**Health and Safety**

**Monitoring, Auditing and Review**

**Policy**

**Synopsis**

This policy explains the methods used to monitor standards of health and safety management within the University of Aberdeen.

The aim of these is to measure performance against pre-determined plans and standards, to assess their implementation and effectiveness in order to identify the need for remedial action. By doing so, and acting upon any deficiencies identified, the University will be able to identify, avoid or mitigate risks and so ensure the health and safety of all those to whom it owes a duty of care.

**Approval**

**Approved by: SMT**

**Date: 9th January 2025**

Revision Record

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| **Issue** | **Date** | **Reason for Review** |
| Draft 1 | July 2024 | New document for consultation.  It subsumes and replaces the previous Safety Tours Policy. |
| Draft 2 | October 2024 | Includes comments from Local Safety Co-ordinators and Trade Union representatives – proof reading corrections and a terminology change. |
| 1.0 | January 2025 | Version agreed by the Health and Safety Committee and SMT. (No amendments were required by either). |

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1. Introduction and Purpose of the Policy

The University of Aberdeen recognises that the management of health & safety forms an integral part of safety performance management. The University, therefore, expects that managers will consider the health & safety implications when making management decisions and plan to ensure that these are properly implemented, managed and monitored.

Objectives for the successful management of health and safety, relevant to the University’s plans, will be set within the Health and Safety Management Plan, and Directorate/School plans, and regularly reviewed.

In order to achieve success in health and safety, the University will measure performance against pre-determined plans and policy/legal standards, to assess their implementation and effectiveness in order to identify the need for remedial action.

Note: In some cases, official HSE guidance, approved codes of practice, sector or industry best practice may be referenced to enable continuous improvement but legal compliance will be the minimum accepted standard.

Monitoring signals management’s commitment to health and safety objectives and will be carried out by all levels of management.

Auditing, performance and policy reviews will enable the University to learn from experience and to maintain and develop the highest standards in health and safety.

Auditing will provide an independent assessment of the validity of management systems, whilst reviewing will make judgement about the adequacy of performance and take decisions about the nature and timing of action to remedy deficiencies.

Note: Although operated by separate parts of the University the Risk Management and Health and Safety Audits overlap and so support each other.

1. Scope of Policy

This policy applies to all University of Aberdeen staff. This includes temporary and agency staff and students carrying out work activities, such as research and demonstrations.

The legislation does not apply outside the UK but the principles and standards of this should be followed as far as possible when working elsewhere or monitoring partnerships with overseas organisations.

1. Definitions

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| **Term** | **Definition** |
| **Audit** | A systematic examination of the efficiency, effectiveness and reliability of the health and safety arrangements and drawing up plans for corrective action. |
| **Inspection** | A formal critical examination of the workplace to identify hazardous conditions and implement corrective actions and to improve operations and conditions. |
| **Proactive Monitoring** | Active methods which check the design, development, installation and operation of management arrangements. These are intended to be done before adverse events occur with the aim of preventing them. |
| **Reactive Monitoring** | These methods used where areas for improvement have been identified, after the event, to learn lessons and address deficiencies and so prevent events with similar causes. |
| **Review** | A formal assessment of something with the intention of making changes if necessary. |
| **Risk Assessment** | The process of identifying hazards, evaluating the risk from the hazards, deciding upon and implementing appropriate controls to reduce the risk. |
| **Safety Tour** | A general inspection of the workplace, to observe and review safety matters/items with the staff who work in the location inspected. |
| **Unsafe Act** | A human act or omission with the potential to cause death, injury, ill-health, damage to property, process or the environment. |
| **Unsafe Condition** | An environmental or physical condition with the potential to cause death, injury, ill health, damage to property, process or the environment. |

1. Legislative Requirements

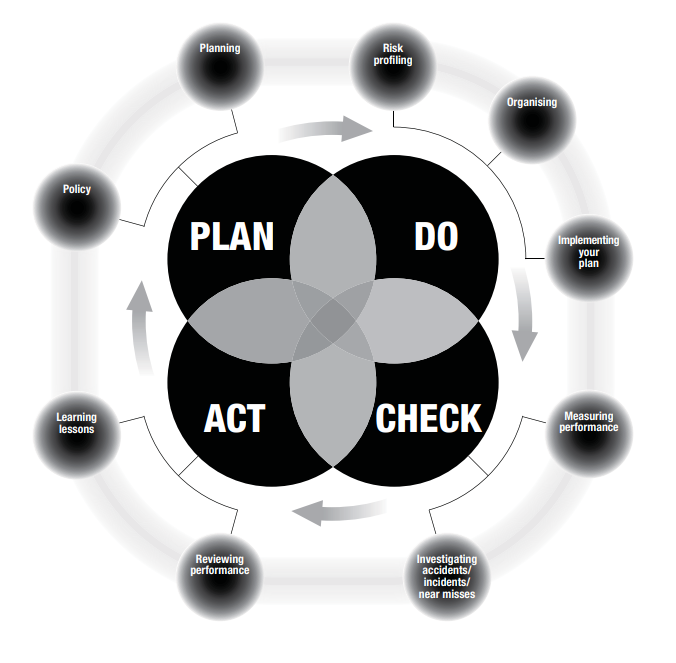
The Health and Safety at Work Act requires employers to have a health and safety policy and the Management of Health and Safety at Work Regulations 1999 clarify the requirements, including that they have *“arrangements as are appropriate, having regard to the nature of his activities and the size of [the] undertaking, for the effective planning, organisation, control, monitoring and review of the preventive and protective measures.”*

The University of Aberdeen’s Health, Safety and Wellbeing Policy (together with other individual Policy arrangements documents) meet the requirements with respect to *“planning, organisation and control”*.

This document explains how the University meets the requirements with respect to “monitoring and review”.

There are a number of standards which are available for the management of health and safety at work. However, the University follows the general approach and principles contained in the Health and Safety Executive guidance document “*Managing for Health and Safety (HSG65)”.*

**Plan, Do, Check, Act cycle approach (HSE Guidance - HSG65)**



**Note:** This policy document deals with the “check” and “act” parts of the cyclical process, intended to ensure effective management and continuous improvement.

1. Responsibilities

This section should be read in conjunction with the responsibilities section of the Health, Safety and Wellbeing Policy. Only extracts of the responsibilities specifically relevant to monitoring, auditing and review are reproduced here.

### 5.1 University Court

The University Court has ultimate responsibility for overseeing health, safety and wellbeing matters at the University. As such, they should seek assurance that appropriate risk control measures (including arrangements for monitoring, auditing and review) are in place and acted upon in relation to activities across the University that could give rise to significant risk. They should be aware of significant health and safety risks across the University.

### 5.2 Senior Management Team

The Senior Management Team (SMT) has delegated authority from the University Court and as such, should seek reassurance that appropriate risk control measures are in place, are being implemented and that those with risk management and assessment responsibilities are trained, competent and adequately resourced.

5.3 Heads of Schools and Professional Service Directors

It is the responsibility of the Heads of School and Professional Services Directors to champion health, safety and wellbeing within their respective School or Directorate. They are expected to set a clear leadership example and to promote high standards of health, safety and wellbeing. They must promote a culture of continuous and proactive improvement in health, safety and wellbeing and empower staff to take responsibility for health, safety and wellbeing matters as part of their everyday activities. This includes:

* Ensuring that all accidents and near misses which have, or had, the potential to cause injury, impaired health, environmental damage or damage to property are reported, investigated and that appropriate corrective actions are implemented.
* Reporting annually on the health, safety and wellbeing activities and performance of the School or Directorate.

### 5.4 Line Managers and Supervisory Staff

Individuals with responsibility for managing or supervising other employees, contractors, students or visitors, no matter the duration, are responsible for the health, safety and wellbeing of those under their care or control. This includes:

* Reporting and investigating near misses and accidents and ensuring that any corrective actions are implemented and that any modifications to working practices are brought to the attention of those that may be affected.
* Ensuring that safety tours/inspections of the work areas under their control are carried out and any issues identified by them are addressed.
* Involving staff and students in maintaining and improving safety performance

### 5.5 Staff

All staff have a responsibility for their own health and safety and that of others affected by their “acts and omissions”. They also have a responsibility for their own wellbeing and to contribute to an institutional culture that supports health and safety.

This includes:

• At all times working in a safe manner to safeguard their own health and safety and to not put at risk the health or safety of anyone as a result of their acts or omissions at work.

• Cooperating with managers and supervisors in health, Safety and Wellbeing matters

• Ensuring that their workplaces are kept tidy and that emergency escape routes are kept clear and unobstructed.

• Reporting to their supervisor any accident, near miss or dangerous situation of which they become aware.

5.6 Local Safety Coordinators

Local Safety Coordinators are formally appointed by the Head of School or Professional Services Director to assist with the implementation of health and safety arrangements. The main task is to assist the Head of School or Director on health and safety matters and to liaise with the Health and Safety Team for advice and support.

### 5.7 Health and Safety Team

The Health and Safety Team provides specialist advice and support to Schools and Directorates and actively leads and promotes health, safety and wellbeing across the University.

This includes:

* Providing leadership and direction on all health, safety and wellbeing matters.
* Promoting a strong and consistent health, safety and wellbeing culture across the University.
* Continually improving the University’s management systems and procedures for health, safety and wellbeing to achieve best practice in the Higher Education sector.
* Monitoring and auditing compliance and performance to continually improve the health, safety and wellbeing across the University.
* Acting as a focal point for reporting and communicating on health, safety and wellbeing across the University.

5.9 University Health and Safety Committee

The University Health and Safety Committee’s remit is to ensure that a collaborative approach is taken to the management of the health, safety and wellbeing of all at the University. Where necessary it will advise, recommend and decide upon measures taken to improve health, safety and wellbeing at the University.

Specifically, it will:

* Monitor the extent of compliance with the University Health, Safety and Wellbeing Policy and recommend actions to address areas of non-compliance.
* Promote continuous improvement on health, safety and wellbeing matters.
* Report at least three times a year to the Senior Management Team.

1. Proactive Monitoring (Check)

Proactive methods of monitoring health and safety standards include the design, development, installation and operation of management arrangements. These tend to be preventive in nature, for example:

* Routine inspections of premises, plant and equipment by staff.
* Health surveillance to prevent harm to health.
* Monitoring of the behaviour of staff, contractors and partnership organisations though observation and/or review of documentation as appropriate and proportionate to the risk.

Note: The planned inspection, testing and maintenance of work equipment is also a proactive control measure. However, the requirements for these are contained in the Provision and Use of Work Equipment (PUWER) Policy

### Safety Tours and Inspections

Inspections include physical inspections of work areas including the physical structure of the building, housekeeping, working practices, etc. They should normally be conducted by two or three people. It is beneficial for those persons responsible for managing the area to be present, both to ensure expected practices are in operation and to show management commitment to safety.

Safety Tours are general inspections of the workplace to observe and review safety matters/items with staff located at the workplace.

Managers should ensure that:

1. A safety tour is carried out in each area under their control on a regular basis.
2. The frequency of the safety tours is set according to risk. For low-risk environments, e.g. offices, annual inspection is suitable, but for higher risk environments e.g. laboratories or workshops, there should be two or three inspections per year.
3. These include both a physical inspection, looking for hazards related to the building, equipment, environmental conditions, housekeeping etc. (see section 6.2 below) and observation of how the occupants behave in the area concerned.
4. Staff who work in these areas are asked for their views on the health and safety measures in place (e.g. risk assessments, safe systems of work, local rules, PPE etc.) as part of the same exercise.
5. Actions arising from inspections are recorded.
6. Timescales and responsible persons are identified to close out these actions and they should be followed up to ensure satisfactory closure.
7. Findings and actions arising from inspections are reported to the Head of School or Director and to the next appropriate safety committee or management meeting where health and safety is an agenda item.
8. Any issues of serious concern (e.g. a trip hazard or unsafe piece of equipment) is addressed immediately, at the time of the inspection.
9. A safety tour is carried out for the area concerned after any accident or incident occurs.

Guidance:

* Safety tours need not cover a whole area in one visit. They can be split into smaller areas and done at different times, provided no area is missed in the cycle of safety tours.
* They should be done both inside buildings and in external work areas, both permanent and temporary.
* Informal safety tours can be done at any time. Staff should be encouraged to report any concern to their manager when they notice it and not wait for the next safety tour to report it.
* There is no need to record an informal safety tour, but anything reported should be followed up and a record kept until the issue is resolved.
* There is no need to “reinvent the wheel” if local arrangements already meet these requirements (e.g. regular lab inspections)
* It is good practice to swap areas with another manager/supervisor or invite a more senior manager to accompany the person who usually caries out the safety tour. This often identifies items/issues to which those who regularly work in that area have become “blind”, may identify different solutions to issues and demonstrates that management take health and safety seriously.

Trade Union Safety Representatives also have a right to carry out inspections.

For further information see the Health and Safety Consultation Policy (Including the roles of the Trade Union Safety Representatives).

### Monitoring of Contracts and Partnership Arrangements

All contracts must be monitored for performance to health and safety standards.

This applies to all contractual or management arrangements regardless of the cost/value (even if there is no cost involved) but the degree of monitoring will vary dependent upon the risk in the widest risk management sense – not just health and safety risk.

The University employee responsible for the contract, partnership agreement or similar is the Contract Manager or Client Representative.

The Contract Manager or “Client Representative” is responsible for ensuring appropriate monitoring is put in place and action is taken where a contractor’s performance falls below acceptable standards.

Such contracts/arrangements include:

* Service contracts.
* Supply of goods.
* Supply of labour (agencies, consultancies).
* Management of University assets (vehicles, premises).
* Construction contracts.
* Partnership agreements with other organisations delivering Services/Education.

Because of the inherent risks of construction, the Health and Safety Team also monitor construction work carried out on behalf of the University. See Appendix A - Strategy for the Monitoring of Construction Contractors and the policy and guidance in the references section of this document.

### Monitoring of Fire Safety

The Health and Safety Team are responsible for monitoring fire safety standards across the University. This is done through a combination of:

* The Fire Risk Assessment program, including following up on recommendations.
* Monitoring of Unwanted Fire Alarm Activation Signal (UFAS) reports.
* Carrying out Fire Drills.
* Investigating Fires and Scottish Fire and Rescue Service (SFRS) reports.

See Appendix B - Fire Safety Monitoring Strategy and Protocol.

### Auditing

Audits are also considered to be pro-active monitoring. They involve interviewing staff and managers and examination of documentation to assess the efficiency, effectiveness and reliability of the health and safety arrangements in place against a defined standard. The aims are to identify areas of both compliance and non-compliance and to make recommendations to address any weaknesses identified.

Health and Safety Management Audits

The Health, Safety and Wellbeing Team will conduct audits of Schools and Directorates on a programme based on the perceived risk profile of Schools and Directorates. The audit will concentrate on ensuring that Schools and Directorates are complying with both the health and safety management arrangements as laid out in the University Health, Safety and Wellbeing Policy and the local Policies implemented by the Schools and Directorates.

These audits are scheduled to ensure all areas are audited in a 5-year cycle with progress against the schedule and any significant concerns reported to the health and safety committee.

However, if an audit identifies a serious risk, and recommendations are made which are not implemented within an acceptable timescale, a repeat audit may be completed and/or the issues identified escalated to the Health and Safety Committee and, if necessary, the Senior Management Team.

Although the auditing strategy of the University is generally based upon the management structure, the Health and Safety Team may also audit a particular health and safety issue in a defined part of the organisation, location, or across the organisation, where it is suspected that the issue concerned is not being appropriately managed.

This may arise in a number of ways such as:

* Concerns raised as a result of health and safety management audits.
* Through routine re-active monitoring (such as accident, assaults or sickness statistics).
* Because of a change in the legal standards.
* As a result of a request from the Health and Safety Committee or SMT.

For more detail, see the references section including the Health and Safety Management Systems Audit Guidance.

Internal Audit and Audits by External Organisations

The Health and Safety Team will make every effort to ensure independence and consistency of standards when operating the University auditing process. However, Internal Audit will arrange regular audits of various parts of the University’s safety management systems and the Health and Safety Team applies, as an independent check of the standards applied.

Some aspects of relevance to safety management may also be audited by other organisations independent of the University, notably insurers and the Enforcing Authorities. These reports will be considered by the University at the appropriate forums and decisions made how to address the issues raised.

Where necessary The Health and Safety Team will commission an independent body to carry out the audits of specific issues where this falls outside its competencies. This may be done using a consultancy company or, in conjunction with Risk Management, through our insurers.

1. Reactive Monitoring (Check)

Reactive methods monitor evidence of poor health and safety practice but can also identify better practices that may be transferred to other parts of a business, for example:

* investigating accidents and incidents.
* monitoring cases of ill health and sickness absence records.

### 7.1 Accident, Incident and Near Miss Reporting

The University of Aberdeen requires that all accidents and near misses are reported. It is vital that it is understood that this is not to allocate blame. This is to ensure that investigations can take place to determine whether the safety arrangements have broken down, to learn lessons and, where necessary implement improvements to prevent recurrence of the accident.

• All accidents, near misses, and incidents of work-related ill-health must be reported as soon as possible via the University’s online reporting system.

• Schools and Directorates must investigate all accidents or near misses to a level appropriate to the nature of the accident in order to determine the root cause of the accident, to learn lessons, and to take appropriate measures to minimise a recurrence of the accident.

• The Health, Safety and Resilience Team may request additional information from Schools or Directorates about accidents and may take the lead in investigating certain accidents, dependent on the severity of the accident.

The Health and Safety Team will actively look for trends, patterns and other information which may suggest failures in safety management and make recommendations to the area/areas concerned and to the health and safety committee where it is suspected there is a more widespread University issue to be addressed.

For further information see the University Accident, Incidents & Near Misses Policy and the Health and Safety web pages.

### 7.2 Ill Health and Sickness Absence Data

The University of Aberdeen collects ill health and sickness absence data both directly (i.e. using internal services) and via contracted services including the Occupational Health and Employee Assistance Program (EAP) providers.

This data relates both to physical and mental health and is received on a regular basis. (Statistical data is provided by the contracted services with no personal data divulged). It is analysed by the contract managers and used to identify areas of concern and weaknesses in management for further investigation and trends which may indicate either issues or improvements in reporting or management of the issues.

Anonymised or statistical data is shared internally with appropriate Teams such as HR, Health and Safety, Wellbeing etc.

1. Review (Act)

Although the Health, Safety and Wellbeing Team arrange and conduct audits of the health and safety management systems of Schools and Directorates, each School or Directorate shall annually review its progress towards meeting its health and safety objectives. A local report on health and safety performance, in a format to be specified by the Health and Safety Committee, must be returned to the Committee on an annual basis.

### University Health and Safety Management Plan

The University has a Health and Safety Management Plan which contains priority tasks organised against the HSG65 Plan, Do, Check, Act categories. Progress against this is monitored as a standing item at every 3 monthly meeting of the committee. Summary reports are made to SMT as well as separate ones on specific issues, policy reviews etc. A report on Health, Safety and Wellbeing, including progress against the Management Plan is made to Court at least every 6 months.

### Self-Reviews by Schools and Directorates

A rolling program of review of health and safety standards is termed “self-review” (as distinct from an “audit” as carried out by the Health and Safety Team or an external independent body) and the arrangements for this are described, in section 8.3, below.

### Policies and Procedures

All Schools and Directorates are expected to have a rolling program of reviewing their own health and safety standards. They will have local policies and procedures (including safe systems of work) and risk assessments. All of these must be reviewed on a regular basis to ensure they are current and that actions identified are being completed.

By default (i.e. assuming there is no reason to review these documents sooner) all the above should be reviewed annually, but only revised as and when necessary.

### Risk Assessments

As stated above, by default risk assessments should be reviewed annually. However, there are various reasons why a risk assessment might need to be revised at other times, including following an accident, incident, near miss or instance of work-related ill health.

See the Risk Assessment Policy for further details.

### Other reasons for reviews

In addition to the above, some Local Safety Co-ordinators carry out their own audits and inspections in premises and other audits (e.g. Internal Audit), which should be followed up in the same way as described above, with respect to any health and safety related issues.

The action plans produced arising from audits carried out by the Health and Safety Team or Internal Audit, should be reviewed to ensure all actions have been taken. (See section 6.4).

If the above is not the case (e.g. where a new premise has been occupied or a new area of the University created) it is recommended the manager responsible carries out their own review in advance of the Audit by the Health and Safety Team.

1. References

### Internal References

|  |  |
| --- | --- |
| **Document Number** | **Document Name** |
| HS-PO-001 | Health, Safety and Wellbeing Policy |
| HS-PO-004 | Risk Assessment Policy |
| HS-PO-006 | Consultation (Health and Safety) Policy |
| HS-PO-007 | Control and Management of Contractors Policy |
| HS-PO-022 | Accidents, Incidents and Near Misses Policy |
| HS-PO-024 | Fire Safety Policy |
| HS-PO-029 | Provision and Use of Work Equipment (PUWER) Policy. |
| HS-PO-037 | Estates and Facilities - Stop Work Policy |
| HS-GN-049 | Health and Safety Management Systems Audit Guidance |
| HS-GN-050 | Health and Safety Monitoring of Contractors and Third Parties |
| HS-SF-019 | Lab. Inspection Checklist |
| HS-SF-010 | Office Health and Safety Inspection Checklist |
| HS-SF-019 | Health and Safety Management Systems Audit Checklist |
| HS-SF-034 | Record of Safety Tour Form |

### External References

|  |  |
| --- | --- |
| **Document Number** | **Document Name** |
| [Legislation.gov.uk](https://www.legislation.gov.uk/uksi/1999/3242/contents) | Management of Health and Safety a Work Regulations |
| [HSE](https://www.hse.gov.uk/pubns/books/hsg65.htm) | Managing for Health and Safety (HSG65) |
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## Appendix A - Strategy for the Monitoring of Construction Contractors.

**Introduction**

Directorates and Schools must not carry out any works which affect the fabric the University’s buildings. If they wish to make changes to buildings, this must be arranged through Estates and Facilities.

Contract Managers must ensure arrangements are in place to monitor the activities working on University buildings and sites and record the results of monitoring visits undertaken during the contracts under their control. This is required to meet the legal requirement to “maintain and review the management arrangements for the duration of the project”.

See also theControl and Management of Contractors Policy.

**Monitoring of Estates and Facilities Contractors by the Health and Safety Team**

Introduction and Scope

This protocol is to be followed, as far as possible, by the Health and Safety Manager/Asbestos Manager, when carrying out contract monitoring visits, and by other members of the Health and Safety Team who may deputise when that post holder is not available. Therefore, the term “the Adviser” is used throughout for whomsoever carries out the monitoring activity.

It is to be used when either:

1. Carrying out planned contract monitoring visits which are related to asbestos related work.
2. Carrying out planned contract monitoring visits which have been agreed with the contract manager or other University with “client” duties, or
3. Making an unplanned visit in response to a report is of a concern regarding a contractor’s activity which requires investigation.

It is specifically for works done by contractors on UoA Building or sites (i.e. on UoA land).

1. Prioritisation / Frequency of Visits

The Adviser will agree a frequency of visits with the client according to a number of factors including:

* The duration of the works.
* The location (i.e. within a contractor-controlled compound, in a vacant building, adequately separated from occupiers in the building etc.)
* The type/risk of the works (asbestos, working at height, in excavations, in a confined space etc.)

Where possible the Adviser will attend the pre-contract meeting and a visit will take place before, or close to, the start of the work to check that appropriate arrangements are in place.

Dependent upon how well the site/works are managed an assessment will be made whether follow up visits are necessary and whether these are announced or unannounced.

1. Prior to a visit

Before any monitoring visit the Adviser will, if possible:

* Find out the name of the Principal Contractor (if there are sub-contractors)
* Find out who the Client is – Usually an E&F Contract Manager (Clerk of Works or Projects Team) but may not be a University appointed contractor at all (e.g. for a domestic premises or the Council).
* Check the exact location of the works or reported issue of concern.
* If planned, obtain copies of the Risk Assessment/Method Statements (RAMS) in advance, to check against what is actually being done.
* Whenever possible arrange to visit with the Contract Manager.

1. During a visit

During the visit the Adviser will:

* Ensure they are wearing appropriate PPE for the site.
* If they do not have the appropriate PPE (e.g. because it is an unplanned/responsive visit) not access any areas where the PPE is necessary but observe from a suitable safe vantage point.
* Not access scaffolds or other locations unless necessary and only then after assessing that it is safe to access.
* Make the contractor aware who they are why they are there – showing their ID Card and signing in/out according to the site rules.
* Observe the activity and note anything of concern, preferably taking photos.
* Make a record of their visit and any significant issues identified.
* Audit the records for the site.
* Make a full inspection of the site or area/aspect of concern reported or agreed prior to the visit.

1. Upon identifying a serious risk

* If the Adviser identifies or suspects something which, in their professional opinion, poses a ***serious and imminent risk,*** they will raise this immediately with the most senior manager available on site.
* If the Contract Manager is with them, or they can speak to them promptly, they will discuss with them the concern.
  + If a resolution is not immediately agreed to their satisfaction they will…………..
    1. Ask the Contract Manager to issue an instruction that the activity of concern is stopped under the University’s “Stop Work Policy” pending agreement how it can resume in a safe manner, or.
    2. If the Contract Manager is not available issue the stop work instruction themselves and then inform the Contract Manager what they have done as soon as possible.

Where possible only the work of concern will be stopped (i.e. the whole site may not need to be affected), but work will only be allowed to resume when the adviser is satisfied that the risk has been suitably mitigated.

1. After a visit

Within 2 weeks of any visit the Adviser will:

* Produce a report of the findings, including recommendations as appropriate.
* Send a copy of the report to the client representative, as appropriate.
* Allocate a frequency for subsequent monitoring visits.

## Appendix B – Fire Safety Monitoring Strategy

**Introduction**

The Health and Safety Team’s Fire Safety Adviser role includes:

* Carrying out new, or reviewing existing, fire risk assessments for all buildings owned and/or occupied by the University.
* Managing the planned fire drills, twice a year.
* Monitoring the Unwanted Fire Alarm Activation Signal (UFAS) reports.
* Investigating Fires and Scottish Fire and Rescue Service (SFRS) reports.

**The Fire Risk Assessment Schedule**

1. Prioritisation / Frequency of Visits

Each building is designated an initial priority / frequency of visit from the following:

**HIGH 1 /** yearly assessment

Those buildings which have sleeping accommodation and those which present a high risk to life.

**HIGH 2** / 2 yearly assessment

Those buildings used as teaching and/or research laboratories with highly flammables, flammables, compressed gases, oxidising agents, radioactivity and/or a high occupancy of unsupervised students.

**MEDIUM** / 3 yearly assessment

Generally, multi occupied or larger teaching/office/study areas/recreational facilities buildings judged to be at this category due to current fire safety standards and the use of the building.

**LOW** / 3 yearly assessment

Smaller buildings with a tolerable risk to life from fire to occupiers and a reasonable standard of fire precautions. Mostly occupied by staff but with some use by students. Includes small premises providing sleeping accommodation (houses of multiple occupation).

1. Prior to a visit

Before any fire safety monitoring visit the Fire Safety Adviser will:

* Contact the premise to arrange an appointment with the occupiers according to the schedule.
* Send them a copy of the previous fire risk assessment.
* Ask for updates on any outstanding actions.

1. During a visit

During the visit the Fire Safety Adviser will:

* Audit the fire safety records for the site.
* Make a full inspection of the communal and staff occupied parts of the premises.
* Inspect a representative sample of teaching areas (to minimise disruption to the curriculum if teaching is in progress at the time of the visit).
* Check for any items which are outstanding from any notification of deficiencies or enforcement notice (where applicable).
* Check the fire risk assessment against the standard of being “suitable and sufficient”.

1. After a visit

Within 2 weeks of any visit the Fire Safety Adviser will:

* Produce a full report of the findings, including recommendations as appropriate.
* Send a copy of the report to the premise occupiers and Estates and Facilities (as Landlord).
* Allocate a \*priority (High1, High 2, Medium or Low) for subsequent monitoring visits.
* Update the schedule with the date of the next planned visit.
* Fill in the action tracker with the details of any recommendations.

\*Note: This may differ from the initial designation, dependent upon the findings of the visit.

**Fire Drills**

Planned Fire Drills are arranged twice a year, approximately every 6 months.

These are arranged in a way which minimises disruption (e.g. avoiding exams and meetings such as Court) and avoiding extreme weather conditions as far as possible.

However, they will still take place at times of the day and year when occupation is representative of a typical work / study time.

The drills are observed, and reports produced, to check that suitable evacuation times are achieved and any deficiencies in the arrangements are captured and addressed.

In order to ensure a realistic drill, the times, dates and locations are unannounced.

However, to minimise the risks to occupiers, some individuals with known impairments may be alerted in advance so that they can move to a refuge but not evacuate – provided they practice/test their own specific personal emergency evacuation plans (PEEPs) at another, safer time of day.

**Unwanted Fire Alarm Signal (UFAS) Reports**

UFAS reports are passed to the Health and Safety Team, by Security, whenever there is a fire alarm activation. The Fire Safety Adviser reviews these, updates the monitoring spreadsheets and follows up as appropriate any issues raised by individual reports and/or if there is an indication of a recurring problem.

**Reports of Fires and SF&RS Reports**

Actual fires may be reported via the University’s online reporting system and are sometimes reported more quickly by other means. The Fire Safety Adviser will investigate these in order to identify the causes and learn any lessons related to the specific premise and/or the management of fire safety at the University.

In most cases of an actual fire the SF&RS will produce a report and write to the University. Sometimes they carry out a follow up audit visit and provide recommendations. They also visit premises for other purposes including familiarisation (operational information) and as part of their targeted audit program for various types of building types/uses/occupier activities etc.

The Fire Safety Adviser will assist any SF&RS visits, as appropriate in the circumstances and review any recommendations made.

**Reports to the Health and Safety Committee**

Regular reports are made to the Health and Safety Committee.

The Fire Safety Report is a standing information item and includes:

* Progress against the fire risk assessment schedule and any significant issues.
* UFAS data, including a comparison with the same period the previous year.
* Information on any actual fires and correspondence from the SF&RS as the enforcement authority as appropriate.

If any of the following arise during a reporting period they will be escalated to the Health and Safety Committee to consider what further action should be taken:

1. Formal recommendations from the enforcing authority.
2. Issues of serious concern, including a summary of outstanding remedial actions (from an earlier reporting period) where the risk is judged to be High or a material breach of fire safety legislation.
3. Recommendations made by the Fire Safety Adviser which are disputed and attempts to agree a way forward have failed.

The outcomes of the Fire Drills are reported upon twice a year.

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| --- | --- |
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