

Audit Committee

Agenda

Meeting reference: Audit2017-18/01 **Date:** Tuesday 5 September 2017 at 5.30pm-
rescheduled to Wednesday 20 September 2017

Location: Room 019

Purpose: Scheduled meeting

* Denotes items for discussion.

Members should contact the Clerk in advance of the meeting if they wish to request an item be starred.

	Agenda Items	Led by	Paper
1	Welcome and Apologies	Chair	
2	Additions to the Agenda	Chair	
3	Declaration of Interest in any Agenda Item	Chair	
4	Minutes of the Meeting of the Audit Committee held on 23 May 2017	Chair	Enclosure 1
5	Actions arising from previous minutes		
6	Health and Safety		
*6.1	Health and Safety Annual Report 2016/17		Enclosure 2
*6.2	Revised Health and Safety Policy		Enclosure 3
7	Risk Management		
*7.1	Strategic Risk Register	Vice Principal- Finance and Estates	Enclosure 4
*7.2	Health and Safety Risk Management Profile as at May 2017	Vice Principal- Finance and Estates	Enclosure 5
8	Internal Audit		
*8.1	Internal Audit: Progress Report Annual Plan 2016/17	Henderson Loggie	Enclosure 6
*8.2	Internal Audit Annual Plan 2017/18	Henderson Loggie	Enclosure 7
*8.3	Nursery Review Update	Vice Principal- Finance and Estates	Verbal
9	Annual Report Business Continuity Programme 2016-17	Vice Principal- Academic	Enclosure 8 Closed

*10	FOI and Data Protection Annual Report	Principal and Chief Executive	Enclosure 9
11	Committee minutes		
11.1	Health and Safety Committee: <ul style="list-style-type: none"> • 24 August 2017 		Enclosure 10
12	Date and time of next meeting: 29 November 2017 at 5.30 pm – this Committee meeting will join the Finance and General Purposes Committee at 5.30 pm to review the Financial Statements for 2014-15.	Secretary	
*13	Review of meeting to include check against the Terms of Reference to ensure all competent business has been covered.		Enclosure 11

Audit Committee

Enclosure 1

Draft Minutes

Meeting reference: Audit 2016-17/04
Date and time: Tuesday 23 May 2017 at 5.30pm
Location: Room 033

Members present: Ian Jackson, Brian Crichton, Lorna Nicoll

In attendance: Margaret Munckton (Principal)
Jackie Mackenzie (Vice Principal, Finance and Estates)
Susan Bald (Vice Principal, HR & Communications)
Pam Wilson, (Vice Principal, Academic)
David Archibald (Henderson Loggie)
Keith Macpherson (Ernst & Young)

Apologies: Grant Myles, David Littlejohn, Ann Irvine, Lindsey McLeod

Chair: Ian Jackson

Minute Taker: Maureen Masson, Clerk to the Board of Management

Quorum: 3

Summary of Action Items			
Ref	Actions carried forward from meeting on 14 March 2017	Responsibility	Time Line
10.1	Health and Safety Committee Minutes 9 February 2017 PW to discuss implication with PCSA around committee attendance and ensure this forms part of the handover process.	Clerk to check with Pam Wilson	Next meeting
Ref	Actions from meeting on 23 May 2017		
7.3	Internal Audit – Nursery JM to instigate a review of options for the nursery following on from the work completed by Henderson Loggie.	JM	By start of session 2017/18
7.3	Internal Audit Follow Up Review 2016/17 JM to establish a quarterly review process for the monitoring of internal audit recommendations.	JM	By start of session 2017/18
9.1	Amendment to the proposal for bring the Annual Health and Safety Update to the Board of Management Amend the process to reflect the fact that only the Principal can sign the Annual Health and Safety Update	MM	By start of session 2017/18

Minutes

PART 1

Item	Action
<p>1 Welcome and Apologies</p> <p>Ian Jackson (IJ), Chair, welcomed members to the meeting.</p> <p>Apologies were noted.</p> <p>A welcome was extended to David Archibald from Henderson Loggie and Keith Macpherson from Ernst & Young who were in attendance for items 7 and 8 respectively.</p>	
<p>2 Additions to the Agenda</p> <p>There were no additions to the agenda. However a small alteration to the agenda was agreed in that items 8.1 and 9.2 were starred.</p>	
<p>3 Declaration of Interest in any Agenda Item</p> <p>There were no declarations of a conflict of interest.</p>	
<p>4 Minutes of Audit Committee Meeting held on 14 March 2017</p> <p>Noted that Susan Bald had not attended the meeting on 14 March. Aside from that, the minutes were approved as a correct record.</p>	
<p>5 Actions Arising from Previous Minutes</p> <p>7.2 Health & Safety Risk management Profile – 6 month review</p> <p>Action: complete.</p> <p>Noted that the minutes of the last Health and Safety meeting would come forward for information to the next meeting of the Audit Committee.</p> <p>10.1 Health and Safety Committee Minutes 9 February 2017</p> <p>Action: ongoing.</p> <p>Check with Pam Wilson on progress.</p>	Clerk
<p>6 Risk Management</p> <p>*6.1 Strategic Risk Register</p> <p>The Committee noted the paper which provided an update on the Strategic Risk Register for the third quarter and the emerging and updated risks.</p>	

National Bargaining/Industrial Action

SB updated the Committee on the latest position with ongoing industrial action. Nationally, action had been suspended pending ongoing negotiations related to the full package. The Committee noted that a meeting with the Minister for Further and Higher Education and Science was planned for 18 May. The Committee noted that the cost to the College of transition to the new pay scales could be up to £400k. However, this did not reflect the full costs of harmonisation - any additional costs arising from changes to the class contact hours, holidays nor a cost of living increase.

The Risk Register would be updated to reflect the latest position on available funding. If additional government monies were not made available to meet additional costs identified, the College would have difficulty in achieving a positive outturn for 2016-17 and subsequent years.

The Committee noted further possible implications from national bargaining including the differential, perceived or real, between pay structures of academic and staff posts.

RAM allocation for HE delivery

The Committee also noted that the RAM allocation for HE delivery continued to be a risk and no indications had yet been given on the allocation for 2017-18.

Finance Systems Convergence Project

The Committee noted that the College has postponed participation in wider UHI led finance systems convergence project which is running a year behind schedule. The delay in delivery of the project has led to the College progressing a system upgrade to Symmetry, the existing Finance system, to mitigate risk.

Of the partner Colleges, only Inverness College was moving to User Acceptance Testing (UAT) of the new finance system.

Implications of Brexit

Workshops on implications of Brexit would soon be held at UHI's premises. Highland and Islands was a transition region and as such would be greatly affected by Brexit.

UHI Common Risks

The Committee discussed at a previous meeting the Executive Office request that partner Colleges agree a set of common risks; the aim was to streamline the process of aggregating the risks to the UHI level.

The Committee noted that UHI Internal Audit had asked for information on the College's approaches to managing the student record and business continuity planning. The College's Business Continuity Plan had recently been considered by Henderson Loggie and had been classed as low risk.

The Committee agreed that business continuity priorities were subject to

ongoing change and were better reviewed in a local context taking account of local factors, and that diluted the rationale for a UHI Plan. The College Business Continuity Plan is already included in the 2017/18 Internal Audit Plan.

The Board of Management had confidence in the College's Business Continuity Plan; whilst the Committee was happy to share for documents for good practice reasons, it was keen to avoid duplication. The Committee further noted that business continuity is part of good governance and the annual return that has to be made by the Principal.

7 Internal Audit

***7.1 Internal Audit Plan Progress Report 2016/17**

David Archibald (DA) introduced the internal audit report and confirmed that all activity had been undertaken as planned. The Committee noted that one review, the Academy for Sport and Wellbeing post project review, had not been completed within the planned timescales at the request of College management. This was because the final account for the project had not been settled. The Committee noted this was due to timing and that overall the project was still within budget.

The Committee noted the report.

***7.2 Internal Audit Report – Nursery**

DA introduced the paper which was a distilled version of a longer report whose purpose was to highlight key outcomes. The remit was to review the operation of the nursery to inform management on scope for improvement. A number of options were presented in the report as well as matters for consideration.

The Committee agreed with JM's suggestion that a small team should undertake an options review, building on the Henderson Loggie work, to identify any smarter/better ways of working to improve cost effectiveness. A review of options would be started before the start of session 2017-18 with a view to getting an early resolution. The review would also consider any potential legal risks identified for example, in changing staff/student ratios.

JM

***7.3 Internal Audit Follow Up Review 2016/17**

DA introduced this paper which summarised progress against recommendations identified in audit reviews. The Committee noted that 17/33 recommendations had been assessed as being fully implemented and evidenced. Of the remaining sixteen, nine were partially implemented, there was little or no progress made against three which had passed the agreed completion date. The action against one had been considered but not implemented.

The Committee agreed with the recommendation that priority actions be addressed first, although most were priority 3. BC impressed the

importance of meeting deadlines set by Internal Audit and the Chair asked how recommendations were monitored. It was agreed that a quarterly internal monitoring process would be established to track recommendations and this would come forward to the Audit Committee.

JM

8 External Audit

***8.1 Annual Audit Plan**

Keith Macpherson introduced the paper and drew the attention of the Committee to the Executive Summary. E&Y were delighted to be appointed as external auditor and Keith would work with Stephen Reid, Audit Engagement Partner on delivering the external audit service. The Committee noted the Code of Audit practice set out the framework for review and that it was revised every 5 years.

The Committee noted the paper and Executive Summary and that approach the auditors would take in undertaking external audit – a key part to this was an understanding of the Perth College environment. Auditors reviewed financial management, governance and transparency and the College Risk Register was a key document in this evaluation.

In reviewing the Financial Statement the audit would focus on the following key aspects:

1. Materiality – this was assessed to be at a tolerable level
2. Risk of fraud in the income and expenditure recognition and the potential for management override of controls
3. Evaluation of property and assets and pension liability as assessed as inherent risks

To date, no specific concerns had been identified and the College was not an evaluated risk in terms of the sector position.

BC asked about the scope for the position to change as the year progressed – if that happened risks would be remitted back to the Board of Management.

The Group noted that the correct fee had been noted on page 16 of the annual plan and had been transcribed incorrectly in the Executive Summary.

The Committee noted the deliverables in the report and the timelines and that EY would report back during the course of the next academic year.

9 Committee Meetings:

9.1 Health and Safety Meeting 4 May 2017

Minutes– noted

9.2 Proposal for Annual Health and Safety Update to Board of Management

Following the December Board of Management meeting, the Committee noted the paper that set out a proposal for presenting and annual Health and Safety update. The Committee agreed the proposal subject to an amendment that only the Principal and Chief Executive and could sign off the report for presentation to the Board, although this responsibility could be delegated.

Any other Business

The Chair extended a warm vote of thanks to Margaret Munckton and Susan Bald who were attending their last meeting of the Audit Committee. In addition, thanks were extended to Ian Jackson, Audit Chair, for his contribution as Ian's period of tenure on the Board was coming to an end.

Clerk

10 Date and time of next meeting

To be confirmed

11 Review of Meeting

Members agreed the meeting had covered its remit.

PART 2

12 Evaluation of Internal Audit Service

Members agreed the scoring matrix evaluating Henderson Loggie in the provision of the internal audit service for 2016-17.

13 Evaluation of External Audit Service

Members agreed the scoring matrix evaluating Wylie and Bisset in the provision of the external audit service for 2016-17. The Committee noted that Ernst and Young would now undertake this service for the College.

Information recorded in College minutes and papers is subject to release under the Freedom of Information (Scotland) Act 2002 (FOI(S)A). Certain exemptions apply: financial information relating to procurement items still under tender, legal advice from College lawyers, items related to national security.

Status of Papers **Open**

Closed

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The College may also be asked for information contained in minutes and papers about living individuals, under the terms of the Data Protection Act 1998.

Do the papers contain items which may be contentious under the terms of the Data Protection Act 1998? **Yes** **No**

Audit Committee

Enclosure 2

Paper for Consideration

Subject: Health and Safety Annual Report - Period 2016/17

Author: Les Roberts, Health and Safety Officer

Date of paper: 28 August 2017

Date of meeting: 5 September 2017

Action requested of committee:

(Tick as appropriate) For information only:
For discussion: ✓
For recommendation/approval:

Cost implications:

(Tick as appropriate) Yes: No: ✓

Executive Summary: This report reviews the performance of Perth College UHI in relation to health and safety management from 1 August 2016 to 31 July 2017.

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Do the papers contain items which may be contentious under the terms of the Data Protection Act 1988? Yes No

Health and Safety Annual Report - Period 2016/2017

August 2017

Also available in large print (16pt)
and electronic format.

Ask Student Services for details.

www.perth.uhi.ac.uk

Perth College UHI is a registered Scottish charity, number SC021209.



Health and Safety Annual Report 2016/2017

Executive Summary

This report reviews the health and safety management activities between 1 August 2016 and 31 July 2017.

Highlights of the year have included:

- Development and implementation of the following policy :
 - Vibration at Work
- Maintaining the Healthy Working Lives Bronze award and achieving the Silver award

A range of health and safety training programmes were delivered to staff including MiDAS, Stress Management

- College Health and Safety Committee met four times during the year in September, November, February and May, and demonstrated support for continuous improvement in health and safety practice and culture by reviewing a range of health and safety policies and practices, and also reporting to the Board of Management via the Chair of the Committee.

Introduction

This report reviews the performance of Perth College UHI in relation to health and safety management from 1 August 2016 to 31 July 2017.

The purpose of the report is to update the Board of Management, staff, students and other stakeholders on health and safety matters in order to provide confidence that the College is managing health and safety appropriately and seeking to continually improve.

Cross College Health and Safety Resource

Health and Safety Committee

The Committee met four times during 2016/17 in September, November, February and May, and is scheduled to meet four times during the coming year.

Composition of the Committee covers all areas of the College: a member of the Senior Management Team (Chair), curriculum areas, support areas, Air Service Training (AST), trade unions, student representative, College Health and Safety Officer, Board of Management representative, and administrative support to the Committee.

Health and Safety Officer Meetings

The Health and Safety Officer attends external key committee meetings in order to share and disseminate best practice and has attended: UHI Health and Safety Practitioner meetings, Tayside Integrated Safety Association (TISA), and IOSH Branch and District meetings.

First Aiders

The College currently has 20 designated first aiders who cover the Brahan, Goodlyburn, Webster, Academy of Sport and Wellbeing and Nursery buildings. In addition AST has 3 designated first aiders, and each of the four Learning Centres have trained first aiders. .

Fire Safety

Fire Risk Assessment

The Fire Risk Assessments for the Brahan, Goodlyburn, Webster and Nursery underwent a comprehensive review in 2016/17 by the College's Health and Safety Officer, Head of Estates and Estates Officer, and actions plans were updated.

A Fire Risk Assessment for the Academy Of Sport and Wellbeing was carried out by the Health and Safety Officer, Head of Estates and Estates Officer, this will be reviewed annually.

The Students Residences Fire Risk Assessments were reviewed in July 2016 by the College's Health and Safety Officer, they will be reviewed in August 2017.

Learning Centres:

Pathways reviewed 2017, Kinross reviewed in 2016, these risk assessments are reviewed biannually by the Health and Safety Officer.

Blairgowrie last reviewed 2012 and Crieff 2017, FRA's for both premises are Perth and Kinross Council responsibility.

Fire and Emergency Evacuation

Evacuation Chairs

The College has eleven evacuation chairs, four in the Brahan, four in the Goodlyburn, two in the Webster and one in the ASW, the evacuation chairs were inspected by the Health and Safety Officer in July 2017.

Evacuation Team

There are currently eleven designated members of the Evacuation Team; they are trained to support persons needing assistance to evacuate the buildings using an evacuation chair.

Fire Marshals

The College has designated Fire Marshals that assist the College in meeting its responsibilities in respect of current fire legislation.

Fire Drills

Fire drills were carried out in the Brahan, Goodlyburn, Webster, ASW, Residences and Nursery. Fire drills are scheduled for September 2017 and January 2018.

Visits by Fire and Rescue Service

No scheduled visits by the fire and rescue service took place during 2016/17.

Fire Incidents

No reported fire incidents in 2016/2017

There were several 'false' alarm activations throughout the year, and the Fire and Rescue Service attended these. None of these were 'malicious' activations.

Maintaining Health and Safety

Health and Safety Policy

The Health and Safety Policy was reviewed, revised and re-issued in August 2016. The Policy is reviewed annually in August.

Health and Safety Risk Management Profile

The College's Health and Safety Risk Management Profile details the broad key organisational health and safety risks, it rates these risks in terms of their impact and likelihood, and an action plan is in place to implement controls that will remove or reduce these risks. The action plan is monitored by the Health and Safety Committee and Audit Committee and risks are re-evaluated accordingly as control measures are implemented and take effect.

The College's Health and Safety Risk Profile was reviewed by the Vice Principal HR and Communications and the Health & Safety Officer, and then tabled for review by the Health and Safety Committee in September, January and April. The Audit Committee will review the profile every six months.

Risk Assessment

General risk assessment

Each Curriculum Area and Support Staff Department have risk assessment folders within the Health and Safety section of the staff intranet site, these folders contain completed risk assessments for most areas.

It is intended that all areas/departments will have their risk assessments uploaded by December 2017.

Risk assessment Training

In total there are 54 trained risk assessors in the College.

Display Screen Equipment (DSE) Assessments

The Health and Safety Officer carried out 25 workstation assessments for staff and made recommendations that were implemented to improve staff work areas.

General Estates Work

Fixed wire testing – fixed wire testing was carried out in Goodlyburn Music and Media area, and Webster buildings during summer 2017, and the Estates Department will be assessing and dealing with any issues that have arisen.

PAT Testing – all relevant items are scheduled for PAT testing programmed in 2017 and this was partly carried out in Easter and summer recess with the balance of items to be tested in the October recess.

Fire Alarm Testing – Annual fire alarm servicing was carried out throughout the Crieff Road Campus, and Pathways and Kinross Learning Centres.

Fire Safety- A number of actions have been addressed in the Fire Risk Assessment from 2016 and from previous risk assessments. The latest 2017 FRA's will be assessed and consideration given to the actions required and funding available. Works were adjusted to the motor vehicle workshop welding enclosures to provide a ceiling to the enclosures at the request of the Insurers fire assessor.

Emergency lighting annual testing has been carried out at Brahan, Goodlyburn, Webster, Nursery and Residences and any repairs needed are being costed and scheduled.

Legionella: Water Hygiene surveys have been undertaken to record water temperatures, disinfect shower heads and clean water storage tanks in Brahan, Goodlyburn, Nursery, Webster, and Residences, and a full risk assessment has been completed for the Crieff Road campus. Fire Hose reels and fittings removed in Brahan and Goodlyburn.

Regular servicing and statutory inspection of lifts, and lifting appliances and annual servicing of gas boilers and pressure vessels have been undertaken throughout the College buildings.

A summary document to record all the regular planned preventative maintenance (PPM) items of fixed building plant and equipment is being established to keep a visible record of the historic, current and programmed events to service and keep building plant in good repair.

A register has also been prepared of Academic Equipment in 2017 to maintain a schedule of departmental equipment requiring review.

A speed bump has been installed at the Webster pedestrian crossing to reduce vehicular traffic down to 5 mph for pedestrian safety.

A tree survey was undertaken to assess the need for any work to make safe trees with one dead tree removed and other weakened limbs removed.

Workplace Inspections

Formal workplace inspections took place at the AST Hangar in Scone, Creative Industries, Automotive Engineering and Estates.

Overall the standards were found to be satisfactory.

A number of workplace inspections are scheduled for 2017/18.

Raising the Health and Safety Profile

Training

E-learning

18 employees completed Health and Safety Module 1.

20 employees completed Health and Safety Module 2.

32 members of staff successfully completed the Stress Management Module

Staff Induction

16 employees attended staff induction days; the induction includes a Health and Safety session.

IOSH Managing Safely

One employee successfully completed IOSH Managing Safely

First Aid

7 employees successfully completed the three day first aid at work course

4 employees successfully completed the one day first aid at work course

4 employees successfully completed the two day refresher first aid at work course

The courses listed below were delivered by the Health and Safety Officer:

MiDAS (Minibus Driver Awareness Scheme)

30 employees successfully completed MiDAS training

Stress Management

36 College Managers attended Stress Management Training

CoSHH Awareness

13 employees attended a CoSHH awareness training session, this also included skin management

Evacuation Chair

20 employees successfully completed Evacuation Chair training

Lone Working/Violence and Aggression

15 employees successfully completed Lone Working/Violence and Aggression training

Health and Safety Induction

13 ASW employees attended a health and safety induction, this included general H & S, fire safety and safe use of Evac chairs.

Students Health and Safety Training

Requests were made to the Health and Safety Officer by various departments to deliver health and safety training:

REHIS Elementary Health and Safety course, 21 delegates successfully completed the course. 100% success rate

18 students attended Introduction to Health and Safety training sessions.

Wellbeing at Work

Healthy Working Lives

The College maintained the Healthy Working Lives Bronze and Silver awards.

Other training:

3 staff attended Heartstart Discovery training

24 staff attended courses on developing students' resilience

Mental Health First Aid training sessions

Health promotions/initiatives include:

The College promoted the national No Smoking day in March 2017

Alcohol Awareness

Spinal Screening

Occupational and general health checks including mini-life style checks

Mindfulness Sessions

Workplace Wellness

Personal Safety over the Festive Period

Lunchtime walking group

Heart Health and Stress Awareness Campaigns

Health recipes in the College Blog

Metafit lunchtime classes

Stress awareness sessions

The Healthy Happy You initiative for staff and students, running over two weeks February into March 2017.

Terrence Higgins Trust – HIV and STI testing on campus

Sustainability through 'Pass it On Week' – Recycling, Energy savings etc.

Weekly Weigh in

Men's Health Week

Workload Management Training

Flexible working scheme

Employee Cycle Scheme

Health eating choices in Food Courts

Stress and Sickness Absence

Counselling

The College continues to offer staff open access to free confidential counselling provided by Rowan Consultancy.

Rowan Consultancy reported that there were 8 staff referrals during the year 2015, 8 work related, 0 non-work related.

Work Related and Non- Work Related Referrals last 5 years

Self-referred to Rowan Counselling (stress related)					
	2012	2013	2014	2015	2016
Work related	5	5	4	9	8
Non-work related	3	4	0	0	0

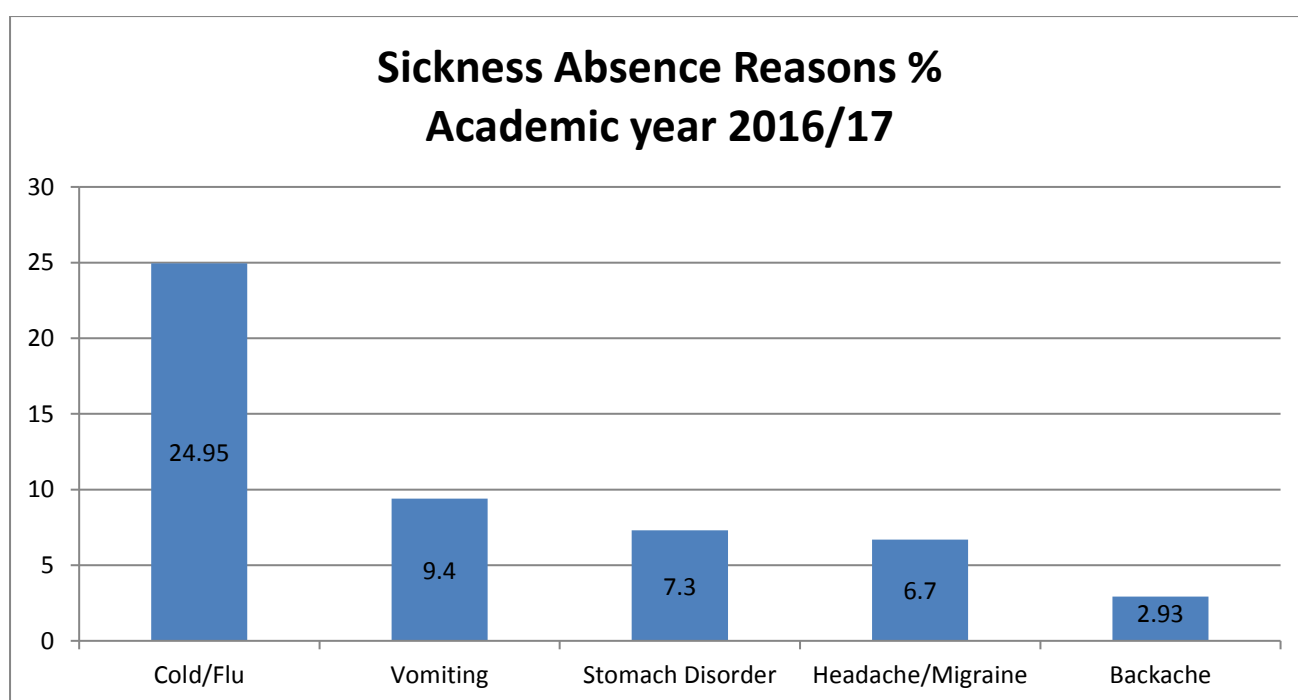
Sickness Absence Rates

The following table provides the total sick days lost, average sick days per head and % working time lost as at the end of 2014/2015, the year end of 2015/2016 and the year end of 2016/2017 – these figures do not include hourly paid staff as there are no work patterns applied due to the flexibility within their contract.

CIPD'S annual absence management survey 2015 reports an average of 6.9 days sickness absence per employee overall – this is a 5% trimmed mean and is up from 6.6 days the year before. The standard mean is 8.3 days sickness absence per employee overall, up

from 7.4 days from the year before. The average days per employee for the public sector is 8.7 days – this is a 5% trimmed mean and is up from 7.9 days from the year before. The standard mean for the public sector is 9.2 days sickness absence days per employee in the public sector. The UK national average for lost time rate for all industries is 3.7%, up from 3.3% from the previous year. The public sector lost time rate is 4.1%.

	2014/2015 (full year)			2015/2016 (full year)			2016/2017 (full year)		
	Total Sick Days	Average Sick Days per Head	% Working Time Lost	Total Sick Days	Average Sick Days per Head	% Working Time Lost	Total Sick Days	Average Sick Days per Head	% Working Time Lost
Management	120	4.61	1.91%	207.50	7.98	3.24%	115	4.6	1.92
Support	2258.5	10.5	4.81%	2802	12.97	5.57%	2841	11.59	5.35
Academic	735	4.56	2.04%	788.5	4.66	2.03%	1184	6.8	3.09
Total	3113.5	5.71	2.92%	3798	9.24	3.61%	4140	7.6	3.45



Sickness Absence – Stress Related (number of staff absent)

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Work related	1	7	8	4	6	5
Non-work related	2	5	5	5	7	9

Accident Reporting

SMT and the Health & Safety Committee received quarterly reports on the number of accidents occurring within the organisation affecting employees and non-employees during 2016/17. These reports acted as a means of measuring the impact of policy implementation

across the organisation and more generally the result of management activity directed to controlling Health and Safety risks.

Table 1 below shows types and number of accidents per quarter for the year 1 August 2016 – 31 July 2017

Table 1

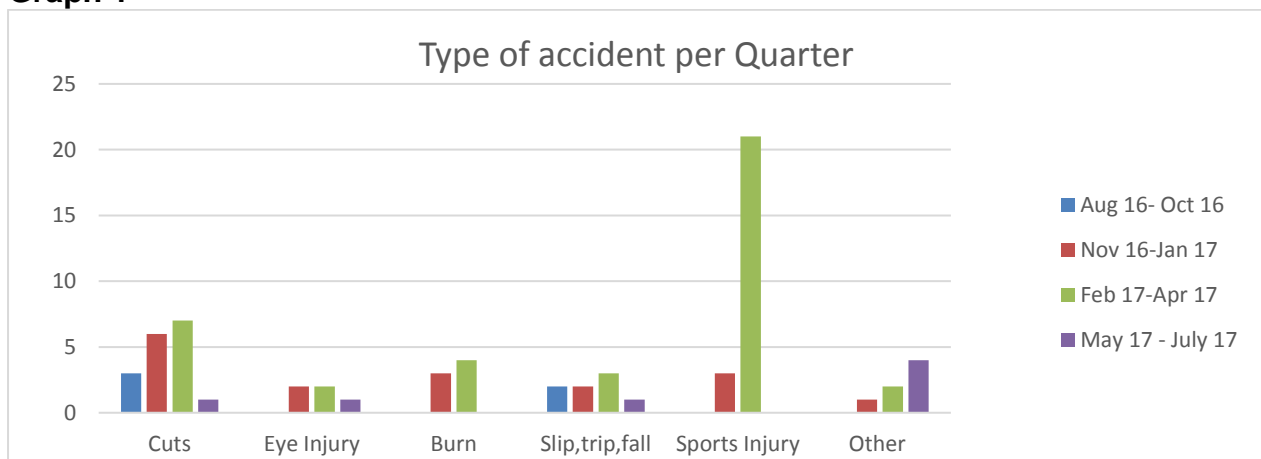
Type	Aug - Oct	Nov – Jan	Feb - Apr	May - July	Total
Cuts	3	6	7	1	17
Eye Injury	0	2	2	1	5
Sports Injuries	0	3	21	4	28
Burn	0	3	4	1	8
Slip, trip ,fall	2	2	3	0	7
Other	0	1	2	0	3
Total	5	17	39	7	68

RIDDOR reportable accidents i.e. reported to the HSE, a total of 7 in 2016/17, this compares to a total of three in 2015/16.

In addition to the above one Dangerous Occurrence (Near Miss) was reported to the HSE: Failure of Lifting Equipment

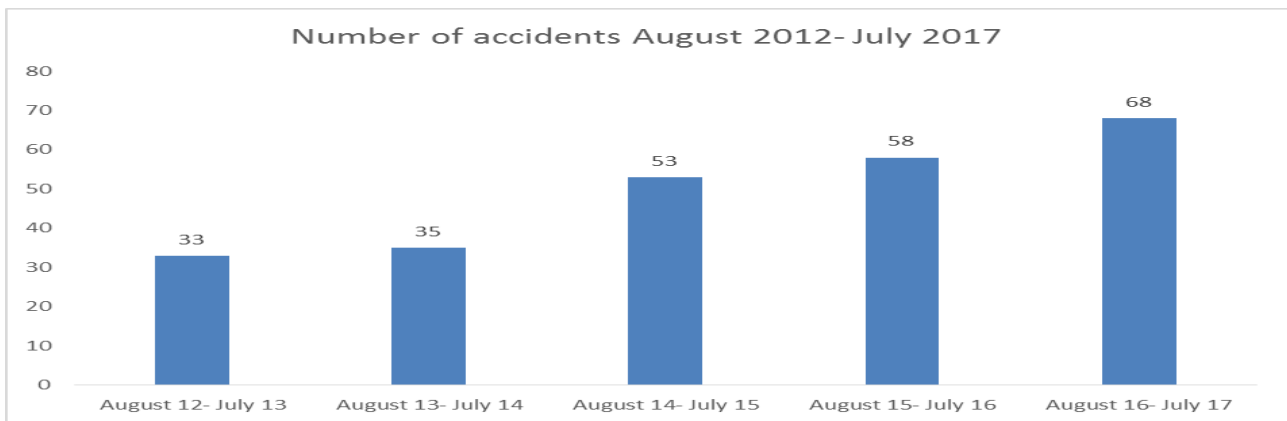
Graph 1 below shows types and number of accident per quarter for the year 1 August 2016 – 31 July 2017

Graph 1



Graph 2 below shows the annual number of accidents since 2013/2014

Graph 2



There is an increase of 10 reported accidents for the year 2016/17 compared to 2015/16. The increase is due to the additional sports activities taking place at the ASW.

Sector benchmarking data is not yet available.

Update on 2016/17 Actions

The Chair of the Health and Safety Committee directs the work of the Health and Safety Officer via a work plan for identified priorities. The identified priorities for 2015-2016 were:

- Maintain the Healthy Working Lives Bronze and Silver awards and work towards meeting the criteria for the Gold award (completed)
- Develop and implement a Vibration at Work Policy (completed)
- Review Fire Marshal training and roll out to all staff (completed)
- Mentally Healthy Workplace Training (e-learning) will be rolled out to all staff (completed)
- Mentally Healthy Workplace Training for Managers will be delivered to all managers in 2016/17 (ongoing)
- Implement all drafted policies once approved (completed)

2017-2018 The Year Ahead

The identified priorities for 2017-2018 are:

- Maintain the Healthy Working Lives Bronze and Silver awards and achieving the Gold award

Audit Committee

Enclosure 3

Paper for Consideration

Subject: Revised Health and Safety Policy 2017

Author: College Health and Safety Officer

Date of paper: 25 August 2017

Date of meeting: 5 September 2017

Action requested of committee:

(Tick as appropriate) For information only:
For discussion:
For recommendation/approval: ✓

Cost implications:

(Tick as appropriate) Yes: No: ✓

Executive Summary:

The revised Health and Safety Policy 2017 is attached for approval. No substantive changes have been made other than to note the Principal and Chief Executive is the owner of the policy. The policy has also been updated for the new academic year.

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Status of Papers **Open** **Closed**

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Do the papers contain items which may be contentious under the terms of the Data Protection Act 1988? **Yes** **No**

Health and Safety Policy

August 2017

Also available in large print (16pt)
and electronic format.

Ask Student Services for details.

www.perth.uhi.ac.uk

Perth College is a registered Scottish charity, number SC021209.



Version Control History

Version Number	Date of Change	Summary of Revisions Made
8	Aug 15	Revised H&S statement signed by new Chair Grant Myles. Revised purpose and Residences covered all year round; Managers have new responsibility to ensure risk control measures are implemented; H&S office has a new responsibility to link with IOSH and H&S Executive; all staff have responsibility to attend H&S training and report all accidents/incidents to line manager; contractors not to start work until H&S induction completed; students have a responsibility to wear PPE, not introduce equipment without staff authorisation, report accidents; new section on responsibilities of visitors.
8.1	July 2016	Footer updated to reflect new template model.
8.2	August 2016	Dates in footer and Policy updated and new Policies added to the list of Linked/Related Documents. Updated Policy Statement signed and included.
8.3	August 2017	Owner updated to reflect it is now the Principal and Chief Executive Section 6: 2 Policies added: <ul style="list-style-type: none">• Control of Noise at Work Policy• Control of Vibration at Work Policy

Perth College UHI

Health and Safety Policy Statement

The Board of Management of Perth College UHI attaches the greatest importance to safeguarding the health, safety and welfare of all staff, students, visitors and others who use the premises, and regards the promotion of health and safety measures as a mutual objective for management and employees at all levels.

It is the commitment of Perth College UHI, hereinafter referred to as "the College", to act within the requirements of the Health And Safety at Work etc, Act 1974, and subsequent legislation, and to ensure that the health, safety and welfare of all staff, students, visitors and others who may be affected by our undertakings is safeguarded, so far as is reasonably practicable.

To meet these criteria, the College will:

- Regard legal compliance as the lowest acceptable standard of management with regard to health and safety.
- Identify hazards, assess risks and manage those risks.
- Provide appropriate information, instruction, training and supervision.
- Provide and maintain equipment and a working environment that are, so far as is reasonably practicable, without risks to health and safety.
- Consult with employee's representatives on health and safety matters.
- Provide adequate funding and resources to meet Policy needs.

In order to effectively manage Health and Safety, the College Board of Management devolves policies and procedures through the Principal and Chief Executive to the Senior Management Team, to the Heads of Curriculum and Support Area Managers, and their staff, all of whom are responsible for managing Health and Safety as set out in further sections of this Policy.

The College requires that all staff, students, visitors and others co- operate in regarding safe working as a prime objective, by working within established procedures.

Overall responsibility for the practical implementation of this Policy lies with the College Principal and Chief Executive.

Arrangements for implementation of this Policy are set out in the attached document, which is to be read as part of this statement, which will be reviewed and updated, as required to ensure best practice methods of managing Health and Safety are achieved.

Signature:

Margaret Cook, Principal and Chief Executive

Signature:

Grant Myles, Chair of the Board of Management

Date: August 2017

Title: Health and Safety Policy

Version/Status:

Approved By/Date: Health and Safety Committee/Nov 2016

Effective Publication Date:

Owner: Principal and Chief Executive

Lead Author: Health and Safety Officer

Review Timing/Date:

Health and Safety Policy

1 Purpose

Perth College UHI recognises its responsibility under the provisions of the Health and Safety at Work etc Act 1974 to ensure, so far as is reasonably practicable, the health, safety and welfare of all employees, students, visitors and members of the public using the College premises and services. This Policy details roles and responsibilities to enable the College to fulfil these duties.

2 Scope

All staff, students and persons visiting all college premises: for example contractors or members of the public.

Air Service Training (Engineering) Limited (AST). All AST staff, students and visitors are covered by this policy when they are located within the Perth College UHI premises. However, AST have their own Health and Safety Policy for its operations elsewhere in the UK and overseas.

The Perth College UHI Student Residences are covered by this Policy during the Academic Year (August to June). In the summer recess, the Residences are leased to the Scottish Youth Hostel Association and are covered by their Health and Safety Policy during that period.

3 Definitions

So far as is reasonably practicable: It is a balance between injury/harm, the chances of it happening, the numbers of people affected and the overall risk reduction balanced between time, inconvenience, money and effort.

4 Key Principles

The Board of Management and Senior Management Team (SMT) of Perth College UHI attaches the greatest importance to safeguarding the health and safety of all staff, students, visitors and others who use the premises, and regards the promotion of health and safety measures as a mutual objective for management and staff at all levels.

5 Responsibilities

5.1 The Board of Management

The Board of Management has overall responsibility for ensuring the effective implementation of the Colleges' Health and Safety Policy.

5.2 The Principal and Chief Executive

The Principal and Chief Executive has overall responsibility for the practical operation of and compliance with the Health and Safety Policy. The responsibility for day to day running of health and safety related activities is delegated to competent persons within the college.

5.3 The Senior Management Team (SMT)

The Senior Management Team is responsible for achieving the objectives of the Health and Safety Policy within the College.

The Senior Management Team will ensure that employees within their area of responsibility that are designated as having responsibilities for health and safety matters are trained and competent and are provided with the resources necessary to ensure the implementation of this Policy.

The Senior Management Team review and monitor the recommendations and findings of the Health and Safety Committee, and forward these to the Board of Management for their consideration. Health and safety matters are line management responsibilities. Responsibilities can be delegated, however accountability cannot.

The Vice Principal, Human Resources and Communications chairs the Health and Safety committee. This post holder is also the member of SMT responsible for College compliance with all those Health and Safety legal requirements that apply to the use of College premises, facilities and grounds.

In the absence of the Vice Principal, Human Resources and Communications, another member of the Senior Management Team will assume those health and safety responsibilities.

5.4 Managers

The key to effective Health and Safety management in the College is the control exercised by Managers.

Where responsibilities for health and safety are delegated to team members, accountability for health and safety still remains with Managers.

Managers shall:

- Bring this policy to the attention of their staff.
- Implement the Health and Safety Policy in relation to their area of responsibility.
- Appoint a member of staff in their area as Risk Assessor.

Title: Health and Safety Policy

Version/Status:

Approved By/Date: Health and Safety Committee/Nov 2016

Effective Publication Date:

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Lead Author: Health and Safety Officer

Review Timing/Date:

- Ensure, so far as is reasonably practicable, that conditions within their work area are safe and without risk to health, by ensuring that risk assessments are conducted and completed by a competent person trained in risk assessment and that control measures are implemented.
- Ensure staff receive the necessary training to enable them to work safely. Training needs should be identified as a part of the risk assessment process.
- Ensure all accidents are reported using the accident report form as soon as possible after the accident, regardless of whether an employee, student, volunteer, contractor or visitor has been affected.
- Investigate, or ensure investigation of accidents and unsafe work practices.
- Make health and safety a standing item on the agenda of team meetings.
- Raise any matters arising at team meetings on Health and Safety, in the first instance, with the Health and Safety Officer, who will highlight these to the Health and Safety Committee as appropriate.

5.5 Head of Estates

The Head of Estates is responsible for:

- Providing College premises with building fabric and services which are safe working environments.
- Ensuring that the fabric and services of College premises remain safe through appropriate repair, maintenance, inspection, examination and testing regimes.
- Ensuring that risks relating to building design, building fabric and building services in College premises are managed. These include (but are not limited to):
 - Fire;
 - Asbestos;
 - Legionella;
 - Statutory inspection, testing and maintenance of plant and equipment;
 - Control of contractors.

5.6 The Health and Safety Officer

Main responsibilities of the Health and Safety Officer include:

- Keeping up to date with health and safety legislation and new best practice developments and advise affected parties as appropriate.
- Advising the Board of Management, SMT, CMT and the Health and Safety Committee on all matters of health and safety as appropriate.

Title: Health and Safety Policy

Version/Status: 8.3

Approved By/Date: Audit Committee/ Sept 2017

Effective Publication Date: September 2017

Owner: Principal and Chief Executive

Lead Author: Health and Safety Officer

Review Timing/Date: 1 Year

- Facilitating and give practical support to staff completing risk assessments, CoSHH assessments, DSE assessments etc.
- Develop, implement and review health and safety policies and procedures.
- Conducting regular audits/inspections of the College's health and safety systems and then submit findings to the relevant Head of Curriculum or Support Area Manager/Senior Management Team and Board of Management. (These audits/inspections will at times be in conjunction with safety representatives).
- Develop and deliver health and safety training for the College; and externally to employers on behalf of the College eg REHIS.
- Contribute to team meetings to provide health and safety advice.
- Liaise with Managers on health and safety matters and then raise them with the Health and Safety Committee as appropriate.
- Co-ordinate with the Head of Estates on the effective implementation of all relevant Health and Safety Legislation, Codes of Practice, Guidance Notes etc.
- Stop unsafe working practices when deemed necessary, whether this be College employees or non-employees eg contractors.
- Report accidents, ill health and dangerous occurrences to the Health and Safety Executive when appropriate.
- Liaise with other groups including: Tayside Integrated Safety Association, UHI health and safety committee, College Development Network (Scotland), Healthy Working Lives, Scottish Fire and Rescue service, Health and Safety Executive, Institute of Occupational Safety and Health (IOSH).
- Carry out Health and Safety inductions to staff, students and contractors when requested.

5.7 The Health and Safety Committee

- 5.7.1 Composition and Membership of the Health and Safety Committee is identified within the Health and Safety Committee Terms of Reference.
- 5.7.2 The Health and Safety Committee will provide consultation, direction and support to College-wide activities which meet our commitment to the provision of a safe environment and enable compliance with health and safety legislation in the interests of staff, students and service users. Activities are identified within the Health and Safety Committee Terms of Reference.

5.8 Human Resources

Human resources will:

- Advise and support managers on disciplinary proceedings when required.
- Refer staff to the College Occupational Health Provider when necessary.

Title: Health and Safety Policy

Version/Status:

Approved By/Date: Health and Safety Committee/Nov 2016

Effective Publication Date:

Owner: Principal and Chief Executive

Lead Author: Health and Safety Officer

Review Timing/Date:

- Develop employee health services by promoting health screening and surveillance and preventative medical services.
- Develop health promotion and education initiatives as appropriate.

5.9 Occupational Health Provider

The College Occupational Health Provider will:

- Carry out health surveillance/health checks to employees who are referred by HR.

5.10 All College Staff

All College staff must take reasonable care of themselves and of any other persons who may be affected by their actions, or what they fail to do at work.

All College staff must:

- Co-operate with the College in its efforts to comply with the Health and Safety at Work etc Act, 1974 and related Regulations.
- Use correctly and safely all work items/equipment provided by the College in accordance with the information, instructions, and training given.
- Inform their immediate line manager of any work situation where they believe they or any other person is at risk of serious or immediate danger.
- Inform their immediate line manager of any work situation where they consider there to be the potential for harm to employee or others as a result of work activities.
- Familiarise themselves with health and safety policies, risk assessments, safe systems of work and arrangements as detailed in this and other Health and Safety documents relevant to their work activities.
- Where an employee believes they or another person's health or safety is in imminent danger, must temporarily suspend the dangerous activity and report this to their immediate line manager.
- Attend Health and Safety training as required.
- Report all accidents to their Line Manager as per current College procedures.

5.11 Contractors and their Staff

All contractors and their staff must take reasonable care of themselves and of any other persons who may be affected by their actions, or what they fail to do at work.

Contractors and their staff must:

- Comply with this Policy.
- Report any accidents to the Head of Estates in the first instance.
- Have risk assessments and method statements for work activities, however they can use their own format, but they must meet legal requirements.
- Not start any works until they have received a College Health and Safety induction.

5.12 Students

- Are expected to act in a responsible manner and not endanger any other persons by an act or omission on their part.
- Inform a College employee of any situation where they consider there to be the potential for harm to employees or others as a result of work activities.
- Shall use protective or specialist clothing as required and shall use all safety equipment available.
- Shall **not**, without the consent of the member of staff in charge of the areas or activity, introduce any equipment for use on College premises.
- Shall report all accidents, whether or not injury is sustained, to the member of staff in charge of the activity or facility.

5.13 Visitors

- Are expected to act in a responsible manner and not endanger any other persons by an act or omission on their part.
- Inform a College employee of any situation where they consider there to be the potential for harm to employees or others as a result of work activities.

5.14 Head of Quality

Quality approval check of this Policy is the responsibility of the Head of Quality who will arrange for the Policy to be posted on the web.

As well as the above responsibilities, persons will have specific duties detailed in other policies eg First Aid policy, Stress Management policy, Smoking policy etc.

Title: Health and Safety Policy

Version/Status:

Approved By/Date: Health and Safety Committee/Nov 2016

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Owner: Principal and Chief Executive

Lead Author: Health and Safety Officer

Review Timing/Date:

6 **Linked/Related Documents**

The Procedures and Guidance documents listed below can be found on the College Website (Policies and Procedures), PerthNet (guidance and forms) or are available by contacting the Health and Safety Officer.

Fire and Emergency Evacuation Procedure
Accident Report Form
First Aid Policy
Smoking Policy
Stress Management Policy
Control of Substances Hazardous To Health Policy (CoSHH)
Drugs and Alcohol Policy
Electrical Safety Policy
Risk Assessment form and guidance
Employee Health and Safety Induction Booklet
Display Screen Equipment form c/w guidance
Safeguarding Policy and Procedure
AST Health and Safety Policy
Control of Noise at Work Policy
Control of Vibration at Work Policy

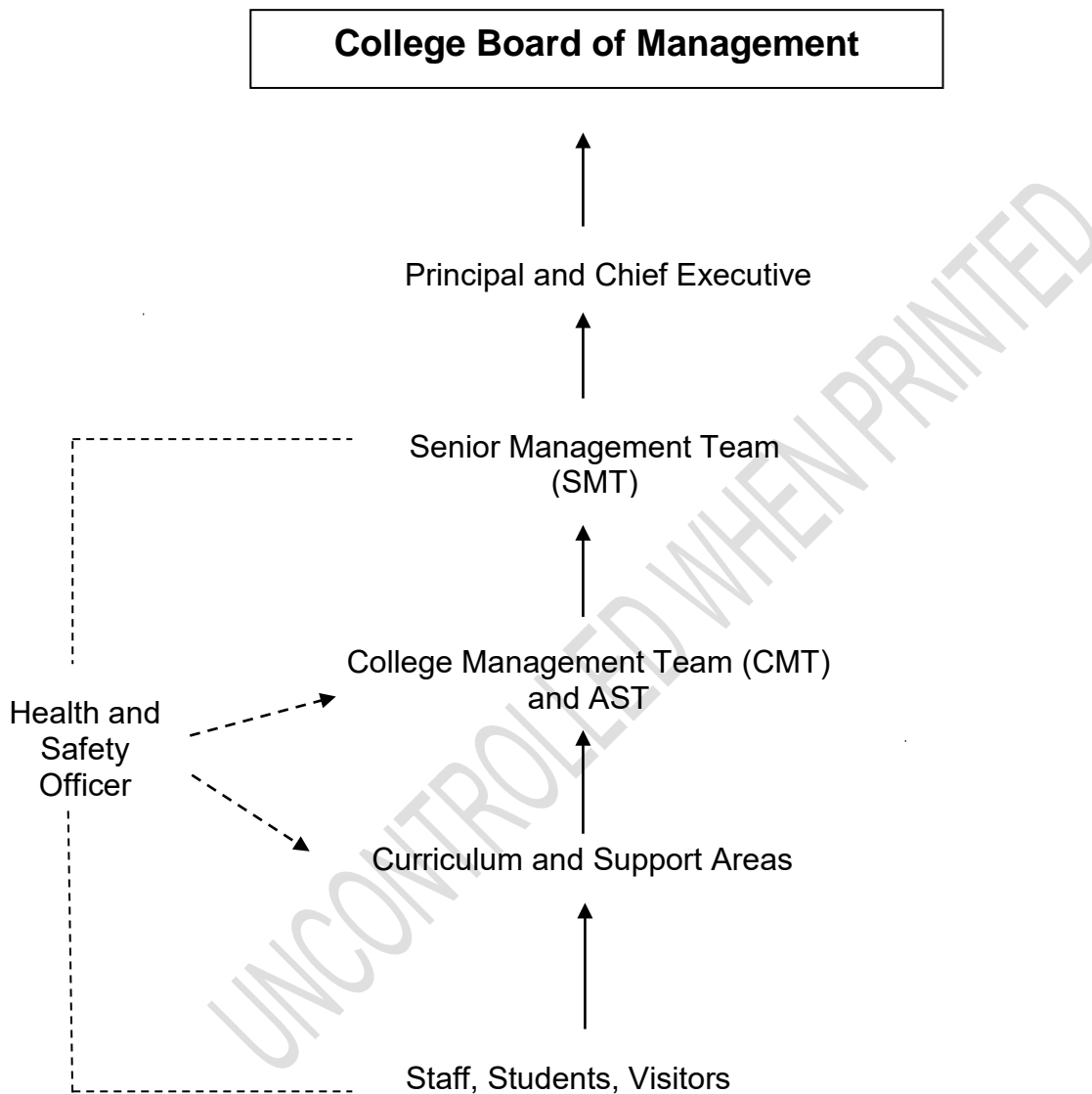
7 **Relevant Legislation**

Health and Safety at Work etc Act 1974
Management of Health and Safety at Work Regulations 1999

UNCONTROLLED WHEN PRINTED

Appendix 1

The Health and Safety Institutional Responsibility Structure



Title: Health and Safety Policy

Version/Status:

Approved By/Date: Health and Safety Committee/Nov 2016

Effective Publication Date:

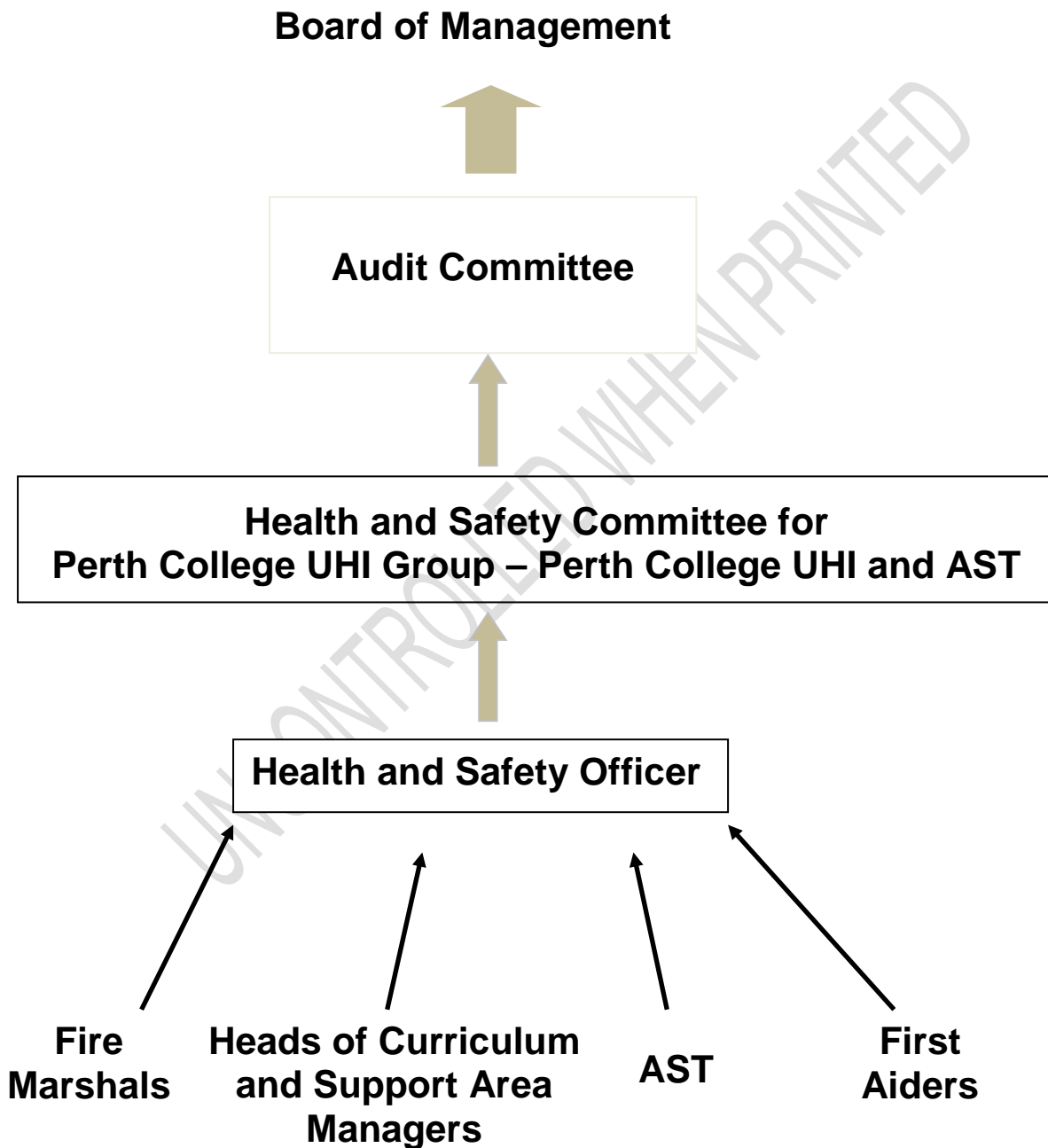
Owner: Principal and Chief Executive

Lead Author: Health and Safety Officer

Review Timing/Date:

Appendix 2

The Health and Safety Functional Communication Structure



Paper for Consideration

Subject: Strategic Risk Register

Author: Jackie Mackenzie

Date of paper: 29 August 2017

Date of meeting: 5 September 2017

Action requested of committee:

(Tick as appropriate) For information only:

For discussion:

For recommendation/approval:

Cost implications:

(Tick as appropriate) Yes: No:

Executive Summary:

Risk Register

The Strategic Risk Register has been reviewed at the start of the Academic year and has been adjusted to reflect the current executive considerations of the current risks to the College. It is proposed to review and update this register throughout the academic year and present to the Audit Committee together with a report on any emerging risks. The updated register is shown at Appendix 1 for the Committee's approval.

Members will recall previous discussions on the inclusion of UHI shared risks within the college risk register. These are shown on the attachment at risks 19 onwards for the committee to agree their inclusion separately or as direct replacements for previously considered college risks.

In addition to the College Strategic Risk Register, the Audit Committee now periodically reviews the Health & Safety Risk Register and the ICT Risk Register, with the Health & Safety Risk Register being considered separately as part of the normal cycle of business.

Information recorded in College minutes and papers is subject to release under the Freedom of Information (Scotland) Act 2002 (FOI(S)A). Certain exemptions apply: financial information relating to procurement items still under tender, legal advice from College lawyers, items related to national security.

Status of Papers **Open** **Closed**

An **open** item is one over which there would be no issues for the College in releasing the information to the public in response to a freedom of information request.

A **closed** item is one that contains information that could be withheld from release to the public because an exemption under the Freedom of Information (Scotland) Act 2002 applies.

The College may also be asked for information contained in minutes and papers about living individuals, under the terms of the Data Protection Act 1988.

Do the papers contain items which may be contentious under the terms of the Data Protection Act 1988? **Yes** **No**

UHI STRATEGIC RISK REGISTER TEMPLATE

PARTNER: Perth College UHI

DATE: August 2017

Ref	Risk Status	Category	Risk Description	Causes	Impacts/ Evidence	Owner	Likely-hood	Impact	Gross Risk	Actions to minimise risk IN PLACE	Residual Risk	Trend	ACTION PLAN		
													Actions to minimise risk TO DO	Action Owner	Completion Date
1*	Active	Working in partnership to meet the needs of our local economy and beyond. Providing a progressive curriculum which meets economic and social needs and aspirations.	Operations limited due to outcome of central or remote decision making reducing local impact and focus. Lack of understanding or clarity of the academic partnership within our external operating environment.	<ul style="list-style-type: none"> Collective reporting Dilution of local need within decision making 	<ul style="list-style-type: none"> Reduced student numbers. Declining performance. Loss of commercial potential. 	Principal	3	4	12	<ul style="list-style-type: none"> College Board of Management and Chair kept informed of arising issues. UHI Vice Principal Further Education and Chair of Further Education Regional Board made aware of issues. SMT proactive in decision making forums. Perth & Kinross CPP single outcome agreement embedded in ROA. Create positive working relationships with Colleges Scotland and Scottish Government. 	8 (2,4)		<ul style="list-style-type: none"> Continue to highlight as appropriate. Continue to work on and implement recommendations of working group set up by DFM. Work proactively within partnership and beyond. 	Principal Principal Principal	Ongoing Ongoing Ongoing
2*	Active	Working in partnership to meet the needs of our local economy and beyond.	Non achievement of numbers. Low allocation of funded Student Numbers from the region. Adverse impact of change in FE methodology to credits from WSUMs Adverse impact of Regional funding and allocation	<ul style="list-style-type: none"> Lack of marketing focus Intra regional competition Curriculum offered does not meet demand Slow conversion of application to acceptance Impact of school profile and jobs market BREXIT 	<ul style="list-style-type: none"> Financial. Reputation. National appetite for increased funded numbers. Reduction in EU students. 	Vice Principal, Academic	4	3	12	<ul style="list-style-type: none"> Review curriculum to ensure it is up to date and fit for purpose and relevant for the identified market. Maintaining engagement with applicants. Well informed with strong/robust evidence/business case for local demand. Strong representation on PPF for FE and HE and on the Regional FE Committee. Clear understanding and management of criteria within the ROA. Endorsement of Community Planning Partnership. Liaise with adjoining regions, colleges and providers for out of region provision. Strategic discussions with PKC Education Department on Schools/College volume. Ensure student numbers align to strategic plans. Identify courses with highest EU student cohorts. 	9 (3,3)		<ul style="list-style-type: none"> Model and analyse impact of trends and updates. Effective marketing plan in place. 	Vice Principal, Academic Vice Principal Academic	Ongoing Review again Nov 17 Ongoing

Ref	Risk Status	Category	Risk Description	Causes	Impacts/ Evidence	Owner	Likely -hood	Impact	Gross Risk	Actions to minimise risk IN PLACE	Residual Risk	Trend	ACTION PLAN		
													Actions to minimise risk TO DO	Action Owner	Completion Date
3*	Active	Developing a successful and sustainable organisation.	Lack of International student recruitment. Lack of RUK student recruitment. Poor Partnership Management.	<ul style="list-style-type: none"> • UK Regulation Registration (UKBA) • In country adverse political environment • Availability of suitable product • Marketing and attraction strategy 	<ul style="list-style-type: none"> • Loss of income. • Bad publicity. • Lack of student diversification 	Principal	5	4	20	<ul style="list-style-type: none"> • Employing international staff from major markets. • Protection of Highly Trusted Status. • Student Testimonials. • Closer links with the curriculum areas. • Working with UHI World. • Explore combined product offering between College and AST. 	(4,4)		<ul style="list-style-type: none"> • Wider product range to be developed. • International strategic approach for 2017/18 to be revised. • Use strengths of AST market intelligence. • Develop Agents Network • Rolling sales and marketing plan re. target markets and potential customers. • Engagement of external strategic/specialist agency • Bespoke marketing and presentation materials. 	Principal	July 2018
4*	Active	Developing a successful and sustainable organisation.	Reputation	<ul style="list-style-type: none"> • Financial failure. • Consistent poor student experience/ performance • Contentious investment/ divestment • Predatory merger and acquisition • Breakdown in Partner and Staff relations • Confusion of brand identity re. Perth and UHI • Adverse publicity 	<ul style="list-style-type: none"> • Loss of income • Increased costs • Staff retention/ recruitment • Student retention/ recruitment. • Loss of accreditations. • Damage to reputation. 	Principal,	3	4	12	<ul style="list-style-type: none"> • Heightened awareness of causes of poor reputation. • Heightened reinforcement of the value of Perth College. • Building trust with Partners. • Effective marketing of College and UHI. • Maintain communication via employer engagement. • Annual marketing and PR Plan in place. 	8 (2,4)		<ul style="list-style-type: none"> • Review, update and implement communications and PR strategy. 	Principal	Dec 2017

Ref	Risk Status	Category	Risk Description	Causes	Impacts/ Evidence	Owner	Likely -hood	Impact	Gross Risk	Actions to minimise risk IN PLACE	Residual Risk	Trend	ACTION PLAN		
													Actions to minimise risk TO DO	Action Owner	Completion Date
5*	Active	Inspiring and supporting our students to achieve their potential. Developing a successful and sustainable organisation.	Estate is not fit for purpose of enabling achievement of strategic aims.	<ul style="list-style-type: none"> Reduction of Capital Grant. Backlog of essential maintenance. Uncertainty of future Governance model. Lack of available funds. Age of current campus. 	<ul style="list-style-type: none"> Estate poorly maintained Inability to deliver a new improved estate fast enough. Availability of classrooms and academic equipment does not match demand. 	Vice Principal, Finance and Estates	4	3	12	<ul style="list-style-type: none"> Attracting external investment. Backlog maintenance risk register has now been developed. Weekly 'Walk the Campus' and engage staff – Visible Management. Approval of identified major building projects. Priority to increase classroom accommodation. Update estates planning to ensure optimum use of space freed up by completion of ASW 	9 (3,3)		<ul style="list-style-type: none"> Identify estates requirements. Develop future campus vision. 	Vice Principal, Finance and Estates	Ongoing July 2018
6*	Active	Inspiring and supporting our students to achieve their potential.	Technology not fit for purpose. No replacement or upgrade of critical ICT and academic equipment.	<ul style="list-style-type: none"> Changes in ICT development and technology. Changing in Learning and Teaching practices. Increase in network delivery of teaching. Increased use of social networking. Inadequate VC facilities for larger classes. Additional requirements from curriculum development and growth. Technological innovation. 	<ul style="list-style-type: none"> Higher investment in resources required. Need to continually alter accommodation. Available resources limit delivery options. Poor student and staff feedback. 	Vice Principal, Finance and Estates and Vice Principal, Academic	4	3	12	<ul style="list-style-type: none"> Developed robust Curriculum Development Plan. Link changes in L&T practice to Estates Planning. Review and implement working practices to optimise available space and working times through use of CELCAT Management Reports. Operational Planning process and resource commitments system in place. Prioritise investment required for resources for key curriculum areas. Ongoing evaluation of VC capacity and teaching space in line with curriculum delivery plan. ICT rolling programme of replacement Shared licence purchases with UHI 	9		<ul style="list-style-type: none"> Rigorous approach to timetabling and utilisation of rooms. ICT Budget and replacement. UHI ICT strategy discussions. 	Vice Principal Academic Principal Principal	Ongoing Dec 17

Ref	Risk Status	Category	Risk Description	Causes	Impacts/ Evidence	Owner	Likely-hood	Impact	Gross Risk	Actions to minimise risk IN PLACE	Residual Risk	Trend	ACTION PLAN		
													Actions to minimise risk TO DO	Action Owner	Completion Date
13*	Active	Developing a successful and sustainable organisation.	Lose control of critical processes and systems through Shared Services Shared Service Model controlled by UHI EO and UHI Finance & General Purposes and University Court.	<ul style="list-style-type: none"> Insufficient planning. Inadequate backup. Poor training and inadequate communications. Loss of control of direct employees. Reduced service level. Additional cost. Lag in service improvement. Loss of control over capital investment. 	<ul style="list-style-type: none"> Disruption to business systems and student learning. Increased costs. 	Vice Principal Finance and Estates /International & Corporate Services Director	3	3	9	<ul style="list-style-type: none"> Involved in thorough planning. Members of the LIS Shared Service Board. Member of the Shared Service Programme Board. Maintain Perth College input into development of shared services. Retain DH as nominated director of USSL. 	9	↔	<ul style="list-style-type: none"> Service Level Agreements – Staffing, Communication, Core Services (operational details to be fleshed out). Proactive within commissioning board. 	SMT SMT SMT SMT	Ongoing Ongoing Ongoing Ongoing
14*	Active	Developing a successful and sustainable organisation.	Failure to ensure sustainability	<ul style="list-style-type: none"> Change in Government control/legislation. Ongoing Implications of ONS 	<ul style="list-style-type: none"> Unable to plan longer term. Unable to save to invest in larger projects. Capital Expenditure programme halted since depreciation cash equivalent no longer available. 	Vice Principal, Finance and Estates	3	5	15	<ul style="list-style-type: none"> Lobbied Colleges Scotland providing evidence of unintended consequences. Staff professionally updated in public sector accounting. Raised issues with SFC and Scottish Government. Constantly review as clarification of rules continues to roll out. 	10		<ul style="list-style-type: none"> Keep abreast of interpretation and updates. Maintain awareness. Involvement with sector, Colleges Scotland and SFC working groups. 	Vice Principal Finance and Estates	Ongoing Ongoing
15*	Active	Developing a successful and sustainable organisation.	Failure to meet financial targets	<ul style="list-style-type: none"> Lack of student numbers. AST poor performance. Reduction in commercial income. Relaunch in international recruitment. Underfunding of student support. Dilution of unit of resource by increase in fees only students, topslice etc. 	<ul style="list-style-type: none"> Increased competition. Reduced funding available to invest or cover operational costs. Strategic imperatives not met. Reduction in quality of delivery/student experience. 	Principal	3	5	15	<ul style="list-style-type: none"> Excellent internal control systems. Ongoing dialogue re UKVI (Link to AST Risk Register) Increased forecasting. Flexing targets where appropriate. Close working with sector and UHI partners 	6 (2,3)		<ul style="list-style-type: none"> Review of International Recruitment Strategy. 	Principal	Ongoing

Ref	Risk Status	Category	Risk Description	Causes	Impacts/ Evidence	Owner	Likely-hood	Impact	Gross Risk	Actions to minimise risk IN PLACE	Residual Risk	Trend	ACTION PLAN		
													Actions to minimise risk TO DO	Action Owner	Completion Date
16*	Active	Developing a successful and sustainable organisation. Developing staff to successfully deliver our Vision.	National Pay Bargaining unaffordable	<ul style="list-style-type: none"> National bargaining has local consequences. Agreed pay awards unaffordable for individual college. 	<ul style="list-style-type: none"> Loss of autonomy. Risk of national strike. Lack of sector agreement of mandate for negotiations. Lack of additional funding for sector pay claims. 	Principal	4	4	16	<ul style="list-style-type: none"> College membership of national forums via Chair and Principal. VP/HR & Communications attends Colleges Scotland HR & OD Group and keeps abreast of national bargaining and workforce of the future developments and how these will affect the College. 	16 (43,4)		<ul style="list-style-type: none"> Continue to participate in national bargaining. Contribute to thinking on Workforce of the Future. 	Principal,	Ongoing
17	Active	Developing a successful and sustainable organisation.	Non-compliance of Statutory Health and Safety Legislation and Equality Legislation	<ul style="list-style-type: none"> Introduction of amendments to existing legislation or new unforeseen and unplanned legislation. 	<ul style="list-style-type: none"> Introduces financial and staffing resources to administer. Legal Action. Risk of Business Continuity. Financial fines. Reputational damage. 	Principal	1	5	5	<ul style="list-style-type: none"> Produced and implemented a detailed Health and Safety Operational Risk Management Register. Updated quarterly and reviewed by Audit Committee every 6 months. Produce Annual Report on Health and Safety. Competent Health & Safety Officer. Internal audit actions/recommendations achieved. Equalities Outcomes and Mainstreaming Report. 	2 (1,2)				
18	Active	Developing a successful and sustainable organisation.	Implication of outcome of EU Referendum Leading to: Loss of EU Funding. Decrease in overseas (EU) students. Loss of EU national staff.	<ul style="list-style-type: none"> Lack of numbers. Students wishing to study within EU Economic and fiscal uncertainty over EU exit. Staff uncertainty 	<ul style="list-style-type: none"> Reduced numbers of students/staff Loss of commercial potential. Loss of EU funding 	Principal	5	4	20	<ul style="list-style-type: none"> Keep up to date with info flow. Lobby through Colleges Scotland and Universities Scotland to increase funding to compensate. Understanding the status of EU residents. Use next two years productively as planning. Look at opportunities, e.g. Increased fees. 	15 (5,3)			Principal	Ongoing

Ref	Risk Status	Category	Risk Description	Causes	Impacts/ Evidence	Owner	Likely-hood	Impact	Gross Risk	Actions to minimise risk IN PLACE	Residual Risk	Trend	ACTION PLAN		
													Actions to minimise risk TO DO	Action Owner	Completion Date
19	Active	UHI Common Risk	College does not achieve allocated HE student number targets.	Failure to recruit sufficient students due to various factors such as: over ambitious PPF target, poor marketing, curriculum gaps, poor NNS results etc.	Reduction of college income from UHI, regional student number target at risk resulting in possible claw back to SFC from UHI in year or reduction in future years grant.	Vice Principal Academic	5	3	15	<ul style="list-style-type: none"> •Review curriculum to ensure robust and up to date. •Continue close partnership working within UHI. •Ongoing dialogue with PPF and academic partners. •Plan, monitor and review student numbers/applications. 	9 (3,3)				
20	Active	UHI Common Risk	College does not achieve allocated FE Credit targets.	Failure to recruit sufficient students due to various factors such as: over ambitious target, curriculum gaps, ineffective marketing and engagement with local schools/ employers.	Reduction of college income from UHI, regional student number target at risk resulting in possible claw back to SFC from UHI in year or reduction in future years grant.	Vice Principal Academic	5	3	15	<ul style="list-style-type: none"> •Review curriculum to ensure robust and up to date. •Develop external partnerships with schools. DYW and employers. •Plan, monitor and review student numbers/applications. 	9 (3,3)				
21	Active	UHI Common Risk	The institution has a poor reputation.	Significant or sustained adverse publicity, governance/management failure, negative comments on social media, poor academic results, poor performance in league tables, significant withdrawal rates	Inability to recruit students or attract and retain high calibre staff, inability to attract funding and/or develop strategic partnerships					As 4 above					

Ref	Risk Status	Category	Risk Description	Causes	Impacts/ Evidence	Owner	Likely-hood	Impact	Gross Risk	Actions to minimise risk IN PLACE	Residual Risk	Trend	ACTION PLAN			
													Actions to minimise risk TO DO	Action Owner	Completion Date	
22	Active	UHI Common Risk	Disruption to services/projects and/or partnership working resulting from loss of a key staff member.	Retirement, resignation or death in service of key staff member(s). Inadequate succession planning. Over reliance on individuals. Associated knock on impacts resulting from transition arrangements with staff acting up and possible failure of backfill solutions.	Projects delayed due to loss of continuity, corporate knowledge gaps and disruption/loss of established relationships and contacts.					As 7 above						
23	Active	UHI Common Risk	Non-compliance with relevant statutory regulations.	Lack of awareness of relevant laws and penalties. Management failures. E.g. new General Data Protection Regulation from 25th May 2018, Bribery Act, Health and Safety Regulations etc.	GDPR will provide new rights for individuals and impose additional obligations on data controllers and processors. GDPR will also introduce an increased penalty framework for non-compliance/ data breaches and includes new requirements for authorities to ensure that they maintain evidence to demonstrate compliance with the Law.	Principal	4	3	12	<ul style="list-style-type: none"> •Robust governance policy. •Robust management policies, procedures and systems in place. •Dedicated Health & Safety officer. •IT/Data Protection staff in place. •Mandatory staff training. •Close working relationship within UHI. 	6					
											(2,3)					
24	Active	UHI Common Risk	Governance Failure.	Governing body does not have an appropriate balance of skills and experience. Role of a governor/director is onerous and it is difficult to attract a broad range of high calibre individuals to serve for non-remunerated roles	Recent advertisements for new members have attracted few applications	Chair, Board of Management	3	3	9	<ul style="list-style-type: none"> •Recruitment process robust, transparent and open. •Skills matrix approach in place. •Networking/proactively encouraging diversity of applicants. 	4					
											(2,2)					

Ref	Risk Status	Category	Risk Description	Causes	Impacts/ Evidence	Owner	Likely -hood	Impact	Gross Risk	Actions to minimise risk IN PLACE	Residual Risk	Trend	ACTION PLAN			
													Actions to minimise risk TO DO	Action Owner	Completion Date	
25	Active	UHI Common Risk	Financial failure/operating loss. Inability to achieve a balanced budget.	Increased pay costs (national bargaining), pensions and NI contributions. Efficiency savings are not achieved quickly enough to counteract reductions in income.	Services cut resulting in reduction of teaching expertise and/or research capacity leading to a reduction in service quality leading to student dissatisfaction and risk of reputational damage.					As 15 above						
26	Active	UHI Common Risk	College estate not fit for purpose.	Lack of investment in capital maintenance/new capital project expenditure. Rapid growth of student population without investment in new expanded facilities.	Poor performance in NSS, increased number of complaints received, unable to meet new growth targets.					As 5 above						
27	Active	UHI Common Risk	Academic quality is sub standard	Difficulty recruiting and retaining high calibre staff. Conditions and terms of employment are not competitive with limited scope for career progression. Infrastructure/ estate is unsuitable or not fit for purpose.	Poor performance in quality monitoring/assurance reviews. Loss of staff to competitor institutions. Poor attainment levels, high level of withdrawal and poor retention. Damage to reputation.					As 10 above.						

Ref	Risk Status	Category	Risk Description	Causes	Impacts/ Evidence	Owner	Likely -hood	Impact	Gross Risk	Actions to minimise risk IN PLACE	Residual Risk	Trend	ACTION PLAN			
													Actions to minimise risk TO DO	Action Owner	Completion Date	
28	Active	UHI Common Risk	Poor Student Experience	Poor college estate. Dispersed campus with limited facilities for social interaction. Technology failures. Limited teaching/library resources.	Poor performance in national student satisfaction surveys. Reputational damage. Impact on ability to recruit future cohorts. Risk to core income streams.	Vice Principal Academic/ Vice Principal Finance & Estates	3	2	6	<ul style="list-style-type: none"> Partnership approach with HISA Continuous student engagement, feedback and dialogue. 	4 (2,2)					
29	Active	UHI Common Risk	Research outputs are sub standard	Failure to publish sufficient quality papers and upload to PURE. Loss of key staff. Lack of funding. Inadequate resources allocated to research staff. Terms and conditions of employment are not comparable with competitor organisations. Impact of Brexit on access to European projects.	Damage to reputation. Brexit. Poor performance in next REF. Inability to retain staff and research teams. Reduced income.					As 8 above.						
30	Active	UHI Common Risk	Institutional, personal and sensitive data is corrupted, lost, stolen or misused or services are disrupted through malicious and illegal activities by external individuals or bodies.	Poor IT security measures. Equipment with security holes. Poor patching regime. Anti-virus is not up-to-date and comprehensive. Firewalls are configured incorrectly. Coordinated DDOS attack on university infrastructure. Increasing number of security alerts. DDOS attacks on UK academic institutions up to	Information Commissioner fine of up to £500k. Adverse press coverage. Loss of confidence by regulators, stakeholders and HE sector. Ransomware encryption has been detected on UHI network.	Principal	4	4	16	<ul style="list-style-type: none"> Firewalls and filters updated regularly. Anti virus software on all corporate devices. UHI protocols applied and adhered to. Passwords changed regularly. 	12 (4,3)					

LIKELIHOOD CRITERIA

TIMESCALE 3 YEARS

Score	Descriptor	Probability
5 - Almost Certain	More than likely – the event is anticipated to occur	>80%
4- Likely	Fairly likely – the event will probably occur	61-80%
3 - Possible	Possible – the event is expected to occur at some time	31-60%
2 - Unlikely	Unlikely – the event could occur at some time	10-30%
1 - Very Rare	Remote – the event may only occur in exceptional circumstances	<10%

IMPACT – CRITERIA

TIMESCALE 3 YEARS

Score	Descriptor	Financial	Operational	Reputational (need to link to communications process for incident management)
5 - Catastrophic	A disaster with the potential to lead to: <ul style="list-style-type: none"> • loss of a major UHI partner • loss of major funding stream 	> £500,000 or lead to likely loss of key partner	<ul style="list-style-type: none"> • Likely loss of key partner, curriculum area or department • Litigation in progress • Severe student dissatisfaction • Serious quality issues/high failure rates/major delivery problems 	<ul style="list-style-type: none"> • Incident or event that could result in potentially long term damage to UHI's reputation. Strategy needed to manage the incident. • Adverse national media coverage • Credibility in marketplace and with stakeholders significantly undermined.
4 - Major	A critical event which threatens to lead to: <ul style="list-style-type: none"> • major reduction in funding • major reduction in teaching/research capacity 	£250,000 - £500,000 or lead to possible loss of partner	<ul style="list-style-type: none"> • Possible loss of partner and litigation threatened • Major deterioration in quality/pass rates/delivery • Student dissatisfaction 	<ul style="list-style-type: none"> • Incident/event that could result in limited medium – short term damage to UHI's reputation at local/regional level. • Adverse local media coverage • Credibility in marketplace/with stakeholders is affected.
3 - Significant	A Significant event, such as financial/ operational difficulty in a department or academic partner which requires additional management effort to resolve.	£50,000 - £250,000	<ul style="list-style-type: none"> • General deterioration in quality/delivery but not persistent • Persistence of issue could lead to litigation • Students expressing concern 	<ul style="list-style-type: none"> • An incident/event that could result in limited short term damage to UHI's reputation and limited to a local level. • Criticism in sector or local press • Credibility noted in sector only
2 - Minor	An adverse event that can be accommodated with some management effort.	£10,000 - £50,000	<ul style="list-style-type: none"> • Some quality/delivery issues occurring regularly • Raised by students but not considered major 	<ul style="list-style-type: none"> • Low media profile • Problem commented upon but credibility unaffected
1 - Insignificant	An adverse event that can be accommodated through normal operating procedures.	<£10,000	<ul style="list-style-type: none"> • Quality/delivery issue considered one-off • Raised by students but action in hand 	<ul style="list-style-type: none"> • No adverse publicity • Credibility unaffected and goes un noticed

Note: Select criteria most appropriate. Use highest score if more than one criterion applies.

RISK MAP (for Gross risk & residual risk)

TIMESCALE 3 YEARS

IMPACT					
5 - Catastrophic	5	10	15	20	25
4 - Major	4	8	12	16	20
3 - Significant	3	6	9	12	15
2 - Minor	2	4	6	8	10
1 - Insignificant	1	2	3	4	5
	1 -Very Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Almost Certain
LIKELIHOOD					

Attention should also be paid to risks that are very rare or unlikely that could cause a catastrophic impact.

Audit Committee

Enclosure 5

Paper for Consideration

Subject: Health and Safety Risk Management Profile as at May 2017

Author: College Health and Safety Officer

Date of paper: 28 August 2017

Date of meeting: 5 September 2017

Action requested of committee:

(Tick as appropriate) For information only:
For discussion:
For recommendation/approval:

Cost implications:

(Tick as appropriate) Yes: No:

Executive Summary:

The Health and Risk Management Profile shows the 'impact' and 'likelihood' position for risks as at May 2017.

Information recorded in College minutes and papers is subject to release under the Freedom of Information (Scotland) Act 2002 (FOI(S)A). Certain exemptions apply: financial information relating to procurement items still under tender, legal advice from College lawyers, items related to national security.

Status of Papers **Open** **Closed**

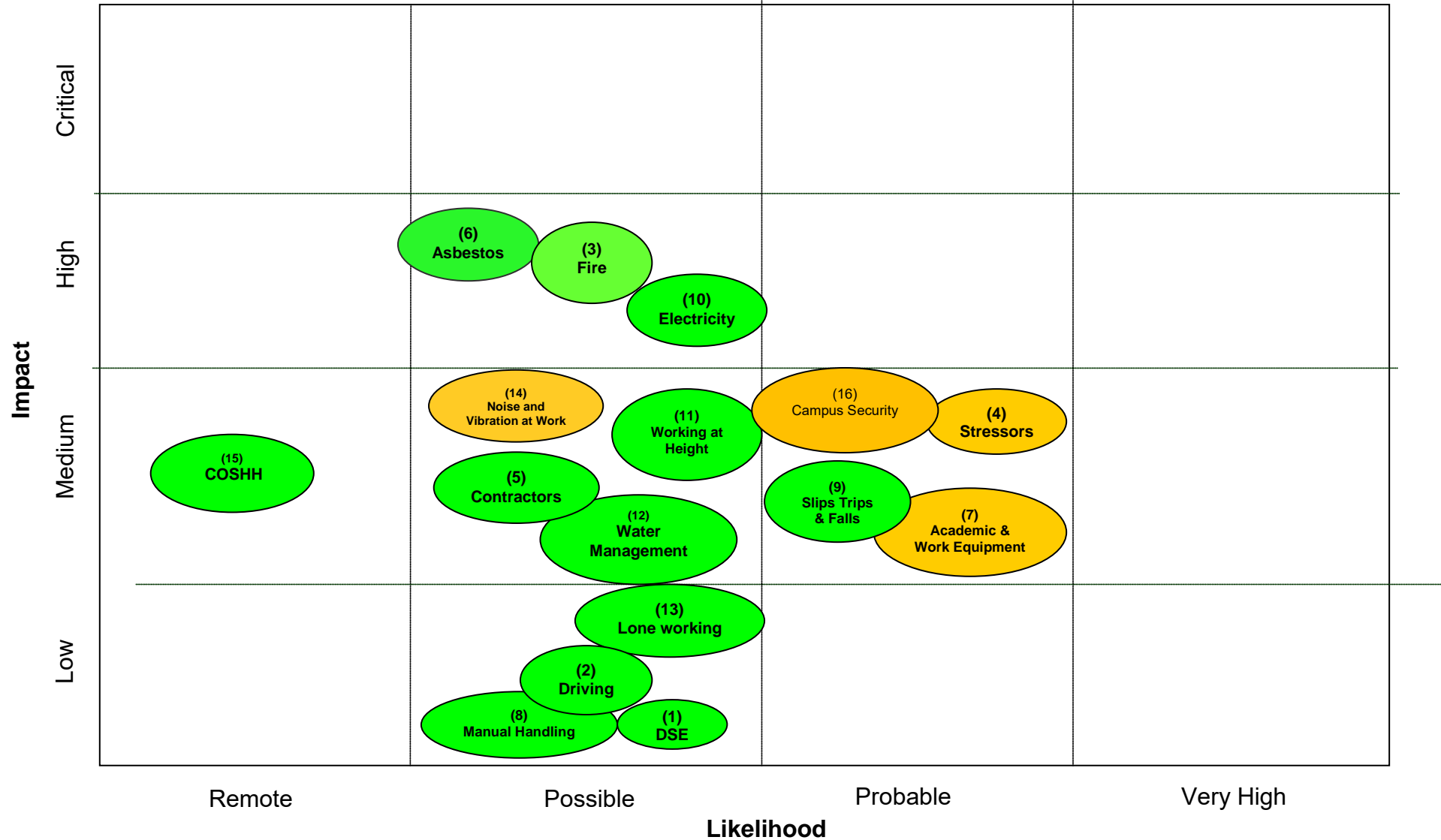
An **open** item is one over which there would be no issues for the College in releasing the information to the public in response to a freedom of information request.

A **closed** item is one that contains information that could be withheld from release to the public because an exemption under the Freedom of Information (Scotland) Act 2002 applies.

The College may also be asked for information contained in minutes and papers about living individuals, under the terms of the Data Protection Act 1988.

Do the papers contain items which may be contentious under the terms of the Data Protection Act 1988? **Yes** **No**

Health and Safety Risk Management Profile: May 2017



- Means risk is accepted and further controls could still be created if felt justified.
- Means we are not comfortable with the risk but have future actions planned to reduce the risk which will reduce the risk to an acceptable level in a reasonable timeframe.
- Means we are not comfortable with this risk and either there are no actions planned or that any which are will not reduce the risk to an acceptable level in a reasonable timeframe.

Impact and Likelihood Scales 2017

The following Impact and Likelihood Scales are being used to provide consistency when assessing Health and Safety exposures. They are based on current controls and historical data and take account of any foreseen changes to legislation and/or operating conditions.

Impact Scale	Likely Outcome
Critical	Incidents/Injuries that result in over 6 months absence, long term disability and/or fatality. Breach in legislation.
High	Incidents/Injuries that result in absence between 30 days and 6 months. Breach in legislation.
Medium	Incidents/Injuries which are RIDDOR reportable and/or result in absence between 7 and 30 days. Breach in legislation.
Low	Incidents/Injuries which are not RIDDOR reportable and/or result in absence up to 7 days. Breach in legislation.

Likelihood Scale
Very High – will definitely happen every time
Probable – it could happen and not just once
Possible – it could happen at some given time
Remote – very unlikely to happen

Details of Risk

Each risk has been categorised and allocated a main reference eg HS1 for Display Screen Equipment, HS6 for Asbestos. This reference continues with the Control Measures which are numbered consecutively. Planned Control Measures are referenced with “P” until complete and the Control Measure is then transferred to the “In Place” column where the “P” is removed.

The Health & Safety Committee will review the profile quarterly.
The Audit Committee will review the profile every 6 months.

Details of Risk

Reference	Risk	Risk Level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at May 2017 on review of Control Measures/Actions Taken – no change	
		Impact	Likelhd		In Place	Planned		Impact	Likelhd
HS1	Display Screen Equipment (DSE)	Musculoskeletal disorders. Stress.	Low	Possible	Staff Absence. Claim for compensation. Reported problems to Line Manager/H&S Officer. Litigation.	In Place Planned			
						<p>HS1.1 Health and Safety Policy.</p> <p>HS1.2 DSE Self- Assessment Forms with guidance.</p> <p>HS1.3 Mandatory on-line H&S training.</p> <p>HS1.4 Staff H&S Handbook issued to new staff.</p> <p>HS1.5 Occupational Health assessment for new staff, if required, within one month, and current staff if required within two months following completion of DSE self- assessment form.</p> <p>HS1.6 H&S included in staff induction session</p> <p>HS1.7 Staff provided with ergonomic equipment as required</p> <p>HS1.8 Annual reminder from H&S Officer to staff and managers re review of DSE Risk Assessment, particularly of changes to work station.</p>			

Reference	Risk	Risk Level as at Feb 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at May 17 on review of Control Measures/Actions Taken – no change	
		Impact	Likelhd		Impact	Likelhd			
HS2	Driving for Work	Low	Possible	<p>Accident/Incident Reports. Sickness Absence figures. Insurance claims. Emergency Services Reports. Speeding Fines. Prosecution eg invalid licence</p>	<p>In Place</p> <p>HS2.1 All Staff who drive a college vehicle for work complete Motor Insurance Declaration form.</p> <p>HS2.2 Copy of driving licence held by Property Secretary for all staff driving hired vehicles on College business.</p> <p>HS2.3 Any staff driving minibus must prove possess D1 or equivalent and undertake College MIDAS training and obtain certificate.</p> <p>HS2.4 Fork lift and tractor certificated/trained drivers.</p> <p>HS2.5 Vehicle booking form completed on line with drop down list of eligible drivers.</p> <p>HS2.6 Electronic copy of vehicle booking form passed to Property Secretary for checking.</p> <p>HS2.7 Driving for Work Policy in place.</p> <p>HS2.8 M.V. Technician carries out weekly/monthly checks on all College vehicles (including long-term hire).</p> <p>HS2.9 General vehicle winter checklist issued to all staff.</p> <p>HS2.10 Risk assessments for driving activities completed and centrally held by H&S Officer.</p>	Planned			

Reference	Risk	Risk Level as at Nov 2015		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at May 17 on review of Control Measures/Actions Taken—no change	
		Impact	Likelhd		Impact	Likelhd			
HS3	Fire	Mains gas. Cylinder gas. Electrical equipment. Electrical installation. Catering activities. Welding areas. Motor vehicle spraybooth. Fire-raising. Flammables. Combustibles. Student Residences.	High	Possible	Burns. Smoke inhalation. Injury/death. Explosion. Fire entrapment leading to injury/death/prosecution. Insurance claims. Emergency Services Reports. Sickness absence. Accident/Incident Reports. Accident Investigations. Prosecution.	In Place	Planned		
					<p>HS3.1 Fire Marshals and Duty Fire Officers in place for all locations during standard business hours.</p> <p>HS3.2 Guidance in H&S Staff Handbook issued to new staff and on PerthNet.</p> <p>HS3.3 Fire Drill at least twice per year.</p> <p>HS3.4 Fire Risk Assessment completed for all buildings and reviewed by H&S Officer.</p> <p>HS3.5 Fire/Emergency Evacuation Training completed by Evacu Team.</p> <p>HS3.6 Workplace Inspection.</p> <p>HS3.7 Fire fighting equipment.</p> <p>HS3.8 Relevant staff trained in use of fire -fighting equipment</p> <p>HS3.9 Evening Sign-in Register. Automatic pop-up message reminder on staff PC screen.</p> <p>HS3.10 Visitor sign-in register.</p> <p>HS3.11 Visitor badge provides evacuation information, and visitor information leaflet contains key H&S information.</p> <p>HS3.12 Fire alarm system installed in all College buildings.</p> <p>HS3.13 Fire notices in all rooms and at exits.</p> <p>HS3.14 Safe Fire Assembly points.</p> <p>HS3.15 Written information provided for external lets.</p>				

Reference	Risk	Risk Level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at May 17 on review of Control Measures/Actions Taken- no change	
		Impact	Likelhd		Impact	Likelhd			
HS3 contd	Fire contd	High	Possible		In Place HS3.16 Fire Emergency Evacuation Procedure revised and in place and available on web. H&S Officer finalised VLE training for Fire & Emergency Evacuation Procedure – mandatory training for all staff to complete. HS3.17 On-call Duty Manager system in place for evening opening. HS3.18 Automatic fire door closures in high risk areas. HS3.19 Duty Wardens on site at Student Residences at all times. HS3.20 Heat and smoke detectors in Student Residences. HS3.21 Fire control panel in Student Residences reception. HS3.22 Mandatory on-line H&S which covers fire safety. HS3.23 Regular Fire Marshall meetings. HS3.24 Annual Fire Action Plan in place and monitored and updated each year along with review of risk assessments	Planned			

Reference	Risk	Risk Level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at May 17 on review of Control Measures/Actions Taken – no change	
		Impact	Likelhd		Impact	Likelhd			
HS5	Contractors	Contractors do not comply with College safety measures and cause injury/death to persons or damage to property/equipment.	Medium	Possible	<p>Accident/Incident Reported.</p> <p>Sickness Absence.</p> <p>H&S Officer observations/inspections.</p> <p>Litigation.</p>	<p>In Place</p> <p>HS5.1 All contractors must sign Visitors Book and are issued with Visitor Badge.</p> <p>HS5.2 Contractor must have a Certificate of Employer's and Public Liability.</p> <p>HS5.3 Contractors receive a H&S induction to be made aware of College safety rules.</p> <p>HS5.4 All contractors complete a health and safety questionnaire for pre-tender of planned works.</p> <p>HS5.5 Permit to Work issued to contractors when required.</p> <p>HS5.6 Health and Safety Officer attends pre-planning meetings for tendered works.</p> <p>HS5.7 Under CDM Regulations, a CDM Co-ordinator appointed as required.</p> <p>HS5.8 Managing Contractors On Site Checklist to ensure induction carried out, and risk assessments, method statements, permit to work, liability certificates etc are all in order.</p> <p>HS5.9 H&S Officer and Estates Officer meet to plan on-site contractors activities and inspect/observe contractors working practices to ensure safety standards are met.</p> <p>HS5.10 Management of Contractors Policy – in place</p>	Planned		

Reference	Risk	Risk level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at May 17 on review of Control Measures/Actions Taken – no change	
		Impact	Likelhd		Impact	Likelhd			
HS6	Asbestos	Risk of employees / contractors coming into contact with and inhalation of asbestos fibres.	High	Possible	Asbestos related diseases. Asbestos contamination and resultant disruption. Staff sickness. Claims for compensation.	In Place Planned			
					<p>HS6.1 Asbestos Policy in place</p> <p>HS6.2 Asbestos Register held in Estates Office and updated as asbestos is removed.</p> <p>HS6.3 Approved contractors used for asbestos removal.</p> <p>HS6.4 All College staff email to advise when asbestos removal is taking place.</p> <p>HS6.5 All contractors advised of any asbestos at induction.</p> <p>HS6.6 Asbestos removal programme in place to ensure all remaining asbestos is minimised in all College owned premises. Annual review of progress.</p> <p>HS6.7 Full asbestos survey completed in April 2014</p> <p>HS6.8 Permit to Work System as per contractors checklist.</p> <p>H6.9 Asbestos awareness delivered to relevant staff.</p>				

Reference	Risk	Risk level as at Nov 2015		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at May 17 on review of Control Measures/Actions Taken – no change	
		Impact	Likelhd		Impact	Likelhd			
HS8	Manual Handling Operations	Injuries as a result of poor manual handling techniques	Low	Possible	Accident Reports. Sickness Absence. Requests for mechanical aids. Claims for injuries.	In Place Planned			
						HS8.1 Risk Assessments in place. HS8.2 Training in manual handling operations provided for staff. HS8.3 H&S Officer reviews risk assessments for manual handling activities. HS8.4 Manual Handling Policy in place			

Reference	Risk	Risk level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at May 17 on review of Control Measures /Actions Taken – no change	
		Impact	Likelhd		Impact	Likelhd			
HS9	Slips, Trips and Falls	Injury as a result of exposure to slips, trips and fall hazards in the internal and external working environment	Medium	Probable	Accident/Incident Reports. Sickness Absence Records. Insurance claims.	In Place HS9.1 Caretaker on site 5.45am-10.30pm. HS9.2 Dedicated Property Helpdesk telephone to report repairs and maintenance. HS9.3 Repair and maintenance team in place. HS9.4 Caretaker Assistance form can be completed on intranet by all staff. HS9.5 Signage/barriers available and used. HS9.6 College owned tractor with plough and salt spreader for snow clearing and gritting. HS9.7 Grit bins and salt storage located across campus. HS9.8 Manual gritting of paths and steps. HS9.9 Grounds maintenance contractor in place. HS9.10 Floor mats in place at building entrances cleaned and replaced weekly. HS9.11 Record of autumn and winter ground maintenance. HS9.12 Designated Day Cleaner also on call to deal with spillages promptly. HS9.13 Workplace inspections. HS9.14 General Health & Safety on-line training for staff. HS9.15 Workplace risk assessments. HS9.16 Accident figures in relation to slips, trips and falls reviewed at H&S Comm HS9.17 Hazard Report card in use for staff and students. HS9.18 Handrails installed on external path HS9.19 Estates monthly checklist – to include back car park check	Planned		

Reference	Risk	Risk level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at May 17 on review of Control Measures/Actions Taken – no change	
		Impact	Likelhd		Impact	Likelhd			
HS10	Electricity	Burns Electrocution Fire Faulty equipment	High	Possible	Accident /Incident Reports. Sickness Absence. Insurance claims. Disruption to business continuity.	In Place HS10.1 Fixed Wiring Testing – rolling programme in place HS10.2 Portable Appliance Testing. HS10.3 College Electrician on site. HS10.4 Student induction on use of academic and personal equipment. HS10.5 Staff induction. HS10.6 Workshop Technicians complete visual inspections. HS10.7 Distributions Boards updated in Brahan and in Goodlyburn in line with 17 th edition of IEE (Institute of Electrical Engineers) Electricity at Work Regulations. HS10.8 Electricity at Work Policy in place	Planned		

Reference	Risk	Risk level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at May 17 on review of Control Measures/Actions Taken – no change	
		Impact	Likelhd		Impact	Likelhd			
HS11	Working At Height	Injury from a fall from height, falling objects, and includes injury at below ground level.	Medium	Possible	Accident/Incident Reports. Sickness Absence. Insurance Claim	In Place Planned			
						HS11.1 Suitable equipment available. HS11.2 Relevant staff have received training. HS11.3 Signage and barriers available when required. HS11.4 Works timetabled for minimum disruption. HS11.5 Competent contractors used under tender process. HS11.6 Health and Safety Officer undertakes inspections and spot checks HS11.7 Specialist contractors for specific works eg chimney stack. HS11.8 Managing Contractors On Site Checklist with H&S induction, method statement etc HS11.9 Working at Heights Policy in place HS11.10 Working at Heights risk assessments in place. HS11.11 Health & Safety Officer delivers working at height training.			

Reference	Risk	Risk level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at May 17 on review of Control Measures/Actions Taken – no change	
		Impact	Likelhd		Impact	Likelhd			
HS12	Water Management	Contaminated water systems. Legionnaire's Disease	Medium	Possible	Sickness Absence. Water Temperature Monitoring Sheet. Bio Testing. Positive Sample Report.	In Place Planned			
					<p>HS12.1 Water Temperature Monitoring in Brahan, Goodlyburn, Webster, Nursery, Learning Centres and Student Residences.</p> <p>HS12.2 Water tanks and pipes cleansed annually in Brahan, Goodlyburn, Webster, Nursery and Student Residences.</p> <p>HS12.3 Legionella Risk Assessments..</p> <p>HS12.4 External consultancy providing required checks and College now fully compliant with L8 legionella legislation.</p> <p>HS12.5 Water Management Policy in place</p> <p>HS12.6 Three trained Responsible People on site</p>				

Reference	Risk	Risk level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at May 17 on review of Control Measures/Actions Taken – no change	
		Impact	Likelhd		Impact	Likelhd			
HS13	Lone Working	Accidents/incidents when staff lone working.	Low	Possible	Accident/Incident Report. Insurance claim. Sickness Absence.	<p>In Place</p> <p>HS13.1 Receptionist/ librarian/Learning Centre staff provided with personal alarms.</p> <p>HS13.2 CCTV monitors at campus reception areas and library</p> <p>HS13.3 Risk assessments in place for campus reception areas and learning centres</p> <p>HS13.4 Staff have pre-arranged check-in time whilst off site eg Work based assessors.</p> <p>HS13.5 Staff working late on-site must sign in at reception.</p> <p>HS13.6 College receptionist informs Line Manager if no text received from Learning Centre staff at Centre closing time.</p> <p>HS13.7 CALM training.</p> <p>HS13.8 Lone Working Policy in place.</p> <p>HS13.9 Lone Working training offered to staff (incorporating managing violence and aggression.)</p>	Planned		

Reference	Risk	Risk level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at May 17 on review of Control Measures/Actions Taken – updated	
		Impact	Likelhd		Impact	Likelhd			
HS15	Control of Substances Hazardous to Health (COSHH)	Dermatitis. Respiratory problems. Burns	Medium	Remote	Sickness Absence. Accident/Incident Reports. Occupational Health Reports. Compensation claims.	In Place Planned	December 2017 December 2017		
					<p>HS15.1 COSHH Assessments in place.</p> <p>HS15.2 COSHH covered in staff induction.</p> <p>HS15.3 Occupational Health appointments.</p> <p>HS15.4 Skin care, hand wash and gloves provided.</p> <p>HS15.5 LEV in high risk areas.</p> <p>HS15.6 CoSHH Policy in place and training delivered</p>	<p>HS15.6P Self-assessment skin checks to be put in place by H&S Officer – to be taken forward with new OH provider in 17/18 and report back to H&S Comm.</p> <p>HS15.6P H&S Officer to develop and deliver COSHH risk assessment training and skin care training – on-going, a number of cleaner trained and aiming to have cleaners trained as 'responsible people' to help take this work forward. Update next H&S Comm</p>			

Reference	Risk	Risk level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at May 17 on review of Control Measures/Actions Taken – updated			
		Impact	Likelhd		Impact	Likelhd					
HS16	Campus Security	Vandalism, graffiti, theft, violence and aggression, arson/wilful fire raising	Medium	Probable	<ul style="list-style-type: none"> • Fire damage • Theft • Graffiti on buildings • Property and equipment vandalised • Reported incidents 	<p>In Place</p> <p>HS16.1 Security: alarms & fire alarms</p> <p>HS16.2 CCTV at Reception & Library desks</p> <p>HS16.3 On-site Caretakers</p> <p>HS16.4 Evening & weekend security patrols</p> <p>HS16.5 Sign in/out system</p> <p>HS16.6 ID badges</p> <p>HS 16.7 Gates/doors locked in evening</p> <p>HS16.8 Lone Working Policy</p> <p>HS16.9 Security Audit</p> <p>HS16.10 CCTV link between Receptions</p> <p>HS17.10 11 internal and 8 external CCTV cameras at ASW</p> <p>HS17.12 Campus Security Policy in place</p>	<p>Planned</p> <p>HS17.12P:</p> <ul style="list-style-type: none"> - Training to be developed following finalisation and implementation of policy - Explore 'lock-down'/zoned areas as appropriate and update H&S Comm - Update on any other actions at next H&S Comm by Head of Estates 	By end of Semester 1 17/18	1 st H&S Comm meeting 17/18		

Enclosure 6



Perth College UHI

**Internal Audit Progress Report
2016/17 Annual Plan**

5 September 2017

Progress with the annual plan for 2016/17, issued in September 2016, is shown below.

Audit Area	Planned reporting date	Report status	Report Number	Overall Conclusion	Audit Committee	Comments
Audit Needs Assessment and Strategic Plan 2016 to 2020	September 2016	Draft 06/09/16 2 nd Draft 13/09/16 Final 20/09/16	2017/01	N/A	20/09/16	
Internal Audit Annual Plan 2016/17	September 2016	Draft 06/09/16 2 nd Draft 13/09/16 Final 20/09/16	2017/02	N/A	20/09/16	
Student Recruitment	March 2017	Draft 06/03/17 Final 07/03/17	2017/04	Good	14/03/17	
College Nursery	May 2017	Pre-Draft 19/04/17 Draft 15/05/17 Final 17/05/17	2017/05	N/A (see comments)	23/05/17	This review gathered information and provided commentary to assist College management in their consideration of the Nursery's customer mix and service delivery, and our report set out financial and resource implications for possible options.

Audit Area	Planned reporting date	Report status	Report Number	Overall Conclusion	Audit Committee	Comments
Capital Projects – Academy for Sport and Wellbeing Post-Project Review	May 2017					College management requested that this review be delayed from the original planned reporting date until after the College had finalised the final account. This has now been done and a date will be agreed for the audit to be carried out in late September or October 2017.
Credits Audit	November 2016	Draft 17/10/16 Final 20/10/16	2017/03	Audit opinion unqualified	30/11/16	
Follow-Up Reviews	May 2017	Draft 12/05/17 Final 16/05/17	2017/06	N/A (see comments)	23/05/17	Of the 33 recommendations followed-up: 17 were fully implemented; 9 partially implemented; 3 showed little or no progress; 1 was considered but not implemented; and 3 were not past their agreed date.

Enclosure 7



Perth College UHI

Internal Audit Annual Plan 2017/18

Internal Audit Report No: 2018/01

Draft Issued: 21 August 2017

2nd Draft Issued: 29 August 2017

Final Issued:

Content

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1. Introduction

- 1.1 The purpose of this document is to present for consideration by the Audit Committee the annual operating plan for the year ending 31 July 2018. The plan is based on the proposed allocation of audit days for 2017/18 set out in the Audit Needs Assessment and Strategic Plan 2016 to 2020 (Report 2017/01, issued 6 September 2016), which was approved by the Audit Committee at its meeting on 20 September 2016.
- 1.2 A copy of the Strategic Plan is included at Section 2 of this report.
- 1.3 At Section 3 of this report we have set out the outline scope and objectives for each audit assignment to be undertaken during 2017/18, together with the audit approach. These have been arrived at following discussion with the Vice Principal Finance and Estates and consideration by other members of the Senior Management Team. The outline scopes will be finalised after discussion with responsible managers in each audit area.
- 1.4 Separate reports will be issued for each assignment with recommendations graded to reflect the significance of the issues raised. In addition, audit findings will be assessed and graded on an overall basis to denote the level of priority that should be given to each report.

2. Strategic Plan 2016 to 2020

Proposed Allocation of Audit Days

	Priority	Actual 16/17 Days	Planned 17/18 Days	Planned 18/19 Days	Planned 19/20 Days
Regionalisation Governance Structure					
<i>Regional Outcome Agreement*</i>	H				
<i>Compliance with Partnership Agreement and Financial Memorandum</i>	H				
Funded Student Numbers					
<i>Recruitment and retention</i>	H	4			
<i>Student support</i>	M				
<i>College Nursery</i>	M	4			
<i>Student funding</i>	M				
International Business					
<i>International products and partnerships)</i>	H			4	
<i>International student recruitment)</i>	H				
Corporate Identity and Reputation					
<i>Publicity and communication</i>	M		4		
Resources – Physical and Infrastructure					
<i>Building maintenance</i>	M				
<i>Estates strategy and capital projects</i>	M	5			
<i>Health and Safety legislation</i>	L				3
<i>Space management</i>	M		4		
<i>IT network arrangements</i>	M		4		
<i>IT strategy / systems development and implementation</i>	M				
<i>Asset management</i>	M				
Resources – People					
<i>Recruitment and retention</i>	L				
<i>Appropriate staff skills profile, staff productivity and performance management</i>	L			4	
<i>Change management</i>	M				
Products and Markets					
<i>Commercial developments)</i>	M				
<i>Research and Development / IPR)</i>	H/M				
<i>Curriculum and Quality</i>	M				4
<i>Distance learning</i>	M				

Proposed Allocation of Audit Days (Continued)

	Priority	Actual 16/17 Days	Planned 17/18 Days	Planned 18/19 Days	Planned 19/20 Days
Corporate Infrastructure					
Risk Management / Business Continuity	M				
Partnership working / shared services	M				
Corporate Governance	M				
Corporate Planning*	M				4
Data protection / FOI	M/L				
Equalities mainstreaming	M		4		
Financial Issues					
Budgetary control	H/M				3
Student fees and contracts / registry	M				
General ledger	L				
Procurement and creditors / purchasing	M			4	
Contract management	M				
Debtors / income	M				
Cash & bank / Treasury Management	M				
Payroll	L				
Key financial controls – AST Ltd	M			3	
Other Audit Activities					
Credits Audit	Required	5	5	5	5
Management and Planning)	-	3	3	3	3
External audit / SFC)	-				
Attendance at audit committees)	-				
Follow-up reviews		2	2	2	2
ANA	-	2			
Total		<u>25</u> =====	<u>26</u> =====	<u>25</u> =====	<u>24</u> =====

Key

Priority: H – High; M – Medium; L – Low

* these projects will be linked.

3. Outline Scope and Objectives

Audit Assignment: Publicity and Communication

Priority: Medium

Audit Committee Meeting: TBC

Days: 4

Scope

This audit will focus on the systems in place within the College for the management of positive and negative publicity externally, and internal communication.

Objectives

The objectives of the audit will be to ensure that:

- policies, procedures and systems in place assist the College to maximise the benefits from positive publicity and effectively manage negative publicity, reducing the potential risk of damage to the College's reputation; and
- appropriate strategies, procedures, ICT and other systems are in place to assist and encourage internal communication.

Our audit approach will be:

The Vice Principal Human Resources & Communications, Marketing Team Leader and a sample of other College managers and staff will be interviewed to determine current working practices.

The College's internal and external communication strategies, policies and procedures will be reviewed and their content benchmarked against good practice, identifying any areas requiring improvement.

The results of any recent staff surveys relevant to internal communication will be reviewed to ensure that issues raised are being addressed where appropriate.

Perth College UHI
Draft Internal Audit Annual Plan 2017/18

Audit Assignment:	Equalities Mainstreaming
Priority:	Medium
Audit Committee Meeting:	TBC
Days:	4

Scope

The public sector equality duty, which is set out in the Equality Act 2010, came into force in April 2011 – this is often referred to as the general duty. Scottish public authorities must have 'due regard' to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations.

Scottish Ministers made regulations in The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, placing specific duties on Scottish public authorities to enable the better performance of the public sector equality duty. These are also known as the Scottish Specific Duties.

The scope of this audit will be to review the action taken by the College, and the systems and procedures put in place, to integrate equality into its day-to-day working.

Objectives

The objective of our audit will be to obtain reasonable assurance that the College is complying with its legal duties under:

- Section 149 of the Equality Act 2010; and
- The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 as amended.

Our audit approach will be:

We will assess whether these objectives have been met by meeting with the Vice Principal Human Resources & Communications and other key staff responsible for equalities mainstreaming and comparing the current approach to equalities mainstreaming against the good practice guidance issued by the Equality and Human Rights Commission.

The review will be primarily of the systems and procedures in place although compliance testing will be carried out where appropriate.

**Perth College UHI
Draft Internal Audit Annual Plan 2017/18**

Audit Assignment:	Credits Audit
Priority:	Required audit
Audit Committee Meeting:	November 2017
Days:	5

Scope

Credits Audit Guidance, issued by SFC, requests that colleges obtain from their auditors assurances as to the reasonableness of procedures used in the compilation of the Credits related element of the FES return.

Objectives

To obtain reasonable assurance that:

- the student data returns have been compiled in accordance with all relevant guidance;
- adequate procedures are in place to ensure the accurate collection and recording of the data; and
- the FES return contains no material mis-statements.

Our audit approach will be:

Through discussion with the Head of Student Records and Team Leader Student Records, and review of relevant documents, we will record the systems and procedures used by the College in compiling the returns and assess and test their adequacy. We will carry out further detailed testing, as necessary, to enable us to conclude that the systems and procedures are working satisfactorily as described to us.

Detailed analytical review will be carried out obtaining explanations for significant variations from previous years.

Our testing will be designed to cover the major requirements for recording and reporting fundable activity identified at Annex C to the Credits Audit Guidance and the key areas of risk identified in Annex D.

We will also review the final error report from the FES on-line checks.

**Perth College UHI
Draft Internal Audit Annual Plan 2017/18**

Audit Assignment:	Follow-Up Reviews
Priority:	Various
Audit Committee Meeting:	May 2018
Days:	2

Scope

This review will cover the following reports from the 2016/17 internal audit programme and reports from earlier years where previous follow-up identified recommendations outstanding:

- Internal Audit Report 2017/04 – Student Recruitment; and
- Internal Audit Report 2017/06 – Follow-Up Reviews.

Objective

To establish the status of implementation of recommendations made in previous internal audit reports.

Our audit approach will be:

- for recommendations made in each of the reports listed above ascertain by enquiry or sample testing, as appropriate, whether they have been completed or what stage they have reached in terms of completion and whether the due date needs to be revised; and
- prepare a summary of the current status of the recommendations for the Audit Committee.

2. Procedures for handling industrial action to be reviewed and updated in light of recent learnings.
3. Manual to be reviewed for alignment with relevant ASW policies and that all necessary procedures are included i.e Adverse Weather
4. A routine briefing on BCMP processes and documentation for the new Principal to be arranged.

Audit Committee

Enclosure 9

Paper for Consideration

Subject: Freedom of Information and Data Protection Annual Report 2016-17

Author: Donald McLean, Freedom of Information and Data Protection Officer

Date of paper: 28 August 2017

Date of meeting: 5 September 2017

Action requested of committee:

(Tick as appropriate) For information only:
For discussion: ✓
For recommendation/approval:

Cost implications:

(Tick as appropriate) Yes: No: ✓

Executive Summary: The paper contains information on the number of Freedom of Information requests received during 2016-17 by type and source, with a summary of response times. It also contains summary information for Data Protection related requests.

Information recorded in College minutes and papers is subject to release under the Freedom of Information (Scotland) Act 2002 (FOI(S)A). Certain exemptions apply: financial information relating to procurement items still under tender, legal advice from College lawyers, items related to national security.

Status of Papers Open Closed

An **open** item is one over which there would be no issues for the College in releasing the information to the public in response to a freedom of information request.

A **closed** item is one that contains information that could be withheld from release to the public because an exemption under the Freedom of Information (Scotland) Act 2002 applies.

The College may also be asked for information contained in minutes and papers about living individuals, under the terms of the Data Protection Act 1988.

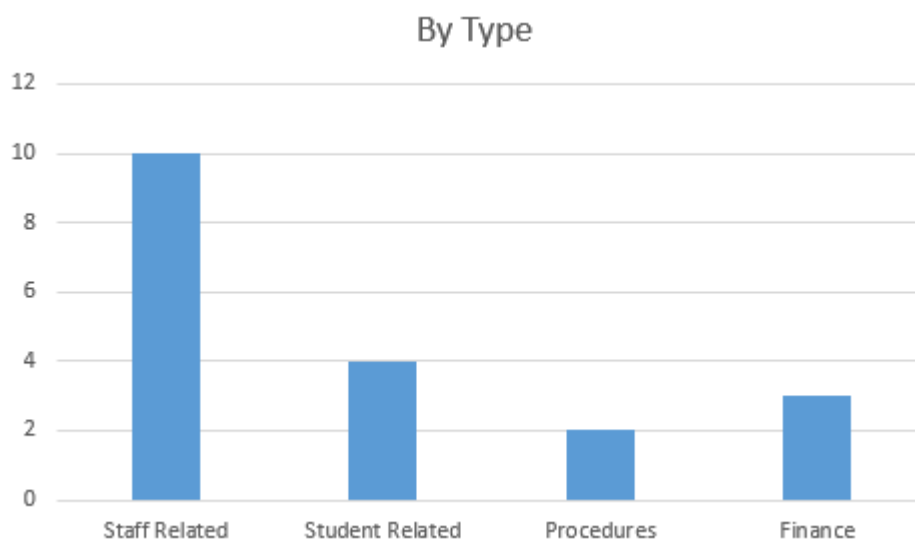
Do the papers contain items which may be contentious under the terms of the Data Protection Act 1988? Yes No

Audit Committee: Freedom of Information and Data Protection Annual Report 2016-17

Statistics 2016-17 Academic Year (July 2016 – June 2017)

Academic Year	2015/16	2016/17
Number of FOI requests	28	19

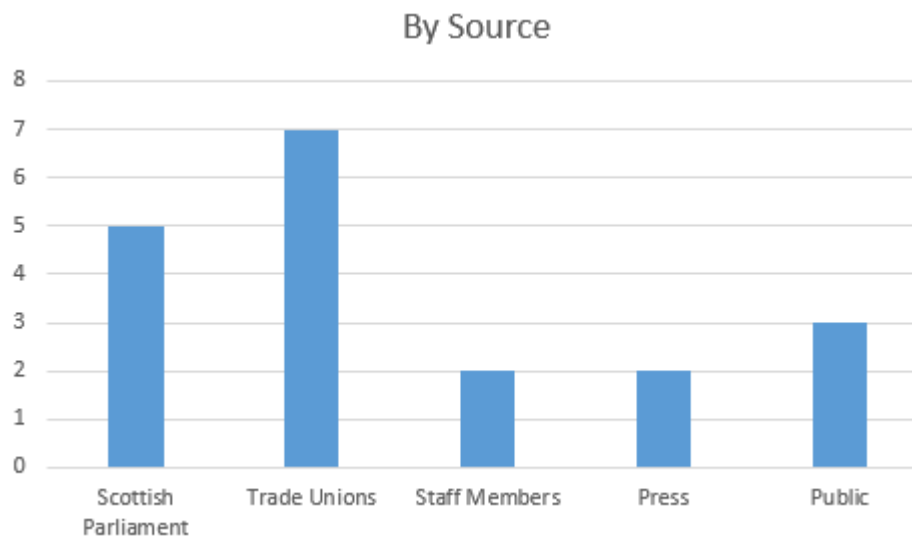
FOI Requests by Type



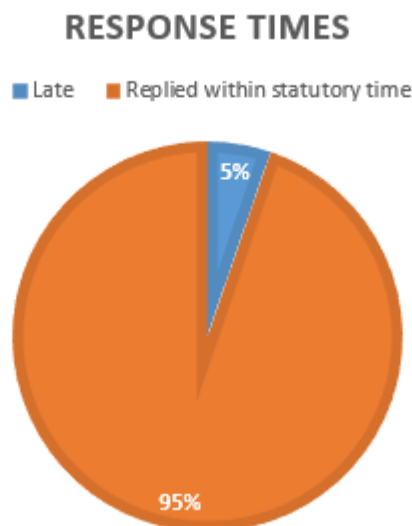
List of topics:

Staff numbers, sickness, stress (2)	International Student data (2)
Violence at work	TQFE Stats
Voluntary/compulsory redundancies	Procedure: racist incidents
Whistleblowing procedures	Discretionary/Hardship funds
Estates Maintenance Costs	Flexible working policy and stats
Bonuses and Performance Related pay	Annual Accounts
Non-UK EU staff numbers	Zero Hours Contracts
Academic Staff stats	Staff statistics: age related
Student admission/enrolment stats.	

FOI Requests by Source



Response Times



1 response was late during this academic year, due to a combination of staff illness, annual leave and a missed prompt for follow up prior to reply date.

Summary

The trends amongst types of requestors remain fairly constant: the most frequent users of FOI legislation remain as: politicians, journalists, and unions. The number of 'business' related requests has decreased: these are often referred to the Public Contracts Scotland website, and the college procurement page, for information about college contracts, and how to tender for business.

There are no apparent changes of theme in terms of topics. Staff levels, pay, redundancy, and financial matters remain constant as the subject of requests. Topics are often centred about issues being discussed in the Scottish Parliament, and can lead to slightly different requests from different sources: the parliament itself, journalists and unions.

There are several potential reasons for late responses: the onerousness of the request, key staff absent (annual leave/illness), work on FOI requests left till deadline is imminent; or a combination of these factors.

Data Protection.

Year	2015/16	2016/17
No of Requests	28	25

The majority of data protection subject access requests relate to legal matters: requests from Police Scotland, court orders, and requests from agencies such as Job Centre Plus Fraud Office and the Child Support Agency.

There are no trends or themes apparent in these requests; they are mainly related to external factors, and the requirements of the legal agencies listed.

There have been two requests which have been onerous in terms of time spent to service them: one related to an accident in the Academy of Sport and Wellbeing, and one related to a disciplinary/grievance issue (still ongoing).

The instances of subject access requests related to disciplinary and grievance issues have increased over the last 2-3 years, and it is very costly to the College in terms of staff time to service them.

There was an unusual request related to the accident in ASW, in that the solicitor representing the data subject made a subject access request at the same time as notifying the college of an intention to make a claim against the college. They also made clear their intention to apply to the Sheriff Court in Edinburgh if we refused to release the data. This is unusual, as the college insurers would normally deal with such an issue. The request was serviced as required by DPA 1998, and the information requested was released.

A data protection review/audit has been undertaken over the last few months, and the main aims of the review have been as follows:

1. Review our current policy, procedure, awareness and operational robustness
2. Assess our readiness for the introduction of the General Data Protection Regulation (GDPR) in May 2018

A report will be prepared for SMT by end of September 2017.

The UK Government has recently announced that it intends to publish a draft data protection bill in September 2017, which will probably not go beyond the requirements of GDPR, but we need to be aware to ensure continuing compliance.

Donald Maclean
FOI and Data Protection Officer
28/8/17

Health and Safety Committee

Minutes

Date and time: Thursday 4 May 2017, 2.00pm
Location: Room 033, Brahan

Members present: Susan Hunter, Head of HR (Chair)
 Les Roberts, Health & Safety Officer
 Charlie Collie, Subject Leader, Social & Vocational Studies
 Gilbert Valentine, Head of Estates
 Ian Gibb, Sector Manager, Food Studies and Hospitality
 Jane Edwards, Unison representative
 Jen Thompson-Young, SDD – STEM
 Jim Watt (Deputising for Mike Haufe, AST)
 Tony Grant, EIS H&S Rep

Apologies: Charles Shentall, Board of Management
 David Gourley, Curriculum and Business Engagement Director
 Eleanor Brown, SDD – ALS
 Mike Haufe, AST
 Lorenz Cairns, SDD - CCI
 Richard Ogston, Head of Student Services
 Sara O'Hagan, EIS-FELA Rep

In Attendance: Lorna McWilliam, Kitchen Operations Controller, Deputy for Ian Gibb
 Mark Jones, AST, Deputy for Mike Haufe

Note Taker: Carolyn Sweeney-Wilson

Summary of Actions

Ref	Action	Responsibility	Time Line
3.	Minutes of Meeting Held on 4 May 2017		
	SH to follow up with CS regarding his comments on support for LR, with a view to inserting these into the minute.	Susan Hunter	ASAP
	Addendum Action: Further to this meeting, CS had been contacted and had agreed for his comments to be inserted into the minute. CSW to now update the last H&S minute accordingly and then circulate the amended minute to Committee members.	Carolyn Sweeney-Wilson	ASAP

Summary of Actions

Ref	Action	Responsibility	Time Line
4.	Matters arising not included elsewhere on the agenda/review of actions from previous meeting		
	b) Campus Security Policy – update GV to update the Committee at the next meeting to confirm the Policy has been published.	Gilbert Valentine	16 November
	c) Misuse of Drugs – update CSW to add 'Misuse of Drugs – update' to the 'Matters Arising' item of the agenda for the next meeting.	Richard Ogston	16 November
7.	Health & Safety Annual Report		
	All committee members to review the H&S Annual Report and send any comments to Les Roberts by 4.00pm on Monday 28 th August.	All	28 August
8.	Events Risk Guidance & Checklist – update		
	LR to email JE a copy of the 'Events Risk Guidance & Checklist'.	Les Roberts	Immediately
	SH to request that the sale of alcohol and licences be added to the SMT agenda.	Susan Hunter	Next meeting

Minutes

Item

1. Welcome and Apologies

Susan Hunter (SH) introduced herself to the meeting and indicated that she was the new Head of HR. She welcomed everyone to the meeting and asked everyone to introduce themselves as there were a few new attendees.

It was noted that Mark Jones and Lorna McWilliam were in attendance as they are new deputies for Committee members. They were welcomed to the meeting.

Apologies were noted.

Action

Item	Action	Action
2.	Additions to the Agenda for AOCB	
	TG advised that he had some items to be taken under AOCB.	
3.	Minutes of Meeting Held on 4 May 2017	
	JE and JTY thought that comments made by CS regarding additional support for LR had been missed from the minute. CSW indicated that she thought she had been asked not to record that in the minute. SH said she would follow this up.	
	Action: SH to follow up with CS regarding his comments on support for LR.	SH
	Subject to the addition of the comments made by CS regarding additional support for LR, the minutes of 4 May 2017, having been previously circulated, were approved, as a true and accurate record of discussions,.	
	Addendum: Further to this meeting, CS had been contacted and had agreed that he would be happy for a note to be added to the minute regarding his comment for the provision of additional support for LR. According, CSW has now updated the minute of the last meeting and will circulate the updated version to committee members.	
	Action: CSW to update the last H&S minute to note the comments made by CS regarding additional support for LR.	CSW
4.	Matters arising not included elsewhere on the agenda/review of actions from previous meeting	
a)	First Aid Policy – update	
	LR advised that this policy had been through various committees, including CMT, and was approved and had been published.	
b)	Campus Security Policy – update	
	GV advised that this policy had gone to CMT and was approved. However, it had not yet been published. GV had spoken with Quality and they were going to following this up.	
	Action: GV to update the Committee at the next meeting to confirm the Policy has been published.	GV
c)	Misuse of Drugs – update	
	Due to RO not being able to attend this meeting, this item will be carried forward to the next meeting.	
	Action: CSW to add ‘Misuse of Drugs – update’ to the ‘Matters Arising’ item of the agenda for the next meeting.	CSW

Item

Action

5. Occupational Stress Risk Assessment Framework - Update

LR advised that he had produced a Stress Risk Assessment for the College based on the HSE framework and this had been discussed at the last meeting in May, when Unison had asked for an addition to be made to the document, regarding Industrial Action, which had now been done.

LR asked committee members for their feedback.

SH said this was a good document, with good definitions, but it still needed pulling together, so that it formed part of a toolkit for management and staff.

JE said she was not clear what was being done for early identification of stress in staff. What she was hoping for was a stress risk assessment for early identification and that measures would be established to try and prevent staff from slipping into absences due to stress not being identified. SH indicated that managers already had this. However, she felt that the 3 documents needed to be merged to form a toolkit. SH said that managers need to be aware of how to identify early indicators of stress and SH said she would be looking at a suite of training, for managers, that would help them with this. JE asked if there would be specific training on completing stress risk assessments for managers and SH said this would be included in the suite of training.

LR advised that current training was helping managers with early identification of stress in their staff.

6. Healthy Working Lives Strategy 2017-2020

LR gave an overview of this document. For the College to achieve Gold, LR said that a strategy was required covering the next 3 years. LR and LL will now draft up a plan for the way forward over the next 3 years. LR said that by December, he hoped the College would have achieved the HWL Gold Award.

7. Health & Safety Annual Report

LR tabled this document and advised that it was on the Agenda for the Audit Committee, which was due to meet on 5th September. SH advised that, after this meeting, this document would be circulated electronically to committee members and asked for any comments to be sent to LR, by 4.00pm on Monday, 28th August.

Action: All committee members to review the H&S Annual Report and send any comments to Les Roberts by 4.00pm on Monday 28th August.

All

Item	Action	
8.	Events Risk Guidance & Checklist – update	
	<p>LR gave background as to why this Guidance and Checklist had been drawn up. It had come about as event organisers had not been ensuring that events being held in the College had the correct paperwork ie insurances and relevant certificates for their event. The intention was for these documents to be sited on PerthNet, on the Central Events Calendar page, which was the central point for facility bookings within the College.</p>	
	<p>JE asked if the checklist was now available to use. LR said it was and he would email a copy to JE.</p>	
	<p>Action: LR to email JE a copy of the 'Events Risk Guidance & Checklist'.</p>	LR
	<p>There was a further wide-ranging discussion about the sale of alcohol on the premises and relevant licences for that. Ian Gibb expressed concern about the sale of alcohol in the College and how that impacted on the reputation of the College. He pointed out that the only place the College that could sell alcohol was in Room 308. SH said she would look to ask SMT about this.</p>	
	<p>GV said that the College had previously had problems with its neighbours regarding noise from the ASW construction and expressed concern that, with the addition of alcohol at events, this could potentially lead to additional noise, which might lead to further complaints from the neighbours.</p>	
	<p>Action: SH to request that the sale of alcohol and licences be added to the SMT agenda.</p>	SH
9.	Health and Safety Officer Update	
	<ul style="list-style-type: none">• LR advised that he had attended a 'train the trainer' course on manual handling in the previous academic year and he had now delivered a course to 7 staff. His intention was to offer this course to more staff in due course.	
	<ul style="list-style-type: none">• LR attended the recent First Line Managers meeting where there had been a discussion regarding alcohol awareness. LR had now held an alcohol awareness session and there were 8 attendees. LR said he would like to run a session on this with students; JE suggested LR could also hold a session for students in the Residences.	
	<ul style="list-style-type: none">• There was a Stress Management training course being held tomorrow (25/08/17).	
	<ul style="list-style-type: none">• A Risk Assessment course was being delivered next week	

Item		Action
	<p>(30/08/17).</p> <ul style="list-style-type: none">• A Fire Risk Assessment review of the Residences would be taking place next week (30/08/17) by LR and GV, in conjunction with SYHA.• LR in conjunction with LL had organised a 'Lifting Tackle' course for AST staff, this is scheduled for 4th September.• LR advised that he was a member of TISA and received good material from this association and it was his intention to ask LL to circulate this information to all staff.• LR will be attend the next UHI H&S Practitioners meeting on 8th September.• LR noted that he was happy to provide H&S inductions for departments and they were to let him know if they wished him to provide a session on this for them.• Health surveillance – LR will be organising audiometry tests with staff in the Music department.• LR, GV, LH had reviewed the Fire Risk Assessments for Brahan, ASW, Goodlyburn and Webster Buildings.• LR had also carried out a number of DSE assessments.	
10.	<p>Head of Estates Update</p> <p>GV reported on the following:</p> <p>Brahan lift: GV advised that some asbestos had been discovered during the works for the new lift. Although previous asbestos surveys had advised there was no asbestos, once the old lift had been removed, they had discovered some asbestos. Proper removal of the asbestos was then required, so this had delayed the works. However, the works should be finished by 1st September.</p> <p>Fire Risk Assessment: GV advised that this had been completed for most of the College areas, although there were still some areas where things could be improved, but there was nothing serious.</p> <p>Building Cladding: GV indicated that he had received several enquiries, in the wake of the Grenfell Tower fire, asking if the College had any building with the same type of cladding on. The type of cladding featured on the Grenfell Tower was aluminium cladding using the Reynobond PE system. GV advised that the College does not have any of this type of material on any of its</p>	

Item	Action
<p>buildings. Additionally, the College has no buildings over 4 stories in height.</p>	<p>Speed bump at Webster: There had been a request to install a speed bump at the Webster building. This had been installed and seems to have been successful. The speed limit was set at 5mph over this bump. However, there have been some complaints about the bump and the speed. GV suggested it might be worth considering installing a second speed bump at the Residences crossing.</p>
<p>Equipment Testing: Planned annual testing of various equipment continues across the summer.</p>	
<p>11. Accident Reports</p>	<p>These reports were circulated with the papers for this meeting and discussed.</p>
<p>LR referred to the Hazard report regarding the hydraulic jack failure. This was reported to HSE as it was RIDDOR reportable.</p>	<p>LR advised that there was a gap in the College's Procurement Policy regarding the purchasing of second hand equipment. He has now met with Rhona Munro to discuss this and he will be following this up. LR and GV have a meeting tomorrow afternoon (25/08/17) to discuss this further.</p>
<p>12. AOCB</p>	<p>Committee membership: SH advised that there was an action on SB from the previous meeting to replace Rob Boyd. SH will raise this matter at the next CMT meeting.</p>
<p>Action: SH to raise the matter of H&S Committee membership at the next CMT meeting, with a view to getting a new member for the committee.</p>	<p>SH</p>
<p>Matters raised by EIS Reps on behalf of their members:</p> <ul style="list-style-type: none">• Broken window: EIS had been requested to ask for a timeframe for this being replaced. GV advised that this was in hand.• Smokers at entrances: EIS had received a complaint from one of their members regarding having to walk through "clouds of smoke" at College entrances. There followed a discussion by committee members regarding staff being proactive and addressing the issue when they see it. It was acknowledged that it was an ongoing issue, but some members felt that if staff were consistent and repeatedly reminded smokers not to smoke at College entrances, they	

Item	Action
<p>would eventually begin to accept it.</p> <p>LR said that this was raised at SMT and SMT had said they would want to be more visual in policing this. GV said that it was also discussed to CMT. JTY suggested that it could be added to the next CMT agenda. IG asked how the 'No Smoking Policy' would apply to Sodexo staff, as it had been noted that some of their staff smoke where they shouldn't. SH said she would ask for this item to be added to the CMT Agenda.</p>	
<p>Action: SH to ask for 'Smokers at College entrances' to be added to the CMT agenda.</p>	SH
<ul style="list-style-type: none">• Back car park: EIS members noted that the potholes were returning and asked if the car park was still part of the regular rolling programme progress check. GV said he would look into this.	
<p>European H&S Week: JE advised that this would take place in the last week of October. In the past the College had taken part in this and the last time information regarding stress awareness was circulated to staff and students. JE asked if there was something that we would want to highlight to staff and students during this week. LR said he would look to see if there was anything that could be done.</p>	
<p>H&S Policy: LR advised that this policy was reviewed annually. The review had been completed and it was found that the only changes that needed to be made were: the updating of dates, change of ownership of the Policy to the Principal and Chief Executive, and links were added to 2 further documents under 'Item 6: Linked/Related Documents'. The Policy was to go to the Audit committee for approval and then to be signed off by the Chair of the Board and the College Principal. H&S Committee members noted and agreed the changes.</p>	
<p>13. Date of Next Meetings</p>	
<ul style="list-style-type: none">• 16th November 2017• 8th February 2018• 3rd May 2018	
<p>All meetings are on Thursdays, 2.00-4.00pm, in Room 019.</p>	

Membership

No fewer than 4 members of the Board of Management.

- Board members not eligible for appointment are the Chair of the Board, the Principal, the Chair of the Finance and General Purposes Committee, the persons elected by the teaching staff and the non teaching staff of the College and the persons appointed by the Perth College Students' Association.
- No member of the Finance and General Purposes Committee shall also be a member of the Audit Committee.
- The Chair of the Board, the Principal and the Chair of the Finance and General Purposes Committee shall be invited to attend meetings.
- The Committee may sit privately without any non-members present for all or part of a meeting if they so decide.
- The College Executive will attend meetings at the invitation of the Committee Chair and provide information for Agenda items

In attendance

Vice Principal, Finance and Estates

Vice Principal, Academic

Vice Principal, Human Resources and Communications

Quorum

The Quorum shall be 3 members.

Frequency of Meetings

The Committee shall meet no less than three times per year.

Objectives

The Audit Committee's main responsibilities include advising the Board on whether:

- There are systems in place to ensure that the College's activities are managed in accordance with legislation and regulations governing the sector.
- A system of governance, internal control and risk management has been established and is being maintained, which provides reasonable assurance of effective and efficient operations and produces reliable financial information.
- There are systems in place to ensure the Committee engages with financial reporting issues

Terms of Reference

Internal Control

1. Reviewing and advising the Board of Management of the internal and the external auditor's assessment of the effectiveness of the college's financial and other internal control systems, including controls specifically to prevent or detect fraud or other irregularities as well as those for securing economy, efficiency and effectiveness; and
2. Reviewing and advising the Board of Management on its compliance with corporate governance requirements and good practice guidance including a strategic overview of risk management.
3. Strategic oversight of Health and Safety, Freedom of Information and Data Protection on behalf of the Board.

Internal Audit

1. Advising the Board of Management on the selection, appointment or reappointment and remuneration, or removal of the internal audit provider.
2. Advising the Board of Management on the terms of reference for the internal audit service.
3. Reviewing the scope, efficiency and effectiveness of the work of internal audit, considering the adequacy of the resourcing of internal audit and advising the Board of Management on these matters.
4. Advising the Board of Management of the Audit Committee's approval of the basis for and the results of the internal audit needs assessment and the strategic and operational planning processes.
5. Approving the criteria for grading recommendations in assignment reports as proposed by the internal auditors.
6. Reviewing the internal auditor's monitoring of management action on the implementation of agreed recommendations reported in internal audit assignment reports and internal audit annual reports.
7. Considering salient issues arising from internal audit assignment reports, progress reports, annual reports and management's response thereto and informing the Board of Management thereof.
8. Informing the Board of Management of the Audit Committee's approval of the internal auditor's annual report.
9. Ensuring establishment of appropriate performance measures and indicators to monitor the effectiveness of the internal audit service.

10. Securing and monitoring appropriate liaison and co-ordination between internal and external audit.
11. Ensuring good communication between the Committee and the internal auditors.
12. Responding appropriately to notification of fraud or other improprieties received from the internal auditors or other persons.
13. Reviewing the Risk Management Register.

External Audit

The appointment of external auditors to the College is directed by Audit Scotland.

1. Considering the college's annual financial statements and the external auditor's report prior to submission to the Board of Management by the Finance Committee. Care should be taken, however, to avoid undertaking work that properly belongs to the Finance and General Purposes Committee. If within its terms of reference, the Committee should consider the external audit opinion, the Statement of Members' Responsibilities and any relevant issue raised in the external auditor's management letter.
2. Reviewing the external auditor's annual Management Letter and monitoring management action on the implementation of the agreed recommendations contained therein.
3. Advising the Board of Management of salient issues arising from the external auditor's management letter and any other external audit reports, and of management's response thereto.
4. Reviewing the statement of corporate governance.
5. Establishing appropriate performance measures and indicators to monitor the effectiveness of the external audit provision.
6. Reviewing the external audit strategy and plan.
7. Holding discussions with external auditors and ensuring their attendance at Audit Committee and Board of Management meetings as required.
8. Considering the objectives and scope of any non-statutory audit work undertaken or to be undertaken, by the external auditor's firm and advising the Board of Management of any potential conflict of interest.
9. Securing appropriate liaison and co-ordination between external and internal audit.

Value for Money

1. Establishing and overseeing a review process for evaluating the effectiveness of the college's arrangements for securing the economical, efficient and effective management of the college's resources and the promotion of best practice and protocols, and reporting to the Board of Management thereon.
2. Advising the Board of Management on potential topics for inclusion in a programme of value for money reviews and providing a view on the party most appropriate to undertake individual assignments considering the required expertise and experience.
3. Advising the Board of Management of action that it may wish to consider in the light of national value for money studies in the further education sector.

Advice to the Board of Management

1. Reviewing the college's compliance with the Code of Audit Practice and advising the Board of Management on this.
2. Producing an annual report for the Board of Management.
3. Advising the Board of Management of significant, relevant reports from the Scottish Funding Council and National Audit Office and successor bodies and, where appropriate, management's response thereto.
4. Reviewing reported cases of impropriety to establish whether they have been appropriately handled.

Version 1 - Approved by BOM 13 December 2013

Version 2 – Approved by Audit Committee and BOM December 2015