

Management of Health and Safety Policy

SP-2



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Definitions of key terms used in University Safety Policy documents.

- **ACOP** is used to refer to an *Approved Code of Practice as defined in Section 16 of the Health and Safety at Work etc. Act 1974* and published by the Health and Safety Executive (HSE).
- **DMU** is used to denote De Montfort University.
- **Faculty/Directorate** is used to denote all management units at this level in the University; the Faculty, Directorate or any other management unit that reports directly to the Vice-Chancellor or another member of the Executive Board.
- **Head** refers to the head of an Academic Department, Head of a department in a directorate or any broadly equivalent post.
- **Health and Safety** is used to denote the 'Health, Safety and Welfare' provisions specified under the Health and Safety at Work etc. Act 1974 and the relevant statutory provisions (*see Section 53 of the Act*) made under the Act.
- **Health and Safety at Work Act** is used as a shortening of the "*Health and Safety at Work etc. Act 1974*".
- **HSE** is used to refer to the Health and Safety Executive, the statutory enforcement body established under the *Health and Safety at Work etc. Act 1974* and which is the main enforcement body for activities of DMU.
- **Infrastructure** is used to denote the buildings, roadways and structures including all services (pipes cables and ducts etc.) that are installed within the buildings or structures or under the roadways or grounds, or suspended from any mast, pylon, pole or similar structure. Cables, pipes etc. which are not embedded within a structure or building, or buried under the ground, or suspended from masts, pylons or similar structures, are not counted as infrastructure. This definition does include non-university infrastructure (such as mains gas and water pipes) which run through, into or out of the University.
- **PVC-Dean/Director** is used to refer to the PVC-dean of an Academic Faculty, the Director of a Directorate and any other broadly equivalent post (including those units that report directly to the Vice-Chancellor or another Executive Board Member).
- **Safety** is to be construed to include health effects from work (occupational health) and welfare issues wherever it appears on its own unless the context explicitly requires otherwise.
- **Staff** is used to denote employees of the University and postgraduate students who (for health and safety purposes) are treated as staff.
- **University Health and Safety and University Occupational Health and Wellbeing** refer to the collective services provided by the relevant Health and Safety sections regardless of their current line management or current unit names along with other specific roles as noted in the Health and Safety roles document (*SP3-0*). These units and posts act to provide a 'one stop shop' service for health and safety matters by means of close collaboration and transfer of data when and if necessary.

1 Introduction

This is part two of the University Health and Safety Policy, and is subordinate to SP1 the "*General Statement of Health and Safety Policy*". The purpose of this document is to explain the management structure for managing Health and Safety at the University. There are numerous roles that are required to be fulfilled and the full specifications of these roles are given in a separate policy document *SP3-0 "Safety Roles of Staff and Committees"*.

This policy document (known as SP2) is based on the "University Health and Safety – Code of Best Practice" jointly produced by the *University Safety and Health Association (USHA)* and the *University and Colleges Employers Association (UCEA)*. The code provides for the minimum management standards for the University sector and broadly implements the requirements of health and safety legislation with respect to general Health and Safety Policy.

1.1 Management overview

The *Board of Governors* is ultimately responsible for all management of the University. However the *Executive Board* are the day-to-day senior management in place at the University. As such the *Vice-Chancellor (VC)* is the senior manager specifically responsible for ensuring that the University complies with health and safety law. In order to ensure that this important area is not lost among the other competing demands upon the VC's time, the VC is required to appoint a senior manager on the Executive Board to carry out specific responsibilities for health and safety for the University, and to be the health and safety champion in senior management meetings, ensuring that health and safety issues are not missed due to the need to concentrate on other management concerns. This role-holder is titled the *appointed member for Health and Safety*.

"The ultimate responsibility for health, safety and welfare matters rests with the Vice-Chancellor, on behalf of the Governing Board."

1.2 Organisation

- the university safety management system

This section of the Health and safety policy provides the framework for the management of health and safety at the University.

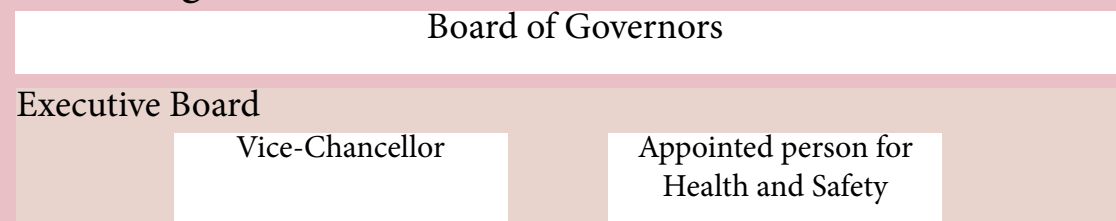
In general the University safety management is undertaken in line with all other management processes. However there is a parallel system of advice and monitoring provided through the University Health and Safety Committee and the University Health and Safety and University Occupational Health and Welfare departments with Faculty/Directorate Safety Co-ordinators. This is described in the chart below.

The purpose of the management system is to enable the University to identify the key role-holders involved in making critical health and safety decisions, provide a process for health and safety decision making and ensure that suitable consultation is entered into for health and safety decisions.

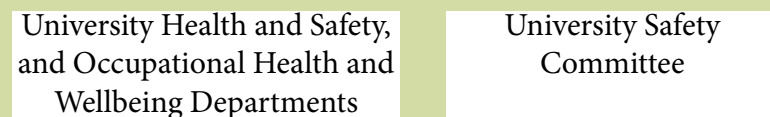
The defined health and safety roles have been itemised in policy document *SP3-0* which forms part of the overall University Safety Policy. These definitions and descriptions apply to all University health and safety activity.

Univervisity Safety Management System

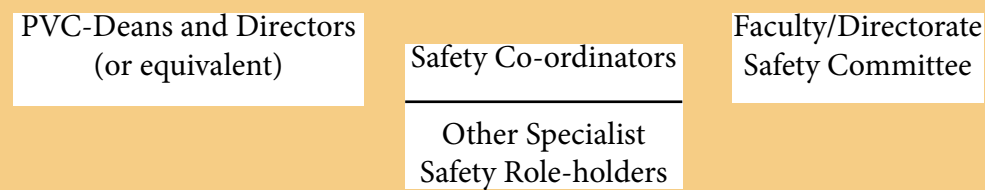
Senior Management



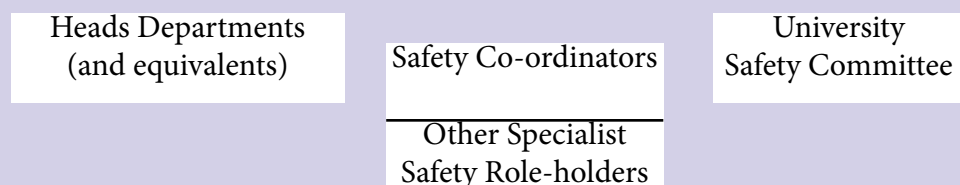
University



Faculty/Directorate



Department of Service



All staff and students, and contractors working for the University

Trade Unions Representative

Trade Union Representatives are outside supervision arrangements and have specific legal rights including seats on all safety committees.

1.2.1 Key roles of staff in managing health and safety

All staff and students have a role to play in the management of health and safety at the University. However, some roles are specifically allocated explicit duties because of their importance in the management of health and safety. It is possible that some individuals will acquire several roles in their careers, in some cases several may be held at the same time. These roles are additive. It is not the case that only the more senior role need be followed.

“In order to achieve a healthy and safe environment, the University needs the continued co-operation of all staff, students, contractors and visitors to support the measures detailed in the Health and Safety Policies and procedures.”

University Health and Safety Policy SP1 paragraph 4

Example

A head of department, who is also an academic teacher, undertakes research as a PI and is a member of a Faculty Safety Committee.

The roles specified in this policy have detailed descriptions which are intended to be used in parallel with or integrated into job descriptions for the individuals that are allocated these roles.

“The ultimate responsibility for health, safety and welfare matters rests with the Vice-Chancellor, on behalf of the Governing Board. Likewise, all managers are responsible for those areas of responsibility within their control.”

Information

Where the role is a specific part of the job undertaken the role description provided is preferably to be included in the job description so that it is not overlooked during the normal performance management and appraisal processes.

Where roles are additional to normal jobs (such as committee memberships) they are still reviewed in the normal performance appraisal and review process but that the job description is not modified to include the specification from policy.

1.2.2 Making Health and safety management decisions

The university will accord at least equal priority to health and safety in all its management decision making. This will be ensured by using the normal planning and management processes for making health and safety decisions with respect to resourcing including the allocation of time to undertake health and safety functions.

“The university will resource all necessary health, safety and welfare provisions through the management and planning systems.”

University Health and Safety Policy SP1 paragraph 2

The key factors to be considered when making health and safety decisions are the results of risk assessments undertaken and the legislative requirements placed upon the University. All decisions made shall be compared with best practice and the principle of providing health, safety and welfare provision “so far as is reasonably practicable”.

Example

A change in the purchasing arrangements for laboratory gloves was being considered. Gloves were purchased by users (directly from their budgets). It was identified that there were considerable cost savings from bulk purchasing if only a few gloves were permitted, prices ranging to over ten times the lowest prices were identified.

The Safety Committee objected to the proposed restrictions, noting that users needed different types of gloves for different operations. One type of glove was not practicable. It was found there were still savings to be made by pre-selection of a smaller range of gloves and the use of call-off contracts. The freedom to select off-list was maintained for projects with specific safety requirements.

1.2.3 The consultation process

All matters where changes in policy or practice are being considered shall be open for consultation with the trade union health and safety representatives, and the staff who are likely to be impacted by the changes being considered.

The primary consultation route for changes to University Health and Safety Policy is the University Safety Committee, who must be consulted and have given agreement prior to the changes being implemented.

The Committee can withhold agreement if it considers that the changes are not required or are insufficient for the purposes detailed.

Similar arrangement shall apply at the Faculty/Directorate levels of the university management and these are expressed in statements of safety organisation (*SOSO*) documents which are specified in the *SP4* document.

1.2.4 Health and Safety Committees

The University Health and Safety Committee provides the link between senior management to the rest of the University, for health and safety purposes. It is empowered to make and approve secondary policy on behalf of the University (level *SP3* and below) and it provides the route for formal monitoring and review of all health and safety matters at the University.

Although much of the day-to-day work of the committee is effectively undertaken by the Occupational Health and Safety Department, all reports and decisions regarding policy, major guidance documentation, changes of practices and high level monitoring must be routed through the Committee and subject to formal consultation at the Committee.

The role of the Committee is detailed in the *SP3-0 "Safety roles of staff and committees"*. The University Committee is supported by several sub committees, as follows:

- **Faculty/Directorate committees**
Charged with maintaining an overview of the Statement Of Safety Organisation (*SOSO*).

"The Health and Safety Policy, and all subordinate policies and procedures, are produced in consultation with staff and union representatives."

University health and safety policy SP1 paragraph 3

Information

This Committee structure stems from the Health and Safety at Work Act as below.

"... it shall be the duty of every employer, if requested to do so by the safety representatives ... to establish, in accordance with regulations made by the Secretary of State, a Safety Committee having the function of keeping under review the measures taken to ensure the health and safety at work of his employees and such other functions as may be prescribed."

- **Specialist Committees**
Covering specific issues of technical or managerial importance and extending across the University, overlapping (and overriding) general committee remits.
- **Safety Co-ordinators Committee**
A specific committee to promote communication between safety co-ordinators. It is principally a discussion forum to share learning and best practice across the University.

1.3 Arrangements

– the way that things are to be achieved

There are a suite of safety policy documents (the *SP3* level of policy) which specify the detailed policy issues on specific areas of University activities. The policy documents are also supported by some health and safety procedures that are sanctioned by the University Safety Committee and which act as a statement of how certain activities are to be undertaken. Although not policy these sanctioned procedure documents will carry the weight of policy (as noted on their header pages).

1.3.1 Competence of staff and health and safety training

All staff at the University are required to be competent in the health and safety areas that they are required to work within. This means that all staff will need to have suitable and sufficient training or experience in all necessary health and safety matters for their work. A training needs analysis will be required for all staff, based on their job roles, and including identification of any specific needs upon induction, change of job role, promotion, or any other significant changes taking place (such as the introduction of new equipment, machinery or processes).

Some forms of training is provided in the form of drills and practices of procedure – typically for fire and emergency training. These are provided to all present and not as specific courses but are still recorded as health and safety training as they meet the requirements of health and safety legislation. The University maintains records of all health and safety training provided from all sources within or external to the University. Records for an individual should be associated with the personnel file(s) and follow the member of staff (or postgraduate student) as they change job roles. In addition to specific training provided the University will also maintain records of all group training undertaken (not recorded at a personal level) such as fire and other emergency drills and exercises.

Visitors, contractors and students are also required to be trained in some matters, by means of provision of information and instruction and taking part in drills. In addition to this, persons requiring access to hazardous areas will be required to be inducted into that area either with a training session or some form of appropriate induction package.

All persons working in areas where they do not have full competency shall be subject to

"2(1) It shall be the duty of every employer to ensure, so far as is reasonably practicable, the health, safety and welfare of all its employees.

2(2) ... the matters to which this duty extends include ...

(c) The provision of such information, instruction, training and supervision as is necessary to ensure so far as is reasonably practicable the health and safety of all its employees."

University Health and Safety policy SP1 paragraph 3

Information

The University Health and Safety provides separate guidance to managers on the specific training needs for staff and students at the University and on the undertaking of training needs analysis.

supervision to ensure their health, safety and welfare whilst they are developing their competency. This shall apply to staff, students (including research students) and visitors (including visiting researchers).

Health and Safety training will be explicitly provided at:

- Induction (to the University or change from one unit to another involving a change of role or location).
- The introduction of new or different machinery/equipment/substances/processes with different physical and/or managerial risks involved, into a workplace. This training will routinely include routine actions needed and emergency action to be taken in the event of foreseeable issues. It will be informed by (and normally include reference to) the relevant risk assessments.
- In the event of changes to major support processes at the workplace, such as fire arrangements, evacuation arrangements, waste collection or disposal arrangements, policies or other matters that affect the staff (or students) involved.

Health and Safety training is to be provided as part of the line management arrangements. Training must be provided locally (by supervisors or advisors such as Safety Co-ordinators) unless the content has already been provided to the people concerned at a University level by the University Health and Safety or any other unit with the competency and authority to determine the content and arrangements necessary.

Refresher training is required in many cases and all training needs assessments shall define when refresher training is needed, the time that may elapse before routine refresher training is to be provided and the nature of the refresher training to be provided. Where refresher training is specified by the University Health and Safety this will override any local specifications unless the local specification requires a higher level of refresher training.

1.3.2 The risk assessment process

Risk assessment is at the heart of the modern Health and Safety Sanagement system, and the university shall undertake all necessary risk assessments to manage the health and safety of staff, students and others by protecting against reasonably foreseeable hazards and risks.

The risk assessments shall be recorded if significant risks are identified, even if the control measures result in suitable and sufficient controls being achieved. All risk assessments shall include a statement of what is being assessed, the routine actions needed and emergency actions needed in the event of foreseeable issues. In addition where training and/or supervision is identified as being necessary the assessment shall define what training and/or supervision is required.

Where risk assessments relate to issues that require measures to be taken at a wide scale (such as risks identified from asbestos risk assessment and survey or building fire risk assessment) then the assessments made shall be available to all at the University upon request to the assessment owner.

Where the assessment only relates to a small group of persons (such as users of a particular item of laboratory equipment) then the assessment only needs to be made available to that group of people, persons in adjacent areas, the line management and safety advisors of the Faculty/Directorate and the University Health and Safety.

“The University shall also maintain the competency of all staff and students on health and safety matters, as well as monitor the competency of its contractors.”

Information

A specific Risk Assessment safety policy document (at *SP3 level*) exists to provide more detailS on these matters.

Records of risk assessments need to be retained for at least six months after the end of the work assessed. However the University prefers to retain all assessments for a minimum of three years and it is noted that some assessments may need to be retained for up to 40 years (in the case of specific health issues being identified for groups of persons or individuals).

1.3.3 Incidents, accidents and ill health

All accidents, near miss incidents and dangerous occurrences are to be reported to the University Health and Safety as soon as practicable, by the fastest means available. If reports are required to be sent to the HSE or any other enforcer then the University Health and Safety or the University Occupational Health and Wellbeing will send the report, nobody else is to send incident reports.

All cases of ill health that are or may have been caused or exacerbated by work are to be reported to the University Occupational Health and Wellbeing at the first available opportunity after it is identified that there may be a relationship with work.

In all cases the line manager of the staff involved in an incident is directly responsible for ensuring that suitable reports have been filed. Members of staff involved in incidents are encouraged to report the incident themselves if they are able to do so.

In incidents involving students it is the responsibility of the tutor to ensure that reports have been made. All staff involved in supervision of students in any form are encouraged to report incidents involving students.

The University Health and Safety may identify some incidents as requiring investigation. These must be investigated by the Faculties and Services when directed to do so by the University Health and Safety, who may also decide to investigate some incidents themselves.

1.3.4 Records management

All health and safety records are required to be maintained under terms of confidence. Records involving personal details or medical details are to be particularly protected. Only statistical information and anonymous information is permitted to be circulated internally or externally. The exception to this statement is that all information on every incident is to be made available to the University Health and Safety and/or University Occupational Health and Wellbeing (including medical records to the appropriate persons in the department) and the following persons shall also have privileged access for the purposes of undertaking investigation or other health and safety responsibilities.

- University Health and Safety and University Occupational Health and Wellbeing staff
- Union safety representatives (for the persons that they represent)
- Safety Co-ordinators and other health and safety appointees (for the units and issues that they are appointed to facilitate)

Information

The statutory rules about retention of documents are very complex so reference may be needed to the University Health and Safety or University Occupational Health and Wellbeing to clarify the retention time for any specific document.

Information

There are dedicated forms available from the University Health and Safety (and other means of communication) available to aid reporting of incidents and cases of ill health.

Information

Anybody can make reports. In the case of incidents involving the public, all witnesses are encouraged to report. Multiple reports submitted to the University Health and Safety are acceptable as only this department makes reports of health and safety incidents to the enforcing authorities. This ensures single valid reports are made. The legislation is complex and liable to frequent changes.

- Direct line managers of the staff involved, and senior managers of the Faculty/Directorate involved.
- Members of the relevant Health and Safety committees (not including medically confidential data), though this will normally be made anonymous prior to provision of the materials.

1.3.5 Action by safety professionals

The University Health and Safety is provided with the authority to require any work to stop immediately (or at any deferred point in time) or to require that additional matters are addressed in any specified manner and by any specified time. These powers are generally known as prohibition and improvement notices and parallel the powers under the *Health and Safety at Work Act sections 21 and 22*.

Whenever the powers of notice stated above are used there is a right of appeal to the Executive Board member appointed for health and safety matters. The effect of an appeal will not lift a prohibition notice but will suspend the time element of an improvement notice until such time as the appeal is decided.

There is a specific health and safety procedure document relating to the service and operation of the internal enforcement notices.

1.3.6 University infrastructure

All University infrastructures belong to the relevant University service (such as the Estates) for health and safety purposes. This means that no Faculty/Directorate may modify any building or structure or service (e.g. electrical supply or gas supply) without the explicit written permission from the owning service. This includes placing a significant load onto the infrastructure (e.g. a plumbed in sink, tap, gas appliance), or wired in service (e.g. electric heater, additional sockets, or additional IT hubs). Appliances connected to the infrastructure will remain the responsibility of the Faculty/Directorate for maintenance and repair purposes.

The University infrastructure (fabric of all buildings, all water supplies, sewers, ventilation systems and gas pipes etc.) are all deemed to belong to the Estates department unless they have explicitly (in writing) ceded control to another part of the University. If control is ceded then the new owner of the infrastructure shall be required to mirror all relevant safety management (policy and procedures) operated by the Estate department with respect to the infrastructure ceded, and to maintain a direct mirror at all times. The health and safety areas that this applies to are:

- Control of asbestos.
- Control of legionella.
- Control of water quality (for example for the prevention of syphoning).
- Control of gas and pressure systems (including specialist gases which are normally and routinely ceded to a Faculty/Department).
- Control of electrical supplies (especially with reference to overload, earthing and maintenance).

It should be noted control does not equate to directly undertaking all the work involved in the management of these processes.

2 Health and Safety planning

Health and safety is not a matter for separate consideration but requires to be planned for every much as financial or academic matters. The University's intent to see that health and safety is one of its highest priorities requires planning in considerable detail. This section of the policy provides the basic means for planning for health and safety, by means of annual plans to prevent incident and provide a safe environment, and, emergency plans to cope with incidents minimising the risks to all concerned.

"De Montfort University believes that the health, safety and welfare of all at the University is one of its highest priorities. The University is committed to continually improving standards and aims to achieve best practice in health and safety, as a critical part of providing excellence in research, teaching and learning."

2.1 Annual planning

In order to ensure that the University achieves "*continually improving standards, and aims to achieve the best practice in health and safety*"

it is necessary to plan over a long timescale to ensure that all necessary resources are committed to improvement where they are required.

The annual planning cycle requires that all management units in the University (especially Faculty/Directorate levels) undertake each year to review the performance of the previous year and set targets and plan for improvements for the following year. This is undertaken by standard forms provided by the University Health and Safety, collated at each management level to form more strategic reports, and reported through the management chain and the safety committee system. The final report will form the Annual Health and Safety Report to the Board of Governors. The charts below summarise this process.

University Annual Report (to Board of Governors and Executive Board)

→ Appendices – Faculty/Directorate Annual Reports

→ Appendices – Department Annual Reports

Previous year	The report	Next year
Actions taken against targets Incidents occur	Report upon	
	Target set	Action plan for coming year
Actions planned now taken	Next report	

The report forms collate data for the management units covered, on matters that are routinely measured and reported (including accident numbers and the sufficiency of staffing for health and safety roles in the area covered by the plan), management actions undertaken (such as programmes of work to be undertaken where there may be a cost involved), and allocate the costs of compliance where these would not normally be covered by existing expenditure planning.

Example

A Faculty IT suite was to change the seating for postgraduate students to a higher specification to make the workstations comply with the staff workstation standards. This resulted in a cost (for new seating) which was higher than the direct replacement costs would have been but moved the Faculty provision from bare minimal legal compliance to being compliant with best practice and provided the staff with an emergency facility in the event of loss of access to the main building used by the Faculty. The additional costs were planned for over a two year period.

Each year the plan from the previous year is checked against what was achieved and a new forward looking plan is established. The details of the form are specified in a University Health and Safety procedure document.

Information

A detailed procedure is published by the University Occupational Health and Safety Office and operated via the University Health and Safety Committee.

2.2 Emergency planning

The University requires those in control of all processes to consider the requirement for emergency actions for all reasonable foreseeable events. For small scale incidents (minor spills, non-serious incidents, events with small impact) it is sufficient for these to be covered in the relevant risk assessment. For larger and University wide incidents full emergency planning may be required.

There are numerous standardised emergency response plans for the University with which all persons at the University are required to co-operate. In particular the fire evacuation procedures, bomb evacuation procedures and gas evacuation procedures are all required to be acted upon by all at the University without exception. Failure to comply with these procedures will be deemed to be a breach of the University Safety Policy.

Information

Other University wide emergency planning procedures exist (available from the University Occupational Safety and Health Department) and are documented both as procedures and as guidance to faculties for the formulation of local procedures defined in the Statement of Safety Organisation (SOSO). Examples of these include the procedures for serious communicable diseases (typically meningitis), water leaks and hazardous spills or fumes (which can be localised or have very large scale effect and impact), radiation releases, and, biological or chemical threats by post. These all result in uniform actions across the University but may have different local impacts requiring different implementation in different parts of the University.

There are also some types of events that require co-ordination across the University though they are not designed to prevent injury they are still part of the safety management system, typified by the "procedure for notification of a student death" which requires co-operation across the whole of the University.



3 Performance measures and monitoring of effectiveness

The University recognises that good health and safety is part of good management and that total quality management cannot be achieved without developing an effective safety culture within the organisation. The University has therefore adopted the University Safety and Health Association's "HASMAP" standards for the management of health and safety, and aims for the best level of compliance with these standards that can be practicably achieved.

The University Health and Safety operates a system of audits and inspections to provide assurance that the health and safety standards are being met, and to identify corrective actions to be taken where they are not being met. All Faculties, Services and departments within the University are required to co-operate with the audits and inspections. In addition the university requires each Faculty/Directorate to operate internal versions of the University inspection systems.

Investigations are undertaken into incidents or observed patterns of health and safety data. They are similar to audit and inspection in many ways but are directed to a smaller set of questions looking back at the incident or pattern that initiated the investigation. In other respects they are very similar using published standards to compare what is observed or recorded. The University Health and Safety therefore has direction and oversight on all health and safety investigations and is able to direct that an investigation is undertaken, direct who shall undertake or be involved with the investigation, define the remit of the investigation and direct remedial measures be taken resulting from the findings of the investigation. Furthermore, all staff are required to co-operate with the University Health and Safety during an investigation, including providing and permitting:

- making of measurements of any sort;
- taking photographs of anything deemed potentially relevant to the investigation;
- samples, materials and articles to be taken;
- copies of any documents or computer files to be taken;
- taking of statements from whomsoever is deemed to potentially be a witness to the matters being investigated (and to take this statement in private if necessary).

Additionally the University Health and Safety may require the disposal or dismantling of any substance or equipment where they find there to be an imminent danger to persons. This is in addition to the use of powers of notice identified in section 1.3.5 of this policy.

Whilst undertaking an audit, inspection or investigation the staff of the University Health and Safety are empowered to visit any part of the University and investigate any activity. They will also be accompanied by various persons who may be from different parts of the University from the area being audited or inspected (especially union safety representatives). These persons are similarly entitled to visit any part of the University whilst they are working with the University Health and Safety and undertaking these roles.

All audit and inspection reports are made available to the relevant Health and Safety Committee within the University, including the University Health and Safety Committee.

Information

The University Health and Safety provides guidance and training on the undertaking of audits, inspections and investigations as well as the use of other monitoring methods. People undertaking audit, inspection or investigation are required to be trained so that they are competent in this role (see section 1.3.1 above). There are specific procedure documents covering the arrangements for undertaking health and safety audits and inspections.

4 Reviewing the systems

The University Health and Safety Policy at levels *SP1* and *SP2* shall be formally reviewed by the University Health and Safety Committee at least every two years.

University Safety Policy at *SP3* level (and *SP4* level) documents shall be formally reviewed at least every three years by the University Safety Committee.

Safety policy at level *SP4* (*the Statement Of Safety Organisation (SOSO)*) developed for each Faculty/Directorate) shall be reviewed by the relevant Faculty/Directorate to which they relate after no more than nine months, with copies of the minutes noting that the review has taken place being provided to the University Safety Committee.

Formal reviews are recorded at a committee meeting, but may be conducted over as long as is necessary in advance of the meeting. They will be required to have at least one health and safety professional involved.

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They will be required to have at least one health and safety professional involved.

The University Health and Safety shall be notified, and provided with copies of, all new health and safety policies (including the SOSO documents), their date of approval, date for coming into force (if different), and dates of review. This will enable the whole of the University Policy system to be recorded in one place to aid with external and internal, audit and inspection of the health and safety system.

Within each Faculty/Directorate the allocation of responsibilities for the designated staff shall be reviewed at least annually to ensure that all necessary roles are filled and that the workload is reasonable. Reporting on this process shall form part of the annual report and plan.

“The Health and Safety policy, and all subordinate policies and procedures, are produced in consultation with staff and union representatives. They are regularly reviewed by the expert in-house health and safety team. Formal reviews of this policy shall be undertaken by the University Safety Committee at least every two years. The Committee shall also formally monitor the effectiveness of the policies and procedures and, as necessary, approve new policies and procedures.”

[University health and safety policy SP1 paragraph 6](#)

5 Subordinate documents

All *SP3* documents have the full force of University Safety Policy. The *SP4* (*Statement Of Safety Organisation (SOSO)*) documents only apply in the Faculties that have approved them at a relevant Health and Safety Committee meeting. This means that there may be several similar policies applying to different parts of the University but with significant differences in the way that matters are arranged. The *SP4* document defines the means by which the SOSO's are to be created and managed.

The University Safety Policy system requires documents to be written and approved through the University and Faculty/Directorate safety committees. Authorship of University policy documents and University level guidance will normally be by (or in direct consultation with) the University Health and Safety. Statement Of Safety Organisation (*SOSO*) documents will generally be authored by or in consultation with the Safety Co-ordinators for the Faculty/Directorate concerned, even though it remains the PVC-Dean/Director's responsibility to author and ensure these documents are in place.

The University has numerous documents that are termed 'Health and Safety procedures' which have the status of enforceable guidance within the University. If procedures are not followed then it will be deemed to be a breach of policy for disciplinary purposes.

Failures to follow guidance will not be so deemed unless they are also accompanied by a failure to comply with policy or procedures (*see paragraph 62 below*).

5.1 Publications

There are three levels of documents with significant authority provided under this policy.

- University policy statements and Statements Of Safety Organisation (SOSO) documents.
- Health and Safety procedure statements, which are published to define how something is to be undertaken. These have the authority as the official mandated method in which the issue covered will be addressed. Other procedures or approaches are only to be accepted if deemed to be suitable by the University Health and Safety, and annotated to this effect.
- Health and Safety guidance documents, which can be produced at any level of the University and are provided to guide (but not give authoritative statements) on health and safety issues. It is permissible not to follow guidance provided that a suitable risk assessment has been undertaken and the alternate means of working can be shown to provide at least the same level of safety for all involved.

In all cases the University documentation is subordinate to external documents stating law (acts of parliament, regulations and other statutory instruments), court orders, and instructions from HSE or other relevant inspectors who are appointed to provide instruction on health and safety matters. In addition to this the University regards approved codes of practice (made under section 16 of the Health and Safety at Work Act) as if they were law, unless the University Health and Safety has approved a method of working that satisfies the code requirement for alternate approaches to health and safety to be at least as good as the method specified in the code.

Information

In the front of every ACOP it states:
“... the code has a special legal status. If you are prosecuted for a breach of Health and Safety law, and it is proved that you did not follow the relevant provisions of the Code, you will need to show that you have complied with the law in some other way or a court will find you at fault.”



“ Without a safety management system we’ll have confusion and no standard approach to how we achieve our common goal. ”

