

University Health & Safety Arrangements : Chapter 31



Delegation of health & safety tasks

“Qui facit per alium facit per se” – “He who acts through another does the act himself.”

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Note.

“**Senior Managers**” are responsible for health and safety within their organisational unit, specified areas or as a consequence of their activities, and for any additional activities as agreed and delegated to them (eg where they accept responsibility for day-to-day safety arrangements for staff who have other line managers, for reasons of geographical or other convenience). They may be Deans, Heads of School, Directors of Institutes, Directors and Heads of Service in non-academic areas, the University Librarian, the Directors of the Manchester Museum and the Whitworth Art Gallery, and their equivalents.

Introduction

1. Delegation of day-to-day health and safety work by senior managers is essential to the efficient management of workplace risks. This chapter describes what “good” delegation looks like as a benchmark for managers (delegators) and those they assign work to (delegates). It is crucial to understand however that although elements of health & safety work can and must be delegated, the manager remains answerable and accountable for those tasks. He or she cannot abdicate responsibility.

A definition of delegation

2. There are many definitions, but a useful one is:

“To allocate work or tasks within your sphere of authority to a designated person(s) and to hold that person(s) accountable for the delivery of that work or tasks.”

3. Effectively, the delegatee is carrying out work on behalf of the manager and with their authority to do so. From this definition, it follows that

- A manager can only delegate work that already lies within his/her remit or control; similarly, the delegatee cannot act beyond their own remit
- Delegation must be accompanied by empowerment to do the work (including the appropriate authority, resource, responsibility, communication to others expected to co-operate with the delegatee). In some cases, training may be required
- The relationship is “two way” – there must be on-going communication about what is expected, how that is achieved, resources needed, any difficulties arising during the performance of the work and what decisions are escalated to higher authority, milestones reached, short term and long term objectives, the skills required to perform the work effectively, etc.

Models of delegation

4. In general, delegation follows line management structures. Health and safety delegation is no different in this respect. Middle managers, Supervisors, Team Leaders, Principal Investigators and Research Supervisors know more about the work itself and have control over factors such as staffing, prioritising, budgeting, procurement, etc. To the extent that they have control, they are responsible for managing the health and safety risks arising from the work.

5. There should be a continuous and traceable chain of delegation from the most senior manager to all those carrying out tasks. The top tier of delegation is described in the University's health & safety policy statement and organisation, specifically in the [Organogram](#). This traces the chain to the level of Heads of School, Directors of PSS units. Typical examples of how delegation works within schools, directorates and institutes are included below.

Role of line managers

6. Line managers, including research team managers and principal investigators, will normally be delegated the task of carrying out risk assessments, and may delegate this task to others whilst they retain overall responsibility for ensuring risk assessments are carried out for activities under their control.
7. The purpose of any risk assessment is to *control the risk* so this includes not just the documentation of the assessment itself, but the whole process of assessment, determining what controls and resources are necessary, and ensuring they are in place at all times to control the risk.

Role of safety advisors

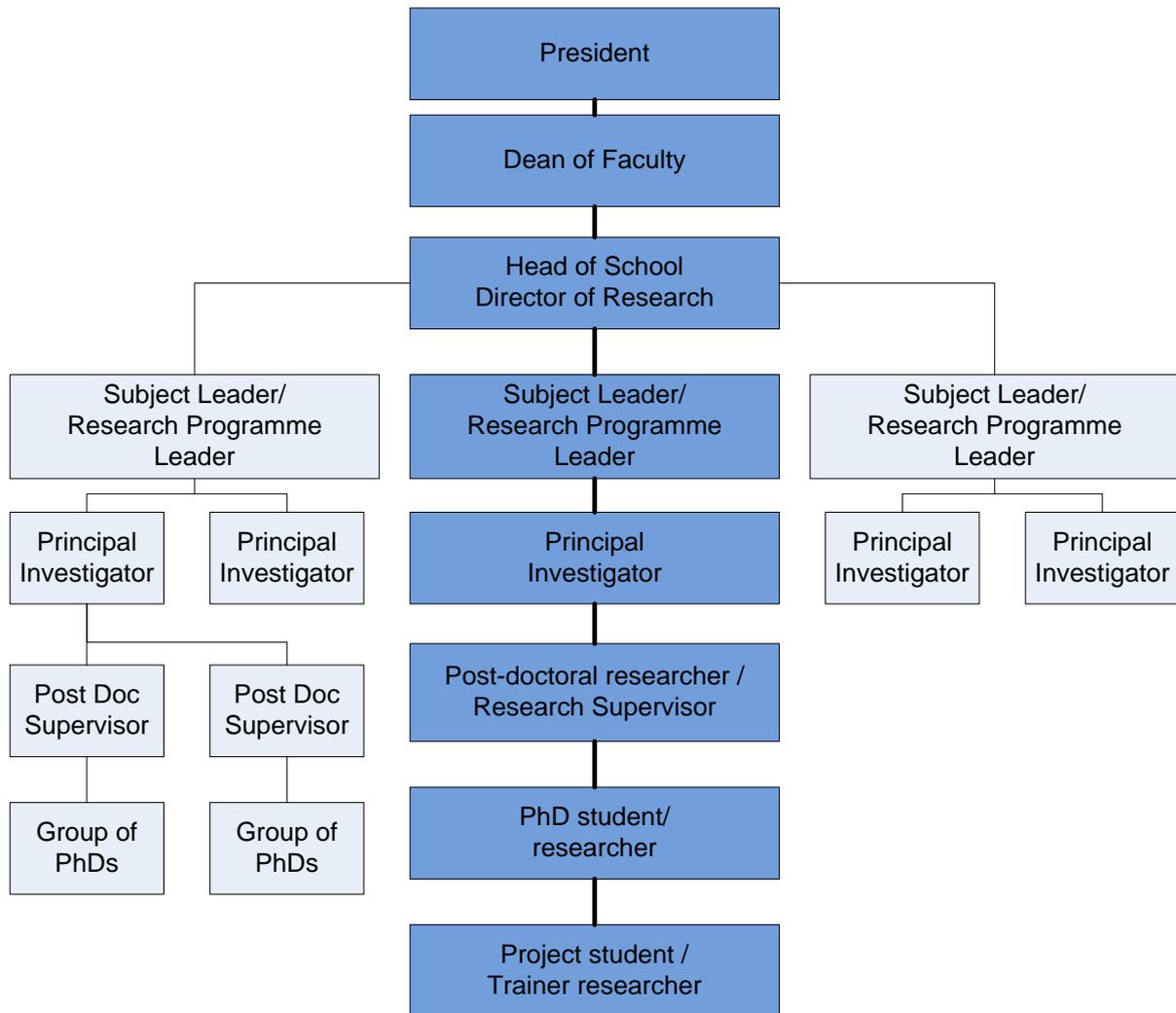
8. In all but the smallest unit, HOSs and directors are expected to appoint local and school safety advisors, and may also appoint other safety specialists depending on the nature of their activities. Model roles of local safety advisors are given in [Chapter 15](#), and other specialists in Chapter 3 (biosafety), Chapter 7 (fire safety), Chapter 25 (ionising radiation); Chapters 26 and 27 (non-ionising and laser safety). They may also appoint staff to assist with display screen assessments, electrical testing, etc.
9. The exact role played by these appointees is flexible and depends very much on the activities of the unit. However, unless they are also managers in their own right, the management responsibility remains with the delegating manager.

Examples of delegation chains

10. Academic schools : the line management organogram in Figure 1 is adapted from the UCEA/USHA publication "Managing Health & Safety in Research"¹ and represents a generalised line management structure in academic research. The actual structure in schools may vary and use different terms.

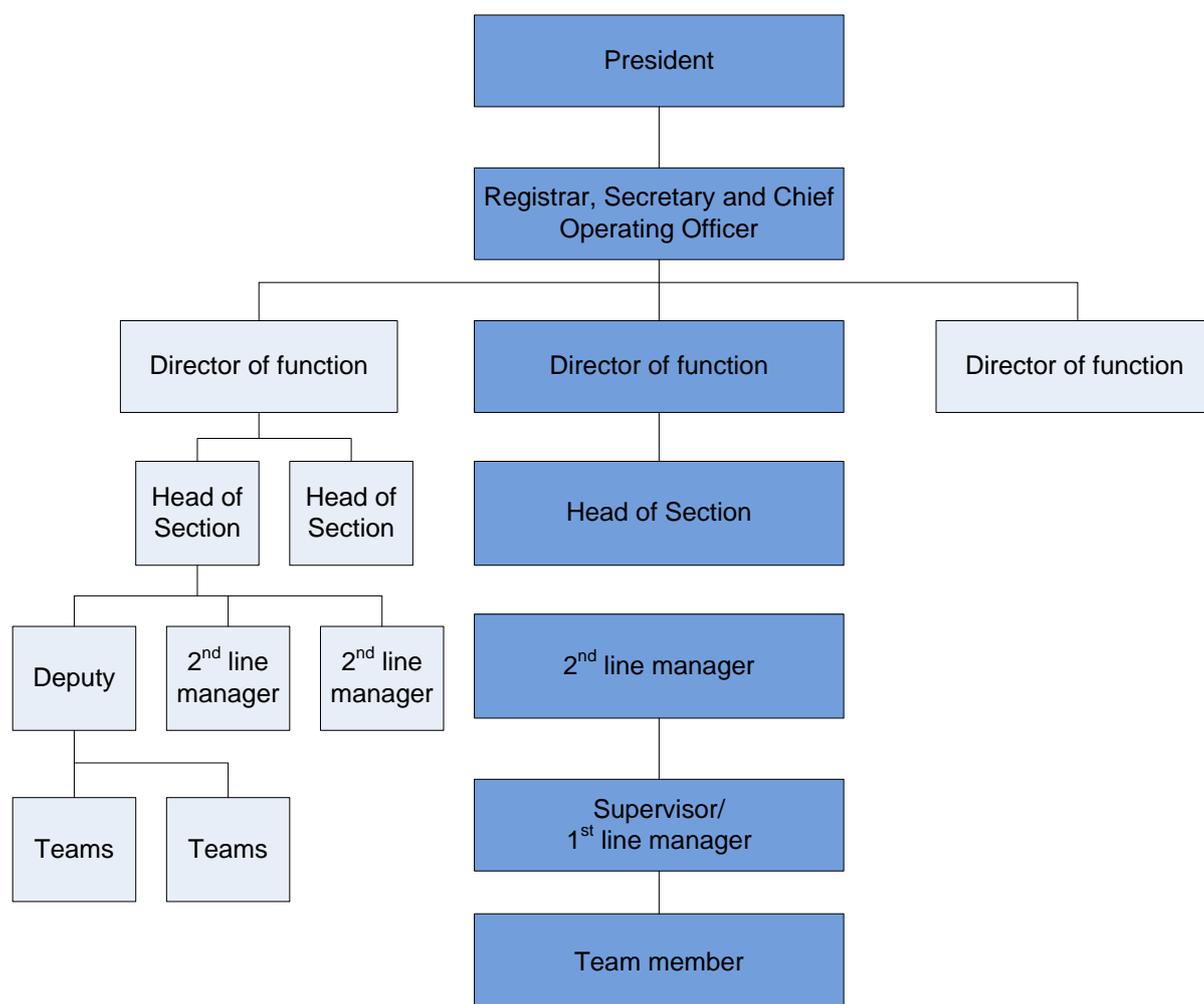
¹ <http://www.ucea.ac.uk/en/empres/hands/publications/index.cfm>

Figure 1



11. The line management organogram in Figure 2 is based on the general arrangements in Professional Support Services. The actual terminology and number of stages will obviously vary with the local circumstances.

Figure 2



What does “good” health and safety delegation look like?

12. The following table summarises what effective health and safety delegation is in contrast with poor practice.

Factor	Good practice	Poor practice
Defined chain of delegation from HOS/Director	Described clearly in health & safety policy statement and communicated to all staff	Not written down, not understood by staff
Scope of delegation	Clear definition (written down except for emergency one-off instructions) of what is	Told to “do what is necessary”

Factor	Good practice	Poor practice
	expected.	
Authority to act, extent of authority	<p>Clear statement about what authority has been given to the delegatee.</p> <p>Clear instructions about which matters the delegatee has discretion to determine, and those requiring escalation to higher authority.</p>	<p>No specific agreement about whether delegatee has authority to act for the manager.</p> <p>Confusion about what delegatee has authority to do; no understanding of limits of authority, or of decisions requiring escalation.</p>
Expectations of delegatee	Clear instructions (confirmed in writing) about the range of tasks or responsibilities being delegated.	General instruction given only.
Organisation of work	<p>Short and longer term objectives set.</p> <p>Milestones agreed and set</p>	Little or no guidance, or confusing and poor guidance given on what the manager expects to be achieved
Communication between delegator and delegatee	<p>Regular meetings between manager and delegatee to discuss progress, difficulties.</p> <p>Manager makes time outside scheduled meetings if difficulties arise.</p>	Communications initiated only by delegatee reporting difficulties or complaints
Communication to others	Clear communication to others who may need to respond to or work with the delegatee	Little or no communication or explanation to others about what the delegatee has been asked to do on behalf of the manager.
Resourcing	Manager assesses and provides necessary resource – and arranges for any training, additional staff resource, etc.	Little or no thought given to whether the delegatee has the skills, knowledge, ability to carry out the work; the time, IT skills and hardware, or other resource.
Monitoring	Manager regularly asks for progress reports, carries out	Little or no monitoring or interest shown in

Factor	Good practice	Poor practice
	checks in person to ensure tasks performed to their satisfaction.	achievements of delegatee.
Recognition	Manager acknowledges that work has been carried out by delegates.	Little or no recognition of their contribution.

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