update of activity from the Health & Safety Manager since the last meeting:

Fire Activations

Five out of eleven reports have been received for fire activations. This low return of reports was presumably due to the changeover in contract to Bouygues. The Health & Safety Manager received a further five reports informally from the security team. There was no emerging trend for the fire activations.

Accidents/Incidents

There were two accidents/incidents since the last meeting. Both were illness related. There had been an audit of first aid requirements for the PWW. All first aiders have been encourage to undertake an audit of first aid kits and to replenish as required.

General updates

Since the last meeting all safety audits of buildings have been completed except for the Paul Webley Wing (PWW). It was noted that while progress has been made on the annual improvement plan, it was felt to be delayed by the changeover of contract and consequent change in personnel.

The general improvement plan included ensuring the safety of working roof areas, that all disabled WCs are fitted with alarms and are tested regularly and the introduction of protection for sky/roof lights.

It was confirmed that where issues were identified as a result of monthly building inspections, this should be logged through the helpdesk.

A risk assessment had been carried out in the Students' Union bar area. The risk assessment and guidance had been provided to the General Manager of the Student Union. He had made some amendments and was in the process of implementation. The Committee noted that the gas cylinders are now stored in an appropriate manner.

It had been decided to deliver training for fire wardens and manual handling via an online training package. Fire warden training was being focussed on new wardens but should there be enough credits refresher courses would be rolled out to existing members as part of the ongoing training of fire wardens. The Committee **noted** that training of LIS staff for manual handling would be deferred to January in light of changes in the team.

The Committee discussed the potential of moving to a smoke free School. It was **agreed** that the Assistant Director, Estates and Facilities would clarify with the Director of Estates on the direction of travel. Once clarified, the Assistant Director would speak to the General Manager of the Student Union.

The Health & Safety Manager had identified the following further areas where he could add value and develop additional guidance:

- UK Based Field Work
- Student Work Placements
- Events
- Stress

Stress

The Committee discussed the item of stress in the workplace. The Health & Safety Manager had discussed with the Interim, HR Business Partner (Academic) how he could add value and it was identified that it could be around providing advice on how to approach risk assessment. It was noted that UCU Safety Executive had provided guidance materials for conducting institute wide survey on stress. Those who had experience of undergoing a survey had noted there were issues with having the resource to analyse the data and to identify outputs and actions as a result of the data. It was **agreed** that the Health & Safety Manager and Interim, HR Business Partner (Academic) would take this matter forward and explore the potential of conducting a stress survey later in the year. It was agreed that the trades unions would need to be included in any discussions.

Report from the Assistant Director of Estates

HSS 16/17 1 F

The committee **received** an update from The Assistant Director, Estates and Facilities on security matters including the mobilisation of the new Security services as part of the IFM contract. This had taken place without incident. A number of incidents were highlighted. There was an increase in incidents of theft in comparison to the same period for last year, from one to five. There did not seem to be an emerging trend for this. The Committee **noted** that the format for the report would change for the next meeting and would include asbestos management.

Occupational Health Services

HSS 16/17 1 G

The Committee noted that the School was halfway through its occupational health services contract and that it was operating effectively. Currently the matter of recycling of equipment used for reasonable adjustments was being explored.

Risk Register – Safety

HSS 16/17 1 H

The Committee **noted** the Risk Register circulated to the Committee. Committee members were asked to advise of any action being taken around training, policy development or policy implementation so that it could be included in the next iteration. The plan would be that the Committee would then identify gaps that could pose risks.

Managing with Travel Alerts

HSS 16/17 1 I

A query had been raised on how travel flash alerts should be managed following their circulation by the Senior Financial Administrator. The Committee **confirmed** that where it was circulated to Faculty Administrators that they then should be sent to Heads of Department who would be in the best position to know whether any of their staff would be affected by the travel alert.

The matter of planning and anticipating travel issues that might affect PhD students while they research abroad was raised. On a number of occasions a student had to move more than once due to issues arising in the country they were in. Further discussions would take place with the Head of the Doctoral School as the Doctoral School had piloted a system (GCORE) which can be used to assess risk of travel. An update would be provided to the Committee after the discussion with the Head of the Doctoral School.

The Committee noted that communication on the Overseas Policy was ongoing. It was noted that inclusion of staff who work with PhD students would be a necessary aspect of the communication plan.

Reports from Staff Representatives, Student Representatives and from Union Safety Representatives

HSS 16/17 1 J

Student Egress Issue

The Committee was updated on steps being taken to handle an egress issue in the PWW in relation to a student who used a wheelchair. The Committee asked the Assistant Director, Estates and Facilities to provide a report to the Committee on progress with steps to resolve the egress issue and the timelines involved. The Committee also noted that the Assistant Director is happy to meet with the student and explain what actions are taking place to resolve the issue.

The Committee noted that all matters were considered elsewhere in the agenda.

Action

Item	Action	When?	By?
25/05/2016 Matters Arising	Asbestos Management Plan to go to the next H & S Meeting	8 March 2017	RS
25/05/2016 Report from Assistant Director of Estates	Update on actions from Asbestos report to be presented to next meeting	8 March 2017	RS
HSS 16/17 1 E Report from the Health & Safety Manager: Smoke Free School	It was agreed that Assistant Director, Estates and Facilities would clarify with the Director of Estates on the direction of travel for a smoke free School. Once clarified, the Assistant Director would speak to the General Manager of the Student Union.	8 March 2017	RS
HSS 16/17 1 E Report from the Health & Safety Manager Stress Survey	It was agreed that the Health & Safety Manager and Interim, HR Business Partner (Academic) explore the potential of conducting a stress survey later in the year. Bring a plan of action back to Committee	8 March 2017	RB/TS
HSS 16/17 1 H Risk Register - Safety	Committee members were asked to advise of any action being taken around training, policy development or policy implementation so that it could be included in the next iteration. The plan would be that the Committee would then identify gaps that could pose risks.	January 2017	All Members
HSS 16/17 1 I Managing with Travel Alerts	Colette Harris to update the Committee on the pilot of GCore in the Doctoral School. Communication on the Overseas Policy would need to include staff who work with PhD students.	8 March 2017 8 March 2017	CH RB
HSS 16/17 1 J Reports from Student Representatives Student Egress Issue	Update to be provided to the Committee on progress with resolving the Student egress issue. Can be communicated electronically	December 2016	RS

Update from Health & Safety Manager

Health, Safety & Security Committee is asked **to receive** the report from the Health & Safety Manager.

Executive Summary

The report covers incidents of fire alarm activations, accidents/first aid, general health & safety updates, a summary of fire alarm activations and a summary of accidents that took place since the last meeting of the Committee.

Recommendations

N/A

Financial Impact

N/A

Risks

Activity undertaken supports the School's compliance with its duties under Health and Safety Legislation. The Committee is asked to consider the report and identify if there are any matters that require an update to the Safety Risk Register.

Equality implications

None identified.

Safety Managers Report

Fire

Please see attached a list of reported fire alarm activations since the last meeting (October 2016). There have been 13 activations during the period 11th October 2016 – February 24th 2017, which is a slight increase when compared to the number reported at the last meeting (11)

Of the 13 activations, 2 were planned fire drills, 4 were due to undetermined causes in the south block at Senate House, 3 as a result of fireworks being let off in the main college buildings, 1 has been attributed to steam generated by a hot tap being left on in 22 Russell Sq, 1 as a result of excess smoke generated in the kitchen of the main college buildings, 1 because of a student vaping in a study room in the PWW and lastly 1 due to someone on the 5th floor of the main college building activating a call point for spurious reasons.

There is nothing to suggest any procedural failings are to blame for the increase in activations, with the only real trend being the fire work issue which has now ceased.

Accidents/First Aid

Attached is a report documenting all accidents/incidents reported since the last meeting, numbering 6 in total, this represents an increase when compared to the number reported at the last meeting (2)

Of the 6 accidents/incidents, 1 was as a result of a sub-contractor losing a section of his finger when cutting concrete, however the finger was not lost as was originally reported. The remaining 5 incidents were made up of a slip on a wet floor, a cut thumb on a toilet flush, 2 cases of fingers becoming trapped and an incident whereby a member of staff assisted a student in treating some scarring caused by self-harming. As with the alarm activations, there is nothing to suggest that the accidents for this period were due to poor practice or procedure.

Russell Hunter has been trying to recruit additional first aiders across the campus, specifically in 21/22 Russell Square, the Brunei gallery and the PWW. Although security staff are trained first aiders, we should not rely on them solely for first aid cover in these areas. Thus far there have been no volunteers at the Brunei Gallery or 21/22 Russell Square but we have two recruits from the student HUB, coming on board in the coming months to provide additional support in the PWW.

General Health and Safety updates

- Russell Hunter has begun work on this year's safety audits across the campus, with the PWW being the first to be audited, this is currently ongoing.

- The Health and Safety improvement plan developed as a result of last year's audits is currently behind schedule. Improvements have been made in a lot of areas, notably the removal of asbestos containing rope in the west plant room. In addition we have made progress in areas such as general housekeeping, emergency lighting, the testing of refuge/panic alarms, safety signage, regular building inspections and the appointment of additional fire wardens to name a few. Disappointingly, such progress was not achieved as quickly in areas of greater risk and consequence, namely the protection of sky lights on roof areas, the servicing of fire suppression systems in kitchens, roof areas without edge protection, the installation of panic alarms in all disabled toilet facilities, the reviewing of fire risk assessments for all buildings and a plethora of inadequate or damaged fire doors across the campus. These items were reported to Estates by Russell Hunter towards the end of last summer and until recently had not progressed. However during the last month, Estates have outlined their intention to complete these works and have provided commencement dates in most cases. The exception being the sky light issue where discussions between Health and Safety and Estates are ongoing.
- Russell Hunter has been attending staff meetings to promote the new overseas travel policy and has attended Anthropology and Sociology, Linguistics and Religions and Philosophies thus far. In addition meetings are arranged for Economics, Languages and Cultures, Politics, School of Law, Development Studies and History in the coming weeks and months. By speaking to every department we will also ensure that we have communicated the policy to staff that work with PHD students, as requested at the last meeting.
- Actions from monthly building inspections are reported to the helpdesk directly rather than being done so via the maintenance supervisor.
- PEEPS, Russell Hunter requested that HR establish any need for a PEEP during the recruitment process and this is now captured upon appointment, where applicable. This will hopefully help to prevent individual cases being missed. Russell is due to meet with registry staff to organise the same procedure for students.
- One of the actions from the Health and Safety improvement plan was the appointment of safety reps for each faculty. This has now been done and Russell will meet with the reps once a term to discuss their office inspections as well as any other issues that may have arisen.
- There is now a fire drill schedule in place to ensure that we carry out at least 2 planned drills at each site during 2017.
- The Health and Safety pages on the web site have been updated and now contain new guidance areas in accordance with our H&S policy. In addition they also house the latest versions of all policies and guidance notes.
- Online training for fire wardens and manual handling has now gone live. Fire warden training started in October and the response thus far has been largely positive with the majority of volunteers having finished their training, however there are still 5 members of staff that have yet to complete theirs.

Manual handling has only been live since the middle of January which means that is too early to gauge its effectiveness yet, with only 6 of the nominated LIS staff having completed their training thus far.

IT have yet to supply their nominations, Russell has prompted Martin Whiteside to provide these.

- At the last meeting it was mentioned that Russell Hunter had been looking into areas whereby a procedural review or revised approach may be needed. The areas were as follows.

a) **UK based field work**

Russell Hunter met with Silke Blohm to discuss this topic and has since drafted a document to assist in the management and risk assessment of this activity. Whether this document is incorporated into the overseas travel policy or as a stand-alone document is undecided at this time.

b) **Student work placements**

Russell Hunter had an initial meeting with Philippa and Alexis from the Careers Service regarding health and safety procedures and student placements. Since then Russell has produced a document that the Careers Service will be using going forward. The document is essentially a health and safety questionnaire and risk assessment template, which placement providers will be required to complete prior to students commencing work with them. This will enable us to ensure that any risks associated with the placement have been considered.

c) **Events**

Russell Hunter provided some guidance on first aid, fire safety, waste, electrical safety, food safety, PEEPS, stewarding and emergency services, this will be added to the existing events policy.

d) **Stress**

Russell Hunter, along with Tim Surch and Elizabeth Hull have been looking into how stress is managed at SOAS and how the management of it could be improved. Although a survey was initially mentioned it has been agreed that it may not be the most effective solution.

Russell has produced a document containing the 6 stress management standards as advised by the HSE. Each management standard is very clear on what needs to happen in the work place to ensure that stress is well managed. The guidance that Russell has written contains possible control measures that managers can adopt to ensure best practice. Tim has added to this document and it will now be added to the Health and Wellbeing policy although how it will be incorporated is yet to be decided. Elizabeth has also provided positive feedback and is, at the time of writing, waiting for additional comment from UCU and Unison.

DSE and work stations

There have been 2 DSE assessments carried out since the last meeting. This does represent a decrease when compared to previous figures, although as mentioned at the last committee meeting the reason those figures were as high as they were was due to the amount of staff moving into the PWW during that period.

Russell Hunter has continued to contact staff that he has assessed in an effort to ascertain whether or not any adjustments made have had a positive effect. While not everyone has replied, only positive feedback has been received thus far.

Summary of fire alarm activations

DATE	TIME	DETAILS	FIRE BRIGADE CALLED	DRILL	NOTES
13/10/16	16:40	Alarm activated in Senate House South Block	No	No	Seen by H&S 14/10/16
10/11/16	17:00	Alarm activated in Stewart House	No	No	Seen by H&S 10/11/16
14/11/16	16:24	Firework let off on the 3 rd floor of the Philips Building	No	No	Seen by H&S 15/11/16
18/11/16	14:44	Firework let off on the 2 nd floor of the Philips Building	No	No	28/11/16
25/11/16	15:15	Firework let off in the men's toilet on the 2 nd floor of the main building	No	No	13/10/16
28/11/16	13:55	Student vaping in study room triggered alarm	No	No	28/11/16
28/11/16	17:12	Hot tap left on in ground floor toilet produced excessive steam which	Yes	No	29/11/16

		triggered the alarm			
7/12/16	06:40	Alarm triggered, 11 th floor Senate House	Yes	No	07/12/16
06/02/17	9:45	Alarm triggered by Kadir/Russell at Gordon Square as part of fire drill	No	Yes	06/02/17
07/02/17	09:38	Alarm triggered by Kadir/Russell at Brunei as part of fire drill	No	Yes	08/02/17
16/02/17	14:14	Chef put hot pan under cold water straight after the pan was taken off of the heat. This caused smoke to trigger the alarm	No	No	16/02/17
20/02/17	13:41	Alarm triggered in Senate House south block	No	No	20/02/17
20/02/17	11:04	Alarm triggered due to someone activating the call point on the 5 th Floor of the main building without cause to	No	No	20/02/17

seen by H&S date is when report was seen by Russell Hunter, rather than when it was initially reported

Summary of Accidents

<u>Incident Number</u>	<u>Date</u>	<u>Location</u>	<u>Summary of Accident/Incident</u>	<u>Date report seen by H&S</u>
46	10/11/16	PWW lower ground floor	Building contractor lost a section of finger while cutting concrete. Ambulance called, finger not severed as originally suspected	14/11/16
47	11/11/16	Main reception	First Aider assisted student in dressing scars caused by self-harm	15/11/16
48	1/12/16	Ladies toilet lower ground floor PWW	Member of staff was trying to open a stiff window with both hands, when her ring finger became trapped in the hinge, her finger was then trapped	5/12/16
49	14/12/16	Philips Building 5 th Floor	Staff member was moving some plastic storage containers away from steel cupboards and when doing so, trapped his finger in between the two	19/12/16
50	27/01/17	Main reception	Student slipped on wet floor and twisted ankle	30/01/17
51	17/02/17	Toilet Library level F	Staff member pressed toilet flush, which then crumbled due to a fault that was not visible, remaining pieces cut his thumb	20/02/17

UPDATE FROM THE ASSISTANT DIRECTOR ESTATES

HSS is asked to **consider** the report from Assistant Director of Estates

Executive Summary

The main topics covered in the report are as follows for Security

- The security arrangement and risk management
- The transfer of the staff team
- The future and security
- Incident Log
- General operational information

Other items covered by the report are as follows:

Mechanical and electrical services & compliance
Fire evacuation observations and actions
Asbestos management and updates
Vernon Square
Student egress issues

Recommendations

N/A

Financial Impact

Where financial implications have been identified, these have been included in the report.

Risks

The Committee is asked to consider the report and identify if there are any matters that require an update to the Safety Risk Register.

Equality implications

Accessibility and egress during evacuation and in normal operation at the Paul Webley Wing have equality implications. The paper outlines steps that have taken to address this matter in the "Student Egress issues" section of the report.

Security services

The last 6 months has seen the second phase of the transfer of services completed with the remaining larger part of the security services transferring into the new IFM contract with Bouygues.

The main topics which I will cover in my report:-

- The security arrangement and risk management
- The transfer of the staff team
- The future and security
- Incident Log
- General operational information

The security arrangement and risk management

A number of small events took place during the last 6 months, additional door supervisors additional security of open event were provided without any major disruption or incident.

The security team did however have to deal with a spate of incidents during November, specifically the release of fireworks on the 2nd and third floors of the Philips building. Additional we had a series of incidents relating to a specific academic office, all of which were reported to the Police.

The transfer of security staff

As you may know the main parts of the contract services transferred under TUPE on the 1st of October, the service has remained under continuous review, so as to allow Bouygues to assess the delivery of the service post mobilisation that could then present opportunities to develop the services further.

In addition, the security team at Vernon Square has been scaled back as the building is now unoccupied. A risk assessment was carried out identifying a number of security improvements to the building, along with the redeployment of one guard back to the main SOAS complex.

The future security arrangements

We continue to provide additional security cover to the Student union and the library as and when required. This is provided on a request basis through the Bouygues help desk and Bouygues security manager.

We will continue to assess each request for security cover on a case by case basis, ensuring that the appropriate assessments are carried out and the right advice is provided on each occasion.

Additional cover was provided as agreed during the festive period. The school closed as normal, the library remained open for much of the festive period and the security provision reflected this.

Additional patrols have been instigated pre-Christmas to counter the targeting of academic offices and space in the Philips Building. This visual deterrent has contributed to a reduction in the number of incidents.

Incident Log between Oct –Jan comparisons 2015/16 - 16/17

	Oct 15-Jan 16	Oct 16-Jan 17
Break in / Damage	3	40
Robbery/Mugging	0	0
Assault	0	1
Theft	5	5
Emergency Services	5	11
Demo/Protests	14	9
Unacceptable Behaviour	7	26
Rough Sleepers	7	11
Library Related	0	17
First Aid / Personal Injury	4	12
Drugs	2	1
Attempted Theft	1	0
Fire Alarm Activations	7	12
Fire Evacuations	6	12
Panic Alarms / Fire Doors	25	67
Lift Entrapments	2	10
Reported Technical Faults	72	226

Lost Property Oct 16 – Jan 17

754 Items of Lost Property Collected.
143 Items of Lost Property Reclaimed.

There has been an increase in the number of increased incidents of which the key point are:-

Examples of Unacceptable Behaviour

Stickers/Posters Graffiti- setting off extinguishers, throwing fireworks smashing eggs in corridors/ Graffiti on extra parts of SOAS property.

We have seen an increase in stickers across the site, supporting the one of the Student unions key campaigns of Insourcing and ending out sourced services at a cost. Currently Bouygues estimate they have spent in the last few months an additional 8k on the removal/redecoration and cleaning of damaged surfaces, the breakdown of this has been sent to Chris Ince.

These issues are taken into consideration when looking at security as a whole, we would look to develop improved ways of working to combat these incidents on site.

General security/operation information

- Additional radios are now in use and additional radios are now in Senate house and in the Directors office in the event of emergencies.
- 2 Additional CCTV cameras have been installed and added to the current array, within the College building.

- Access has been given to Senate House via the South double doors during normal opening hours. This is for Senate House university staff only.
- The deactivation of the main collage building barriers during core hours has improved the flow of visitor through the main entrance, this has not caused any Security breaches to date, the new procedure will be reviewed as part of the AIs on a regular basis.
- Security are self-reporting a large number of reactive jobs on the help desk.
- Replacement and upgrade of the Brunei security alarm system, has been completed. A number of snagging items have been picked up and are in plan to be resolved within the next few weeks.

Mechanical and electrical services & compliance

Contract M and E services have been transferred as part of the IFM services to Bouygues. The initial phase has been to continue to deliver the required regulatory certification and compliance.

In addition, the initial phase is to carry out an asset verification assessment. This has thrown up a number of unidentified assets which will now form part of Bouygues PPM schedule, the final approved and amalgamated schedule will then automatically be added to the Bouygues forward planner.

We have taken the decision to include as a separate schedule the catering assets on site to ensure they are well maintained and we can be clear about their mandatory inspections and certifications. This will also form part of Bouygues responsibilities going forward once we have completed the full assessment of equipment and cleared a number of outstanding issues.

There are number of statutory activities under way at the moment, the first of which is the fixed wire testing, which is now due. Bouygues specialist subcontractor Inspexx will be on site carrying out the work over the next few weeks.

In addition Bouygues will be carrying out a new fire risk audits (FRA) across the site, following on from the completion of the Paul Webley Wing's assessment recently. This will generate a register of activities which we will work through in the coming months.

We are aware of a number of issues that have been flagged to us both internally and externally through separate audits, which we are already attending to. An example of this would be the accessibility audit recently extended to include the new Paul Webley Wing.

This has highlighted a number of fire related question in respects to disabled visitors which we have passed to Bouygues Small projects team, some of which have already been completed.

Fire evacuation observations and actions

As you may be aware there have been a number of fire alarm activations during the course of the last 6 months. The majority have been at either the main collage building or at the PWW.

Main college building

The key observations that have been made during the course of the last 6 months have been:-

- Ensuring that everyone evacuates and do not re-enter when the alarm stops sounding, as on one occasion people started to re-enter via the fire doors in the Philips building.
- Making sure that the grab bag has every item within it as required, including a mega phone and batteries which seemed to be missing on one occasion.
- Directing the evacuating mass towards Mallet Street entrance gate. Security at PWW has been instructed to open this set of gates in the event of an evacuation.
- A fire shutter on the 3rd floor, Philips building, failed to close correctly; this reported issue has been passed to Bouygues for repair.

Paul Webley Wing

As the alarm system is shared with UOL the arrangements to evacuation have been under review as there are a number of issues that have arisen during evacuation.

- Communication between the two security teams has been less than perfect, as a result of this SOAS issued a radio to UOL team to insure constant communication.
- Refuge alarm issues were again a cause of concern as the security team found it hard to hear the alarm over the top of the main fire alarm sounders. A visual alarm has now been specified to be added to our panel.
- Direction of evacuation and the routes via Senate House, not clear. We are working with our colleagues at UOL to agree a number of shared protocols.
- We have also been working closely with a particular student, who is a wheel chair user to improve her accessibility and egress during evacuation and in normal operation hours. We would like to thank Clare Williams for her continued support and invaluable advice.

We have committed to working with UOL to jointly resolve these issues, currently UOL have 100 plus faults on their part of the fire alarm system. We have experienced a number of related faults to their panel which their contractor Honeywell are working to resolve. We have created a register which is now being used to map out the problems and improvements as they are resolved.

Asbestos management and updates

Asbestos management policy review has been carried out (appendix XX attached) a number of actions have been undertaken to edit the policy document.

Our Asbestos Management Policy has been reviewed and updated by both myself and Byes Health and Safety Manager. Key points of change to note are,

- Reference to registers being available in the Byes office along with estates
- Org chart updated
- Responsibilities update to reflect new roles, Assistant Director of Estates and Performance and Compliance Manager
- Section 4.2.4 added to reference Facilities Management Contractor responsibilities
- Slight changes to note Byes responsibilities

Two on site tests and inspection and resulting actions

- Removal of the Philips building plant room rope (fire gasket) with a man-made fibre replacement.(completed)
- A section of boxing which originally tested positive in the 4th floor Plant room. This has now been retested and the results have come back negative.
- Test removal of window (removal of asbestos mastic jointing has been undertaken) remainder mastic has been concealed as per the specification.

Asbestos management Senate House

Reassessment of UOL asbestos management plan has affected SOAS in a number of ways.

Positive samples were taken from a number of location which are used as shared space, between UOL and SOAS.

1. Lift motor room SHNB
2. North Boiler room SHNB
3. The link tunnels that run between UOL/SOAS and Birkbeck.

Each area registered a positive reading. Immediate action was taken to restrict unauthorised access and to impose controls on accessing this space only under permit and warring type 3 PPE.

UOL produced an action plan to manage the safe removal and deep clean of the South chamber and 50 % of the north tunnel, which has resulted in the reopening and removal of restrictions and the issuing of certification provided to Steve Mckinnell.

Any item which is considered to contain asbestos has been labelled and added to the UOL's register, which we have been notified of. These items are considered concealed or away from likely disturbance.

It was also noted that any individual that may have been exposed to the areas in question should make it know to UOL's newly appointed compliance manager so that the appropriate measures and support can then be provide, on a case by case.

In addition Chris Smith, SOAS's compliance and performance manger has recently completed his BOSH P405 certification, managing asbestos in buildings qualification.

Vernon Square

Vernon Square is now an unoccupied property. As it's no longer in use we can start to decommission plant and equipment that at this time are no longer required to be maintained. We continue to maintain core house systems at this stage, as we still retain on site security presence. Vernon Square will remain in the partly decommissioned status until further notice.

Access to Vernon Square is under permit only; arrangement should be made via the estates teams.

General compliance and activities

- Bouygues will be carrying out their first internal compliance audit, the results will be shared with Russell Hunter.
- The continued FY fixed wire testing and completion of PAT during the next period.

- We expect to review and audit our four doors across site, during the next reporting period

Following on from the action from the previous committee meeting about smoking on campus, I have discussed this with the Director of Estates. He stated that we should look to minimise smoking on campuses far as possible, with the intention to discourage smoking as far as possible. Please note as one of the evacuations in the PWW wing was triggered by two students vaping, it was felt that the same controls should be placed around this form of smoking. Richard and I are committed to working with the Student Union on this and to find a way in which to share this message.

Student egress issues

Early in my report I identified a number of egress issues within PWW. This has been highlighted in both the accessibility audit and the FRA. We have added in new signage and made a number of alterations that improve these observations. A new draft accessibility statement is being reviewed by the estates team, this will then replace the current statement with one based on both Audits and the third party review by Faithful and Gauld.

Working with our UOL colleagues to refine the evacuation procedure to ensure the process is managed on every occasion. There is still work to be done.

Managing the evacuation of students from every building is vitally important. As pointed out earlier we have identified a number of key observations that will only improve the evacuation of all occupancies.

Risk Register – Safety

The Committee is asked **to consider** the Risk Register which had been completed in December 2016.

Executive Summary

The attached risk register provides the termly update to the Committee. Committee members are invited to provide comment on the risk register.

Recommendations

N/A

Financial Impact

N/A

Risks

Consideration of the risk register is a key process for the Committee in order to identify and monitor risks that fall within its control.

Equality implications

N/A

Risk 1:	Risk Title: Major safety incident					Risk Owner: Secretary							
Risk Cause	Risk Consequences	Gross risk			Existing Controls	Sources of Assurance	Early Warning Flags	Current risk			Net risk		
What might cause the risk to occur?	What are the possible consequences should the risk occur?	Impact	Likelihood	I x L	What existing strategies, processes or controls are in place to manage the risk?	How do we know that these controls are efficient and effective? What are our sources of assurance over the controls for this risk?	What would indicate that the likelihood or the impact of the risk is increasing?	Impact	Likelihood	I x L	Impact	Likelihood	I x L
Non-compliance with SOAS Policy, lack of clear policy/procedure in place, force majeure	Physical harm to staff, students or visitors. Damage to property and business interruption. Investigation by the HSE or Fire Brigade. Prosecution. Reputational damage	5	2	10	Approved H&S policies and procedures. Training for staff. Incident management procedure. Regular fire drills. Monthly inspections	Low risk environment. No history of serious incidents reported. Regular updates from H&S Manager	Increase in incidents. Failure to respond to new legislation or any inspection visits.	4	2	8	4	1	4
Actions for further control to deliver net risk based on existing environment													
Actions for further control					Action Owner		Due Date		Status update				
Rollout and training on regular safety walks by safety representatives					H&S Manager		Mar-17		New				
Testing of incident management plans					Secretary		May-17		Delayed due to changes in staff and actual incidents that have functioned as "tests"				
Ensure that corrective actions from the 16/17 Health and Safety improvement plan are completed.					H&S Manager		Mar-17						

Risk 2:	Risk Title: Overseas activity						EB Risk Owner: Secretary						
Risk Cause	Risk Consequences	Gross risk			Existing Controls	Sources of Assurance	Early Warning Flags	Current risk			Net risk		
What might cause the risk to occur?	What are the possible consequences should the risk occur?	Impact	Likelihood	I x L	What existing strategies, processes or controls are in place to manage the risk?	How do we know that these controls are efficient and effective? What are our sources of assurance over the controls for this risk?	What would indicate that the likelihood or the impact of the risk is increasing?	Impact	Likelihood	I x L	Impact	Likelihood	I x L
International incident, disease outbreak, travel accident	Physical harm to staff, students or visitors.	4	4	16	Approved H&S policies and procedures. Training for staff. Research ethics framework. New policy in place	Existing frameworks in place and have been updated. Insurance in place for staff and students overseas	Increase in incidents. Complaints from staff/students travelling.	4	2	8	4	2	8
Actions for further control to deliver net risk based on existing environment													
Actions for further control						Action Owner	Due Date	Status update					
Training on new Code of Practice						H&S Manager	Mar-17	Re-phased. Has commenced					
Audit of policy to check on implementation						H&S Manager	Feb-17						
Extend policy to look at UK based activity						H&S Manager	Mar-17						

Risk 3:	Risk Title: H&S governance					Risk Owner: Secretary							
Risk Cause	Risk Consequences	Gross risk			Existing Controls	Sources of Assurance	Early Warning Flags	Current risk			Net risk		
What might cause the risk to occur?	What are the possible consequences should the risk occur?	Impact	Likelihood	I x L	What existing strategies, processes or controls are in place to manage the risk?	How do we know that these controls are efficient and effective? What are our sources of assurance over the controls for this risk?	What would indicate that the likelihood or the impact of the risk is increasing?	Impact	Likelihood	I x L	Impact	Likelihood	I x L
Poor governance arrangements – either absence or those present not being fit for purpose	Failure of governance arrangements leading to possible incident or failed audit of arrangements. Improvement/enforcement notice from HSE	5	3	15	Approved H&S policies and procedures. Training for staff. Incident management procedure. Regular fire drills.	Internal audit of safety arrangements	Recommendations in audit reports	4	3	12	4	2	8
Actions for further control to deliver net risk based on existing environment													
Actions for further control						Action Owner	Due Date	Status update					
Recruit permanent role of H&S Manager						Secretary	Feb-17	Delayed action					
Review of best practice in sector to develop any further policies from a gap analysis						H&S Manager	Feb-17	New action					
Develop any new policies required						H&S Manager	May-17	New action					

Asbestos Policy and Asbestos Management Plan

The Committee is asked to review and **approve** the Asbestos Policy and Asbestos Management Plan.

Executive Summary

This document sets out SOAS policy, management plan and procedures for managing Asbestos Containing Materials (ACMs).

The Asbestos Policy and Asbestos Management Plan has been:

Approved by:

Paula Sanderson	Registrar
Chris Ince	Secretary
Richard Poulson	Director of Estates & Facilities

Commented on:

Russell Hunter	Health and Safety Officer
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Reviewed:

Chris Smith	Performance and Compliance Manager
Rychard Scrase Field	Assistant Director of Estates and Facilities
Mark Farrington	General Manager FM Contractor (BYES)

Recommendations

N/A

Financial Impact

There will be financial implications for removal of ACMs. The responsibility for estimations is included in the policy.

Risks

This Risk Assessment included in the document requires SOAS to review the condition of known (Asbestos Containing Materials) ACMs on an annual basis.

Equality implications

None identified.

School of Oriental and African Studies

Asbestos Policy

And

Asbestos Management Plan

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1.0 Introduction

This document sets out SOAS policy, management plan and procedures for managing Asbestos Containing Materials (ACMs).

The presence of ACMs does not in itself constitute a danger. However, ACMs are hazardous when disturbed or damaged and must be treated accordingly. Activities which give rise to airborne dust, for example abrasion, breaking, sawing, cutting, drilling or machining are the most likely to present risks.

Staff, students, visitors, contractors or other building users are not expected to work with or be exposed to ACMs on SOAS sites. Exposure to any ACM during the course of a normal working day is unlikely and the staff most likely to come into contact with ACMs are those engaged in activities such as building maintenance.

A limited number of staff whose normal duties may bring them into contact with existing ACMs (for example building maintenance staff) will be trained in ACM awareness. SOAS will seek assurance that staff contracted to SOAS whose normal duties may bring them into contact with existing ACMs (for example building maintenance) will be trained in ACM awareness.

2.0 Asbestos Policy

The SOAS Asbestos Policy conforms to the Health and Safety at Work Act 1974, and control of asbestos regulations 2012.

The Policy, Plan and Procedures set out below apply to all parts of SOAS without exception.

SOAS policy is to:

- Prevent exposure to the hazards associated with ACMs.
- To promote awareness of the hazards of ACMs and the SOAS Asbestos Policy, Plan and Procedures through the training of staff.
- To provide and maintain an Asbestos Register.
- To provide information on ACMs.
- To implement an effective ACMs management plan so that appropriate measures, such as monitoring, encapsulation, sealing, labelling, inspection or removal of the material are undertaken.
- To regularly review the SOAS Asbestos Policy, Asbestos Management Plan and Procedures as set out in this document.

3.0 Asbestos Management Plan

The SOAS Asbestos Policy and Management Plan is held electronically on the SOAS Estates and Facilities Shared Drive and a manuscript copy is available at the Bouygues ES (BYes) offices.

3.1 Location and condition of ACMs

The SOAS estate has undergone a Management survey (as defined in HS6264), carried out by UKAS accredited consultants, whose surveyors have attended P402/P405/S301 BOHS courses, in accordance with HSE guidance MDHS 100.

This information has been incorporated into the Asbestos Register which is held by the Estates and Facilities Department, Room F313 Faber Building, and at the Bouygues ES (BYes) Facilities Management Office in 21 Russell Square.

3.2 Material and priority assessments

A risk assessment score for each ACM has been produced that combines the algorithm generated material assessment (product type, damage/deterioration, surface treatment, asbestos type) and the algorithm generated priority assessment (location, material extent, use of location, occupancy level, activities carried out, and likelihood/frequency of maintenance activities). This risk assessment forms the basis of asbestos management and will be used to determine the management and control actions necessary.

This Risk Assessment requires SOAS to review the condition of known ACMs on an annual basis.

3.3 Action plan and identified asbestos

The Asbestos Register will be kept, maintained and coordinated by Estates and Facilities via its contractual arrangements with BYes. This information is freely available for reference and hard copy available in the Byes office.

Where no information regarding ACMs is available, it must be presumed that ACMs are present. This will be clearly indicated in the relevant Asbestos Register.

3.4 Long term asbestos management

The long term aim is to ensure that all asbestos containing materials, through re-inspections, remedial or removal works are effectively managed and risk is reduced to its lowest practical level.

3.5 Monitoring and re-inspection regime

All ACMs will be re-inspected at intervals determined by risk assessment and inspections will be carried out by competent persons. This information will be used to update the Asbestos Register.

This Risk Assessment requires SOAS to review the condition of known ACMs on an annual basis.

3.6 Training

Training will be provided to appropriate staff whose normal duties may bring them into contact with ACMs. SOAS will seek assurance that staff contracted to SOAS whose normal duties may bring them into contact with existing ACMS (for example building maintenance staff) will be trained in ACM awareness.

3.7 Responsibilities

Responsibilities and the asbestos management structure are detailed in 4.0 Organisation and responsibilities.

3.8 Dissemination of information

Copies of the Asbestos Register is held electronically on the Redhills website and in manuscript form in the Byes site offices.

3.9 Emergency procedures

The presence of ACMs does not in itself constitute a danger. However, ACMs are hazardous when disturbed or damaged and must be treated accordingly. Activities which give rise to airborne dust, for example abrasion, breaking, sawing, cutting, drilling or machining are the most likely to present risks.

If anyone suspects that ACMs have been disturbed the following action should be taken immediately:

Evacuate the area, without causing alarm, cordon or lock off the area until a full assessment has been completed.

Report to Estates and Facilities Helpdesk via email to soas.helpdesk@bouygues-es.co.uk, or telephone. ext.: 2424 for internal calls, for external and mobile dial: 020 8526 8731. Out of normal working hours this should

be reported to the security desk at the Brunei Gallery and SOAS help desk and confirmation obtained from the security officer on duty that the Director of Estates or the nominated deputy has been contacted and informed.

Consult the relevant Asbestos Register.

The Director of Estates will ensure a full assessment of the situation is carried out by a competent person and where possible, the names of all persons potentially affected will be recorded.

3.10 Monitoring and review processes

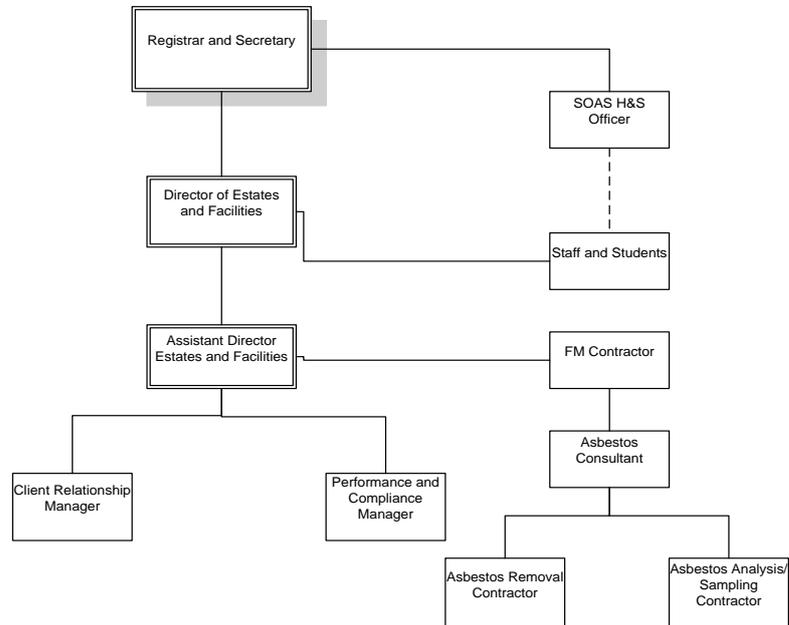
The Management Plan will be reviewed every 12 months to ensure that all information is correct and that objectives are being met.

The Director of Estates will provide confirmation that this plan has been reviewed at the Health & Safety Committee.

4.0 Organisation and Responsibilities

4.1 Management Responsibility chart

SOAS Asbestos Management Roles and Responsibilities



Date Issued: February 14th 2017

4.2. Responsibilities

4.2.1 The Registrar & Secretary is responsible for:

- Ensuring an asbestos management plan and related processes are in place
- Compliance with the Asbestos Management Plan.
- The overall strategy for the safe operation and execution of Estates and Facilities activities including consideration of asbestos related issues within the estate.
- Devolving the principal functions of asbestos management to the Director of Estates and Facilities for appropriate execution.
- Supporting applications by the Director of Estates and Facilities for necessary or anticipated resource allocation.

4.2.2 The Director of Estates and Facilities, supported by the Assistant Director is responsible for :

The operational compliance of SOAS with the relevant regulations concerning asbestos by:

- Executing the principle functions of asbestos management by assembling and maintaining a suitably qualified asbestos team consisting of staff, consultants and contractors.
- Chairing regular departmental meetings and disseminating asbestos policy and procedures.

- Chairing regular departmental Management Team meetings and through these meetings directing asbestos policy at an operational level.
- Attending the SOAS Health & Safety Committee meetings and presenting asbestos related issues to the SOAS Health & Safety Committee to guide the formation and development of SOAS asbestos related policies.
- Ensuring the appropriate use of the available resources provided by SOAS and targeting these toward the optimum management of asbestos related issues.
- Reviewing and appointing asbestos related consultants and contractors. Monitoring the performance of these consultants and contractors and assessing their compliance with statutory requirements and their competence to carry out asbestos related works on SOAS premises. Reporting and discussing deficiencies with the Health & Safety Officer. Making reports and recommendations to the Registrar & Secretary as is necessary.
- Reviewing and implementing asbestos related made enquiries by the Health & Safety Officer. Assisting the Health & Safety Officer in providing the HSE and other related bodies with details of asbestos related information.
- Ensuring that all statutory documents related to asbestos issues are properly completed and a record kept.
- Ensuring that the relevant staff have sufficient and suitable initial and update training with respect to asbestos issues where appropriate.
- Regularly reviewing asbestos related issues in projects carried out by the section.
- Informing appropriate staff and liaising with the Health & Safety Committee in respect of asbestos related issues.
- Completing and submitting the Asbestos Record Form, or delegating the completion of the Asbestos Record Form.

Managing asbestos containing materials by:

- The implementation and maintenance, including updating, of a suitable Asbestos Register, in a hard copy format and a computerized management database.
- Ensuring the appropriate dissemination of the information contained within the Asbestos Register.
- Instructing the re-inspection of all identified ACMs at intervals determined by risk assessment.
- Instructing, directing and liaising with external consultants in the form of accredited environmental analysts, surveyors and specialist licensed asbestos removal contractors.
- Ensuring that all statutory documents related to asbestos issues are properly completed and a record kept.
- Liaising with the Health & Safety Committee in respect of asbestos related works
- The implementation of the Asbestos Management Plan and ensuring its progress, including monitoring, prioritization, encapsulation, removal and re-inspection at intervals determined by risk assessment
- Assessing, reviewing and recommending management actions in light of re-inspection findings and changes in regulations or current good practice.

- Carrying out appropriate levels of investigation in response to an Asbestos Notification Form, and providing a documented response, including but not exclusively, site inspection, sampling and reporting on receipt of analytical results.

For capital project work following the SOAS Asbestos Management Procedures by:

- Ensuring that external project management consultants involved in their projects follow the SOAS procedures and that all appropriate information is disseminated
- Assessing areas prior to the start of a project start and identify any known risk from asbestos by consulting the relevant Asbestos Register for the property and ensuring a preconstruction/demolition survey (R & D) is carried out
- Informing staff and contractors of the location of any known ACMS which may affect the project
- Halting work and informing staff if suspect ACMS are discovered during the course of work and seeking advice from an appropriately qualified consultant.
- Completing and submitting the Asbestos Notification Form
- Informing appropriate staff and liaising with the Health & Safety Committee in respect of asbestos related issues.
- Carrying out appropriate levels of investigation in response to an Asbestos Notification Form, and providing a documented response, including but not exclusively, site inspection, sampling and reporting on receipt of analytical results.
- Instructing the removal of the material with reference to sections 4.2.5 and 4.2.6 below.
- Maintaining detailed project records relating to asbestos remedial or investigative works
- The Director of Estates and Facilities may, at his discretion, delegate responsibilities to the Assistant Director of Estates.

4.2.3 The Performance and Compliance Manager is responsible for:

- Attending the monthly departmental meetings and implementing Asbestos Policy with reference to minor works and maintenance activities.
- Attending the weekly management meetings and implementing Asbestos Policy with reference to minor works and maintenance activities.
- Regularly reviewing asbestos related issues with reference to minor works and maintenance activities.
- Provision of the relevant Asbestos Register to all contractors involved in minor works and maintenance activities.
- Ensuring that all staff and contractors involved in minor works and maintenance activities are aware of the presence or otherwise of ACMS affecting their proposed operations and ensuring that all staff and contractors review the relevant Asbestos Register prior to commencing any work.
- Ensuring that staff involved in minor works and maintenance activities have sufficient and suitable initial and update training with respect to asbestos issues where appropriate.
- Completing and submitting the Asbestos Notification Form as necessary.

- Assisting the Director of Estates and Facilities in instructing the removal of the material with reference to sections 4.2.5 and 4.2.6 below.
- Assisting the Director of Estates and Facilities by ensuring that all statutory documents generated by asbestos works are properly completed and a record kept.

4.2.4 Facilities Management Contractor

- Ensuring the Asbestos Management Plan requirements are implemented in line with the scope of contract.
- Ensuring all sub-contractors engaged by Byes receive information about asbestos management and control prior to commencement of work.
- Providing support in escalation of asbestos related issues found during maintenance and refurbishment works
- Provide operational support in managing asbestos consultants and contractors
- Advising on any required updates to the AMP and/or asbestos register
- Where requested, provide information relating to asbestos management to contractors directly engaged by SOAS
- Engaging Asbestos Consultants and Contractors

Asbestos consultants are responsible for:

- Advising SOAS via the FM contractor, on technical procedures and policy documentation.
- Assisting the Director of Estates and Facilities in the selection of asbestos removal contractors. Assessing contractor's quotations and method statements and recommending selection based upon expertise and value for money.
- Advising the Director of Estates and Facilities whether the works are subject to the statutory 14 days notice to the statutory authority and assessing the appropriate level of analytical support and attendance.
- Monitoring the performance of asbestos removal contractors and assessing their compliance with statutory requirements and competence to carry out asbestos remedial works on SOAS premises. Reporting and discussing any deficiencies in performance with the Performance and Compliance Manager.
- Assisting the Performance and Compliance Manager by reviewing and commenting on asbestos works specifications and, prior to commencement of the works, on the contractor's method statement.
- Attending the pre-start meeting, progress meetings and handover meetings as required. Organising analytical works and inspections as agreed with SOAS.
- Advise on the level of testing and inspection that is required to ensure that all information relevant to the continued health and safety of the Contractor and building occupants is obtained.
- Reporting any defects or issues of non-compliance which relating to a contractor's performance, including suitability of the work areas, adherence to the method statement, statutory procedures, and SOAS asbestos management procedures. Where the Director of Estates and Facilities is not immediately available the consultant via the FM Contractor is empowered to take any measures

necessary to ensure the health and safety of the contractor and building occupants. This includes stopping the work where the contractor does not perform to the required standards.

- Checking areas on completion of asbestos remedial works to ensure that the contractor has completed his scope of works and all affected areas have been left in a satisfactory condition.
- Maintaining regular contact with the Director of Estates and Facilities or nominated staff regarding progress of site works.
- Reporting to the Director of Estates and Facilities any aspects of asbestos management encountered on site that could give rise to health risks, for example, breaches of asbestos management procedures, or suspect or damaged ACMs.
- Providing written reports on project progress; the reports to include such information, in excess of accreditation requirements as requested by the Director of Estates and Facilities.
- Issuing completion reports, including clearance documentation, to the Performance and Compliance Manager
- Managing aspects of administration and finance by providing cost estimates for asbestos works including surveys, sampling, removal and supervision.

4.2.5 Asbestos removal contractors are responsible for:

- Complying with current legislation and associated Approved Codes of Practice and guidance.
- Attending site to assess and prepare quotations against asbestos remedial works specifications, the contractor to raise any issues relating to the health and safety or potential later costs of a project.
- Providing a method statement for the works to the FM Contractor, the appointed asbestos consultant and the statutory authority.
- Methods of work for emergencies must be discussed and agreed with the FM Contractor and the Performance and Compliance Manager, and the appointed asbestos consultant. The method statement will indicate the resources and timetable allocated to the project.
- Attending the relevant pre-start meeting, progress meetings and handover meeting as required.
- Providing statutory notice to the notifying authority prior to commencing asbestos works, or, by agreement and at the request of the Director of Estates and Facilities and the FM Contractor appointed asbestos consultant applying for a waiver against the minimum notice period.
- Carrying out their obligations under their works contract, including maintaining high standards of safety and hygiene in asbestos work areas, and supplying labour, materials and equipment of a high standard with all necessary supporting documentation arranging transport and disposal of asbestos waste materials in accordance with current regulations and good practice.
- Conducting regular inspections of the work environment. Any defects found are to be reported to the FM Contractor and the Performance and Compliance Manager, the appointed asbestos consultant and the Health & Safety Officer and rectified immediately.
- Complying with all reasonable requests from the Director of Estates and Facilities, FM Contractor or the appointed asbestos consultant.
- Liaising with the appointed asbestos consultant to ensure the satisfactory progress of the works.
- Identifying to the Director of Estates and Facilities, FM Contractor and the appointed asbestos consultant any additional elements of work. These to be agreed prior to the commencement of works and the method statement updated accordingly.

- Providing copies of notification and consignment notes and other relevant documentation as soon as available to the FM Contractor and appointed asbestos consultant.

4.2.6 The Deans, Heads of Department, Faculty Administrators and Students' Union General Manager are responsible for:

Ensuring that:

- All staff, students and visitors are aware of their individual responsibilities regarding this Asbestos Policy and its procedures.
- Where applicable ensuring staff complete the Minor Works Authorisation form (see procedure 6.8) before undertaking any minor work which affects the building fabric or building services.
- Where applicable any activities that are likely to affect asbestos materials are not carried out prior to consultation and agreement of the activities with the Director of Estates and Facilities.
- New equipment or apparatus erected, installed, purchased or gifted on behalf of the department is free of ACMs.

4.2.7 Staff and students are responsible for:

- Ensuring that any activity that may disturb or damage asbestos containing materials is avoided.
- Reporting to their Dean, Head of Department, Faculty Administrator, Health & Safety Officer, or the Students' Union General Manager or the FM Helpdesk any material suspected to contain ACMs or where the material has been disturbed or damaged, or where staff, students or visitors are likely to undertake activities which may affect such material.

4.2.8 Consultants and contractors are responsible for:

- Ensuring that all employees and staff under their control abide by the rules and conditions set out in the SOAS Guidance for Contractors and site rules as defined by the contractor induction delivered by the FM contractor.
- Ensuring that all of his employees and staff under their control working at SOAS refer to the relevant Asbestos Register and in signing a Permit to Work issued by the FM Contractor acknowledge that they have understood its contents. This must be done before any surveying or work commences.

4.2.9 The Director of Human Resources is responsible for:

- Organising screening for members of staff who are known or suspected to have been exposed to asbestos materials
- Organising the counselling staff who have been exposed or who are concerned about possible exposure to ACMS in liaison with the Staff Counsellor at the Counselling Service.

4.2.10 The Health & Safety Officer is responsible for:

- Reporting incidents under RIDDOR.
- Checking representative projects carried out by the Director of Estates and Facilities, the appointed Asbestos Consultant, and the Performance and Compliance Manager.
- Providing information on Asbestos Awareness Training for staff as necessary.
- Advising the Director of Estates and Facilities on the Asbestos Plan and the Asbestos Policy.

- Attending the University Health and Safety Committee meetings and discussing issues for consultation/acceptance by this committee for the formation and development of SOAS asbestos related policies.
- Checking regularly that the relevant Asbestos Registers are available for inspection and complete. Advising the Director of Estates and Facilities of any issues of compliance.

5.0 The Asbestos Register

5.1 Location and access

The Asbestos Registers are held centrally by Estates and Facilities Room F313 Faber Building and in the Byes offices in 21 Russell Square.

The Asbestos Registers are a record of all known ACMS throughout the SOAS estate together with information, where available, on the extent and condition of the material.

Photographs of sample points, annotated plans and risk ratings. Asbestos reports, generated from the Management Survey received, are available for inspection in Room F313 Faber Building and in the Byes offices in 21 Russell Square.

The Asbestos Register is held electronically by the Director OF Estates and Facilities and is available for inspection at all times.

A hard copy version of the Asbestos Register is held at the Byes Offices in 21 Russell Square.

5.2 Updates

The FM contractor will support the Director of Estates and Facilities in updating the Asbestos Register based on investigation, sampling, remedial works, and on information gained during inspection regimes or supplied by SOAS users. This process will be documented by the use of the Asbestos Notification Form.

A regular audit/inspection will be undertaken to check that the Asbestos Register has been kept up to date. This audit or inspection is to be organised by the Director of Estates and Facilities or his nominated representative. The inspection shall be undertaken by the FM contractor and where required, specialist asbestos consultants. The inspection shall comprise a walk through and visual inspection.

The Risk Assessment requires SOAS to review the condition of known ACMS on an annual basis.

6.0 Procedures

6.1 Procedure for previously unidentified or damaged asbestos

It is the responsibility of all staff to report any suspect or damaged ACMs to Estates and Facilities.

The Director of Estates and Facilities must be informed where an ACM has been damaged or where planned activity may cause damage or disturbance to the ACMs.

Training for relevant staff on the recognition of suspect asbestos material will be provided.

6.2 Procedures for project works

The Director of Estates and Facilities has responsibilities as outlined in 4.2.5.

- A Refurbishment and Demolition preconstruction survey will be undertaken prior to the commencement of project works which involve demolition or exposure of parts of the structure or fabric that could not be seen during the Management survey.
- Recommendations made by the appointed Asbestos Consultant for any remedial action should be incorporated into the project works.
- If suspect materials are discovered during the course of project works the Director of Estates and Facilities shall halt the work, appoint a qualified Asbestos consultant and take any necessary or recommended action which may include informing staff and building occupants and clearing the site.
- The Director of Estates and Facilities shall arrange for any necessary analytical works and seek advice from the Consultant on the most appropriate remedial action. It is probable that removal of the material would be recommended in the majority of projects. The cost of remedial works will be charged to the project.
- On completion of the remedial works the Director of Estates and Facilities shall complete an Asbestos Notification Form and any other relevant documentation.
- Copies of these will be retained with the Asbestos Register.

6.3 Procedures relating to the Asbestos Register and contractors site areas

Where the contractor is given site control of the whole building and all existing information has been provided by the Director of Estates and Facilities:

- The Contractor must refer to relevant Asbestos Register prior to at the start of the work. The contractor must provide all relevant information to all staff and sub-contractors.

Where the contractor has been given control over a specific area of a building and all existing information has been provided by the FM Contractor.

- The FM Contractor must ensure that security, or reception, are provided with details of the work, the location, duration and name of the supervisor.
- Security or reception will operate a signing in protocol which will allow access to the SOAS site.

The Director of Estates and Facilities must ensure that:

- The contractor reviews the relevant Asbestos Register

- The contractor disseminates this information to all staff and sub-contractors.
- Regular audits of this procedure are carried out and the results documented.

6.4 Procedure for entry into asbestos contaminated area

No access to an asbestos contaminated area is permitted except to staff who have received appropriate training, who are properly equipped, and where a risk assessment has been carried out.

Where ACMs are suspected no works in immediate or adjacent areas must be carried out without the consent of the FM Contractor and/or SOAS Performance and Compliance Manager. An appropriate risk assessment will be completed and control measures will be recommended by an appropriately qualified consultant.

6.5 Procedure for access to an asbestos enclosure

No access to an asbestos enclosure is permitted except to staff who have received appropriate training, who are properly equipped, and where a risk assessment has been carried out.

6.6 Procedure for labelling of asbestos

Labelling, with industry standard 'a' labels, or the fixing of appropriate warning signs, is to be carried out in plant rooms, boiler rooms and where deemed necessary.

It should not be assumed that all ACMs are labelled but all known ACMs will feature in the Asbestos Register.

6.7 Procedures for working with ACMs

In almost all cases working with ACMs will require a licence. In some cases, which are defined in the Control of Asbestos regulations 2012, a licence is not required. Work with ACMs that does not require a licence issued by the HSE shall only be carried out if:

- Confirmation that no licence is required is provided by an appropriately qualified consultant
- A Permit-to-Work is issued with authorisation from the FM Contractor and upon completion of a risk assessment conducted by an appropriately qualified consultant.
- The work is undertaken by competent staff, utilising appropriate tools and personal protective equipment. The work will be undertaken with reference to an agreed Method Statement reviewed by an appropriately qualified consultant.
- The work will be carried out strictly adhering to the HSE guidance booklets:

Control of Asbestos Regulations 2012
Asbestos Essentials HS6210 2012

and with any other advice from an appropriately qualified consultant.

6.8 Procedure for minor works

In order to ensure that staff, students, visitors, contractors and other building users are not exposed to risk from ACMs all minor works which affect the building fabric or its services must obtain authorisation from Estates and Facilities.

The Minor Works Authorisation form should be completed and forwarded to the Director of Estates and Facilities, who will assess the request and then forward the Minor Works Authorisation Form to the FM Contractor or directly engaged sub-contractor.

A copy of the Minor Works Authorisation form will then be forwarded to the Department and this should be retained by the Department.

Any reason for refusal of authorisation to undertake minor works will be noted on the form.

Approved by:

Paula Sanderson	Registrar
Chris Ince	Secretary
Richard Poulson	Director of Estates & Facilities

Commented on:

Russell Hunter	Health and Safety Officer
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Reviewed:

Chris Smith	Performance and Compliance Manager	February 2017
Rycharde Scrase Field	Assistant Director of Estates and Facilities	
Mark Farrington	General Manager FM Contractor (BYES)	

Health and Safety Committee

Reviewed and updated:

To be reviewed and updated annually. Confirmation of a satisfactory review is to be provided by the Health and Safety Committee

Date of next review:

February 2017

Work-related stress and bullying

Health, Safety & Security is asked **to approve** the recommendations in the report

Executive Summary

This paper was produced, following two meetings with Tim Surch and Russell Hunter on reducing bullying and work-related stress at SOAS. It is a paper from the UCU exec for discussion at the next Health, Safety and Security Committee meeting on 8th March 2017.

Recommendations

The paper contains two recommendations.

Financial Impact

N/A

Risks

SOAS is legally required to carry out 'suitable and sufficient risk assessment' for Health and Safety matters. Currently, the only risk assessment for stress is an individual risk assessment, stipulated in the SOAS Health & Wellbeing policy. The Health and Safety Executive recommends an institution-wide risk assessment as part of good practice.

Equality implications

N/A

Work-related stress and bullying

Lizzie Hull, H&S rep SOAS UCU
21.02.2017

Following two meetings with Tim Surch and Russell Hunter on reducing bullying and work-related stress at SOAS, it was agreed that I would submit a paper from UCU exec for discussion at the next Health, Safety and Security Committee meeting on 8th March 2017. The paper contains some recommendations for discussion.

1. Bullying

The results of the recent staff survey run by Capita in June 2016 show that bullying is a problem at SOAS, likely related to workloads, change and communication problems, and work-related stress, also indicated by the staff survey. 9% of respondents answered yes to the question 'are you currently being harassed or bullied at work?' This is significantly higher than the average of 5% across Higher Education Institutions.

The school is moving forward on some of these issues, particularly improving ways of disseminating information so that staff are aware of what constitutes bullying and the policies in place to deal with it.

However, there is currently poor understanding of the frequency and underlying causes of bullying. A number of issues may be relevant, including: inadequate training of line managers; lack of awareness about legal rights and responsibilities; reporting problems and fear of reprisals; lack of responsibility and complicity at different levels; power imbalance between lecturers/teachers and managers; vulnerability in the context of casualisation and job insecurity etc. More qualitative information is needed to understand this. There is also poor monitoring of bullying, not in individual cases, but institutionally. A process is needed whereby the incidence and outcomes of cases are reported and monitored. An institution-wide initiative is needed that recognises bullying and harassment as a collective problem. This should entail a *preventative* approach to tackling the problem, putting systems in place to address the causes of bullying.

Recommendations:

1. that the respect policy is reviewed to ensure that:
 - line managers are able to intervene formally through individual performance management where bullying or harassing behaviour is identified, and have a duty of care to do so
 - in cases where line managers are accused of bullying/harassment, or where reported stress is associated with inappropriate behaviour of line managers, procedures such as individual risk assessment of stress can be carried out without reliance on the line manager to oversee the risk assessment
2. that bullying is tackled preventatively as part of a strategy to address the wider issue of work-related stress, which is one outcome of bullying. This will include procedures for understanding and monitoring bullying at an institutional level.

2. Work-related stress

93% of survey respondents reported feeling varying degrees of stress at work. Stress appears to be linked primarily to issues of change management and workload, though the links are not clearly understood. This highlights that stress is a problem that needs to be addressed systematically. Overall performance of individual employees and the organisation can be improved by effectively managing the main risk factors for work-related stress.

SOAS is legally required to carry out 'suitable and sufficient risk assessment' for Health and Safety matters. Currently, the only risk assessment for stress is an individual risk assessment, stipulated in the SOAS Health & Wellbeing policy. The Health and Safety Executive recommends an institution-wide risk assessment as part of good practice.

Recommendations:

1. that the Health and Wellbeing Policy is updated with the Management of Stress at SOAS document, created by Russell Hunter in response to the 6 HSE stress management standards. This document should be used proactively and updated regularly as part of an institutional risk assessment process.
2. that the school adopt the Health and Safety Executive Stress Management Standards toolkit as part of an institution-wide stress risk assessment. In the first instance, this would entail setting up a steering group to manage the process, using the HSE Indicator Tool.

This will help to ensure that:

- proper risk assessments for stress factors are carried out
- that the school meets the legal standard of 'suitable and sufficient risk assessment' in relation to work-place stress
- there is a transparent approach to risk assessment
- UCU and UNISON representatives are involved in the process