

Arrangements for Health and Safety Management

Policy Owner	University Secretary & VP Corporate Operations	Policy Author	Head of OHES
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1	Creation of Policy	2008
2	Update to competencies section	2015
3	Updated links	2021
4	Change of job titles	May 2023

Arrangements for Health and Safety Management

- 1. The Arrangements for Health and Safety Management is a sub-section of the Policy Statement for Health and Safety**
- 2. Objectives, Targets and Plans**
 - 2.1 The University plans its health and safety activities at all levels, setting objectives, targets to meet the objectives and planning activities to meet targets. The following levels of activity are particularly relevant:
 - 2.2 The Board of Governors (Board) sets the University's strategic direction. All strategic priorities stem from this and are also approved by the Board.
 - 2.3 The Staff Governance Committee approves the annual plan and policies are required to achieve the Health and Safety objectives of the University, these having first been considered by the Executive.
 - 2.4 The Executive prioritises operational policies and endorse other arrangements, required to achieve the agreed strategic direction.
 - 2.5 The University's appointed "Health and Safety Director" oversees the development of the core "Policy Statement for Health and Safety", "Organisational and Responsibilities Statement", "Arrangements for Health and Safety Management Statement" and the "Supporting Safety Management Statement".
 - 2.6 Health and safety priorities and targets are incorporated into the University Health and Safety Plan and into School/Department Health and Safety local plans.

- 2.7 Standard University wide policies, procedures and guidance are developed by the Head of Occupational Health and Environmental Safety, in collaboration with Deans of School and Heads of Departments and other stakeholders.
- 2.8 Deans of Schools and Heads of Departments and subsidiary businesses set local H&S objectives. These are then communicated throughout their area of responsibility in the form of management action plans.
- 2.9 Members of the Executive and Deans of School/Heads of Department are responsible for the communication of objectives, targets and plans to their staff.

3. Communication and Consultation

- 3.1 Communication and health and safety matters will be through the most appropriate medium for the issue concerned, defined by the Health and Safety Communications Strategy, including the RGU Bulletin, formal and informal correspondence and other appropriate means.
- 3.2 Where more formal communication is required the responsibility is defined in the relevant procedures. On specific operational health and safety matters at School and Departmental level the responsibility for consultation, where it is required, rests with the Dean of School and other senior Departmental managers.

4. Risk Assessment

- 4.1 RGU will seek to ensure that no employee, student, visitor, contractor or other person is exposed to an unacceptably high level risk from any of the property, equipment, processes or activities undertaken, for which the University has a legal responsibility for mitigation.
- 4.2 In view of this commitment, RGU aims to:
 - 4.2.1 Provide an environment where risk is mitigated to an acceptable level for all employees, students, visitors, contractors or others.

- 4.2.2 Ensure compliance with the Management of Health and Safety at Work Regulations 1999, and all other relevant legislation and guidance.
 - 4.2.3 Undertake suitable and sufficient assessments of all workplace risks, through the application of a suitable risk assessment system.
 - 4.2.4 Record the significant findings of these assessments.
 - 4.2.5 Provide information on the outcomes of assessments to those involved in the process of being assessed.
 - 4.2.6 Provide suitable information and training to enable suitable risk assessments to be developed and implemented.
 - 4.2.7 Regularly review the risk assessment system, to ensure it is suitable and sufficient.
- 4.3 In particular, the following principles will be embodied procedurally:
- 4.3.1 The person, Department, Subsidiary Company or School creating, or giving rise to, the risk of responsibility for ensuring that risk is assessed and effectively controlled.
 - 4.3.2 Risks will be assessed, as far as possible by, or in consultation with, those who will be charged with using, or supervising the use of, controls implemented as a result of the assessment.
 - 4.3.3 Adequate information and instruction related to the significant findings are made available to those involved/undertaking the task, activity, process or other risk criteria.

5. Competencies for Health and Safety

- 5.1 The University will seek to ensure that all persons involved in RGU work activities have the necessary training, skills, knowledge or experience to safely fulfil their responsibilities and

manage potential injury or ill health risks to all who may be affected by the activities of the organisation.

5.2 As part of this commitment, RGU aims to:

5.2.1 Comply with all health, safety and fire legislation providing duties in respect of capability training and competence.

5.2.2 Ensure all University employees have the necessary competencies to safely fulfil their current responsibilities, both upon recruitment and on being exposed to new or increased risks.

5.2.3 Ensure all University students have the necessary information, instruction, training or supervision to safely undertake their activities.

5.3 Deans of School and Heads of Department and Directors of function will ensure:

5.3.1 The necessary competencies for health and safety are defined and recorded for their employees in their area of operational activity.

5.3.2 Employees' necessary competencies for health and safety are achieved and maintained in their area of operational activity, if necessary by provision of suitable information, instruction and training on induction and throughout employment.

5.3.3 Reviews of the necessary competencies for health and safety are undertaken on recruitment of personnel and on revision of risk assessments.

5.3.4 All students have the necessary information, instruction and training or supervision to safely undertake activities in their area of operational responsibility.

5.3.5 Records of instruction and training delivered as part of this commitment are retained, [Health and Safety Training Records](#)

5.4 The Occupational Health and Environmental Safety Department will ensure:

- 5.4.1 Suitable training is made available on their requirements of health and safety management system.
- 5.4.2 Advice is provided, upon request or as required, on any necessary competencies for health and safety associated with University activities or recruitment.
- 5.4.3 Competencies for health and safety are included within audit criteria as part of a system of planned audits.

6. Investigating and Reporting

- 6.1 It is the University's aim to develop a "no automatic blame" culture whereby all accidents, incidents and ill-health are reported without prejudice. The system will be accessible to all staff and students.
- 6.2 All such reports will be investigated to an appropriate level with a view to finding the root cause and incidental failures, and to learn lessons and take improvement actions where appropriate. Line management will be engaged in this process. Information will be analysed in order to develop meaningful statistics on performance and trends.
- 6.3 Statutory reports to relevant authorities will be submitted in good time.

7. Monitoring and Review

- 7.1 Monitoring occurs at 3 levels:
 - 7.1.1 The biannual reports to the Boars and quarterly reports to the Executive.
 - 7.1.2 A programme of specific health and safety audits is maintained and acted on.
 - 7.1.3 Deans of School and Heads of Departments and subsidiaries are responsible for ensuring each workplace is inspected regularly and that the outcomes are recorded. Furthermore, they must ensure that an action plan is developed to prioritise and

mitigate any significant risk control gaps, and that the necessary remedial actions are carried out timeously.

7.2 The review process also occurs at 3 levels:

7.2.1 The Occupational Health and Environmental Safety Department keeps the health and safety management system under constant review, making consequential amendments to the published system.

7.2.2 Reviews resulting in changes to and development of significant policies and procedures are subject to RGU's consultation arrangements and require to be approved by the Staff Governance Committee (having first been endorsed by the Executive) in consultation with the Health and Safety Committee.

7.2.3 The Policy Statement for Health and Safety; Organisation and Responsibilities; Supporting Safety Management, and Health and Safety Arrangements documents are reviewed on a biennial basis by the Executive, signed and dated by the Principal and formally endorsed by the Board of Governors.

8. Emergency Preparedness and Response

8.1 The Robert Gordon University has developed, and will keep under review, plans and procedures to prepare for reasonably foreseeable emergency situations. These are currently detailed under separate procedures and guidance covering:

8.1.1 First aid arrangements

8.1.2 Fire precautions and emergency evacuation

8.1.3 Major incidents

8.2 Planning for other contingencies that do not threaten life, health or safety, and for business continuity planning, is not part of the Health and Safety Management System. These issues are dealt with under Estates, Finance and other relevant procedures.

9. Active Monitoring

9.1 Active monitoring, before things go wrong, involves regular inspection and auditing to ensure that standards are being implemented and management controls are working.

9.2 Active monitoring will be undertaken as per RGU's active monitoring procedure and associated proformas.

10. Reactive Response

10.1 Audits, accident and incident investigations, internal inspections, complaints, investigations, fire drills and alarm activations all produce actions. Where actions for improvement are identified and agreed, implementation is to be monitored until the actions are complete.

10.2 All agreed actions must be given a low, medium or high priority. Progress will be monitored against the following targets:

Low	6 months to close out
Medium	3 months to close out
High	1 month to close out or make satisfactory progress

10.3 Low and medium priority actions that are not achieved within the target period will be automatically reprioritised into the next, higher category. All high priority issues that are not completely closed out in 1 month shall be reported to the Health and Safety Director, who will assess progress towards completion and decide what further instruction, action or reporting is required.

11. Review

11.1 This policy will be reviewed every two years or as required.