

Audit Committee

Agenda

Meeting reference: Audit2018-19/01

Date: Tuesday 18 September 2018 at 5.30pm

Location: Room 019

Purpose: Scheduled meeting

* Denotes items for discussion.

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

Part 1				
	Agenda Items	Author	Led by	Paper
1	Welcome and Apologies		Chair	
2	Additions to the Agenda			
3	Declaration of Interest in any Agenda Item			
4	Minutes of the Meeting of the Audit Committee held on 22 May 2018			Paper 1
5	Actions arising from previous minutes			
6	Health and Safety			
*6.1	Health and Safety Annual Report 2017/18	Health, Safety and Wellbeing Adviser	Chief Operating Officer	Paper 2
*6.2	Revised Health and Safety Policy	Health, Safety and Wellbeing Adviser	Chief Operating Officer	Paper 3
7	Risk Management			
*7.1	Risk Appetite	Chief Operating Officer	Chief Operating Officer	Paper 4
*7.2	Strategic Risk Register	Chief Operating Officer	Chief Operating Officer	Paper 5
*7.3	Health and Safety Risk Management Profile as at August 2018	Health, Safety and Wellbeing Adviser	Chief Operating Officer	Paper 6

8	Internal Audit			
*8.1	Internal Audit Progress Report Annual Plan 2017/18	Henderson Loggie	Henderson Loggie	Paper 7
*8.2	Internal Audit Plan 2018/19	Henderson Loggie	Henderson Loggie	Paper 8
9	Annual Report Business Continuity Programme 2017/18	Chief Operating Officer	Chief Operating Officer	Paper 9 Closed
10	Ernst and Young letter – Perth College Response	Secretary	Secretary	Paper 10
11	Committee minutes			
11.1	Health and Safety Committee: <ul style="list-style-type: none"> • 3 May 2018 		Chair	Paper 11
12	Date and time of next meeting: <ul style="list-style-type: none"> • Wednesday 28 November – this Committee meeting will join the Finance and General Purposes Committee at 5.30pm to review the Financial Statements for 2017/18 	Secretary		
*13	Review of meeting (to include check against the Terms of Reference to ensure all competent business has been covered)			Paper 12

Draft Minutes

Meeting reference: Audit 2017-18/04

Date and time: Tuesday 22 May 2018 at 5.30pm

Location: Room 019

Members present: Brian Crichton (Chair), Ann Irvine (by tele conference), Margaret Cook, Anna Zvarikova

In attendance: Jackie Mackenzie, Chief Operating Officer (COO)
 Steve McNaught, Henderson Loggie
 Keith Macpherson, Ernst and Young
 Rob Jones, Ernst and Young
 Maureen Masson, Board Secretary

Apologies: Lynn Oswald
 Lindsey McLeod

Chair: Brian Crichton

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

Quorum: 3

Summary of Action Items			
Ref		Responsibility	Time Line
5	Procurement Strategy and Annual Action Plan 2017-18 Check the date of the first Annual Procurement Report and ensure it was updated to the 2017 academic year end, as opposed to calendar year end.	Secretary	Next meeting
6	Policies Anti Bribery Policy and Fraud Prevention to be approved by the Board at its next meeting Review approach to policy development	Secretary Principal	13 June meeting Next meeting
*9.1	Annual Audit Plan Discuss at the next AST Board meeting, the implications of amendments to FRS102 effective next year.	Chief Operating Officer	Next AST meeting
*10	GDPR Provide a further update to the Board of Management	Secretary	For next Board meeting
*12.1	Health and Safety Committee Meeting Flag though the Chair of the H&S Committee that deputies attend on behalf of any	Secretary	For next H&S Committee

	member submitting apologies.		meeting
15 &16	Complete evaluation for the provision of internal and external audit services and the circulation	Secretary	ASAP

Minutes

Item Part 1	Action
<p>1 Welcome and Apologies</p> <p>The Chair welcomed everyone to the meeting. Apologies were received from Lindsey McLeod and Lynn Oswald. Steve McNaught was attending in place of Stuart Inglis of Henderson Loggie. Keith Macpherson and Rob Jones from Ernst and Young were also in attendance.</p>	
<p>2 Additions to the Agenda</p> <p>There were no additions to the agenda.</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 the meeting of Audit Committee held on 27 February 2018</p> <p>The minutes were approved as a correct record.</p>	
<p>5 Actions arising from previous minutes</p> <p>Procurement Strategy and Annual Action Plan 2017-18</p> <p>Check the date of the first Annual Procurement Report and ensure it was updated to the 2017 year end.</p> <p>Action</p> <p>Ongoing – Board Secretary to check to ensure reports are prepared on the basis of academic year, not calendar year, and report back at the next meeting.</p> <p>Space Management</p> <p>Reference the review in the Henderson Loggie Annual Report</p> <p>Noted – this would be included in the Annual Report at the appropriate</p>	<p>Secretary</p>

point in the year.

6 Policies

***6.1 Anti-Bribery Policy**

The Committee approved the updated policy and recommended it to the Board of Management meeting for approval.

Secretary

***6.2 Fraud Prevention Policy and Response Plan**

The Committee approved the updated policy and recommended it to the Board of Management meeting for approval.

Secretary

The Audit Committee noted no significant changes to either policy and queried why it should come to the Committee. The Principal commented that the approach to policy development was to be reviewed with the Quality team. That should include the date for substantive review of policies and the approach to dealing with updates when no material changes have been made. Reviews of policy should also be verified for GDPR regulations.

Principal

7 Risk Management

***7.1 Strategic Risk Register**

The COO introduced the paper which set out the updated Risk Register for the fourth quarter review together with any emerging/topical risks. The Committee noted the Risk Register and the emerging and updated risks and the mitigating actions.

The College was monitoring the funding position particularly with regard to international students.

In terms of the Finance Systems Convergence Project, the Committee noted that the Chief Operating Officer was on the Project Board and had an opportunity to voice concerns directly.

In terms of ongoing integration discussions, there was some concern that these discussions were diverting resource away from business as usual activity. The Committee noted that the next Board Development Day would focus on scenario planning and the possible implications for integration.

8 Internal Audit

***8.1 Internal Audit Annual Plan Progress 2017-18**

The Committee noted the internal audit annual plan and progress. All audits had been completed and the internal auditors would now begin to finalise their Annual Report.

The Committee discussed the benefits of ‘reserving’ a small number of contingency days that could be used to address issues as they arise.

***8.2 Equalities Mainstreaming**

The Committee noted the Equalities Mainstreaming Report. A new Equality and Diversity Officer would start in early June and would take forward the recommendations in the report, mainstreaming equality and diversity business into the College’s day-to-day operations.

***8.3 Follow up reviews**

The Committee noted that 11 out of 17 outstanding recommendations were now fully implemented. Little had moved in terms of one recommendation relating to International Activity, but it was acknowledged that this was largely out with College control. The approach to international activity was becoming clearer with the appointment of a new Vice Principal External and development of a UHI strategy for international. These two developments should provide a more focussed approach to taking forward international priorities.

9 External Audit

***9.1 Annual Audit Plan**

The Committee noted the Ernst and Young External Audit Plan for 2017-18 which had been discussed with the Senior Management Team. No changes had been made to the regulatory framework and that the same accounting requirements applied. The Committee noted the four risks that had been identified one of which was the pensions liability. Discussions about this were ongoing with the Chief Operating Officer. An update would be provided at the next meeting. The Committee noted that there were some amendments to FRS102 effective next year which would impact the wider Group audit, and this would be raised at the next AST Board meeting.

COO

There was discussion about the wider scope audit and the fact that the College was classified as a “smaller body”, and the implications of this.

***9.2 EY Letter – Perth College Response**

The Committee noted a draft response prepared on behalf of the Committee for the External Auditors. It was agreed that Ernst and Young representation would feed back their comments on the response and that reference to the whistleblowing policy would be included alongside other relevant College policies. A final response would then be prepared.

***10 Readiness for GDPR**

A paper was tabled on the College's readiness for GDPR. This had been considered by the Chairs Committee which met on 21 May. Chairs were reassured that all practicable measures were being put in place to ensure full compliance and mitigate risk. A further update would be prepared for the Board meeting on 13 June 2018.

Board
Secretary

11 Chairs of Academic Partner Audit Committees and UHI – draft minutes of a meeting held on 3 May 2018

The Chair introduced the minutes of the last Academic Partners Audit Committee Chairs meeting which met once or twice a year. Ongoing integration discussions had dominated the agenda and Perth College suggested topic of BREXIT did not make it to the agenda. There was also a discussion about timing issues related to preparation of final accounts within Partner Colleges and UHI and claimed misalignment with “UHI” needs although it was recognised that this could not be easily resolved.

12 Committee Minutes

***12.1 Health and Safety Committee Meeting 3 May 2018**

The Audit Committee noted the minutes and reiterated its concern about the number of apologies and the need for deputies to be attend on behalf of any member submitting apologies. This matter would be brought to the attention of the Chair of the H&S Committee

Secretary

13 Date and time of next meeting

18 September 2018 at 5.30pm

***14 Review of Meeting**

Members agreed the meeting had covered its Terms of Reference.

Part 2

15 Evaluation of Internal Audit Service

Audit Committee completed the evaluation of the internal audit service

Secretary
for both
evaluations

16 Evaluation of External Audit Service

Audit Committee completed the evaluation of the external audit service

The Board Secretary was to check on the source of each document and its final circulation when completed.

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 1998.

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

DRAFT HEALTH AND SAFETY REPORT 2017/18

Introduction

The annual Health, Safety and Wellbeing report provides a summary of the College's health and safety performance for the 2017/18 academic year. 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.

Executive Summary

This report captures a wide range of activities relating to health and safety management that takes place in the College, whilst combining statistical information on incidents with explanatory information on management and future plans.

There have been a number of issues the College has tackled during the period, most noticeable was the short term closure due to a serious natural gas incident in December 2017.

It should also be noted that with the departure of the Health and Safety Officer in November 2017, health and safety issues were overseen by the Head of Estates and Head of Human Resources and Organisational Development. The Health and Safety Officer post was filled in April 2018 when a new Health, Safety and Wellbeing Advisor took up post.

Co-operation and Communication

Co-operation between the College, its staff and students is generated through the Health & Safety Committee, chaired by the Head of Human Resources and Organisational Development. The Committee reports to the Audit Committee. The Committee membership was reviewed this academic year to ensure that all areas of the College were represented and membership updated following staffing changes in both SMT and CMT. The Committee met four times in 2017/2018. Staff and student views are represented by an active team of Trades Unions Safety and Students Union Representatives.

The Trade Union Safety Representatives remain an important part of the College's health and safety management system, and they should continue to receive full support from the College for the work they do to promote and improve health and safety standards.

Health and Safety Planning

Forward planning has in the past been proactive, establishing and delivering the fundamental requirements of the Safety Management System. A three year Health and Safety Strategy is being developed to enhance the management system and to project so far as is possible the health and safety needs of the College. It shall cover five key areas of Engagement with stakeholders, Training requirements and delivery, Risk Identification, Performance Monitoring with Key Performance Indicators and the Inspection and Audit of departments and the College as a whole. It shall be a live document and subject to review at the Health and Safety Committee meetings.

Planning is a fundamental part of the organisation's strategy for continuous improvement and health and safety requires planning to enable priorities to be identified and progress monitored.

Health and Safety Management System

The Management of Health and Safety at Work Regulations 1999 requires employers to put in place arrangements to control health and safety risks. The College has an overarching Health and Safety Policy along with numerous health and safety related policies ranging from Asbestos to Working at Height. There are standards, procedures, prescribed safe working practices etc. which all form the Health and Safety Management System (SMS). The SMS is a formal management system to enable the College to manage health and safety.

In order to support the Health and Safety Policies and ultimately the SMS, a Health and Safety Manual is being developed which covers key areas of health and safety. The manual shall assist in ensuring staff in the health and safety management structure who have specific duties and responsibilities, can undertake their role effectively. The document shall also provide information and guidance to all staff. The manual shall be presented to the Health and Safety Committee in the near future. When accepted, it will be updated periodically to maintain its relevance to the College's risk rating and structure.

A compendium of Toolbox Talks containing 103 subject headings has also been developed with the intent for line managers, tutors, staff and students to deliver a short health and safety training and awareness session. This compendium shall also be presented to the Health and Safety Committee in the near future.

A review of Policies has been undertaken and shall be discussed at the Health and Safety Committee prior to returning to the Quality Department. There is a requirement for all accident and incident report form to be submitted electronically which required a revision of the reporting form. Also the Hazardous Substances assessment form has been revised and the COSHH form is accompanied by a guidance document for ease of completion.

All Health, Safety and Wellbeing documents can be found on the staff extranet site, under the heading of Health and Safety.

Advice and Support

The primary health and safety advice resource for the College is provided by the Health, Safety and Wellbeing Advisor (HSWA) who advises on all aspects of health, safety and wellbeing for both staff and students. The HSWA's core work involves:

- The provision of advice and support
- Safety inspections
- Accident investigations
- Assessing new and proposed health and safety legislation and its impact on the College
- Consulting on health and safety policies and procedures
- Attending relevant meetings and committees
- Development and circulation of guidance on a variety of health and safety related subjects

- Provision of statistics and appropriate reports for committees
- Liaising on first aid matters including First Aider provision and training
- Health and safety training
- Supporting Departmental Health and Safety representatives

Training

As stated earlier, there has been a hiatus in the provision of health and safety advice. This has also impacted on the volume of training previously experienced by the College. However some training has been conducted in a classroom environment and utilising the online facilities of Blackboard and Marshalls. A review of current uptake of health and safety related online training has been undertaken with the results shown below.

Health and Safety related online training:

Fire Awareness 48% of staff have completed and passed
 Health and Safety (1) 72% of staff have completed and passed
 Health and Safety (2) 75% of staff have completed and passed
 Stress Management 67% of staff have completed and passed
 Mental Health 43% of staff have completed and passed

The above statistics indicate a requirement to promote the training and to establish if the training should be compulsory. The statistics will be broken down to departmental level, so that managers can allow teams time to complete these. These are required as part of induction so work will be undertaken to ensure managers receive timely reports on completion rates in advance of probation completion.

Classroom based training records show the following courses were conducted:

Asbestos Awareness, 3 staff
 Fire Inspection Training, 6 staff
 General Risk Assessor, 4 staff
 Introduction to Health and Safety, 29 students
 Manual Handling, 2 staff
 MiDAS, 9 staff
 Stress Management, 2 staff
 Working at Height, 7 staff

A review of the Health, Safety and Wellbeing Advisor role has streamlined in-house training provision with the possibility of external providers as required. Training for First Aid is currently under review with an option to use in-house training providers and a reduction in financial outlay. A training needs analysis shall be undertaken to identify training requirements and tie into the Health and Safety Strategy.

The Health, Safety and Wellbeing Advisor will also run regular sessions as part of an annual workshop programme which will include; risk assessment, audits and health and safety at work.

Risk Management

The control of risk within the College is a shared responsibility, all staff play a part in the identification, control and monitoring of hazards and risks.

There have been many works conducted on Campus by external contractors. The control of contractors is managed ably by the Estates Department. This is evidenced by the proactive receipt of suitable and sufficient risk assessments, safe systems of work and permit to work systems.

Departmental workplace health and safety inspections are carried out throughout the year but very few are recorded. A review of the departmental and independent workplace inspections is under way, more detail is contained below. Negative points on any workplace inspection shall warrant an action plan to resolve the issue. Inspections and action plans shall be recorded and reviewed at departmental and committee level for progress and resolution.

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.

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 but not all. This facility has been available for a few years now but some areas have not uploaded these. As such, there is a concerted effort underway to hold and maintain departmental risk assessments which are current, completed in the correct format and "suitable and sufficient" for health and safety management oversight. The HSWA shall monitor this situation, providing advice and support where required.

Fire Safety

Fire Risk Assessments for the Brahan, Goodlyburn, Webster, Nursery, ASW and Residences underwent a comprehensive review by the College's Health and Safety Officer, Head of Estates and Estates Officer, and actions plans were updated and a review of required actions has yet to be completed.

Fire Risk Assessments shall be reviewed on a 2 yearly basis for lower risk areas and annually for higher risk. There shall be a review where there has been a significant change of use, structural alteration or increase in occupancy. Brahan, Goodlyburn and the residences shall be reviewed in late September and October 2018. Webster, Nursery and ASW shall be reviewed August 2019.

Fire evacuation drills have been carried out in Brahan, Goodlyburn, Webster, ASW, Residences and Nursery. Fire drills are scheduled for September 2018 and January 2019. There are designated Fire Marshals to assist the College in meeting its responsibilities in respect of current fire legislation. Refresher training is planned for this academic year following on from the evacuation drill in September 2018.

The College has eleven evacuation chairs, four in the Brahan, four in the Goodlyburn, two in the Webster and one in the ASW. 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. Refresher training is planned for the new academic year.

There have been 6 visits by the Scottish Fire and Rescue Service this reporting period.

- 1 Malicious setting of alarm
- 5 Sensitive detection system

The detection system within ASW has been adjusted by service engineers.

The management of Fire Safety shall be reviewed and a standardised reporting and recording system set in place for each building.

Accident, Incident and Near Miss Reporting

There has been a decrease in the number of reported accidents in this reporting period from 68 to 53 (appendix 1). It is proposed to amend the reporting to include the type of incident and type of injury. This shall give greater clarity to the types of incidents and inherent risks as well as the most common physical harm experienced. The proposal also includes stating the status of the injured person, either staff, student, member of the public etc. (see appendix 2).

An awareness campaign shall be launched raising the issue of accident, incident and near miss reporting. There shall also be training sessions for staff regarding the process of recording, reporting and investigation of accident, incident and near misses.

Health and Wellbeing

The Health & Wellbeing Group is responsible for forwarding and progressing health and wellbeing initiatives in line with local and national priority areas. The Group has also had a static period and the intention is to revive the good work as soon as possible. Perth College UHI has achieved the Healthy Working Lives Gold Award and the work shall continue to maintain this award as well as the Bronze and Silver Award. However, a single staff and student planning group has been established to ensure joint event planning.

Health and wellbeing days shall take place and provide advice and information on subjects such as healthy eating, health and fitness, sexual health, weight management, stress management and a range of other practical applications.

A document detailing emergency procedures for supporting staff and students with medical conditions has been drafted and shall be proposed through the Health and Safety Committee. It covers such conditions as Anaphylaxis, Asthma, Diabetes and Epilepsy.

Monitoring Performance

Current performance monitoring includes accident, incident statistics as well as sickness absence statistics (see appendices). Work is currently in progress to establish a range of Key Performance Indicators (KPI's) which can eventually be benchmarked against other organisations and indicate the level of health and safety performance of the College. This work will also include the collation of baseline figures for the chosen KPI's. First year performance shall be communicated in the 2019 – 2020 Annual Report.

Workplace inspection protocols are under review. Where managers indicate inspections are conducted but not recorded, a process of formal workplace inspection on a standardised template is proposed. Inspection periodicity of the workplace is determined by the level of inherent risk, ie. Office environment low risk, vehicle workshops high risk. Negative responses in the inspection shall warrant remedial actions which are followed through with an action plan.

The HSWA shall undertake periodic formal workplace inspections, again frequency of which is determined by the inherent risk and accident, incident, near miss reporting. Formal inspections shall be reported to the Health and Safety Committee.

Communication with External Agencies

During this reporting period there has been one request for a response to the Health and Safety Executive regarding a concern raised that the College has a “Lack of incident / accident and ill health reporting process” and “No procedure in place for following up incidents that occur on site to both students / staff / contracted staff”.

The initial response was sent by Jackie Mackenzie, Chief Operating Officer, and contained the College Health and Safety Policy along with an explanation the Health, Safety and Wellbeing Advisor was on leave and would respond on his return. The Advisor responded via telephone and email explaining the documented procedures in place and a brief summary of an incident which the request for information related to.

Audit and Review

Perth College UHI pledges commitment to continuous improvement of Health, safety and Wellbeing of all its' staff and students. Verification of achieving this shall be internal inspection and audit. Leading to this shall be the collation of health and safety performance data from across the College as detailed above through KPI's.

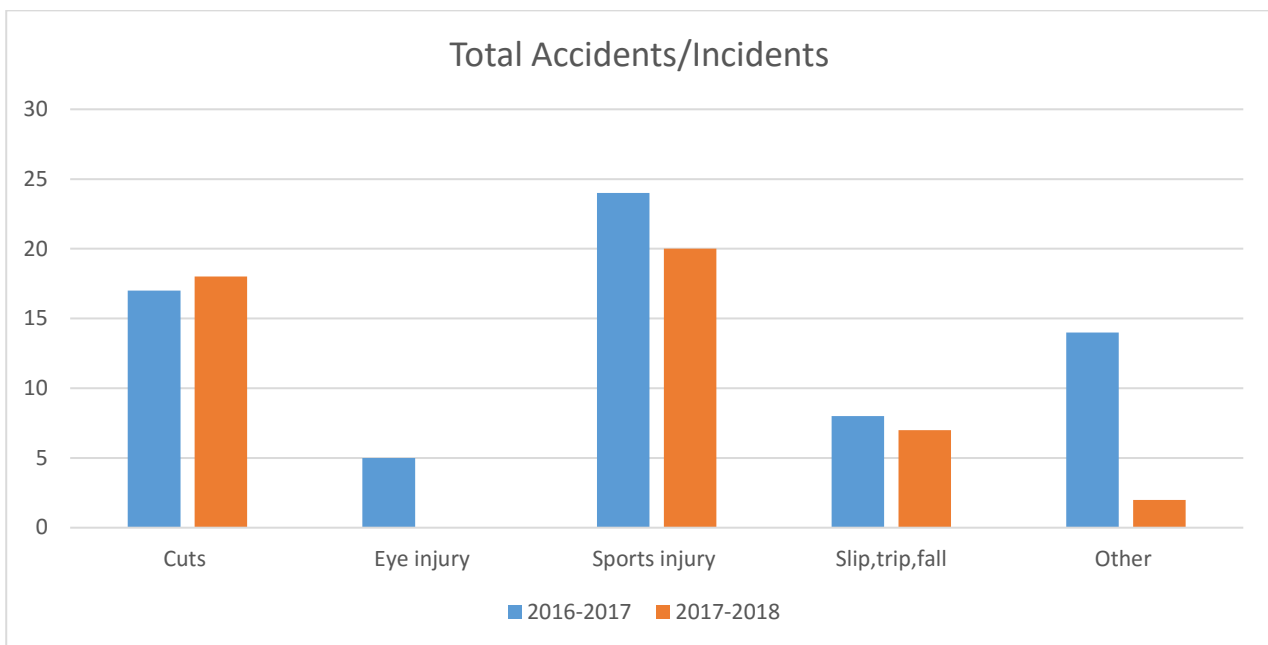
Feedback and action plans shall be developed with each action point having a named responsible person and a timescale for achievement. Action plans shall be monitored by the Health and Safety Committee.

Appendices:

Appendix 1 - Accident and Incident Statistics

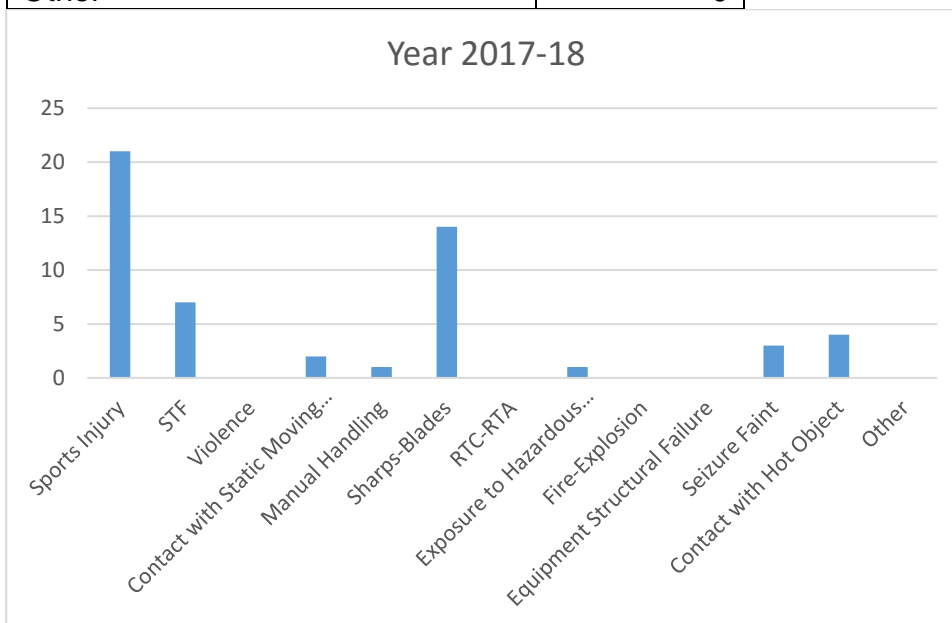
Current Reporting Format

Total Accidents Reported	2016-2017	2017-2018
Cuts	17	18
Eye injury	5	0
Sports injury	24	20
Slip,trip,fall	8	7
Other	14	2

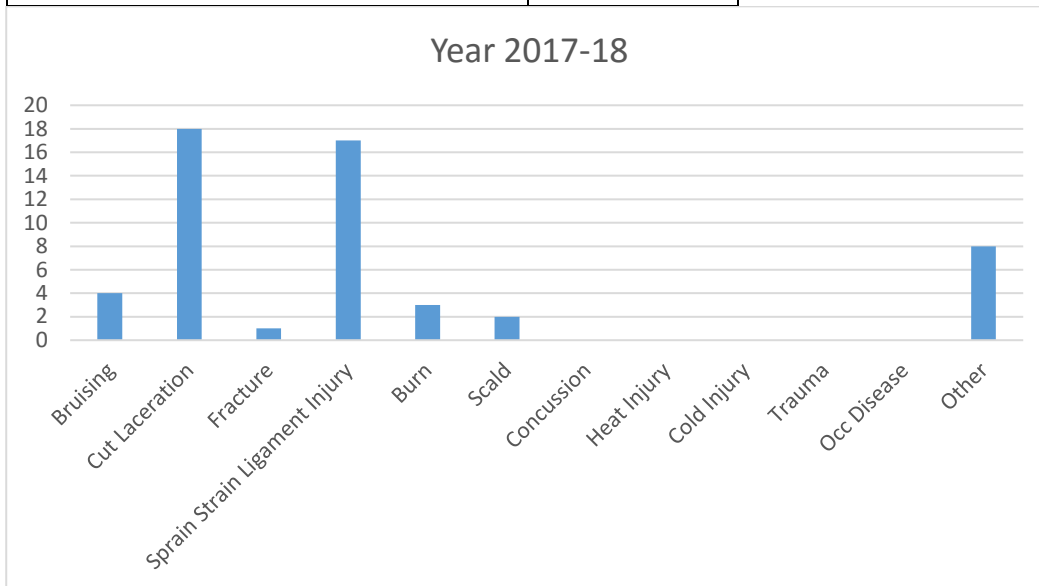


Appendix 2 - Proposed Reporting Format

Type of Incident	Year 2017/18
Sports Injury	21
STF	7
Violence	0
Contact with Static Moving Object	2
Manual Handling	1
Sharps-Blades	14
RTC-RTA	0
Exposure to Hazardous Substances	1
Fire-Explosion	0
Equipment Structural Failure	0
Seizure Faint	3
Contact with Hot Object	4
Other	0



Type of Injury	Year 2017/18
Bruising	4
Cut Laceration	18
Fracture	1
Sprain Strain Ligament Injury	17
Burn	3
Scald	2
Concussion	0
Heat Injury	0
Cold Injury	0
Trauma	0
Occ Disease	0
Other	8



Status	No
Staff	4
Student	35
Member of Public	13
Contractor	1
School Pupil	0
Total	53

Appendix 3 – Sickness Absence Statistics

Perth College UHI Staff Management – Key Statistics

For Year 2017/2018

This paper reports on the key staff management statistics as at the year end of 2017/2018 and a comparison with other years' statistics as appropriate.

1. Staffing Numbers from 2013 to 2016 and the year end of 2017/2018.

	July 2013	July 2014	July 2015	July 2016	July 2017	October 2017 Qtr 1	January 2018 Qtr 2	April 2018 Qtr 3	July 2018 – Qtr 4
Managers	28	27	26	26	25	25	23	21	23
Lecturers	142	151	161	169	172	174	187	184	184
Hourly Paid Staff	141	110	143	144	128	145	161	165	182
Support Staff	198	197	215	216	240	244	254	253	263
Headcount	509	485	545	555	565	588	624	623	652
FTE	304	307	319	324	340	341.61	349.54	350.53	357.97

2. 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 2015/2016, 2016/2017 and 2017/2018– these figures do not include hourly paid staff as there are no work patterns applied due to the flexibility within their contract. Perth College UHI statistics below show that there has been a significant increase in the average sick days per head, 14.51 days per employee for 2017/18 compared to the year before 7.6 days. The % of working time lost has increased from the previous year by 3.35%.

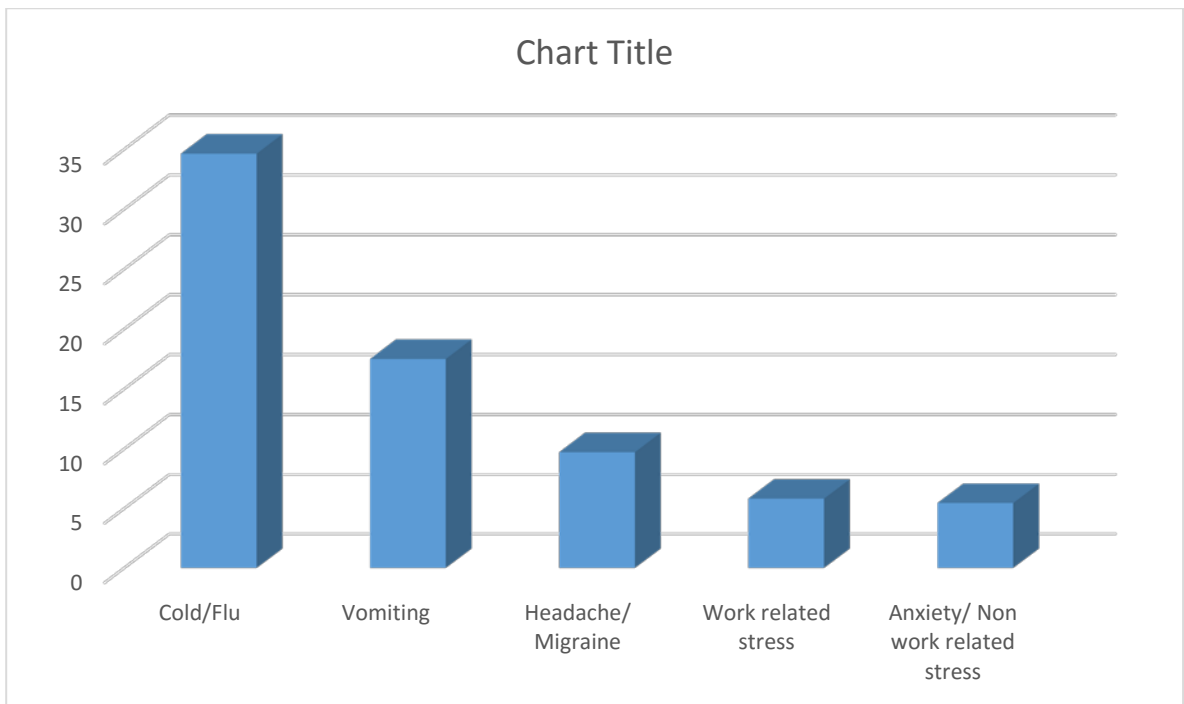
This increase is significant and can be partly attributed to the increase in management intervention in sickness absence and the caseload detailed below. HR are working closely with management to resolve all long term and short term sporadic absence issues, which can be evidenced by the number of occupational health appointments details in this report. The HR and management team are currently formally managing 20 sickness cases.

CIPD'S annual absence management survey 2016 reports an average of 6.3 days sickness absence per employee overall – this is a 5% trimmed mean and average absence levels has decreased in all sectors compared with last year (6.9 days). The CIPD has not released an up-dated report for 2017 yet.

Ciphr	2015/2016 (full year)			2016/2017 (full year)			2017/2018 (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	207.50	7.98	3.24%	115	4.6	1.92%	280	12.17	6.27%
Support	2802	12.97	5.57%	2841	11.59	5.35%	4707.5	17.89	12.69%
Academic	788.5	4.66	2.03%	1184	6.8	3.09%	1836.5	9.98	9.41%
Total	3798	9.24	3.61%	4140	7.6	3.45%	6824	14.51	6.8%

Total number of staff that had absences at the year end of 2017/2018		250
Type of Absence	No of Staff	Action Taken
Long Term >= 20 consecutive days	40	*43 X referred in 2017/2018 to Occupational Health 12 X phased returns in 2017/2018
Short Term >= 06 sporadic days in 12 month period	14	Managers alerted and absence meetings in progress.
One or 2 days over one or 2 occasions	138	

* In some instances, members of staff have been referred to Occupational Health without necessarily meeting the trigger of being absent for 20 consecutive days



Sickness Absence – Stress Related (number of staff absent)

	2012/13	2013/14	2014/15	2015/16	2016/17	2017/2018
Work related	7	8	4	6	5	15
Non-work related	5	5	5	7	9	9

Self-referred to Rowan Counselling (stress related)					
	2014	2015	2016	2017	2018
Work related	4	9	8	4	x
Non-work related	0	0	0	0	3

Paper for Consideration

Subject: Revised Health and Safety Policy 2018

Author: College Health and Safety Adviser

Date of paper: 10 September 2018

Date of meeting: 18 September 2018

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 2018 is attached for approval. No substantive changes have been made other than second signatory is now Brian Crichton, Chair of the Board of Management and a change in health and safety job title from officer to adviser. The policy has also been updated for the new academic year.

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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

September 2018

UNCONTROLLED WHEN

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.

Title: Health and Safety Policy

Version/Status: 8.5, Final

Approved By/Date: Board of Management/Oct 2018

Effective Publication Date: October 2018

Owner: Principal and Chief Executive

Lead Author: Health and Safety Adviser

Review Timing/Date: 1 Year, 2019/20

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.
8.4	October 2017	The Principal and CEO has overall accountability as opposed to responsibility.
8.4	October 2017	The role of the Board of Management was to 'champion' H&S and that should be re-instated in the policy.
8.4	October 2017	Drafting changes to language as recommended by the Board of Management to encourage a more positive/inclusive health and safety culture.
8.5	September 2018	Insert at para 5.4 under "Managers shall", new bullet point: Change bullet point "Appoint a member of staff in their area as Risk Assessor" to read " Appoint a competent member of staff in their area as Risk Assessor" Amend para 5.6 to read:- The Health and Safety Adviser is the appointed competent person for the College on matters of Health and Safety whose main responsibilities include:

Title: Health and Safety Policy

Version/Status: 8.5, Final

Approved By/Date: Board of Management/Oct 2018

Effective Publication Date: October 2018

Owner: Principal and Chief Executive

Lead Author: Health and Safety Adviser

Review Timing/Date: 1 Year, 2019/20

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:

Brian Crichton, Chair of the Board of Management

Title: Health and Safety Policy
Version/Status: 8.5, Final
Approved By/Date: Board of Management/Oct 2018
Effective Publication Date: October 2018

Owner: Principal and Chief Executive
Lead Author: Health and Safety Adviser
Review Timing/Date: 1 Year, 2019/20

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 champions Health and Safety within the College and 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 accountability 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 Head of Human Resources and Organisational Development 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 Head of Human Resources and Organisational Development, 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 competent member of staff in their area as Risk Assessor.

- 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 Adviser

The Health and Safety Adviser is the appointed competent person for the College on matters of Health and Safety whose main responsibilities 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.
- 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:

- Refer staff to the College Occupational Health Provider when necessary.

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- Develop employee health services by promoting health screening and surveillance and preventative medical services.
- Develop health promotion and education initiatives as appropriate.
- Advise and support managers on disciplinary proceedings when required.

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 polices, 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.

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

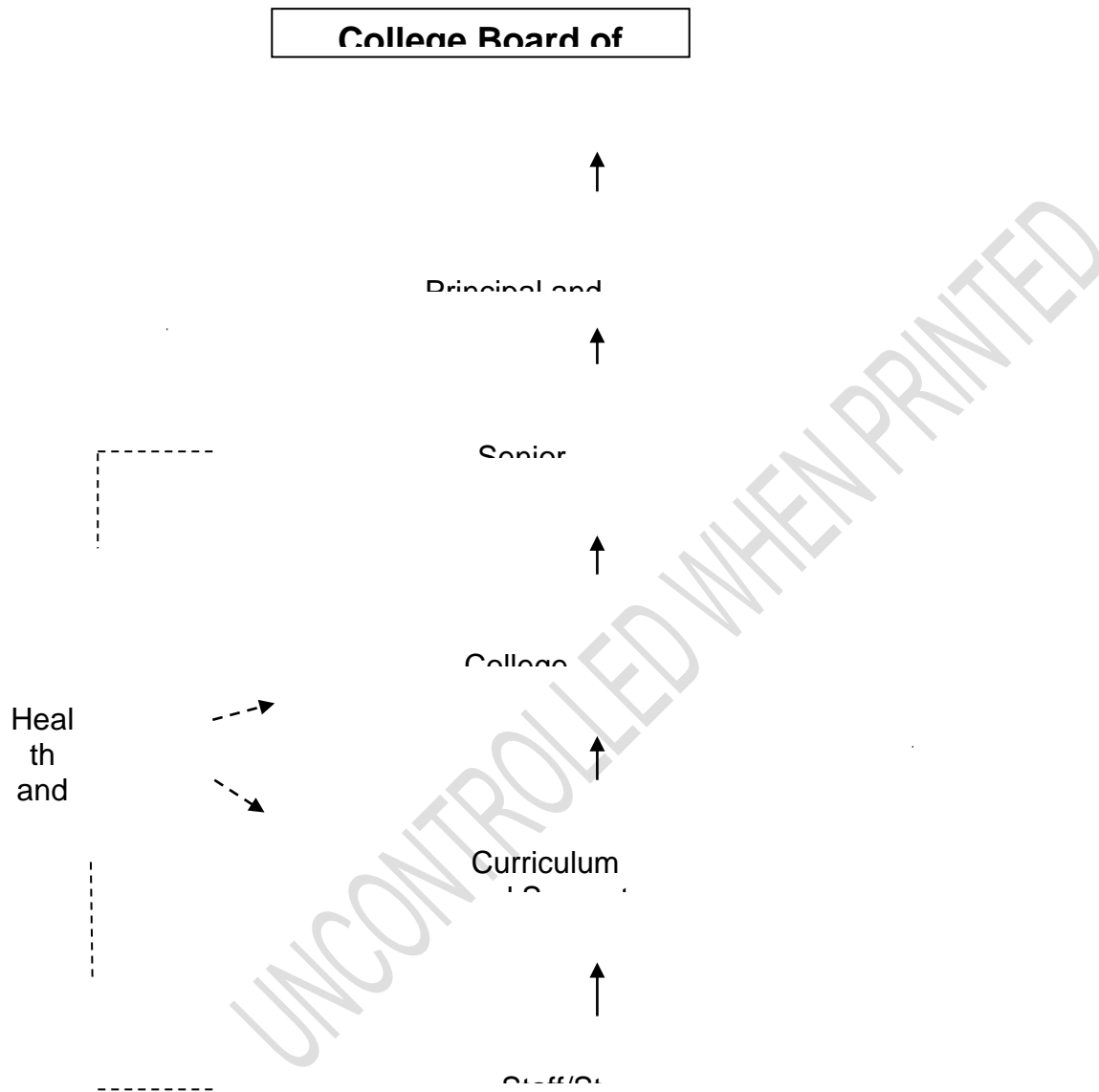
7 **Relevant Legislation**

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

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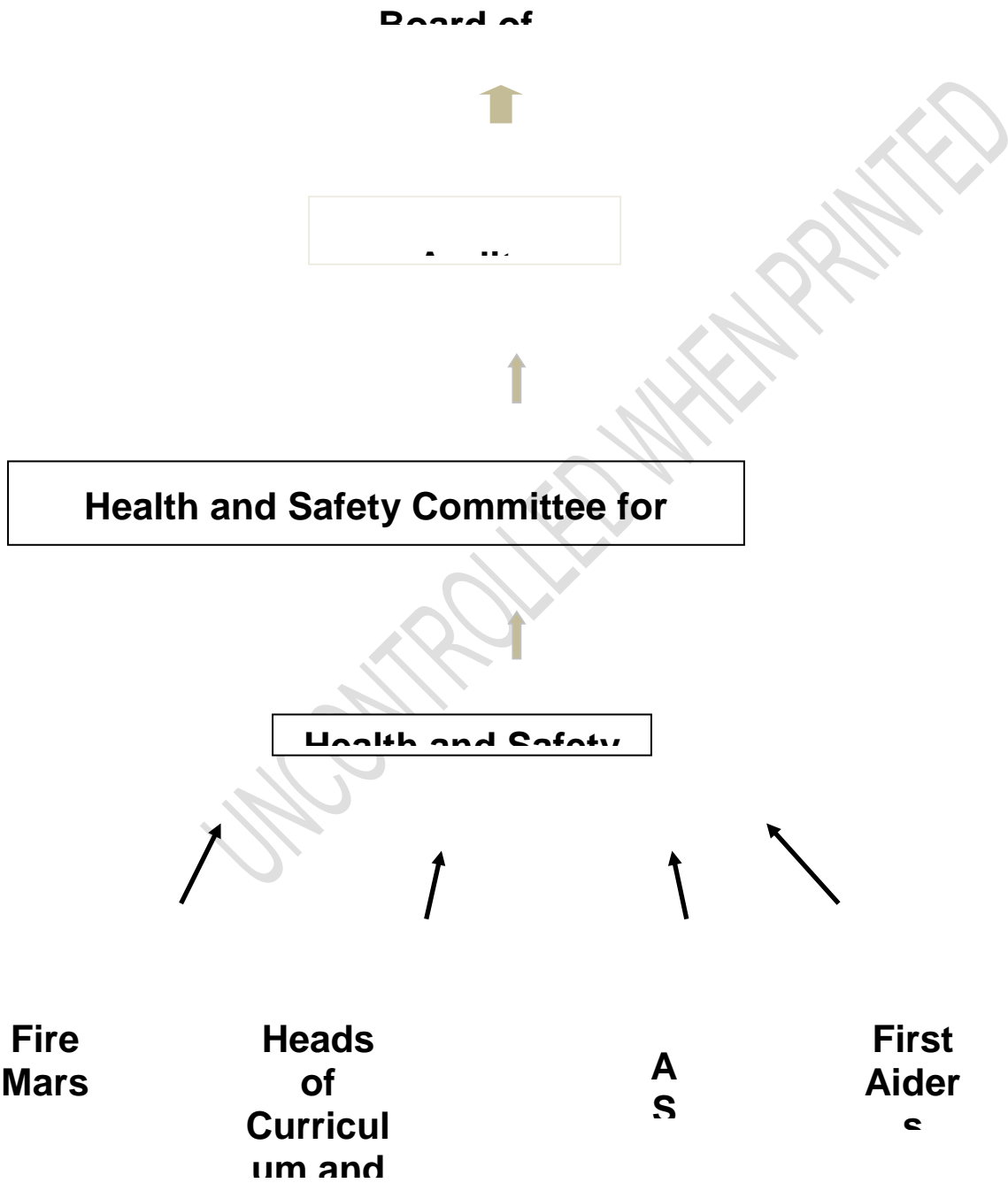
Owner: Principal and Chief Executive

Lead Author: Health and Safety Adviser

Review Timing/Date: 1 Year, 2019/20

Appendix 2

The Health and Safety Functional Communication Structure



Paper for Consideration

Subject: Risk Appetite

Author: Jackie Mackenzie

Date of paper: 11 September 2018

Date of meeting: 18 September 2018

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 Appetite

Risk is inherent in all activity. Risk management is important to ensure that all significant, relevant risks are understood and prioritised as part of normal management practices. Information on risk must be organised in a way that is useful for management purposes and enables decisions to be taken based on the knowledge of risk versus reward. Identification and management of risk on a consistent, appropriate and timeous basis is a requirement of SFC.

The College will take a portfolio approach to risk management – i.e. whilst at any one time we may be carrying a higher level of risks in one or in more parts of our business, we will ensure that the number of areas exposed to higher risk at any time are minimised and balanced with a low risk approach in other areas.

The portfolio of risk will be regularly reviewed by SMT, Audit Committee and the Board of Management.

Higher risk areas will be very closely aligned to strategic priorities and aligned to high returns i.e. the College should not be exposed to high levels of risk if returns are likely to be minimal or if the activity is not business critical. The elapsed time over which the College is exposed to a high level of risk in any area will be minimised as much as possible.

The College's general approach is to minimise our exposure to risk. We will seek to recognise risk and mitigate the adverse consequences but recognises that in pursuit of its mission and academic objectives it may choose to accept an increased level of risk. It will do so, subject always to ensuring that the potential benefits and risks are fully understood before developments are authorised, and that sensible measures to mitigate risk are established.

The College uses a standardised UHI agreed risk template. The criteria for measuring the likelihood of risks occurring and the gross impact of risks is attached at Appendix 1.

The Committee is invited to discuss and approve this approach.

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**

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.

Paper for Consideration

Subject: Strategic Risk Register

Author: Jackie Mackenzie

Date of paper: 11 September 2018

Date of meeting: 18 September 2018

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 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 a specific risk around the proposed UHI integration. The current discussions around a more integrated organisation within UHI may have implications for Perth College which are difficult to fully assess given the current uncertainty, particularly the impact on staff recruitment, retention and morale. Indications are that this could also have implications for future funding models. This topic will form a major part of the forthcoming Board Strategy Day. The Committee is invited to discuss whether we wish to show this as an additional separate risk and the associate implications of so doing.

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.

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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 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: September 2018

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 Changes to Partnership structures/organisation. 	<ul style="list-style-type: none"> Reduced student numbers. Declining performance. Loss of commercial potential. 	Principal	4	4	16	<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. 	16 (4,4)	↔	<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. Be proactive in discussions re. future integration 	Principal Principal Principal Chair	Ongoing 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 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. 	Interim Depute Principal/ Vice Principal External	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. Review marketing structure 	Interim Depute Principal/ Vice Principal External Interim Depute Principal/ Vice Principal External	Ongoing Review again Nov 18 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. Sustaining International Partnerships	<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 	Vice Principal External	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/UHI VP International and External Engagement • Explore combined product offering between College and AST. • Delivery of Trans National Education 	16 (4.4)	↔	<ul style="list-style-type: none"> • Wider product range to be developed. • International strategic approach for 2018/19 to be reviewed and 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. 	Vice Principal External	July 2019
4 *	Active	Developing a successful and sustainable organisation. UHI Common Risk	The institution has a poor 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	July 2019

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. UHI Common Risk	College estate not fit for purpose.	<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. 	Chief Operating Officer	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. Ensure additional funding allocated by SFC for backlog maintenance is spent appropriately 	Chief Operating Officer	Ongoing July 2019 March 2019
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. 	Chief Operating Officer/Interim Depute Principal	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. 	Interim Depute Principal Chief Operating Officer Chief Operating Officer	Ongoing Ongoing July 19

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
10 *	Active	Inspiring and supporting our students to achieve their potential. Providing a progressive curriculum which meets economic and social needs and aspirations. UHI Common Risk	Academic quality is sub standard	<ul style="list-style-type: none"> Insufficient tracking of student. Poor understanding of student requirements. Product not fit for purpose. Poor delivery. Insufficient support for students. Mis-selling of courses/provision.. 	<ul style="list-style-type: none"> Loss of students. Loss of earnings. Adverse PR and poor reputation. Poor future recruitment. Poor achievement and retention. 	Interim Depute Principal	3	3	9	<ul style="list-style-type: none"> Student tracking programme and reviews by Student Advisers. Heightened student focus on internal communication and training evidenced by the BRAG reporting system. Managing student expectations. Active listening to student voice and acting on evidenced by feedback to students. Act on Student Survey outcomes evidenced by action planning with quality reviews. Ensure regular/ constructive formative assessment feedback to students/ customers. Implement Complaints Procedure in line with new legislation and refresh training. ASW opportunities roll out. Student Partnership Agreement 	6 (2,3)	↔	<ul style="list-style-type: none"> Complaints Review NSS Action Plans Student funding at Regional and National level. Work with HISA on further developments. Ongoing self-evaluation review. 	Interim Depute Principal	Ongoing
11 *	Active	Providing a progressive curriculum which meets economic and social needs and aspirations. UHI Common Risk	Regional curriculum plan and delivery not aligned to local demand.	<ul style="list-style-type: none"> Fragmented ownership. Lack of planning. Over ambitious change in delivery methodology. Wrong blend between online and face to face. ESIF changes. 	<ul style="list-style-type: none"> Lose students. Financial risk through reallocation. Students choose another provider. Poor retention and achievement. Disputed ownership/ responsibility for failings. 	Interim Depute Principal	3	3	9	<ul style="list-style-type: none"> Influence/engage with development. Meetings arranged with UHI Deans. Keep in touch/listen to student views. Active engagement in SMCT, QAEC and PPF. UHI to commission research on impact of changed delivery methodologies. Work with UHI, SDS and local stakeholders to enhance demand analysis. Regional Outcome Agreement development and implementation. 	6 (2,3)	↔	<ul style="list-style-type: none"> Proactively engage in implementation of UHI Strategic Plan. Support increased effectiveness of SMCT group. Keep abreast of ESIF developments. Tertiary working groups. 	SMT	Ongoing July 19 July 19 July 19
12 *	Active	Developing a successful and sustainable organisation.	Threat to Business Continuity	<ul style="list-style-type: none"> Major incident. Pandemic. Major fire. Terrorist Activity. UHI ICT loss of service. Radicalisation 	<ul style="list-style-type: none"> College closure. Reduced/loss of service. 	Principal	2	4	8	<ul style="list-style-type: none"> Annual Reviews of Business Continuity Plan. Fibre ring installed. ICT Risk Register developed and dynamic review. Live ICT shutdown test. Desktop exercise with CMT successfully completed. UHI wide live exercise concluded 	6 (2,3)	↔			

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. 	Chief Operating Officer	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	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. 	Chief Operating Officer	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. 	Chief Operating Officer	Ongoing
15*	Active	Developing a successful and sustainable organisation. UHI Common Risk	Financial failure/operating loss. Inability to achieve a balanced budget.	<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. Develop Business Plan for AST 	Principal Principal	Ongoing July 2019

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 attended 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 (4,4)	↔	<ul style="list-style-type: none"> Continue to participate in national bargaining. Contribute to thinking on Workforce of the Future. Engage fully with Colleges Scotland 	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.	Principal	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.	Principal	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	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. GDPR Implementation Plan 	6 (2,3)	↔	<ul style="list-style-type: none"> GDPR policies and procedures agreed. 	Chief Operating Officer	Oct 18

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	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)	↔			
23	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.	Chief Operating Officer	3	2	6	<ul style="list-style-type: none"> Partnership approach with HISA Continuous student engagement, feedback and dialogue. 	4 (2,2)	↔			
24	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 527 in 2015 - Janet CSIRT. Increase in cyber-attacks such as ransomware reported in national media.	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 (3,4)	↔			

Note: Risks 4, 5, 7, 8, 10, 12, 15, 19-24 are UHI Common Risks.

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.

Paper for Consideration

Subject: Health and Safety Risk Management Profile as at August 2018

Author: College Health and Safety Adviser

Date of paper: 10 September 2018

Date of meeting: 18 September 2018

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 August 2018.

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**

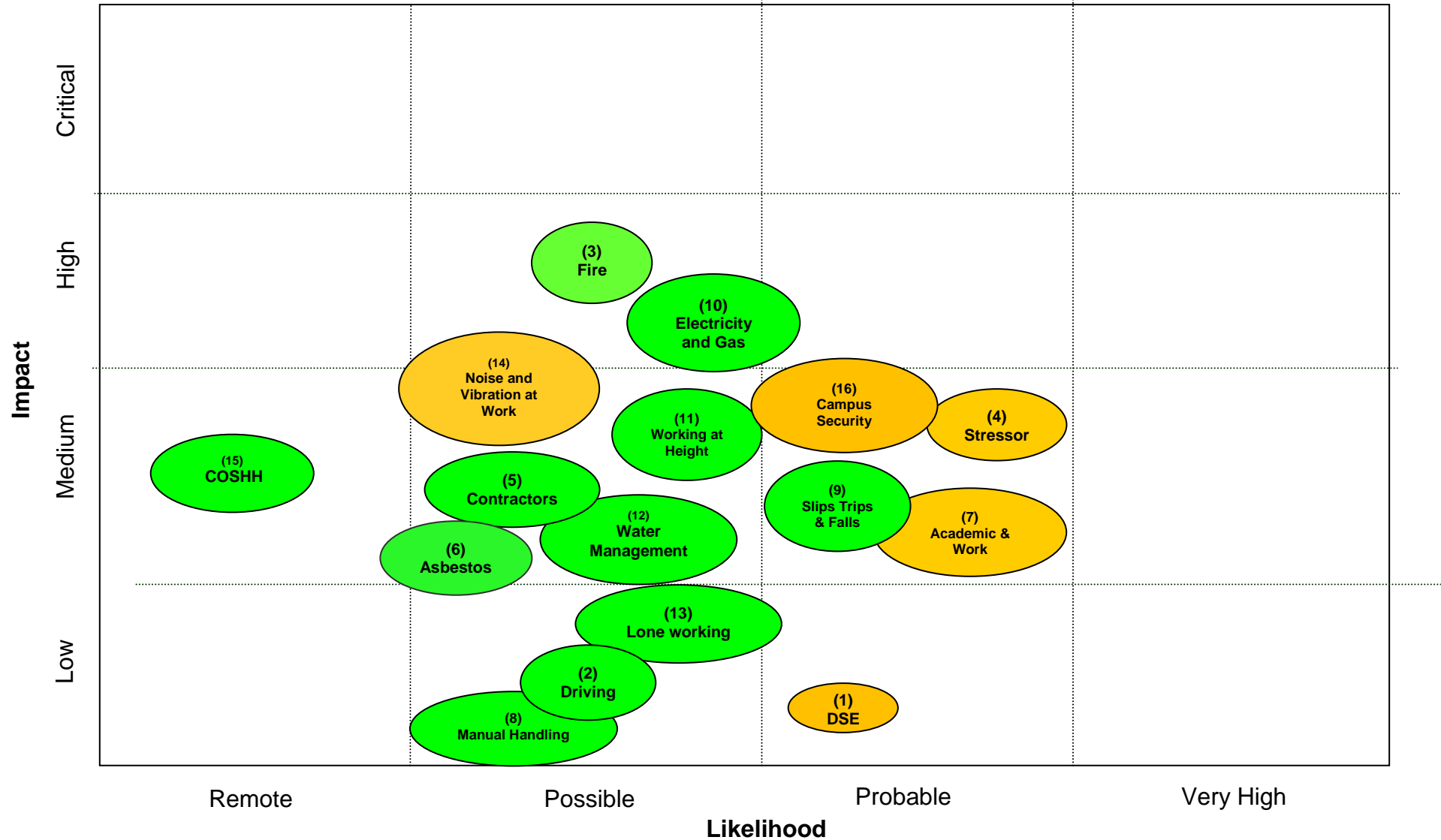
An **open** item is one over which there would be no issues for the College in releasing the information to the public in response to a freedom of information request.

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: August 2018



- 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 August 2018 on review of Control Measures/Actions Taken – change	
		Impact	Likelhd		Impact	Likelhd		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. Lack of DSE Assessments	In Place HS1.1 Health and Safety Policy. HS1.2 DSE Self- Assessment Forms with guidance. HS1.3 Mandatory on-line H&S training. HS1.4 Staff H&S Handbook issued to new staff. 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. HS1.6 H&S included in staff induction session HS1.7 Staff provided with ergonomic equipment as required HS1.8 Annual reminder from H&S Officer to staff and managers re review of DSE Risk Assessment, particularly of changes to work station.	Planned DSE awareness, online training via Marshalls (H&S 2) containing DSE package		

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		Impact	Likelhd
HS2	Driving for Work	Inclement weather. Vehicle breakdown. Accident. Insufficient training for vehicle type. Illegal driving. Driver fatigue. Medical condition. Un-road worthy vehicle.	Low	Possible	Accident/Incident Reports. Sickness Absence figures. Insurance claims. Emergency Services Reports. Speeding Fines. Prosecution eg invalid licence	In Place HS2.1 All Staff who drive a college vehicle for work complete Motor Insurance Declaration form. HS2.2 Copy of driving licence held by Property Secretary for all staff driving hired vehicles on College business. HS2.3 Any staff driving minibus must prove possess D1 or equivalent and undertake College MIDAS training and obtain certificate. HS2.4 Fork lift and tractor certificated/trained drivers. HS2.5 Vehicle booking form completed on line with drop down list of eligible drivers. HS2.6 Electronic copy of vehicle booking form passed to Property Secretary for checking. HS2.7 Driving for Work Policy in place. HS2.8 M.V. Technician carries out weekly/monthly checks on all College vehicles (including long-term hire). HS2.9 General vehicle winter checklist issued to all staff. HS2.10 Risk assessments for driving activities completed and centrally held by H&S Officer.	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		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		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 - updated		
		Impact	Likelhd		Impact	Likelhd		Impact	Likelhd	
HS4	Stressors in the Workplace	Management standards for work related stress in the following areas: <ul style="list-style-type: none"> • Demands • Control • Support • Relationships • Role • Change are not being met	Medium	Probable	Staff Sickness Absence. Staff Survey. Claim for compensation. Poor performance. Employment Tribunal claim.	In Place	Planned	December 2017		
					<p>HS4.1 Occupational Health referral and confidential independent counselling service.</p> <p>HS4.2 Occupational Health appointments available.</p> <p>HS4.3 Sickness absence procedures.</p> <p>HS4.4 An assessment of stressor triggers via staff survey.</p> <p>HS4.5 Training/awareness events throughout academic year.</p> <p>HS4.6 Phased return to work following sickness absence.</p> <p>HS4.7 Professional reviews for all staff.</p> <p>HS4.8 Bronze and Silver award for Healthy Working Lives – 3-yearly staff wellbeing survey.</p> <p>HS4.9 Stress Management Policy in place</p> <p>HS4.10 On-line stress management training module</p> <p>HS4.11 Flexible Working Policy in place</p> <p>HS4.12</p> <p>HS4.13 Management soft skills training to address stress management standards</p>	<p>HS4.8P College working towards Gold Award for Healthy Working Lives. This was achieved December 2017.</p> <p>HS4.12P H&S Officer developed occupational stress risk assessment framework – draft discussed at H&S Comm meeting in Sept 16 and working group to be set up to review and finalise. Update next H&S Comm from H&S Officer. To be developed with HR team to be all encompassing.</p> <p>HS4.13P Managers who attended training, provided feedback on how to roll out stress questionnaire and H&S Officer incorporate this into a suggested process to discuss with a working group to review, finalise and then H&S Officer to implement. H&S Officer to report back on progress to next H&S Comm. Part of above development.</p>	<p>1st H&S Comm meeting 17/18</p> <p>1st H&S Comm meeting 17/18</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			
HS5	Contractors	Contractors do not comply with College safety measures and cause injury/death to persons or damage to property/equipment.	Medium	Possible	Accident/Incident Reported. Sickness Absence. H&S Officer observations/inspections. Litigation.	In Place HS5.1 All contractors must sign Visitors Book and are issued with Visitor Badge. HS5.2 Contractor must have a Certificate of Employer's and Public Liability. HS5.3 Contractors receive a H&S induction to be made aware of College safety rules. HS5.4 All contractors complete a health and safety questionnaire for pre-tender of planned works. HS5.5 Permit to Work issued to contractors when required. HS5.6 Health and Safety Officer attends pre-planning meetings for tendered works. HS5.7 Under CDM Regulations, a CDM Co-ordinator appointed as required. 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. 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. HS5.10 Management of Contractors 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 August 18 on review of Control Measures/Actions Taken – change	
		Impact	Likelhd		Impact	Likelhd		Impact	Likelhd
HS6	Asbestos	Risk of employees / contractors coming into contact with and inhalation of asbestos fibres.	Medium	Possible	Asbestos related diseases. Asbestos contamination and resultant disruption. Staff sickness. Claims for compensation.	In Place Planned		Medium	
					<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 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				
HS7	Academic and Work Equipment	Risk of injury or death caused by poorly maintained and/or faulty equipment, including plant, tools, machinery, vehicles, ICT and office equipment.	Medium	Probable	<p>Accident/Incident/Near Miss statistics. Maintenance/Service Reports. Breakdown of Equipment. Sickness Absence. Claim for compensation. Enforcing Authority notice.</p>	<p>In Place</p> <p>HS7.1 Academic and Work Equipment (including PAT) Register put in place by Head of Estates for effective service/maintenance and legal compliance</p> <p>HS7.2 Head of Estates has rolling programme of works to ensure legal compliance and acceptable standards of maintenance</p> <p>HS7.3</p> <p>HS7.4 Hazard Report card in place.</p> <p>HS7.5 Risk Assessments in place and reviewed as appropriate.</p> <p>HS7.6 Statutory inspections for pressure systems, gas safety, lifting equipment, local exhaust ventilation.</p> <p>HS7.7 Occupational health checks.</p> <p>HS7.8 PAT testing.</p> <p>HS7.9 Spot Audit/ workplace inspections.</p> <p>HS7.10 All relevant staff complete Risk Assessment training.</p> <p>HS7.11 Accident/Incident investigation by Health and Safety Officer to prevent re-occurrence.</p> <p>HS7.12 Procedure in place for HR to advise Health and Safety Officer any staff off sick due to work related absence.</p> <p>HS7.13</p>	<p>Planned</p> <p>HS7.3P Risk assessments and training put in place for all high risk activities by H&S Officer – priorities identified: Joinery, Horti, Estates, Engineering. Most risk assessment uploaded to PerthNet. H&S Officer to provide update to next H&S Comm. New appointment will review.</p> <p>HS7.13P H&S Officer to review, revise and re-issue H&S Checklist for External Lets – in progress and updated with PAT section. Draft to be taken to June 17 CMT and H&S Officer to update next H&S Comm. New appointment will review.</p>	<p>1st H&S Comm meeting 17/18</p> <p>1st H&S Comm meeting 17/18</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	Planned		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 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	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
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			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	Planned		
						<p>HS9.1 Caretaker on site 5.45am-10.30pm.</p> <p>HS9.2 Dedicated Property Helpdesk telephone to report repairs and maintenance.</p> <p>HS9.3 Repair and maintenance team in place.</p> <p>HS9.4 Caretaker Assistance form can be completed on intranet by all staff.</p> <p>HS9.5 Signage/barriers available and used.</p> <p>HS9.6 College owned tractor with plough and salt spreader for snow clearing and gritting.</p> <p>HS9.7 Grit bins and salt storage located across campus.</p> <p>HS9.8 Manual gritting of paths and steps.</p> <p>HS9.9 Grounds maintenance contractor in place.</p> <p>HS9.10 Floor mats in place at building entrances cleaned and replaced weekly.</p> <p>HS9.11 Record of autumn and winter ground maintenance.</p> <p>HS9.12 Designated Day Cleaner also on call to deal with spillages promptly.</p> <p>HS9.13 Workplace inspections.</p> <p>HS9.14 General Health & Safety on-line training for staff.</p> <p>HS9.15 Workplace risk assessments.</p> <p>HS9.16 Accident figures in relation to slips, trips and falls reviewed at H&S Comm</p> <p>HS9.17 Hazard Report card in use for staff and students.</p> <p>HS9.18 Handrails installed on external path</p> <p>HS9.19 Estates monthly checklist – to include back car park check</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		Impact	Likelhd
HS10	Electricity and Gas (Utilities)	Burns Carbon monoxide poisoning Electrocution Explosion 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 HS10.9 Annual gas safety checks	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		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		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 HS12.1 Water Temperature Monitoring in Brahan, Goodlyburn, Webster, Nursery, Learning Centres and Student Residences. HS12.2 Water tanks and pipes cleansed annually in Brahan, Goodlyburn, Webster, Nursery and Student Residences. HS12.3 Legionella Risk Assessments.. HS12.4 External consultancy providing required checks and College now fully compliant with L8 legionella legislation. HS12.5 Water Management Policy in place HS12.6 Three trained Responsible People on site	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			
HS13	Lone Working	Accidents/incidents when staff lone working.	Low	Possible	Accident/Incident Report. Insurance claim. Sickness Absence.	In Place	Planned		
					<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>				

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		Impact	Likelhd	
HS14	Noise and Vibration at Work	Noise induced hearing loss. Tinnitus. Upper limb disorder.	Medium	Possible	Sickness absence. Accident/incident reports. Occupational Health Reports. Compensation claims.	In Place HS14.1 Students and staff given information on safe noise levels. HS14.2 Students and staff required to wear ear protection in music practice rooms etc. HS14.3 Ear protection for staff and students in engineering and technical workshops. HS14.4 Risk assessments in place. HS14.5 Information posters in certain work areas. HS14.6 High spec moulded personal ear plugs provided to Music and Audio staff. HS14.7 Noise level measurement recorded in engineering workshops and music department HS14.8 Audiometry Testing for staff by Occupational Health HS14.9 Noise at Work policy in place HS14.10 Hand & Arm Vibration Syndrome (HAVS) Policy in place	Planned HS14.9P Awareness sessions to be developed and delivered to staff and students by H&S Officer – on-line module being developed for roll out from semester 1 17/18. New appointment will review HS14.10P H&S Officer to introduce Occ Health surveillance system and update at H&S Committee. New appointment will take forward.	December 17 December 17		

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		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 HS15.1 COSHH Assessments in place. HS15.2 COSHH covered in staff induction. HS15.3 Occupational Health appointments. HS15.4 Skin care, hand wash and gloves provided. HS15.5 LEV in high risk areas. HS15.6 CoSHH Policy in place and training delivered	Planned 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. New appointment will take forward. 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 New appointment will take forward.	December 2017		
							December 2017			

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 <p>New appointment will take forward.</p>	By end of Semester 1 17/18	1 st H&S Comm meeting 17/18		



Perth College UHI

Internal Audit Progress Report 2017/18 Annual Plan

18 September 2018

Progress with the annual plan for 2017/18, approved in November 2017, is shown below.

Audit Area	Planned reporting date	Report status	Report Number	Overall Conclusion	Audit Committee	Comments
Internal Audit Annual Plan 2017/18	September 2017	Draft 21/08/17 2 nd Draft 29/08/17 3 rd Draft 21/11/17 Final 29/11/17	2018/01	N/A	05/09/17 and 29/11/17	
Credits Audit	November 2017	Draft 28/09/17 Final 28/09/17	2018/02	Audit opinion unqualified	29/11/17	
Space Management (Business Process Review) 2017/18	March 2018	Draft 09/02/18 Final 19/02/18	2018/03	N/A	27/02/18	The review identified a range of areas for investigation or improvement through facilitated focus group sessions and interviews with staff. Actions were prioritised for the College to take forward. All of the identified actions were improvement actions designed to enhance efficiency and effectiveness. No issues subjecting the College to material or significant risk were identified during the review.

Audit Area	Planned reporting date	Report status	Report Number	Overall Conclusion	Audit Committee	Comments
IT Network Arrangements	March 2018	Draft 16/02/18 Final 19/02/18	2018/04	Satisfactory	27/02/18	
Equalities Mainstreaming	May 2018	Draft 14/05/18 Final 16/05/18	2018/06	Satisfactory	22/05/18	
Follow Up Reviews	May 2018	Draft 14/05/18 Final 16/05/18	2018/05	N/A (see comments)	22/05/18	Of the 17 recommendations followed-up: 11 were fully implemented; 5 partially implemented; and 1 showed little or no progress.



Perth College UHI

Internal Audit Annual Plan 2018/19

Internal Audit Report No: 2019/01

Draft Issued: 5 September 2018

Final Issued:



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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 2019. The plan is based on the proposed allocation of audit days for 2018/19 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 2018/19, 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	Actual 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				
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	Actual 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>22</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:	International Activity – Products, Partnerships and Student Recruitment
Priority:	High
Audit Committee Meeting:	TBC
Days:	4

Scope

The scope of the audit will be to examine the key internal controls in place within the College in relation to its operations in the international market, covering students, partnerships (UHI and other parties) and products.

Objectives

The objectives of the audit will be to ensure that:

International Students

- key markets and courses are identified for international students;
- marketing and agency arrangements in place support the College with the recruitment of international students;
- procedures are in place to assist students who wish to attend the College, including providing advice on UK Visas and Immigration requirements; and
- the setting of targeted international student numbers is robust and there is an adequate system in place for monitoring achievement against targets.

International Partnerships and Products

- an effective strategic planning process and management structure have been established;
- key risks and opportunities in relation to international activities, including compliance with UK Visas and Immigration requirements, are identified and mitigated / exploited;
- robust agreements are signed with partners which include clear objectives, income and expenditure sharing arrangements, and monitoring and review processes;
- financial information on each specific international activity is provided, reviewed and reported upwards on a timely and regular basis; and
- staff undertake continuous development in order to widen the range of products available.

Audit Assignment:

International Activity – Products, Partnerships and Student Recruitment (Continued)

Our audit approach will be:

We will discuss processes in place with the International and Corporate Services Director, Chief Operating Officer and other relevant staff and obtain key documents to evidence these. We will then select a sample of partnership and agency marketing agreements and ensure that these are robust and that information, including financial information, is reported on these on a regular basis. Strategic planning, risk management and staff development documents will also be reviewed in detail to ensure these are comprehensive.

**Perth College UHI
Draft Internal Audit Annual Plan 2018/19**

Audit Assignment:	Staff Skills Profile, Staff Productivity and Performance Management
Priority:	Low
Audit Committee Meeting:	TBC
Days:	4

Scope

This audit will consider whether the College is making best use of its staff and include a review of: workforce planning; staff utilisation; training; and personal development plan system.

Objectives

The objective of our audit will be to obtain reasonable assurance that:

- the College has a systematic approach for ensuring that its staff resources match what is required in order to deliver its commitments. Where gaps are identified, timely action is taken to close these;
- teaching staff are efficiently utilised;
- the College's approach to training, including induction training, is clearly informed by an assessment of where there are skills / knowledge / performance gaps;
- the College has a systematic approach to evaluating its training to ensure that it is achieving the desired impact;
- there is a systematic approach for translating business objectives into actions / tasks for members of staff;
- a systematic approach is used for communicating objectives and performance expectations to staff;
- a systematic process is used for providing feedback to staff on performance and agreeing action to improve performance;
- there is a systematic approach for ensuring that the College makes full use of the skills and knowledge of its staff; and

Our audit approach will be:

The Head of Human Resources and Organisational Development, Human Resources staff, and a sample of senior managers will be interviewed, and the College's policies, procedures and structure will be reviewed, to assess compliance with the above objectives.

**Perth College UHI
Draft Internal Audit Annual Plan 2018/19**

Assignment:	Procurement & Creditors / Purchasing
Priority:	Medium
Audit Committee Meeting:	TBC
Days:	4

Scope

This audit will focus on the systems of internal control in place for the ordering of goods and services and the payment of invoices.

We will also consider whether the procurement strategy followed and procedures in place support best value purchasing across the College in relation to non-pay spend.

Objectives

The specific objectives of the audit will be to ensure that:

- the College's Procurement Policy, Strategy and procurement guidance are comprehensive, kept up-to-date and in line with the Procurement Reform (Scotland) Act 2014 ('the Act') and The Procurement (Scotland) Regulations 2016 ('the Regulations');
- procurement procedures ensure that:
 - ◆ areas of high spend across the College are monitored appropriately;
 - ◆ opportunities for pooling of expenditure are identified in order to achieve best value; and
 - ◆ collaborative procurements and frameworks available to the College are utilised where appropriate;
- purchase orders are completed for relevant purchases and are approved by members of staff with sufficient delegated authority prior to issue to suppliers, with the risk of unauthorised and excessive expenditure being minimised;
- the College's procurement guidance on quotes and tenders are being complied with;
- all liabilities are fully and accurately recorded;
- all payments are properly authorised, processed and recorded; and
- appropriate controls are in place over the amendment of standing supplier data on the finance system.

Our audit approach will be:

From discussions with Procurement staff, and a sample of budget holders, we will establish what procurement strategies, procedures and monitoring arrangements are in place within the College. These will then be evaluated to establish if they follow recognised good practice.

Audit Assignment: Procurement and Creditors / Purchasing (Continued)

Our audit approach will be (continued):

Specifically, we will seek to establish whether the procurement procedures ensure that areas of high spend across the College are monitored appropriately, identifying opportunities for pooling of expenditure in order to achieve best value, and ensuring that joint purchasing arrangements available to the College are utilised where appropriate.

We will also document controls in place within the purchasing / payments system through interviews with Finance staff and also seek to establish whether the expected key controls are in place by reference to standard control risk assessment templates. We will also perform compliance testing where considered necessary to determine whether key controls are working effectively, including selecting a sample of items of expenditure from the financial ledger and testing to ensure compliance with the College's Financial Regulations and Procedures.

Perth College UHI
Draft Internal Audit Annual Plan 2018/19

Audit Assignment:	Key Financial Controls – AST Ltd
Priority:	Medium
Audit Committee Meeting:	TBC
Days:	3

Scope

This review will seek to ensure that the key financial controls that can be relied upon to produce the figures for the financial statements and management accounts are operating effectively.

Objectives

The objective of this audit will be to obtain reasonable assurance that systems are sufficient to ensure:

Payroll

- Calculations of gross pay and deductions are accurate;
- Overtime and other variations to pay are properly authorised, processed and recorded.;
- Starters and leavers are processed accurately;
- There is robust approval and checking of changes to employee standing data;
- There is proper authorisation, processing and recording of payments;

General Ledger

- The chart of accounts, coding structure, reports and procedures are adequate in respect of production of the company's monthly management accounts and year-end financial statements;
- There is regular reconciliation of control and suspense accounts;
- There is adequate control over input of journal entries;

Budget Monitoring

- Information is available to management which is up-to-date and in a format that can be easily understood;
- Budget variations are reported and acted upon;

Purchase Ledger

- purchase orders are completed for relevant purchases and are approved by members of staff with sufficient delegated authority prior to issue to suppliers;
- the company's procurement guidance on quotes and tenders are being complied with;
- Adequate checks are carried out on receipt of a purchase invoice to ensure that details conform to the order and that the goods or services have been received;
- Invoices are properly authorised and are promptly and accurately recorded on the financial ledger; and
- Payments are properly authorised, processed and recorded.

Audit Assignment: Key Financial Controls – AST Ltd (Continued)

Objectives (continued)

Sales Ledger

- invoices / claims are raised promptly in respect of income due to the company;
- credit notes are appropriately authorised before issue; and
- adequate debt management and recovery procedures are in place and are consistently followed in practice.

Our audit approach will be:

For all areas included in this review, we will assess whether the above objectives are being met by documenting the systems and controls through interviews with Finance (and other relevant staff) and through review of relevant procedures. We will seek to establish whether the expected key controls are in place by reference to standard control risk assessment templates for these systems. Finally, we will perform compliance testing, where necessary, to determine whether these controls are working effectively in practice.

**Perth College UHI
Draft Internal Audit Annual Plan 2018/19**

Audit Assignment:	Credits Audit
Priority:	Required audit
Audit Committee Meeting:	November 2018
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 2018/19**

Audit Assignment:	Follow-Up Reviews
Priority:	Various
Audit Committee Meeting:	May 2019
Days:	2

Scope

This review will cover the following reports from the 2017/18 internal audit programme and reports from earlier years where previous follow-up identified recommendations outstanding:

- Internal Audit Report 2018/04 – IT Network Arrangements;
- Internal Audit Report 2018/05 – Follow-Up Reviews; and
- Internal Audit Report 2018/06 – Equalities Mainstreaming.

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.

Paper for Consideration

Subject: Ernst and Young letter – Perth College response

Author: Board Secretary

Date of paper: 31 July 2018

Date of meeting: 18 September 2018

Action requested of committee:

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

Cost implications:

(Tick as appropriate) Yes: No:

Executive Summary:

At the last meeting, Audit Committee considered a draft response to a set of audit questions asked by the College's External Auditors, Ernst and Young. The Committee considered the draft questions and made some suggestions. Subsequent to the meeting, feedback was provided by Ernst and Young and the attached response is the final version that was updated in the light of suggestions and feedback. The Audit Committee Chair agreed the final response which was submitted to Ernst and Young by their deadline of 31 July 2018. The Audit Committee is asked to note the final response, provided for information.

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**

Perth College UHI

Responses to questions contained in Ernst & Young's letter of 6 April 2018 to Members of the Audit Committee

Question	College Response
<p>1. How does the Audit Committee, as 'those charged with governance' at Perth College ("the College"), exercise oversight of management's processes in relation to:</p> <ul style="list-style-type: none"> • undertaking an assessment of the risk that the financial statements may be materially misstated due to fraud or error (including the nature, extent and frequency of these assessments); 	<p>As an assigned College, the Board is accountable to the University of the Highlands and Islands (UHI) as the Regional Strategic Body. As set out in College's Governance Manual, the Board is collectively responsible to students and stakeholders for the proper management of all aspects of College business including the operation of sound risk management and internal control systems, and the remits for the Committees of the Board. The Audit Committee has responsibility delegated by the Board to review relevant processes and procedures regularly.</p> <p>The Finance and General Purposes Committee (F&GPC) receives and scrutinises the College's management accounts quarterly. Any issues of concern would immediately be escalated to the Audit Committee and Board. In addition, a joint annual meeting is held with the F&GPC and the College's Internal and External Auditors to review the annual accounts and issues of concern would be raised at that meeting.</p>
<ul style="list-style-type: none"> • identifying and responding to risks of fraud in the College, including any specific risks of fraud which management has identified or that have been brought to its attention, or classes of transactions, account balances, or disclosures for which a risk of fraud is likely to exist; 	<p>The College has three policies which relate to procedures for identifying and responding to risks of fraud. These are:</p> <ul style="list-style-type: none"> • Anti-Bribery Policy which sets out the obligations, procedures and legal context for staff and those working in the College to prevent bribery; • Fraud Prevention Policy which seeks to avoid fraud and establish procedures to deal with any suspected cases of fraud; and

<ul style="list-style-type: none"> communicating to employees its view on business practice and ethical behaviour, for example by updating, communicating and monitoring against the College's code of conduct; 	<ul style="list-style-type: none"> Whistleblowing Policy which covers complaints made in the public interest. <p>The Board, through the Audit Committee owns these policies and reviews them periodically to ensure they continue to be fit-for-purpose. Any area of high risk would be identified and recorded in the Risk Register which is reviewed quarterly by the Audit Committee.</p> <p>The Audit Committee reports to the Board after each meeting and relevant issues on business/ethics would be raised and, if necessary, communicated as appropriate or delegated to the Principal to raise with staff via other means.</p>
<ul style="list-style-type: none"> encouraging employees to report their concerns about fraud; and 	<p>The Fraud Policy sets out the approach and procedures to dealing any alleged fraud. A response plan sets out what will happen when fraud is reported and the process for investigating it.</p>
<ul style="list-style-type: none"> communicating to you the processes for identifying and responding to fraud or error? 	<p>As above in terms of process for reporting fraud. The response plan also makes it clear that any lessons learned would be disseminated as appropriate.</p>
<p>2. How does the Audit Committee oversee management processes for identifying and responding to the risk of fraud and possible breaches of internal control?</p>	<p>The Board through the Audit Committee has responsibility for College policies and these are reviewed periodically. Relevant draft policies come to Audit Committee who then review and suggest changes and ultimately make a recommendation to the Board about their endorsement.</p> <p>In terms of procurement risk and possible fraud in that regard, the Audit Committee receives an annual report on procurement activity in the College. This provides an opportunity for the Audit Committee to engage with the Executive Management Team on the College approach to procurement. Thus the Audit</p>

	Committee can be assured that proper procedures are in place for managing procurement business through the established College processes and APUC.
<p>3. Is the Audit Committee aware of any:</p> <ul style="list-style-type: none"> • breaches of, or deficiencies in, internal control; and • actual, suspected or alleged frauds during 2017/18? 	<p>No</p> <p>No</p>
4. Is the Audit Committee aware of any organisational or management pressure to meet financial or operating targets?	No, other than the challenging funding environment which is monitored by the Executive Management Team and reported quarterly to F&GPC. Any issues of concern would be highlighted by F&GPC to Audit Committee. Board meetings provide an opportunity for the Chairs of Audit Committee and F&GPC to discuss any areas of concern with the Board and the Executive Management Team.
5. How does the Audit Committee gain assurance that all relevant laws and regulations have been complied with?	<p>The Principal signs an annual statement of compliance for the Regional Strategic Body to confirm that the College has complied with the terms of the Financial Memorandum, following review through established management processes.</p> <p>In addition, the College's Governance Manual sets out the responsibilities of the Board and Audit Committee to ensure compliance and an annual report is discussed at the 2nd quarter meeting for the year past. This provides a mechanism for the Audit Committee to review compliance and assurance against relevant laws and regulations. At that meeting the Audit Committee also meets with the internal and external auditors separately from the Executive Management Team and that provides a forum to raise any issues of concern.</p>

<p>Are you aware of any instances of non-compliance during 2017/18?</p>	<p>An Audit Needs Assessment is undertaken by the College's Internal Auditors in discussion with the Executive Management Team and takes account of areas of risk the College is exposed to and previous internal and external audit reports. A three year cycle from 2014-15 to 2016-17 was established and a further cycle will be put in place going forward.</p> <p>The College's internal auditors provide a statement in the Audit Committee's Annual Report to the Board of Management about arrangements for risk management control and governance.</p> <p>No</p>
<p>6. Is the Audit Committee aware of any actual or potential litigation or claims that would affect the financial statements?</p>	<p>No</p>
<p>7. How does the Audit Committee satisfy itself that it is appropriate to adopt the going concern basis in preparing the financial statements?</p>	<p>F&GPC and Audit Committee endorse the approach to monitoring and managing the College's accounts and approves the basis of Final Forecast Returns. Any issues would be identified and resolved following established management processes. Both Committees review the Final Forecast Returns submitted to the Regional Strategic Body and Scottish Funding Council.</p>
<p>8. How does the Audit Committee satisfy itself that the College has arrangements to ensure compliance with the Scottish Funding Council's ("SFC") Accounts Direction and Financial Memorandum?</p>	<p>The Audit Committee via its Annual Report to the Board sets out its opinion on compliance with the SFC audit requirement. This report is also considered by the Board of Management together with the final accounts. Following these processes the Principal signs an annual statement of compliance for the Regional Strategic Body to confirm that the College has complied with the terms of the Financial Memorandum following review through established management processes.</p>

	<p>In addition, the College's Governance Manual sets out the responsibilities of the Board and Audit Committee to ensure compliance and an annual report is discussed at the 2nd quarter meeting for the year past. This provides a mechanism for the Audit Committee to review compliance and assurance against relevant laws and regulations. At that meeting the Audit Committee also meets with the internal and external auditors separately from the Executive Management Team and that provides a forum to raise any issues of concern.</p>
<p>9. How does the Audit Committee satisfy itself that the College has arrangements to ensure compliance with its requirements as an independent charity as set out by OSCR?</p>	<p>The framework for charity trustee duties set out in the 2005 Act and the legal provisions contained within it are covered within the College's Governance Manual and regular review of key elements.</p> <p>Examples include the processes for managing and reporting financial records, the College's Governance Manual which sets out the College's approach to a range of governance matters such as conduct of meetings (items 5-8 in the Board of Management Standing Orders) and Register of Interests (section 4 of the Code of conduct for members of the Board of Management).</p>
<p>10. How does the Audit Committee satisfy itself that the College has arrangements to monitor and maintain the regularity of income and expenditure?</p>	<p>Audit Committee receives quarterly risk register updates and mitigating actions. This would flag any concerns that the Executive Management Team had in relation to the regularity of income and expenditure. In addition, F&GPC receives and scrutinises the College's management accounts quarterly. Any issues of concern would be reported to the Audit Committee and on to the Board.</p>

Health & Safety Committee

Note of Meeting held on 3rd May 2018
1pm, Rm 019, Brahan

Members Present:

Susan Hunter (Chair), Head of HR & OD
Charles Shentall, Board of Management
Ian Bow, Health & Safety Adviser
David Gourley, Curriculum & Business Engagement Director
Jen Thompson-Young, SDD – STEM
Mike Haufe, AST
Tony Grant, EIS H&S Rep
Ian Gibb, Sector Manager - Hospitality
Jane Edwards, Unison representative
Gilbert Valentine, Head of Estates

Apologies:

Charlie Collie, Subject Leader, Social & Vocational Studies
Eleanor Brown, SDD – ALS
Lorenz Cairns, SDD – CCI
Richard Ogston, Head of Student Services
Student VP Welfare & Activities

In Attendance:

Lorna McWilliam, Kitchen Operations Controller

Note Taker:

Niamh Gilmartin, HR Assistant

Summary of Action Items

Ref	Action	Responsibility	Timeline
	Committee Membership - interest in joining the committee - SH advised she would arrange this for the next committee meeting.	SH	TBC
	AOCB Working Time Regulations - IB to undertake research and to set up working group.	IB	TBC
	Accident Reports - Discuss case separately	SH, JE, GV, IB	TBC
	Health & Safety Officer – Welcome and Update – SH & IB to have annual plan for next committee meeting.	IB, SH	Next meeting.
	Misuse of Drugs update – RO to provide committee with update at next meeting.	RO	Next meeting.

Minutes

Item		ACTION
1.	<p>Welcome and Apologies</p> <p>Susan Hunter (SH) welcomed everyone to the Health and Safety Committee meeting.</p> <p>SH introduced Ian Bow, (IB) as the college's new Health, Safety and Wellbeing Adviser.</p> <p>Apologies were noted.</p>	
2.	<p>Additions to the Agenda for AOB</p> <p>Jane Edwards (JE) advised that she wanted to add working time regulations, stress and the statistics around sickness absence.</p>	
3.	<p>Minutes of the Last Meeting</p> <p>The notes of the Health and Safety Committee meeting held on 1 February 2018 were circulated prior to the meeting and were approved as an accurate reflection of the discussions that had taken place.</p>	
4.	<p>Matters Arising not included elsewhere on the Agenda / Review</p>	

Item		ACTION
	<p>of Actions</p> <p>a) Committee Membership Update</p> <p>SH explained that at the last meeting gaps filled by representatives from CA and the Health & Safety Union. SH suggested that we call out to people interested.</p> <p>Gilbert Valentine (GV) agreed.</p> <p>SH advised she would arrange this for the next committee meeting.</p>	
5.	<p>Health & Safety Officer – Welcome and Update</p> <p>IB explained it was his first committee meeting and that he has met all of CMT with the exception of David Gourley. IB explained that he has been establishing the main areas of concern in each area. IB intention is to have an initial inspection, group analysis to find out what is needed and what can be improved.</p> <p>IB explained he had concerns around previous reports as he has not found evidence of departmental inspections and measuring performance.</p> <p>SH said that for the group analysis IB will be going around the college and speaking to people.</p> <p>IB explained that he can see from the previous minutes that there was an intention to have electronic risk assessments on Perth Net. IB to check his permissions on Perth Net.</p> <p>SH advised they would have a much clearer idea and plan for the next meeting.</p> <p>Action – SH & IB to provide a plan for the next committee meeting.</p>	
6.	<p>Health and Safety Risk Management Profile – Update</p> <p>a) CCTV Survey</p> <p>GV explained that there is a proposal to mimic the cameras in ASW – 9 cameras with low light so they work well at night time. GV explained that 8 of the cameras are external and 1 camera at the front.</p> <p>Charlie Shenton (CS), asked if that was using the existing footprint.</p> <p>GV explained that there are a dozen footprints being considered.</p>	

Item	ACTION
<p>CS asked about the expensive equipment around the back of the college and GC explained that would be covered with the new system and there is tracking on the new cameras.</p> <p>TG asked if this was a proposal and GV confirmed.</p> <p>CS explained that he is nervous about having cameras internally but wants to keep an eye on certain areas.</p> <p>GV explained there was a lot of issues and expense with internal cameras. GV advised that there is no CCTV allowed in toilets and it would be a case of regularly checking the toilets.</p> <p>CS suggested it would be a deterrent.</p> <p>GV agreed and advised that the proposal was a reasonable approach and advised a cost of £30,000.</p> <p>SH thanked GV for the update.</p> <p>Misuse of Drugs update</p> <p>SH advised there was a flowchart to be circulated to the members. SH explained that there will be training on spotting the symptoms of drug use in students and there will be an update at the next committee.</p> <p>Action – SH to update at next committee meeting.</p> <p>Head of Estates – Update</p> <p>a) Steps from the Brahan car park – Update</p> <p>GV explained that the stairs will be rebuilt over the summer to reduce the slope and make them safer.</p> <p>b) Taxis and Cars – Update</p> <p>GV explained that he has asked the contracted Taxis to drop off at the Webster Building, GV has had no response back but explained that the drivers are aware of this. GV explained that it is as much the customers requesting to be dropped off at Brahan.</p> <p>c) Gate valve/stopcock – Update</p> <p>GV advised this is now resolved, it had been there since the original building and it was reported as soon as possible.</p> <p>d) Heating in the Gas Training Area</p>	

Item		ACTION
	<p>GV explained that the heater was switched off, and put back in operation.</p> <p>SH asked if there was any questions.</p> <p>No questions.</p> <p>Accident Reports</p> <p>GV apologised for the Accident Reports as the report is 31st Jan ...The numbers have gone down. There was a student with a part time job at the Mercure hotel who had an accident at work and then came to college and was attended to at Brahan.</p> <p>4 were students and 3 were employees.</p> <p>JE said that there was an epileptic seizure and that she had asked about the investigation.</p> <p>IB explained that there was no investigation as 3 first aiders attended.</p> <p>SH advised this was more a case management discussion. JE said they can talk offline about this. JE said that she requested a copy of the investigation but had no response.</p> <p>GV explained that there was a response reported and at the time it was difficult to know as the person was then on holiday.</p> <p>JE asked if there was a copy</p> <p>SH asked if this was a requirement and JE confirmed that was a legal requirement</p> <p>SH advised this case should be discussed separately as it is regarding an individual.</p> <p>JE asked if near misses were being recorded.</p> <p>IB confirmed that there has not been any.</p> <p>Action – Discuss separately</p> <p>GV explained that IB and GV have discussed this and it needs to be revised as it is currently inconsistent.</p> <p>IG stated that the report it not quite up-to-date as it does not include incidents that happened in his area.</p>	<p>SH</p>

Item	ACTION
<p>IB explained that he received three forms for three individuals after the report was produced.</p> <p>GV stated that the forms should be handed in within 24 hours of the incident and IB explained that this does not always happen. SH suggested that there needs to be promotion around the procedures.</p> <p>JTY suggested that the dates are amended on the report to make it more accurate. CS asked when the report was produced and GV confirmed the report was produced on the Friday afternoon and sent out on the Monday. JTY raised that there is issues with the way the forms are submitted and IB agreed. IB explained there is not enough detail and the form itself needs to be revised.</p> <p>CS explained that the report is not accurate and the dates are essential. CS explained the importance that the report is done in actual fact and that it is not about governance terms. CS said that it was up to everybody to make sure this happens.</p> <p>IB explained that it is now his responsibility to look at the policies and procedures. IG advised that there was an incident on Friday and the form was not handed in until Wednesday because the lecturer wasn't back until Wednesday.</p> <p>CS confirmed this was a breach of the 24hours. SH thought this was a process issue. CS explained that everything has an impact – the time it was sent and the importance of recording. CS explained that if anything happens it needs to be agreed who deals with it and when and then react appropriately.</p> <p>JE explained that there was a conversation previously around this and there was some resistance. CS suggested that the first aider reacts to the incident then records it.</p> <p>SH confirmed that there was still some work to do on Accident Reporting and the process needs to be looked at.</p> <p>AOCB</p> <p>Working Time Regulations</p> <p>JE explained that SH is to look at quarterly reports.</p> <p>JE explained that the Union had raised this some time ago. There are issues around people taking TOIL. SH explained that there is no central recording for TOIL. JE asked if the college was compliant and SH confirmed that from what the college pays, yes but she cannot be sure about TOIL as there is no recording system.</p> <p>JE explained that we are not keeping records and that we need to</p>	

Item		ACTION
7.	<p>bring this into line so that we are compliant.</p> <p>SH suggested that there is a working group that comes together to discuss this. SH initial response is to check on Ciph and produce a monthly spreadsheet.</p> <p>Action – IB to set up working group.</p> <p>Work Related Stress</p> <p>JE advised that the college is understaffed and this can lead to work related stress. JE explained that staff feel they have to get through the work and suggested looking at flexi-time. DG advised that the college gives staff the option of flexible working patterns.</p> <p>JE explained that she has not seen any staff sickness absence reports and asked if we are seeing an increase in work related stress. SH explained that we are going through change and you cannot remove the stress but we can be as supportive as we can.</p> <p>JE asked SH what is currently being done about work related stress. SH explained that she is working with managers across the college and looking at HSE regulations</p> <p>IB advised that each individual is different and has different stressors.</p> <p>SH suggested sessions on stress and looking at the signs before they build up.</p> <p>JTY asked about the change in job title from Health and Safety Officer to Health and Safety Adviser. SH explained that the job description has changed and previously there was an expectation to do auditing and other duties such as programme reg training which he wasn't responsible for.</p> <p>IB explained that he doesn't do Midas training and there will be a need to get an external trainer in. SH explained that there is a requirement to have D1 on your licence.</p> <p>SH asked if there was anything else to be added.</p> <p>The meeting closed 3pm.</p> <p>Date and time of next meeting:</p> <ul style="list-style-type: none"> • 30 August 2018 <p>All meetings take place 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

Chief Operating Officer
Depute Principal, Academic

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