

Zoom Meeting  
4.30pm

**AGENDA**

1. Declarations of interest
2. Apologies

**FOR APPROVAL**

3. Minutes of Meeting of 15 April 2021

Elements of paper 3 are withheld from publication on the Forth Valley College website under Section 36 Confidentiality of the Freedom of Information (Scotland) Act 2002

4. Matters Arising
5. Hybrid Working  
Inc. Flexible Working Policy  
Home Working Policy  
Gill Donald
6. Recruitment and Selection Policy  
Ralph Burns

**FOR DISCUSSION**

7. Health and Wellbeing update  
a) Mental Health Support Service  
b) Menopause Guidance  
Karina Buchanan

Elements of paper 7b are withheld from publication on the Forth Valley College website under Section 36 Confidentiality of the Freedom of Information (Scotland) Act 2002

8. Health and Safety Report (To Follow)  
David Allison
9. Health & Safety Internal Audit Report  
David Allison
10. Complaints Overview 2020/21  
Stephen Jarvie
11. Review of Risk
12. Any other competent business

**FOR INFORMATION**

13. Staffing Establishment
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**Skype (commencing at 4.30pm)**

Present: Trudi Craggs (Chair)  
Davie Flynn  
Katherine Graham

Apologies: None

In Attendance: Alison Stewart, Vice Principal Finance and Corporate Affairs (VPFACA)  
Kenny MacInnes, Vice Principal Learning & Student Experience (VPLSE)  
Ralph Burns, Head of Human Resources (HHR)  
Stephen Jarvie, Corporate Governance and Planning Officer (CGPO)  
Marc McCusker, Head of Facilities Management and Health and Safety (HFM)  
for item H/20/015 only

**H/20/012 Declarations of Interest**

None

**H/20/013 Minutes of Meeting of 5 November 2020**

It was noted that there was a mis-type in the minute and that this would be corrected.

The minutes of the meeting of 5 November 2020 were approved subject to the correction above.

**H/20/014 Matters arising**

None

**H/20/015 College Health and Safety Update**

The HFM presented members with the regular update report on Health and Safety within the College.

He outlined some of the developments since the last meeting of the Committee and outlined future developments such as the gradual increase in staff and student numbers on campus in line with Scottish Government guidance whilst still using all three campuses as vaccination centres.

He outlined the requirement from Scottish Government for Colleges to offer lateral flow testing and the challenges relating to this activity.

He informed members that the unused expansion space in Falkirk had now been allocated and was currently being converted into four additional classrooms.

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He outlined work that had been ongoing with the College's Total Facilities Management (TFM) provider to keep the College operational and compliant throughout the last year.

He highlighted that, owing to changes with the Moodle system, some online induction activity for new staff had not occurred but that this was now being addressed and that all relevant staff would be individually contacted to inform them the training was available and the deadline for completing this.

He highlighted that, while College accidents were down owing to the very low numbers on campus, there had been two RIDDOR incidents relating to falls from individuals attending the campus to obtain their vaccine. Whilst the incidents did not relate to College activity, as they occurred on College grounds there was still a requirement to record and report these as RIDDOR incidents.

Members queried if there were insurance implications from the RIDDOR incidents and whether the College was covered for vaccine related matters. The HFM confirmed to members that, as part of the preparations for opening the vaccination centres, the College insurers were informed.

Members noted that the report contained a significant amount of information and that it could be challenging to focus in on the issues the College wanted to highlight. Following discussion, it was agreed that members would meet separately to identify key data points/topics to be presented at the start of the paper as an executive summary, with the remainder of the report being available for context purposes.

Members queried the level of compliance of College users with Scottish Government Covid guidance. The HFM noted that, while it did vary by individuals, overall he would categorise compliance as good.

He also outlined additional communications which had been developed to assist staff and students coming back to campus after a significant period of absence which also reiterated the rules in place.

Members noted that the TFM contract had been extended and that there was a possibility for a further year's extension and queried whether the College was ensuring best value.

The HFM confirmed that the contract had been awarded in line with the procurement policy and that an annual benchmark review against other providers was conducted to evidence continued good value.

He also assured members that any additional projects, such as the expansion space development, are all fully tendered in line with procurement guidance.

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Members noted that fire drills had not occurred and asked if it was intended to have these now that staff and students were returning in greater numbers, with some potentially being on campus for the first time.

The HFM confirmed to members that this had been discussed with the Health and Safety Committee as it was a case of balancing risks and benefits of holding drills during a time where physical distancing is a primary control measure for the pandemic.

Members accepted this rationale and recommended, in the absence of drills, greater emphasis on evacuation processes in campus inductions.

a) Members noted to the content of the report

**H/20/016      Dispute (Verbal)**

The VPLSE provided members with an overview of the current situation in relation to industrial action from EIS-FELA. He outlined that there were actually two actions running concurrently, with a local and national dispute.

He outlined the engagement between the College and local representatives and highlighted that, despite these discussions and offers from the College, the [REDACTED]

He discussed the national discussions underway to define the key attributes for a lecturing role, noting that this was currently being held up owing to a difference in interpretation and language from union representatives and the Employers Association.

He informed members that, subject to a final ratification of the above, the College had agreed to review the Instructor Assessor role descriptions against the lecturer description.

[REDACTED]

The VPLSE confirmed that this would be looked into.

a) Members noted the content of the update

**H/20/017      Staffing Establishment and HR Report**

The HHR presented an update on the regular staffing establishment report, noting that overall figures for the College were stable and highlighted some internal shifts in staffing to support key initiatives such as the digital academy.

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He reported that, while long term absence has stayed roughly the same, there has been a decrease in short term absenteeism.

He also outlined the work the College was doing in terms of the social impact pledge whereby the College supports staff in activity where they can contribute to the local community.

He highlighted initiatives to members such as the Time4You and weekly recharge which had been introduced as a staff benefit during this period of working at home.

He outlined that there had been a survey conducted on Time4You and the weekly recharge and that the outcomes of this survey were included with the papers for members' information.

Members welcomed the additional initiatives put in place to support staff and the introduction of the social impact pledge and queried how this was being communicated to staff.

The HHR confirmed that there were regular stories in the College weekly e-focus, with another update due to go out to staff that day.

The HHR also outlined to members a range of wellbeing resources and workshops that were being offered to staff to support them.

He outlined a range of staff training that was on offer and informed members that, owing to the ongoing commitment to TQFE, there was a smaller cohort than normal starting this year as a large number of their colleagues had already achieved the qualification.

Members welcomed the update and noted it would be useful if the report could also outline if the College was meeting the objectives in the people strategy and other relevant College plans. The HHR confirmed he would review the content of the report.

a) Members noted the content of the report

**H/20/018 GTCS registration (including PRD update) (Verbal)**

The HHR noted that, at the previous meeting, an update had been requested on this topic. He reported that the new GTCS scheme has started for lecturing staff and had also been integrated into the Performance Review and Development scheme of the College. He noted that the GTCS registration was still voluntary at this time with 72% of eligible lecturers commencing the registration process and that this would become mandatory in the future.

He confirmed a meeting was arranged in the near future with GTCS to look at the integration of the registration process with the PRD scheme to verify it meets with their standards.

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He confirmed that once this was agreed, a major relaunch of the GTCS registration scheme would occur.

a) Members noted the content of the report

**H/20/019 Equal Pay Review**

The HHR presented members with the outcome of the most recent equal pay review.

He confirmed that the differences identified were linked to length of service as male employees tended to have a longer term of service.

He outlined other key findings in the report and confirmed that, for areas that were not covered by national job evaluation such as the SMT pay structure, a review was underway.

Members noted that the report made a number of references to waiting to progress changes identified until the national job evaluation process was completed. The HHR confirmed it was difficult to set targets or make changes at this time with the national process underway which could alter these changes.

He noted that currently there was an approximate 60/40 split in terms of female staff members but that male applicants were sometimes able to negotiate better starting salaries when applying for posts. He confirmed that the College position of starting all new hires at the bottom of their relevant salary bands would be reinforced to hiring managers.

a) Members noted the content of the report

**H/20/020 Staff Awards Event**

The HHR presented members with a paper on the proposed staff awards event which had been developed by a sub-group of members from the listening to employees group.

He noted that they were seeking some Board members to sit on the judging panel.

The Chair confirmed that she would raise this matter at the upcoming Board of Management meeting and ask for volunteers and highlighted to Committee members that it may be useful for an HR Committee member to be one of the Board judges.

Members noted the proposed spend on a guest speaker and noted that this amount could be more positively used to support the awards and that, with the range of contacts the Board has, a speaker could potentially be identified who would do so pro-bono.

a) Members noted the content of the report and endorsed the idea of the staff awards

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**H/20/021      Review of Risk**

Members identified the ongoing strike action and the possible outcome of national job evaluation as risks.

**H/20/022      Any Other Competent Business**

Members noted the range of for information papers and requested an update on the Equalities, Inclusion and Learning Services restructure be brought to the next meeting.

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### 1. Purpose

A discussion with members on Hybrid working paperwork including, managers support for one to one meetings, flexible working policy amendment and introduction of a home working policy.

### 2. Recommendation

That members review and discuss the proposed documents and implementation process and approve the updated Flexible Working Policy and new Home Working Policy

### 3. Background

It was agreed that the college will trial a hybrid working approach from 18<sup>th</sup> October 2021, however, due to ongoing Covid-19 restrictions, this was delayed until 7 March 2022. This was launched on 7 March 2022 and will run as a pilot until end of July 2022, it is expected that should there be no issues, the pilot will continue for year 2022/23.

A number of steps were taken to ensure that all managers were aware of hybrid working and understood the college parameters around this. Management training was completed on 22 July 2021, management have been provided with management support documentation for holding staff one to one meetings. **See appendix 1.**

Working from home as always been an option for staff as part of a flexible working arrangement. There were concerns over the use of this and it had limited application. Enforced working from home has changed both opinion and practice at FVC to support home working as a beneficial and effective strategy to enhance productivity and wellbeing.

The college have been reactive with the government guidelines to work from home. As we are now moving into a proactive approach, it is essential that we introduce a home working policy to ensure we have a clear consistent approach to manage staff when they are working from home and to ensure all health and safety elements of home working are considered.

### 4. Key Considerations

Following the rollout of hybrid working training sessions for the leaders and managers of Forth Valley College a guide has been created to support the one to one conversations with staff around the individual working plans for teams. The proposed guide is shown in **appendix 1** and is designed to support managers to conduct consistent one to one meetings with their teams. Prior to the official launch of hybrid working, a managers briefing session was held online for all managers. This session involved presentations relating to both hybrid working and hybrid learning and a guest speaker from SERC who gave an overview of hybrid working in their colleges.

The introduction of hybrid working required an amendment to the flexible working policy to ensure processes are followed upon receipt of a hybrid working request. **Appendix 2** Flexible Working Policy, details the specific changes which are held on pages 3, 6 and 7.

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The home working policy is a new policy introduction and defines what home working means, the necessary health and safety elements of home working and how it will be managed going forward. Please see **appendix 3** for home working policy.

The managers' guide in **appendix 1** was distributed to all managers on 1 August 2021, reminding them that Hybrid working will be launched on 18 October 2021 and they will be asked to meet staff on a one to one basis and add a record of their conversation within the employees' record. Following the delay of launch, a reminder was sent to all staff regarding the hybrid launch and asked to contact their line manager if there had been any change to their circumstances that would need further review.

Both policies have been approved by LMT and agreed with our trade union colleagues.

#### 5. Financial Implications

To be determined and will seek approval from LMT with identified costs for individual project tasks in line with the key considerations above.

#### 6. Equalities

**Assessment in Place? – Yes**

**Please summarise any positive/negative impacts (noting mitigating actions) –**

Each of the projects for Springback will have some element of equalities impact across college. An Equalities Impact assessment will be provided for each project.

#### 7. Risk

A risk register is held centrally for the Springback Programme that records risk for all projects. This is available within the Springback Programme area on SharePoint. The Programme board meet fortnightly and any risks identified will be discussed and escalated to LMT if necessary.

**Risk Owner** – Ken Thomson

**Action Owner** – Ken Thomson

#### 8. Other Implications –

Please indicate whether there are implications for the areas below.

**Communications – Yes**

Communications with managers and staff have been ongoing and will continue to ensure full engagement and understanding of the process.

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**Health and Safety – Yes**

Health and safety are involved in supporting home working policy and appropriate risk assessments.

**Paper Author** – Gill Donald

**SMT Owner** – Ken Thomson

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## Hybrid Working Model

### One to One Meetings

#### Manager Notes Only

- Consider the key needs of the business, the customers and students as well as the need for staff support eg for new colleagues. What can be done at home and what is more effective and simply required to do in campus
- Hybrid working should be considered for all posts but may not be suitable to all staff, it also may not be suitable for the hybrid approach to be a straightforward split of days. This should be considered prior to the one to one meeting.
- Consideration should be given to the hours the employee works when discussing the hybrid split to ensure they are in office for days in the working week.
- When discussing days the employee wishes to work at home, consideration should be given to ensure cover is available each day of the week to support staff on site For example, not all staff can work from home on a Friday or Monday.
- Informal and formal flexible working definitions are below:
  - Informal Flexible working – This arrangement can be generally defined as an informal arrangement of flexible working agreed for the current role in the current circumstances. It may not have an end date but would be subject to review if the role, or the individual or team circumstances change, this will be communicated to the employee by their line manager.
  - Formal Flexible Working – This arrangement is defined where there is a requirement for the employee to apply through the flexible working policy. This is where an employee is looking for a more permanent arrangement out with the scope of hybrid working. A list of formal flexible working arrangements can be found in appendix 1 of the [Flexible Working Policy](#).

## Points of Discussion

**\*\*Please keep to the script as closely as possible. This is essential to ensure consistency across all meetings\*\***

### Open Meeting

- Confirm that the meeting is to discuss the implementation of a hybrid working model and define the approach:

“Hybrid working is two types of working practices. Or in this case, two working locations: home and office.” The college are requiring staff to work at least 2 days in the workplace though this may be more. The remainder (40-60%) per week will be dependent on the business need and the hours the employee works, if the employee is part time the requirement to work on campus remains.

- Ask the employee if they had considered the hybrid model and what their thoughts are.

### Hybrid model in full

- Agree what hours the employee will work each week at home and on campus on a trial basis
- You will need to set a date to review this after a set period of time
- Confirm that this working pattern is a trial and solely for their current role – subject to change if they change role/departments
- Ask employee if they have a set area to work in at home and if they have any IT/furniture requirements to be considered. **Please see list of options available to staff, managers should use their discretion when requests are made and discuss whether the employee has any equipment at home.**

*Please note, staff who currently have an office chair from the Falkirk Campus will be required to return this and swap this for another office chair as these chairs are specifically for the Falkirk Campus. As part of your one to one discussion with the employee advise of this and confirm you will be in touch again to make arrangements for this to happen.*

- Advise employee that they will be required to complete a home working risk assessment on Moodle when the course goes live at the end of August.
- Advise employee that there will be an update to the flexible working policy and introduction to a home working policy, these will be discussed at next LNCC and distributed thereafter.
- Ask employee if they have any concerns/questions
- Add a note of the meeting to the employee’s record including review period

## **Hybrid Model for Non-Contact (academic)**

### **It is important to remember that time of out college as per national bargaining is still in place and based on business needs**

- Advise employee that due to the requirements of the role, you are unable to approve working from home for full days if they do not have a full day non-contact time within the week in their time table.
- Have a copy of their timetable and discuss the options available to them to allow hybrid model in non-contact time and if applicable during any classes that they have as blended learning.
- Confirm that this working pattern is solely for their current term (can be a full year if appropriate)
- Discuss that there may be a requirement to come into office for meetings/training or cover on the days that may be days they'd normally be at home.
- Ask employee if they have a set area to work in at home and if they have any IT/furniture requirements to be considered
- Ask employee to complete the DSE/VDU course for homeworking
- Ask employee to access and read the flexible working and home working policy.
- Ask employee if they have any concerns/questions
- Add a note of the meeting to the employee's record.

### **Hybrid working is not possible**

It is important to meet with staff who cannot work in a hybrid way to advise them of this, and the reasons why it is not possible.

- Advise employee that although the college is introducing a hybrid working approach it is not possible for their role to be part of a hybrid approach, advise of the reasons for this. Reasons can be categorised as:
  - **A detrimental impact on quality**
  - **A detrimental impact on performance**
  - **Detrimental effect on ability to meet customer demand**
- Ask employee if they have any comments they wish to make and provide your HRBM with any information that could support this employee in the future in terms of health and wellbeing.
- Add a note of the meeting to the employee's record



# Flexible Working Policy and Procedure

<b>Status</b>	For Approval
<b>Date of Version</b>	October 2021
<b>Responsibility for Contents</b>	Human Resources
<b>Responsibility for Review</b>	Human Resources
<b>Impact Assessment Review Date</b>	November 2023
<b>Review Date</b>	January 2023
<b>Primary Contact</b>	Human Resources Business Manager

## **FLEXIBLE WORKING POLICY AND PROCEDURE**

### **INTRODUCTION**

This document outlines the Flexible Working Policy and the Flexible Working Procedure for all staff at Forth Valley College. The document has been written to explain how the College will aim to fulfil its statutory obligations in relation to Flexible Working, the right to request and the duty to consider.

### **EQUALITIES IMPACT ASSESSMENT**

We welcome feedback on this Policy and the way it operates. We are interested to know of any possible or actual adverse impact that this Policy may have on any groups in respect of gender, race, disability, sexual orientation, religion or belief, age or other characteristics.

An Equalities Impact Assessment of this Policy has been carried out. The policy has been written to fully comply with all obligations in respect of employment law and equality legislation and to take account of recommended best practice. It is therefore not anticipated that this policy will result in a negative or adverse impact on one or more groups in respect of gender, race, disability, sexual orientation, religion or belief, age or other characteristics.

### **DATA PROTECTION**

The College processes personal data collected during the flexible working process in compliance with the Data Protection Act 2018 (DPA) and the General Data Protection Regulation (GDPR). The College is the data controller for your data, and is registered with the Information Commissioner's Office. The College will collect and process information relating to you in accordance with the privacy notice which is available on the [College website](#).

Inappropriate access or disclosure of employee data constitutes a data breach and should be reported in accordance with the [College Data Policy](#) immediately. It may also constitute a disciplinary offence, which will be dealt with under the organisation's disciplinary procedure. Employees should use College data for organisational purposes only, and should not keep personal copies of College data under any circumstances.

If you are unhappy with any aspect of the way your data is handled, you can contact the Data Protection Officer at [dataprotection@forthvalley.ac.uk](mailto:dataprotection@forthvalley.ac.uk).

### **FLEXIBLE WORKING POLICY**

This policy has been designed in line with an overall commitment to developing the College's family friendly policies in relation to carers of children and adults, irrespective of hours worked.

This policy has been prepared by the College in consultation with UNISON and EIS-FELA with the needs of the College and its staff in mind.

### **FLEXIBLE WORKING**

Forth Valley College believes that flexible working can increase staff motivation, promote work-life balance, reduce employee stress and improve performance and productivity. All employees who have a minimum of 26 weeks' continuous service have the right to request flexible working and to have their request considered seriously by their Line Manager.

The request for Flexible Working can relate to one or a combination of the following:

- A change to hours worked

- A change to the times when hours are worked
- Working from home (either all or part of the week)
- Job Sharing

Also see attached list of alternative ways of working (Appendix 1).

### **INFORMAL FLEXIBLE WORKING**

All staff have a right to request informal flexible working, this can be generally defined as an informal arrangement of flexible working agreed for the current role in the current circumstances. It may not have an end date but would be subject to review if the role, or the individual or team circumstances change, this will be communicated to the employee by their line manager.

Examples of informal flexible working arrangements that can be authorised by Line Managers/Heads of Service/Directors of Curriculum include the following:

- Adjusted start / finish times
- Adjusted lunch breaks
- Early finishes, where business needs can be met
- Remote working, including from home or other locations\*
- Staggered start / finish times

It is expected that staff should be undertaking the responsibilities of their role within their working hours. Staff are encouraged to take breaks away from their workstation.

\* Working from a remote location is limited to the country in which you work. Employees must be physically available to attend work as and when required, this may be at short notice to cover sickness, if required to travel to work at short notice, you should ensure you travel safely.

Commented [g1]: Addition to Policy

### **FLEXIBLE WORKING PROCEDURE**

The Flexible Working Procedure details entitlements to:

- Make an application for a flexible working arrangement
- Have an application seriously considered by the College
- Receive a written response to an application for a flexible working arrangement
- Have the right to appeal against a refusal to grant a flexible working arrangement.

## **1 UNDERSTANDING IF YOU ARE ELIGIBLE TO REQUEST FLEXIBLE WORKING ARRANGEMENTS UNDER THIS POLICY**

To be eligible to make a request for a flexible working pattern, employees must:

- have worked for the College continuously for 26 weeks on the date when the application for flexible working is made
- not have made another application to work flexibly during the past 12 months.

## **2 HOW SHOULD I MAKE MY REQUEST AND HOW WILL MY REQUEST BE CONSIDERED?**

### **2.1 REQUESTING A FLEXIBLE WORKING ARRANGEMENT**



2.1.1 All requests must be made in writing and employees should complete a Flexible Working application form which can be found [here](#), to their line manager having first ensured their eligibility to make such an application.

2.1.2 All flexible working requests should be submitted no later than 3 months before the proposed date of change.

This will enable adequate time for your application to be considered in line with the timescales around the approval process.

2.1.3 Employees should ensure that their Flexible Working Application is fully completed and includes:

- the date of the application;
- the current working pattern;
- the changes that the employee is seeking to their working arrangements;
- If the request is in relation to something which is covered by the Equality Act 2010;
- the date on which the employee would like the terms and conditions to come into effect;
- what effect the employee thinks the requested change would have on the organisation;
- how, in their opinion, any such effect might be dealt with;
- a statement that this is a statutory request;
- whether or not the employee has made a previous application for flexible working; and
- if the employee has made a previous request, when the employee made that application noting that employees are entitled to make 1 application within a 12 month period.

2.1.4 Employees may wish to seek guidance from their Trade Union Representative or HR Business Manager when completing a request.

## **2.2 CONSIDERING REQUESTS FOR FLEXIBLE WORKING**

2.2.1 All applications for a flexible working arrangement made under the scope of this policy, will be considered thoroughly by the College.

2.2.2 On receipt of an application, arrangements will be made for the employee's line manager to meet with the employee to discuss the request. A HR Business Manager may also be in attendance at the meeting.

2.2.3 At this meeting the employee may choose to be accompanied by another employee of the College or a Trade Union representative.

2.2.4 The purpose of this meeting is to provide both parties with the opportunity to discuss the desired change in working arrangement in more detail and consider how the change might be accommodated.

2.2.5 A decision regarding the outcome of the request will be communicated to the employee in writing within 3 months of receiving the flexible working application.

## **2.3 ACCEPTING REQUESTS FOR FLEXIBLE WORKING**

2.3.1 If the College is able to accept the request made by an employee for a flexible working arrangement, formal confirmation will be sent to the employee in writing. The confirmation will outline the agreed changes and the date they will become effective. This will normally be subject to a satisfactory trial period (see section 2.3.2).

2.3.2 During the trial period, which is usually at least 3 months in duration, regular review meetings will take place between the employee and their line manager to establish if the flexible working

arrangement is operating effectively and to highlight any issues which may need to be addressed before the arrangement can be confirmed on a permanent basis.

2.3.3 If a trial period is found to prove that the flexible working arrangement is not successful, the employee's line manager would require the employee to revert back to their previous terms and conditions of employment. In this circumstance the College will confirm in writing the business reasons for this decision, as per section 2.4.2.

2.3.4 The agreed changes to the employee's working pattern will constitute a **permanent** amendment to the employee's main terms and conditions of employment with the College, unless otherwise agreed by both parties. For example, if both parties agree to a change in working pattern for 12 months, the employee would then revert back to their previous working pattern at the end of the 12 month period.

## **2.4 REFUSING REQUESTS FOR FLEXIBLE WORKING**

2.4.1 If the College is unable to accept an employee's request for a flexible working arrangement, then formal confirmation of this decision will be sent to the employee in writing.

2.4.2 This confirmation will outline the business reason(s) why the request was refused. The reasons for refusing a flexible working request are:

- it will cost the business too much
- work cannot be reorganised among other staff
- more staff cannot be recruited
- there will be a negative effect on quality
- there will be a negative effect on the business' ability to meet customer demand
- there will be a negative effect on performance
- there's not enough work for the employee to do when they've requested to work
- there are planned changes to the business, for example, intentions to reorganise or change the business and think the request will not fit with these plans

2.4.3 The confirmation letter will also advise the employee of their right to appeal against this decision.

## **2.5 APPEALING AGAINST REFUSAL TO GRANT FLEXIBLE WORKING PATTERN**

2.5.1 Any appeal should be submitted in writing by the employee to the Head of Service/Director of Curriculum and should state the grounds of their appeal. This appeal should be made within 14 days of receipt of the College's confirmation that the flexible working request has been refused

2.5.2 Within 14 days of receiving an appeal notification, a further meeting will be arranged to consider the appeal.

2.5.3 The employee will be advised that they have the right to be accompanied at the appeal meeting by another employee of the College or a Trade Union representative.

2.5.4 The appeal will normally be considered by the Head of Service/Director of Curriculum or an appropriate nominee (not previously involved in considering the application).

2.5.5 The employee will be informed of the outcome of their appeal within 14 days of the appeal meeting taking place.

2.5.6 Where an appeal is successful, the employee will be sent written confirmation of the appeal decision **to approve** the request for a flexible working arrangement. The confirmation will outline the agreed changes, the date when they will become effective and will normally be subject to a satisfactory trial period.

2.5.7 Where an appeal is not successful, the employee will be sent written confirmation of this decision **not to approve** the request for a flexible working arrangement, outlining the reasons why the request cannot be granted. There is no right of further appeal.

2.5.8 Where a request has been denied, the relevant employee is entitled to make a further request 12 months from the date their original application was made, providing they still meet the eligibility criteria at that time.

## **2.6 WITHDRAWAL OF THE REQUEST FOR FLEXIBLE WORKING**

2.6.1 If an employee wishes to withdraw their request for a flexible working arrangement, they should notify their line manager in writing as soon as possible.

2.6.2 An employee who withdraws their application for a flexible working arrangement will not be eligible to make another application for a further 12 months from the date their application (i.e. the withdrawn request) was made.

2.6.3 An employee who is unable to attend either the meeting arranged to discuss their request for a flexible working arrangement or an appeal meeting, should contact their line manager as soon as possible to explain their absence. A further meeting will then be arranged.

2.6.4 An employee who fails to attend more than one meeting arranged to discuss their request for a flexible working arrangement, or an appeal meeting and who is unable to provide a reasonable explanation for their absence, will have their request considered to have been withdrawn. In such circumstances, the College will write to the employee confirming the request is being treated as withdrawn.

## **2.7 EXTENSIONS TO TIME LIMITS IN THE APPLICATION AND APPROVAL PROCESS**

2.7.1 There may be other exceptional occasions when it is not possible to complete a particular part of the procedure within the specified time limit. In these circumstances an extension to the time limits can be agreed. Extensions to time limits can only take place if both the employee and the College agree. The details of the extension should be recorded in writing.

## **2.8 FACILITIES AND EQUIPMENT**

For employees working at least 2 days a week or 40% of their working time at home Forth Valley College will:

• Provide staff with necessary equipment deemed essential for their role. This should be discussed with line managers, health and safety and IT.

Please note, should an employee leave the organisation, they will be expected to return any equipment owned by the college. Employees will be required to return any equipment to campus periodically for PAT testing.

## 2.9 HEALTH AND SAFETY

Mandatory requirements for those working from home at least 2 days a week or 40% of working time or more:

- Read FVC Home Working Policy– raise any issues with your line manager
- Complete the home working risk assessment module for home working on Moodle

If an employee cannot ensure a safe workstation, in line with the guidance set out in the risk assessment, then they should raise this immediately with their line manager and arrangements made for them to work on campus. Should an employee have a specific health concern regarding their work station, they should contact their Line Manager or HR Business Manager for further advice.

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ALTERNATIVE WAYS OF WORKING

APPENDIX 1

- **Annualised Hours** describes working time organised on the basis of the number of hours to be worked over a year rather than a week; it is usually used to fit in with peaks and troughs of work. Pay will depend on the hours worked in each pay period.
- **Compressed Hours** allow individuals to work their total number of agreed hours over a shorter period. For example, employees might work their full weekly hours over four rather than five days. They would be paid for a full-time job but would not receive overtime payments for the agreed extra hours they work in any one day.
- **Flexitime** gives employees choice about their actual working hours, usually outside certain agreed core times. Individuals are paid for the hours that they work.
- **Home working** doesn't have to be on a full-time basis and it may suit an employee to divide their time between home and office. What individuals are paid for depends on the hours they work. Employers are required to carry out a risk assessment of the activities undertaken by home workers, identifying any hazards and deciding whether enough steps have been taken to prevent harm to them or anyone else who may be affected by their work.
- **Job-sharing** typically involves two people employed on a part-time basis, but working together to cover a full-time post. Both receive pay for the hours they work.
- **Staggered Hours** allows employees to start and finish their day at different times throughout the week. Pay will depend on the hours worked in total rather than the time at which they are worked e.g. if working staggered hours into the evening this would be inclusive of your regular working hours and would not attract an enhanced rate of pay.
- **Term-time Working** allows employees to take unpaid leave during the school holidays
- **Shift-Working** gives employers the scope to have their business open for longer periods than an eight-hour day. Agreed flexible working arrangements may mean that a shift premium is not needed.

# Home Working Policy and Procedure

<b>Status</b>	For Approval
<b>Date of version</b>	May 2021
<b>Responsibility for Contents</b>	Human Resources
<b>Responsibility Review</b>	Human Resources
<b>Impact Assessment Review Date</b>	August 2023
<b>Review Date</b>	October 2023
<b>Primary Contact</b>	Human Resource Business Manager

## EQUALITIES IMPACT ASSESSMENT

We welcome feedback on this policy and procedure and the way it operates. We are interested to know of any possible or actual adverse impact that this policy and procedure may have on any groups in respect of any protected characteristic.

An Equalities Impact Assessment of this Policy has been carried out. The policy has been written to fully comply with all obligations in respect of employment law and equality legislation and to take account of recommended best practice. It is therefore not anticipated that this policy will result in a negative or adverse impact on one or more groups in respect of any protected characteristic.

## DATA PROTECTION

The College processes personal data collected in relation to homeworking. All information is stored and processed in compliance with the Data Protection Act 2018 (DPA) and any future data protection law enacted in the UK, including UKGDPR. The College is the data controller for your data, and is registered with the Information Commissioner's Office. The College will collect and process information relating to you in accordance with the privacy notice which is available on the [College website](#).

Inappropriate access or disclosure of employee data constitutes a data breach and should be reported in accordance with the [College Data Policy](#) immediately. It may also constitute a disciplinary offence, which will be dealt with under the College's disciplinary procedure. Employees should use College data for organisational purposes only, and should not keep personal copies of College data under any circumstances. {Employees should avoid downloading documents to mobile devices, personal PCs, and external drives. Hard copies of documents should be returned to the College for secure destruction, or shredded at home. College devices should be stored securely, at a level of security appropriate to the sensitivity of the data processed.}

If you are unhappy with any aspect of the way your data is handled, you can contact the Data Protection Officer at [dataprotection@forthvalley.ac.uk](mailto:dataprotection@forthvalley.ac.uk).

## 1 POLICY

This policy and its related procedure relates to all employees and establishes guidelines for managers and employees in relation to homeworking. Its aim is to ensure homeworking issues are addressed consistently and fairly and sets out procedures to support this.

The college promotes flexible working for all staff and will agree to an employee working partly or wholly from home where appropriate in line with our Flexible Working Policy. Approval for homeworking will depend on whether or not your work can be done from home effectively and in consideration of business needs. The college cannot agree to all requests to work from home because every job is different and every employee has different circumstances to consider. Please note academic staff

should consider national working practices agreement. Please [click here](#) to find out more.

This policy and procedure outlines the working arrangements that will apply when a request to work from home has been agreed.

Homeworking is managed by line managers with the guidance and support from the HR team. The college retains the right to require minimum workplace attendance to support health and wellbeing, teambuilding, skills development and training, and for business requirements.

## 2 HOMEWORKING PROCEDURES

### Pay

Employees who work from home will be paid in line with their contracted hours of work, with provision for overtime only by agreement.

### Home Environment

You working in environment at home should be a professional, confidential space free from interruptions.

Employees should consider the area as a safe space for both staff and students and staff should be mindful of the privacy of their students and themselves and may wish to use background screens. Any Safeguarding issues should be reported as per the [Safeguarding Policy](#).

### Hours of work

The hours required to be available and to undertake work will not change because an employee is working from home, unless agreed as part of the employees' flexible working request. It is important that contractual lunch and rest breaks are factored into the working day regardless of where the employee is based. Link to NRPA

Flexibility can be agreed where possible and with approval of their line manager, noting the following **minimum requirements** should staff wish to vary their hours to suit their individual needs. Homeworkers must ensure they take adequate rest breaks, as set out by the Working Time Regulations 1998:

- take a break of at least 20 minutes after 6 hours of work;
- ensure the time period between stopping work one day and beginning the next is not less than 11 hours; and
- Have at least one complete day each week when no work is done (including rest days e.g. Saturday/Sunday).



## **Sickness**

If an employee is sick and unable to work, they must follow the department's sickness absence process and contact their line manager as soon as possible. The college's sickness absence policy and procedure will apply in these circumstances.

## **Visits to the college premises**

Given the degree of flexibility that our home/hybrid working arrangements provide, we expect our workforce to be flexible.

You may be required to attend campus on particular days at the request of your [line manager/head of department], for example for in-person training and for meetings that your [line manager/head of department] has determined are best conducted in person.

Similarly, there may be circumstances in which we ask you to work remotely, when you would expect to attend the campus, for instance:

- for operational needs, for example if we have too many employees attending the campus on specific days; or
- for health and safety-related reasons, for example in the event of a lockdown/government guidance that employees should work from home if they can, or if weather conditions dictate.

In such cases, you will be given as much notice as possible to travel safely to campus.

Staff should be available within agreed working hours to attend the workplace at short notice, taking consideration of safe travel requirements.

## **Visits to the employee's home**

Whilst the college will normally require staff to attend the campus when required we may visit your home at agreed times for work-related purposes, including health and safety matters. It is a condition of any homeworking agreement that you agree to such visits, these visits will be agreed in advance and can be held on college campus if preferred. The purposes of a visit will be for:

- delivering and collecting work;
- performance reviews and feedback;
- general discussions about work-related matters;
- ensuring health, safety and security; and/or
- any other work-related purposes that we consider appropriate.

## **Equipment and materials**

It is our policy that we will provide and maintain all equipment and materials necessary for you to work from home. It is the duty of the employee to ensure that proper care is taken of such equipment and materials.

You must take care of any equipment and materials provided by the college, and notify the IT department of any faults with the equipment.

Upon termination of your employment for any reason, you are required to return all equipment, furniture, materials and documents that belongs to the College. The College reserves the right to visit your home at an agreed time to collect any unreturned items.

### **Telephone and internet accounts**

You will pay the costs for all telephone and internet connections in your home. Should the internet connection to your home restrict the quality of work or communications for an extended period of time, the college reserves the right to remove the option of home working until the employee corrects this.

### **Stationery and postage**

All stationery will be provided by the college, please see the [stationary order user guide](#) for more details.

### **Tax**

Employees may be able to claim tax relief for any household expenses incurred as a result of working from home, provided the expenses are solely work related. If you wish to benefit from this tax relief, see the Government's guide on claiming tax relief for your job expenses at [www.gov.uk/tax-relief-for-employees/working-at-home](http://www.gov.uk/tax-relief-for-employees/working-at-home).

### **Security**

Employees are responsible for the college equipment and should not allow members of their family or third parties to access or use our equipment.

Employees who work from home are responsible for keeping all documents and information associated with the college secure at all times. Specifically, homeworkers are under a duty to:

- use a unique password for the computer and any other digital devices.

Further, the computer and other equipment provided by the college must be used for work-related purposes only and must not be used by any other member of the family or third party at any time or for any purpose. Please see [IT Security Policy](#) for further information.

### **Health and safety issues**

The college is legally obliged to ensure the health and safety of homeworkers in the same way as office-based staff. We are therefore required to ensure that:

- all equipment is safe;
- all articles and substances are handled and stored safely;

- an assessment of your workstation is conducted;
- information and training on the safe use of equipment, including display screen equipment, is provided; and
- relevant risk assessments are carried out.

All employees who work from home have a duty to ensure, insofar as is reasonably practicable, that they work in a safe manner and that they follow all health and safety instructions issued by us from time to time.

Employees must follow guidelines on workstation set-up/home computer use issued by the college and available on SharePoint. All Staff will be required to complete a risk assessment required for working from home, this will be part of your mandatory training schedule on Moodle, any concerns with the assessment should be discussed with your line manager.

There are steps employees can take to make sure they achieve a comfortable posture while working from home on display screen equipment (DSE). Please watch the video from the Health and Safety Executive (HSE) on workstation set-up at [www.hse.gov.uk/toolbox/workers/home.htm](http://www.hse.gov.uk/toolbox/workers/home.htm).

Please also observe these guidelines when working with DSE:

- Break up long spells of DSE work with rest breaks (at least five minutes every hour) or changes in activity.
- Avoid awkward, static postures by regularly changing position.
- Get up and move around or do stretching exercises.
- Avoid eye fatigue by changing focus or blinking from time to time.

Employees should follow the usual reporting procedures for any work-related accidents that occur in their home.

### **Insurance**

Employees are responsible for checking that all home and contents insurance policies provide adequate cover for the fact that they work from home.

### **Mortgage or rental agreements**

Employees are responsible for checking applicable mortgage or rental agreements to ensure you are permitted to work from home, and for obtaining any permissions necessary to work from home.

### **Base of Work**

Your base of work will continue to be the campus you are employed to work in and not your home address. You will not be entitled to claim additional travel time or travel expenses when you are working on campus. You will be entitled to the difference in mileage from your base to another campus if you are required to travel between campuses.

1. Purpose

To inform members on an update to the Recruitment and Selection Policy

2. Recommendation

That member's note changes and approve.

3. Background

Policies are reviewed on a three yearly basis and on changes to legislation. The Recruitment policy has undergone this review and been updated accordingly and as such requires to go to the HR Committee.

4. Key Considerations

There have been no significant changes though the importance of equality and inclusion are an ongoing focus and has been emphasised in the policy. Consultation has taken place with both unions.

5. Financial Implications

Please detail the financial implications of this item –. There are no cost implications

6. Equalities

Assessment in Place? – Yes  No

See Appendix 2

If No, please explain why –

Please summarise any positive/negative impacts (noting mitigating actions) – Training has been reassessed and discussions are taking place with the Central Scotland Regional Equality Council (CSREC) to support manager training

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7. Risk

Please indicate on the matrix below the risk score. Risk is scored against Impact and Likelihood as Very Low through to Very High.

	Likelihood	Impact
Very High		
High		
Medium		x
Low	x	
Very Low		

Please describe any risks associated with this paper and associated mitigating actions – Needs are to be inclusive, fair and applied consistently which has risk due to human factors

Risk Owner – Alison Stewart

Action Owner – Ralph Burns

8. Other Implications –

Please indicate whether there are implications for the areas below.

Communications – Yes  No

Health and Safety – Yes  No

Please provide a summary of these implications – Staff, Managers, Unions

Paper Author – Ralph Burns

SMT Owner – Alison Stewart

## POLICY

### 1. PURPOSE AND SCOPE OF THE POLICY

This policy and procedure aims to ensure that the College attracts individuals of high calibre who will support the delivery of the College vision of offering the best, leading the way and shaping future success. The policy has been designed in line with the College's commitment to being an equal opportunities employer.

This policy has been developed to ensure a structured process is followed when selecting and appointing internal and external candidates for posts within the organisation. The process therefore aims to ensure:

- A consistent and fair approach to selection and appointment to roles for all candidates
- Selection decisions which reflect the most suitable candidate for the role based on their skills, knowledge, experience and competencies
- Opportunities for career development within the organisation
- A process, which ensures the College meets statutory obligations relating to the selection and employment of staff.

This policy applies when any vacancy (permanent, temporary or casual) requires to be filled. This policy applies to all potential applicants who may be currently employed as temporary or permanent staff or to external applicants.

In line with our Equalities Policy and in consideration of equality, diversity and inclusion at all stages of recruitment and selection, we always carry out shortlisting, interviewing and selection without regard to an applicant's sex, gender identity, sexual orientation, marital or civil partnership status, skin colour, race, nationality, ethnic or national origins, religion or belief, age, pregnancy or maternity leave or trade union membership.

In accordance with the College Equalities Policy, attempts will be made to accommodate the particular needs of any person who has notified us that they suffer from a disability within the meaning of the Equality Act 2010 at all stages of the recruitment process.

The Recruitment & Selection procedures do not remove an employee or applicant's statutory rights.

The College recognises the need to respect the privacy of individuals applying for employment and as such, will comply with the Codes of Practice for Recruitment and Selection and the requirements of the Data Protection Act 2018 and UK GDPR, set out in the Data Protection Act 1998, covering the use of personal information provided by candidates. To this end, the College will comply with the principles of the act and will

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only collect, process and retain applicants' personal information where it is directly relevant to the recruitment and selection process. Recruitment files, containing details of the post and applications, will be held securely by the Human Resources Department for a period of 12 months, after which they will be **securely** destroyed. Further details can be found under point 8.

This policy **and procedure** has been prepared by the College in consultation with UNISON, EIS-FELA and with the needs of the College and its employees in mind.

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## Equalities Impact Assessment (EQIA)

revised 10/17

The purpose of this template is to ensure that decision makers consider impacts on equality when making decisions which may impact on people in some way, or develop new - or revise existing - policies, practices or operating guidelines. This EQIA template should be completed in conjunction with the Guidance Notes.

<b>Title of the Policy/Decision considered:</b>	Recruitment and Selection Policy and Procedure
<b>Impact Assessed by:</b>	Ralph Burns
<b>Signature(s) of assessor(s):</b>	Ralph Burns
<b>Date of Impact Assessment:</b>	June 2021

### Step 1: (a) Identify the aims of the policy/decision

(i)	What is the purpose of the policy/decision? Why has this policy/decision been developed/reached?
(ii)	How does the policy/decision seek to achieve its purpose?
(iii)	How do the aims of the policy/the decision relate to equality?
The policy aims to make clear the colleges approach to recruitment ensure a fair and legal process. By having a policy and procedure it ensures a fair, transparent and consistent approach to recruitment	



**Step 1: (b) Identify who is affected by the policy/decision**

(i)	Who benefits from this policy/decision?
(ii)	How does the group of people benefit from the policy/decision?
(iii)	Who does not benefit from the policy/decision? Is anyone disadvantaged?
(iv)	If so, how is the group of people disadvantaged by this policy/decision?

All current and potential future staff benefit through having clarity of what will happen and consistency in the application of decisions made. It is not anticipated that anyone will be disadvantaged by this policy

**Step 2: (a) Consider the evidence and impact assess**

(i)	What data or evidence have you used to consider the impact of the policy/decision on each Protected Characteristic group? E.g. student/staff demographic data, consultation responses, national data.
(ii)	If you lack data/evidence, please outline your plan for obtaining up-to-date data/evidence e.g. consultation, survey, focus group responses, national research.
(iii)	Referring to the evidence you have available, would this policy positively or negatively impact on the following Protected Characteristics groups? If so, then how? Detail how it would be possible to minimise negative impact (an action plan may be required to ensure minimal negative impact in practice/change an aspect of the policy). Refer to the following Duties where possible: <b>elimination of discrimination; advancing equality of opportunity; and fostering good relations.</b>

Protected Characteristic	Evidence	Impact (and how to minimise negative impact).
Disability	12.36% of applicants were disabled and 8.33% were appointed. This was an increase on 3 years ago where 6.19% of appointees declared a disability.	Disabled applicants were covered in a wide variety of posts but certain posts attracted a higher level of applicants. All posts are covered under disability confident commitment and training provided to all staff.
Sex (man or woman)	65% of applicants were female and 62% of females were appointed	We need to do more to attract men to apply for posts and have always ensured administrative and care related posts do not discriminate against

		them. To reduce bias panels are made up of both men and women
Race (refers to a group of people defined by their race, colour and nationality (including citizenship) ethnic or national origins)	BAME groups account for about 6% of applications though are concentrated on fewer roles. In addition to White Scottish other White ethnic groups accounted for 18% of applications.	Data reflects that applications are attracting those from ethnic minority groups but the BAME groups are not being appointed. In reviewing the reasons for this it is clear that failure to meet the criteria for applications are the key reasons with high standards of application meaning successful applicants have extensive experience and skills already in place. Shortlisting focuses on Qualifications, Skills and Experience
Age	Applications and appointment data show a match between applications and appointments	The only area for concern is the low level of applications from those under 24 years old. This is due to the skill set required for the majority of roles and the terms and conditions that make roles competitive. Staff are trained to look at objective criteria and not be influenced by long lengths of service
Gender reassignment (the process of transitioning from one gender to another)	Insufficient data to make any conclusions though figures show positive increase in declarations and appointments	Maintain monitoring and training for recruiters
Sexual orientation (whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes)	Recruitment and selection data show little movement on declaration though numbers appointed are slightly down in comparison	Given this category is less visible it is difficult to see where any part of the process may negatively impact on selection here.
Religion and belief (inc. no belief)	Recruitment and selection data	Data on this is limited due to low numbers outside Christianity and none. Equalities training is embedded in all staff development and the development of recruitment and selection training

		being released as part of this update includes significant aspects of equalities awareness
Pregnancy and maternity	Data is limited on this area with no indication of any negative practices	The college has clear guidelines and policies on this and staff are provided with guidance. Equalities training is embedded in all staff development and the development of recruitment and selection training being released as part of this update includes significant aspects of equalities awareness
Marriage and civil partnership	Recruitment and selection data do not indicate that there is any disadvantage to any group	Equalities training is embedded in all staff development and the development of recruitment and selection training being released as part of this update includes significant aspects of equalities awareness
Other identified groups (e.g. carers)	All groups are relevant to this policy	Equalities training is embedded in all staff development and the development of recruitment and selection training being released as part of this update includes significant aspects of equalities awareness

(ii) Action Plan to obtain data and evidence for impact assessment:

Application data is published as part of our equality review. A further review of application data will be taken following figures for the new academic year

Training available to managers was reviewed and updated and the Central Scotland Regional Equality Council (CSREC) have been contacted for further training and support. The need to be inclusive has been strengthened

Utilising Kickstart and trainee positions will boost a younger demographic

**Step 3: Consultation**

Is a consultation required? Are the views of other people required to be sought, in case they may highlight issues arising from the implementation of this policy?	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Please provide reasons why you did/did not offer a consultation: Standard practice to gain input from staff via their representatives	
<i>If 'yes', please complete the following sections.</i>	
Analysis of the views/evidence gathered from the consultation:	
Recommendation(s):	

**Step 4: Decision Making**

<p>Select an option to summarise how the IA has informed your decision-making:</p> <p>4.1 No amendment to the policy/decision is required (policy/decision is robust, with no negative impact);</p> <p>4.2 Adjust the policy/decision (take steps to meet the general duty and reduce negative impact);</p> <p>4.3 implement the policy/decision without adjustment (continue despite the potential for adverse impact);</p> <p>4.4 Stop and remove the policy/do not proceed with decision (where adverse effects are not justified and cannot be mitigated or where the policy leads to unlawful discrimination).</p>
4.1

**Step 5: Publication:**

*Equality Impact Assessments must be published.*

	Does this group need to be aware of this EQIA? (tick if applicable)	How to inform this group:
Students (service users)		
Employees	Y	
Partner organisations & stakeholders		
Other - please state:		
<b>Are there any barriers to communication?</b>	<input type="radio"/>	<input type="radio"/> <b>No</b>
<b>If 'yes', how will barriers to communication be overcome?</b>		

**Step 6: Monitoring and Review**

<b>How will this policy/decision be monitored to assess its impact on protected characteristics groups?</b> E.g. will qualitative/quantitative data be collected? Survey, Student Council, Listening to Learners sessions?  Qualitative data collected and analysed yearly and feedback taken and reviewed from applicants	
<b>Staff member/designation responsible for writing the monitoring report:</b>	Ralph Burns
<b>Monitoring report publication date:</b>	8 March 2021

<b>Review date:</b>  (no later than 3 years after the policy/decision has been impact assessed)	March 2024
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Please send the completed EQIA to [equality@forthvalley.ac.uk](mailto:equality@forthvalley.ac.uk)

If you require any assistance in completing an EQIA, please contact [equality@forthvalley.ac.uk](mailto:equality@forthvalley.ac.uk)

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## 1. Purpose

To inform members on the College partnering with Able Futures in order to deliver direct access to a mental health support service for staff.

## 2. Recommendation

That members note the commitment towards staff health and wellbeing and acknowledge the college partnering with Able Futures.

## 3. Background

As a college we have taken important steps forward in the last few years toward our Health and Wellbeing provision. We have now secured funding for Karina Buchanan, HR Business Manager, to be seconded 0.4 FTE of her time for the next year to focus on the overall commitment to developing the College's approach to the provision of education and awareness learning for the workforce around health and wellbeing for staff.

As part of the initial steps in developing further our wellbeing service provision Able Futures was approached. Able Futures delivers the "Access to Work Mental Health Support Service" on behalf of the Department for Work and Pensions. Able Futures will give staff access to a mental health professional for up to nine months of personalised advice and guidance to help their mental health. Their Vocational Rehabilitation Consultants (VRCs) can help our staff understand and use a wide variety of tools and techniques which can support them in their journey to better mental health. More details can be found in Appendix 1.

The Able Futures mental health support service will become part of the suite of health and wellbeing support on offer by the college and we will be one of the first of colleges in Scotland to use this service. This offering will sit under our future Staff Wellbeing Strategic Framework, which is currently in development now.

The Able Futures mental health support service is not intended to replace our Employee Assistance Programme which is supplied by PAM Assist but will instead complement and enhance the college's current support offering. PAM Assist will continue to provide the counselling service which is not within the scope of the "Access to Work Mental Health Support Service".

## 4. Key Considerations

On considering the rationale for the partnership with Able Futures, the purpose and uses need considered:

- 3 out of 5 employees in the UK have experienced mental health issues such as stress, anxiety, depression, sleep issue and bereavement.
  - The effect of poor employee mental health is estimated to cost employers yearly is between £33 - £44 billion.
-

- Able Futures have the most up to date tools, information and advice that can have a positive impact on staff mental health.
- Able Futures can help the college develop ways to support staff mental health when it fluctuates, help address problems if they arise and help remove barriers and stigma around mental health due to enable more staff to have an enjoyable future at work.
- The college will be provided with a local Business Account Manager to support us in embedding mental health awareness and support. A monthly usage report will also be produced by the Business Account Manager.
- Mental health awareness sessions can be delivered by Vocational Rehabilitation Consultants.
- Able Futures can carry out information sessions to help us inform staff about support available.
- For some individuals the effects of poor mental health are so severe that they can fall within the legal definition of a disability. We must protect the college from any potential risk relating to discrimination claims.

#### 5. Action

Promotion of this service has already been done utilising Efocus along with a dedicated page created on SharePoint within our Health and Wellbeing pages for staff to get access to information on this service. The mental health support service has also been presented to unions at the LNCC and was well received. Any feedback from the HR Committee will be taken on board.

#### 6. Financial Implications

**Please detail the financial implications of this item** – There are no cost implications. The service is fully funded by the Department for Work and Pensions.

#### 7. Equalities

Assessment in Place? – Yes  No

**If No, please explain why** – Mental health issues can impact on anyone at any time and no one will be detrimented by staff having access to this service.

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**8. Risk**

Please indicate on the matrix below the risk score. Risk is scored against Impact and Likelihood as Very Low through to Very High.

	Likelihood	Impact
Very High		
High		x
Medium		
Low	x	
Very Low		

**Please describe any risks associated with this paper and associated mitigating actions** – This is a supportive service to help improve staff mental health. Risk is related to claims of discrimination which this is designed to mitigate.

**Risk Owner** – Alison Stewart

**Action Owner** – Karina Buchanan

**9. Other Implications –**

Please indicate whether there are implications for the areas below.

**Communications** – Yes  No

**Health and Safety** – Yes  No

**Please provide a summary of these implications** – Staff, Managers

**Paper Author** – Karina Buchanan

**SMT Owner** – Alison Stewart

\_able  
futures



# \_welcome to Able Futures

Helping you manage your mental health  
at work so you can enjoy more good days

# Welcome to the Access to Work Mental Health Support Service

You will meet a dedicated Vocational Rehabilitation Consultant (VRC) who will spend time with you to understand any mental health issues that are affecting your time at work.

They will help you create a support plan that is tailored to your needs and, with regular meetings and telephone catch-ups scheduled over the nine month support programme, together you will work through advice and guidance towards a more enjoyable future at work.

## Able Futures will give you:



Reliable personalised support from a dedicated mental health professional



Access to information and resources 24hrs a day on an online portal



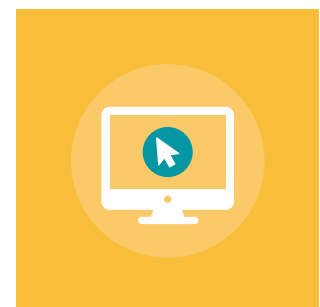
An out of hours service



Signposting to specialist support



Confidentiality



Regular support via telephone and online meetings



# Your support plan

With your Vocational Rehabilitation Consultant (VRC) you will agree a plan of action that will help you identify challenges to your mental health at work and learn how to cope better with issues so that you can move forward to have more good days.

This support plan will be personal to you and at any time you can access a copy of it on your Able Futures Hub as well as using the information and resources available to take action to help your mental health. Your VRC will also provide advice and guidance on where you can access support on

topics including health management, skills development and financial management.

**Please put a tick beside topics where you would like some support, so that you can talk about them with your VRC:**

Communication skills

Wellbeing

Time management

Self-employment advice

Anger management

Anxiety

Dealing with stress

Assertiveness

Bereavement

Health management

Sleep problems

Coping with change

Financial management

Depression

PTSD

Achieving goals

Motivation

Benefits advice



# Delivering Able Futures

The aim of Able Futures is to help people living with mental health difficulties have more good days than bad ones at work.

It is delivered by a nationwide specialist partnership set up to provide the Access to Work Mental Health Support Service on behalf of the Department for Work and Pensions. Partners include Ingeus, Case-UK, Health 2 Employment and Salus, who will provide a dedicated health care professional to people experiencing mental health difficulties that could affect their work.

We recognise that every person will need something different from the Able Futures programme, and have designed a personalised and integrated service to reflect this.

The aim is to help you manage your mental health concerns, support you to reach your goals and improve your mental wellbeing so that you can feel more confident and capable at work.

Your VRC will work with you over the next nine months to provide the right support and guidance at the right time, helping to build your confidence, wellbeing, skills and motivation so that you're ready to move forward to a more enjoyable future at work.

# What Able Futures will do for you



## We will provide you with:

- ✓ Nine months support through regular phone calls and online meetings
- ✓ A flexible service
- ✓ A personalised package of support that is tailored to your needs
- ✓ 24-hour access to an online hub of information and resources
- ✓ Access to an out-of-hours telephone service
- ✓ Respect at all times and support with setting your own goals

## What we will do for you:

- ✓ Keep in regular contact with you
- ✓ Ensure you can easily contact us
- ✓ Encourage and act on your feedback
- ✓ Protect your personal information
- ✓ Provide you with equality of opportunity
- ✓ Focus on your safety and welfare

# **Additional information**

## **Protecting your privacy**

We use your information to help you access suitable support for your mental health at work, and if you give us permission may share some of your information with external partners, your employer or GP where appropriate. We comply with the General Data Protection Regulation 2018 and handle personal data properly.

You can find more information about your rights on the Information Commissioner's website: [www.ico.gov.uk](http://www.ico.gov.uk)

## **Safeguarding**

We aim to provide a safe, supportive and welcoming environment for all participants, staff and partners. If you have any issues you feel we can help with in terms of your physical and/or mental wellbeing, you can speak to someone privately.

We pledge to take any disclosure seriously, we will never dismiss any allegation of abuse, we will support each case as required and we will engage with appropriate support agencies when necessary.

## **Equality and diversity**

We ensure that our services can be accessed by everyone and that they are free from prejudice and discrimination. We are committed to creating and maintaining a culture where differences are recognised, respected and valued, and to ensuring all our staff and participants are motivated and treated fairly. We comply with the Equality Act 2010 and will do everything we can to ensure everyone has access to the same range of advice and information. We always listen to individual circumstances and we encourage everyone to demonstrate a positive attitude to difference and treat others with respect.

## **Feedback and complaints**

We do all we can to listen to feedback from everyone who participates on the programme and will share feedback with staff and participants and make improvements or changes where appropriate.

If you have a complaint about the service or wish to provide feedback, please speak to your Vocational Rehabilitation Consultant and ask for a copy of our feedback and complaints procedure and form.

Alternatively you can call our feedback and complaints team on **0800 321 3148** or email them at [complaints@ingeus.co.uk](mailto:complaints@ingeus.co.uk)

**Remember, you can  
contact us at any time**

General enquiries and  
out of hours support:

**Freephone 0800 321 3137**  
**[www.able-futures.co.uk](http://www.able-futures.co.uk)**



**1. Purpose**

To inform members on making menopause guidance available to staff.

**2. Recommendation**

That member's note the commitment towards staff health and wellbeing acknowledge that the Menopause Guidance (Appendix 1) has been published to support staff and managers.

**3. Background**

The menopause has been a relatively taboo subject over the years. Even though all woman and trans-men will be impacted by the menopause, it is something people and organisations have shied away from addressing. With the recent rise in media attention and through conversation within our college network, it is evident menopause guidance is essential for not only staff who are/will experience the menopause but also for managers who need to understand what is expected from them in order to support their staff.

The menopause guidance document has now become part of the suite of health and wellbeing support on offer by the college. This will sit under our future staff wellbeing strategic framework which is currently in development now we have secured funding for Karina Buchanan, HR Business Manager, to be seconded 0.4 FTE of her time for the next year to focus on the overall commitment to developing the College's approach to the provision of education and awareness learning for the workforce around health and wellbeing for staff.

Staff and manager workshops have already taken place in September 2021 on the topic of the menopause, which were fully booked, and have received positive feedback which shows there is a keen interest from staff to understand the subject more.

**4. Key Considerations**

On considering why we need a menopause guidance document, the purpose and uses need considered:

- For some individuals the effects of menopause are so severe that they can fall within the legal definition of a disability. In other words, it can have the effect of substantially impeding physical or mental wellbeing and produce a long-term adverse effect on an individual's ability to carry out normal day-to-day activities (where long term is usually understood to mean longer than one year) and we must protect the college from any potential risk.
  - The guidance explains the different stages of menopause i.e. perimenopause, menopause and post menopause and what this means.
  - The guidance provides a clear and consistent message over expectations and responsibilities of all employees, employees experiencing the menopause, line managers and occupational health with regards to the menopause.
  - It details the most common physical and psychological symptoms associated with the menopause and how to address them.
-

- It reinforces the need for effective communication between managers and staff and how confidential and uncomfortable conversations should be handled.
- It provides information on where staff can seek additional support

**5. Action**

Although the Menopause Guidance is currently available for staff to access, we publicly launched the Menopause Guidance in line with Menopause Awareness Day on 18 October 2021 in which an article was produced for Efocus.

**6. Financial Implications**

**Please detail the financial implications of this item** – There are no cost implications.

**7. Equalities**

**Assessment in Place?** – Yes  No

**If No, please explain why** – N/A

**Please summarise any positive/negative impacts (noting mitigating actions)** – Currently being undertaken. No negative impact is expected. Only positive impact is anticipated for woman and trans-men who will now have a better understanding of the support in place for them when going through a menopause transition.

**8. Risk**

Please indicate on the matrix below the risk score. Risk is scored against Impact and Likelihood as Very Low through to Very High.

	Likelihood	Impact
Very High		
High		x
Medium	x	
Low		
Very Low		

**Please describe any risks associated with this paper and associated mitigating actions** – This is a supportive tool to give guidance and clarity

**Risk Owner** – Alison Stewart

**Action Owner** – Karina Buchanan

9. Other Implications –

Please indicate whether there are implications for the areas below.

Communications – Yes  No

Health and Safety – Yes  No

Please provide a summary of these implications – Staff, Managers

Paper Author – Karina Buchanan

SMT Owner – Alison Stewart

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# Menopause Guidance

<b>Status</b>	<b>Approved</b>
<b>Date of Version</b>	<b>September 2021</b>
<b>Responsibility for Contents</b>	<b>Human Resources</b>
<b>Responsibility for Review</b>	<b>Human Resources</b>
<b>Primary Contact</b>	<b>Human Resources Business Manager</b>

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## INTRODUCTION

The College is committed to supporting staff experiencing menopause related symptoms at work. The purpose of this guidance is to raise awareness of menopause related issues at work, to assist managers in supporting employees and to inform employees who are experiencing the menopause of their options and the support they should expect.

Menopause should not be taboo or hidden. All employees should understand what menopause is and be empowered to talk about it openly without embarrassment.

Menopause is a natural process which can have little or no effect in many cases. Reasonable adjustments should, however, be considered whether this definition is met or not.

It is important to note that not everyone will experience symptoms. The severity of menopause is down to the individual. Of those experiencing menopause, 75% show some symptoms and, of these, around 25% could be classed as severe.

**Menopause** is defined as the biological stage that occurs when a woman (or trans man) stops menstruating. Usually, it is defined as having occurred when periods have ceased for over twelve consecutive months. The average age for reaching menopause is 51, however it can be earlier or later than this dependent on individual circumstances. A premature menopause can occur before the age of 40.

**Perimenopause** is the time leading up to menopause, signalled by changes such as irregular periods, hot flushes, night sweats, bloating, weight gain, difficulty concentrating and lethargy. This can take several years.

**Post menopause** is the time after the menopause has occurred, defined as being the absence of periods for twelve consecutive months. Symptoms normally continue for around 5 years after the last period, but there is a 10% chance that symptoms will persist for a little over 10 years.

## EQUALITIES IMPACT ASSESSMENT

The statement has been written to fully comply with all obligations in respect of employment law and equality legislation and to take account of recommended best practice. It is therefore not anticipated that this Statement will result in a negative or adverse impact on one or more groups in respect of gender, race, disability, sexual orientation, religion or belief, age or other characteristics. We welcome feedback on this Statement and the way it operates. We are interested to know of any possible or actual adverse impact that this Statement may have on any groups.

## ASSOCIATED POLICIES/PROCEDURES/STATEMENTS

This Statement should be considered in association with the following policies, procedures and statements (this list is not exhaustive):

- Flexible Working Policy
- Flexi-time Scheme Guide
- Absence Management Policy & Procedure
- Work Positive Policy
- Managing and Supporting Performance Policy
- Equalities Policy

## RESPONSIBILITIES

All employees are responsible for:

- Demonstrating willingness to help and support colleagues who are experiencing the menopause.
- Supporting any necessary adjustments their colleagues are receiving to help address menopausal symptoms.
- Ensuring that no colleague experiences language or behaviour that is humiliating, intimidating, degrading, hostile or offensive in relation to the fact that they are experiencing the menopause.

Employees experiencing the menopause are responsible for:

- Taking personal responsibility for managing their own health.
- Talking to their GP if symptoms become difficult.
- Being open and honest in conversations with their line manager, Human Resources and Occupational Health.

Line managers must:

- Be familiar with the content of this guidance, and informed enough to hold conversations.
- Male managers should not refer an employee to a female colleague for such conversations unless this is the express wish of the employee concerned.
- Be prepared to have open discussions about the menopause, appreciating the personal nature of such conversations.
- Treat any discussion sensitively and professionally.
- Record adjustments agreed and actions to be implemented.
- Ensure that all agreed adjustments are communicated to relevant staff and adhered to.
- Manage further support, which may include referral to Occupational Health for advice, recommendation or review.

**Occupational Health**, through Human Resources, will:

- Carry out a holistic assessment of individuals to determine if the menopause is contributing to problems with wellbeing.
- Provide advice and guidance in line with current research.
- Signpost individuals and College managers to appropriate sources of help and advice.
- Provide support to managers in determining and agreeing reasonable adjustments, where required.

## SUPPORT

There are a wide range of physical and psychological symptoms associated with the menopause. The most common symptoms and the most straightforward options to address them are described in this section, but these are not exhaustive. Requests for any kind of reasonable adjustment should be viewed sympathetically and met with positive action.

**Hot flushes** may be alleviated by:

- Requesting temperature control for a work area, such as a fan on their desk, moving nearer to a window or away from a heat source.
- Easy access to drinking water.
- Adapting a uniform, if applicable, for example by removing a jacket when required.
- Allowance of short periods to withdraw from busy office space to wait for a hot flush to pass, reducing embarrassment in front of colleagues.

**Heavy periods** may be managed by:

- Having easy access to toilet facilities.
- Requesting an extra uniform, if applicable.
- Ensuring storage space is available for storage of a change of clothing.
- Ensuring employees are aware of the free sanitary products available in toilet facilities.

**Headaches** may be managed by:

- Easy access to drinking water.
- A quiet working space.
- Noise reduction headphones to wear in open office environments.
- Time out to take medication and allow it to take effect as required.

**Difficulty sleeping and poor concentration** may be managed by:

- Asking for flexible working for periods when lack of sleep has a particularly severe effect.
- Adjusting work patterns and practice to suit patterns of poor concentration.
- Reviewing task allocation and workload.
- Providing action boards, memo lists or other memory assisting equipment and/or systems of work.
- Noise reduction headphones for busy office environments.
- Having agreed 'protected' (undisturbed) time to catch up with work.

**Low mood, loss of confidence, anxiety and panic attacks** may be managed by:

- Agreeing on a 'time out' exit option from situations when required, without needing to ask for permission.
- Identifying a 'buddy' to talk to outside of the immediate work team.
- Making contact with a Mental Health Ambassador.
- Identifying a 'time out' space so that the colleague can withdraw and manage their mood.
- Having regular protected time with their manager to discuss any issues.
- Having agreed protected time to catch up with work.

Employee Counselling Service (PAMAssist) is also available for all staff. They offer a 24 hour, 365-day confidential telephone support and counselling service and also provide access to their extensive on-line help resources via their website. Contact details:

■ [REDACTED]  
■ [REDACTED]  
■ [REDACTED]



## CONFIDENTIAL CONVERSATIONS

In preparing for a conversation with their manager in relation to their menopause symptoms, **employees should:**

- Think about whether it will be difficult to talk to a line manager who is male, and if this feels uncomfortable, requesting that a female manager of similar responsibility is present or that this female manager has the conversation on their line manager's behalf.
- Prepare by keeping a diary of symptoms, their effects, their direct impact on day to day work and possible solutions for the workplace.
- Determine what they would like the outcome of the conversation to be, including timeframes.
- Prepare for the conversation to be sure all aspects of daily challenges are covered.
- Be prepared to allow managers to take a little time to consider the best solution and put an effective set of reasonable adjustments in place.
- Be prepared to work positively with the Occupational Health service to get the best solution for themselves and the College.

In preparing for a conversation with an employee who is experiencing the menopause, **line managers should:**

- If requested by the employee (of a male line manager), arrange for a female colleague of a similar level of responsibility to be present at the conversation or to hold the conversation. Please note - it is imperative that this is done only in the event that an employee has expressly requested it.
- All managers should see it as part of their day to day duties to have conversations on this subject where required.
- Ensure there is adequate undisturbed time set aside to hold the conversation in a room which enables appropriate confidentiality.
- Encourage the employee to speak openly and honestly
- Ensure follow up meetings are scheduled every time you meet and planned for with the same thoroughness as the first. Ad hoc chats are not sufficient to ensure that actions are working on an ongoing basis. Symptoms may lessen in one area while escalating in another, so constant vigilance and a flexible approach is required.

## EXTERNAL LINKS

- National Institute for Health and Care Excellence (NICE) guidelines. These explain how your GP will determine what types of treatments and interventions they can offer you. You can find out more information by using the following link <https://www.nice.org.uk/guidance/ng23/ifp/chapter/About-this-information>.
- The National Health Service provides an overview of menopause. You can find more at <http://www.nhs.uk/Conditions/Menopause/Pages/Introduction.aspx>.
- Menopause information. The Royal College of Obstetricians and Gynaecologists offer further information in a dedicated area of their website at: <https://www.rcoq.org.uk/en/patients/menopause/>.
- Premature Ovarian Insufficiency (POI) information and support on very early menopause. You can find out more at <https://www.daisynetwork.org.uk>.

- Information on hysterectomy. This provides an insight into surgically induced menopause as a result of having a hysterectomy. Further details can be found at at <https://www.hysterectomy-association.org.uk>.
- Henpicked. This site provides information on managing menopause, and an insight into women's stories (see <https://henpicked.net/menopause/>)

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## 1. Purpose

To update the HR Committee on the recent Health & Safety Audit, and progress made towards meeting recommendations.

## 2. Recommendation

That members discuss the recent Health & Safety Audit, and subsequent progress made towards meeting recommendations.

## 3. Background

A Health & Safety Audit was undertaken by Henderson Loggie last year, with the final version of the report issued in September. The overall level of assurance of the report was Requires Improvement, and this rating was primarily the result of the College being unable to evidence the levels of Health & Safety training which staff had undertaken. There were six recommendations, three of which overlap, with four recommendations in total, relating to the aforementioned lack of evidence of training undertaken. Of the five objectives reviewed through the audit, two were assessed as good, two were assessed as satisfactory, each with a relatively minor recommendation, and one area (Health & Safety training programme) was assessed as requiring improvement. The full audit report is provided alongside this update report.

## 4. Key Considerations

### Progress against recommendations

A tracker has been created, and is attached as Appendix 1. The following provides a summary of progress to date.

Recommendation 1: Complete

This recommendation related to a small number of policies and procedures where review dates had been missed, or relatively minor changes such as a change in telephone number as a result of the Campus move, hadn't been updated. All impacted policies and procedures have been updated and taken through the Health & Safety Committee, and all policies and procedures have had their review dates updated on SharePoint.

Recommendations 2, 3 and 4: Partially Complete

These recommendations overlap and relate to the College's Health & Safety training programme. It was identified through the audit that there were issues in the accurate recording and reporting of staff Health and Safety mandatory training. Staff undertake Health & Safety training through Moodle, the College's VLE, with completion of training subsequently written back to the College's HR System, UNIT-e. It was evidenced that there were significant issues in both the recording of staff completion of these courses within Moodle, and also the information being written back to our HR System, and as such reports were incomplete.

---

An investigation into all mandatory training was undertaken by staff from the Learning Digital Skills Academy, Business Transformation and HR departments to understand the reason why this was the case, with three issues identified. The first was a very simple issue which was that in some cases the training course code stored in Moodle was different from the training course code stored in UNIT-e. This was resolved with a simple update of course codes within Moodle. The second was that some courses within Moodle hadn't been set up correctly to record the grade achieved by a member of staff, which again was a simple fix within Moodle, and the third was that some staff had the wrong role assigned to them for their Moodle course, which resulted in their grade achieved not being recorded. When members of staff use Moodle as "Tutors" they are assigned the role of "Tutor". When they undertake a course as a "Student" their role assignment must be changed from "Tutor" to "Student". This step had been missed for a number of staff. All three issues resulted in the member of staff believing they had completed their training course, with this completion not being updated on their staff record. This resulted in incomplete reporting of training undertaken.

Significant progress has been made with all issues resolved, and all HR training records are now updating as staff complete mandatory training courses. As a result "My Employee Record" is now being updated to provide staff and line managers of an accurate record of when staff complete mandatory Health & Safety training, and when this will lapse. The Business Transformation Team are working on developing a suite of reports which show the percentage of completion of each mandatory Health & Safety course, overall and by Department (see Appendix 2). These are currently being piloted and will be rolled out to course owners and line managers, with the ability to drill through to see which members of staff have training outstanding or out of date. A system of email alerts is also well developed to inform staff that training is lapsing/lapsed/outstanding, and will be piloted prior to roll out.

The issue of not accurately reporting on staff Health & Safety training has been added to the College Risk Register. The Head of Estates post is currently vacant, and an update of the College's competent persons list will be undertaken by the Head of Estates, once appointed. The College is currently procuring a new HR System and the final two actions relating to these recommendations will be considered once in place.

Recommendation 5: Complete

This recommendation is on the Health, Safety, Environment and Welfare Policy and was in relation to updating the policy in line with changes surrounding the College's Staff Development Approval Form. This has been updated accordingly and taken through the College's Health & Safety Committee.

Recommendation 6: Complete

This recommendation related to some department risk assessment reviews which had not been undertaken as planned, or reviews not updated timeously. The main reason for this was that staff had not been on campus because of the pandemic, and the review timetable had slipped. The review timetable has been re-introduced and departmental risk assessments are back to being undertaken as timetabled.

---

5. Financial Implications

Please detail the financial implications of this item – No financial implications.

6. Equalities

Assessment in Place? – Yes  No

If No, please explain why – Not applicable

Please summarise any positive/negative impacts (noting mitigating actions) –

7. Risk

Please indicate on the matrix below the risk score. Risk is scored against Impact and Likelihood as Very Low through to Very High.

	Likelihood	Impact
Very High		
High		
Medium	X	X
Low		
Very Low		

Please describe any risks associated with this paper and associated mitigating actions – Without being able to track confidently that staff have completed mandatory Health & Safety training, there is a risk that not all staff have appropriate awareness of Health & Safety to safely perform their role.

Risk Owner – LMT

Action Owner – LMT

8. Other Implications –

Please indicate whether there are implications for the areas below.

Communications – Yes  No

Health and Safety – Yes  No

Please provide a summary of these implications -

Paper Author – David Allison

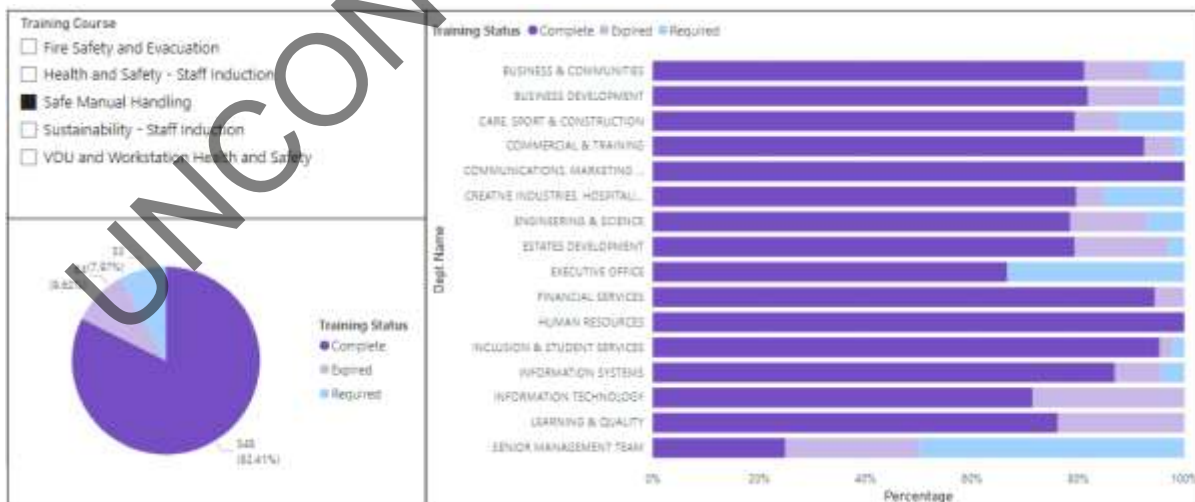
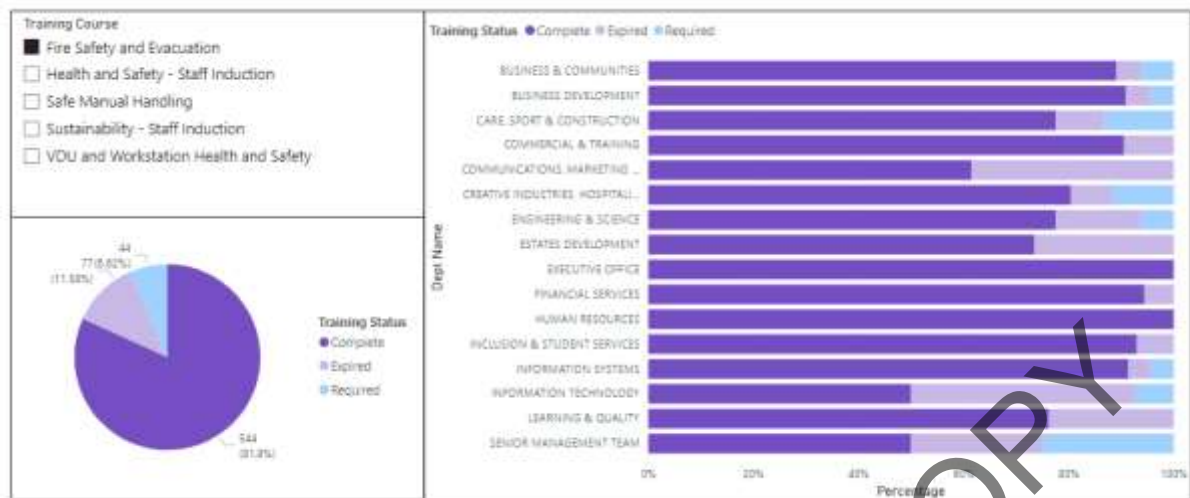
SMT Owner – David Allison

Appendix 1 - Health & Safety Audit Tracker

Rec No	Recommendation	Management Response	Actioned By	Completion Date	Grade	Actions	March 2022 Update
R1	The College should ensure that all health and safety policies and procedures (as noted in Appendix 1) are reviewed and updated. Management noted that the current Health, Safety, Environment and Welfare Policy (June 2020) is currently under review due to the significant change in circumstances relating to Covid-19 and the Scottish Government environmental changes. All policies and procedures (see Appendix 1) should be updated to ensure that old dates and references to the previous H&S policy are removed. Telephone numbers within procedures should also be checked to ensure they remain up to date. Link should also be made in the Policy to key procedures, such as the Risk Assessment Procedure. The Risk Assessment Procedure should be enhanced with reference to decision flow charts. The College's Health and Wellbeing at Work Strategic Commitment (April 2017) should also be reviewed to ensure that it remains current to any post-COVID-19 recovery requirements	The College actively works to keep all Health and Safety policies and procedures up to date and reviewed at agreed intervals or on a significant change. There is an acceptance with the points raised in relation to updating headers and footers on documents and to ensure continual improvement this admin exercise has commenced. It is acknowledged that due to the urgent priority that the pandemic brought and with reduced occupancy in campus it allowed for some review dates to be exceeded. The College's Health and Wellbeing at Work Strategic Commitment (April 2017) will be reviewed by the H&S Committee.	Head of Estates	Nov-21	3		Complete
R2	Management should review all new staff records to ensure they have completed all mandatory training requirements within their probationary period. The root cause as to why staff records were not created on My Employee Record should be identified and a mitigating control established, such as a checklist for HR managers to check these have been established and mandatory training is completed before probationary periods are complete. The risk to the organisation of not having evidence of H&S training completed should be identified in the risk register and actions identified to ensure there is no reoccurrence. A process for reporting the completion rates of student H&S training should be developed to inform management of any gaps and support required in curriculum areas.	The College is in agreement with R2 and is making adjustments to reflect the required changes. The College will review the process of identifying mandatory training for all staff to develop a matrix of mandatory training by role profile, which will be linked to staff records. A suite of reports will be developed to identify outstanding mandatory training, and when training is due to lapse, including alerts to line managers and HR managers. Completion of mandatory training will be monitored through LMT on a regular basis. Health and Safety will be added to the College risk register, and there will be a review of current processes to ensure that student Health & Safety training is being effectively recorded.	Head of HR, Head of Estates and Directors of Curriculum	Mar-22	2	<p>Investigate and resolve technical issues with VLE (Moodle) and it's integration with HR System (UNIT-e)</p> <p>Ensure My Employee Record is being updated</p> <p>Develop a suite of reports for H&amp;S Mandatory Training</p> <p>Add Health &amp; Safety Training to College Risk Register</p> <p>Introduce an alert system for staff to inform that mandatory training is elapsing/has elapsed.</p> <p>Update of competent persons list</p> <p>A feasibility review into the creation of role specific Skills Matrix</p> <p>A review of reporting and checking protocols to ensure mandatory training is complete within induction period</p>	<p>Complete</p> <p>Complete</p> <p>Partially Complete - Reports developed (see Appendix 2)</p> <p>Complete</p> <p>Partially Complete - Alerts developed - to be tested and rolled out.</p> <p>To be undertaken by Head of Estates, once appointed</p> <p>New HR system is being procured and in addition National Job Evaluation questionnaires can be utilised to determine specific role needs agreed by the employee as within their remit. This will require investment in time and a scoping project will be needed once we better understand the capabilities of the new system.</p> <p>In line with the introduction of a new integrated HR system, Induction is being reviewed to take advantage of the systems offerings. Management and Employee self-service is key here as is a sound reporting tool to review progress. The new system will have this.</p>

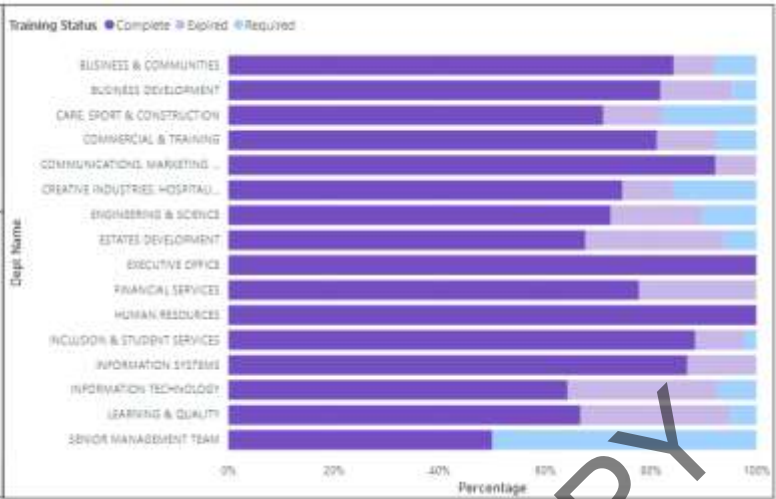
Rec No	Recommendation	Management Response	Actioned By	Completion Date	Grade	Actions	March 2022 Update
R3	A more 'joined-up' approach between HR and H&S is required to ensure that H&S training needs are identified and delivered in a cost-effective manner. A process should be developed to ensure that HR and H&S teams review all specialised H&S training requests to determine need and inhouse provision. All H&S training should be reported to HR using the SDAF. No H&S training should be approved without due diligence over SDAF forms by the H&S Team. Management should identify the H&S skills and knowledge needed for staff to do their job in a safe way. This could take the form of a skills matrix based on job roles that details the mandatory and desired H&S training requirements. The process for reporting H&S training needs to HR and H&S should be defined in policies for staff awareness, including that training needs be identified from completing risk assessments and who to communicate needs to.	Please refer to management response to R2.	Head of HR, Head of Estates and Directors of Curriculum	Mar-22	2		Partially Complete - See Actions for R2.
R4	A process for reporting refresher training compliance rates from across the College should be developed with quarterly reports provided to the HR Committee in line with good practice. H&S refresher training compliance rates should also be reported quarterly to the H&S Committee and H&S Operational Committee in support of their remits. Any gaps in compliance should be identified and support provided where necessary by the H&S Team. A process for reporting H&S training completed by named 'Competent Persons' should also be developed, such as reports from My Employee Record. The Competent Person list should also be updated.	The College acknowledges the recommendation and will strive to verify the data received to ensure accurate data submissions and trend analysis are carried out. Links between both H&S and HR to be established and developed further as necessary. We will aim to obtain and retain credible data to develop a reporting structure to ensure overall compliance and reporting to the relevant committees. Further development of Moodle courses for new starts.	Head of Estates, Head of HR, Head of Quality	Nov-21	2		Partially Complete - See Actions for R2.
R5	The Health, Safety, Environment and Welfare Policy (published June 2020) should be updated with details of the mandatory and refresher training requirements and accountabilities for non-compliance should also be clearly documented. The process for requesting specialised training in line with updates made to processes in R3 and documented in the Health, Safety, and Environmental policy. The Contractor induction form should also be version controlled in line with good practice.	Version date is 2020 with document review date of 2023 but due to the significant change in circumstances not only relating to covid 19 but the Scottish Government environmental change the policy is being reviewed and will be discussed with the Trade Unions once they return from the summer break prior to approval. The College advises that it will work with all relevant parties to agree an updated policy that encapsulates recommendation R5 The College acknowledge the version control footer and has since been updated.	Head of Estates, Director of Infrastructure, College Trade Union representatives	Jan-22	3		Complete
R6	The College should ensure that risk assessments are completed as required, they should also be reviewed, and updated on time. The H&S Committee should be provided with regular reports detailing the level of compliance with updating risk assessments and be informed where there are areas of significant non-compliance with their regular review and updating.	The Health and Safety department vigorously work with departments and trade union H&S reps to adapt and review general risk assessment as necessary. Although acknowledged that departments require to sign of risk assessments the H&S department will carry out further training to ensure new starters and current post holders are aware of the expectations when completing and uploading a risk assessment Please refer to response R2 for College intent to rectify training records and identify areas for improvement.	Head of Estates / Director of Infrastructure	Oct-21	2		Complete

## Appendix 2 – Mandatory Health & Safety Course Completions – March 2022

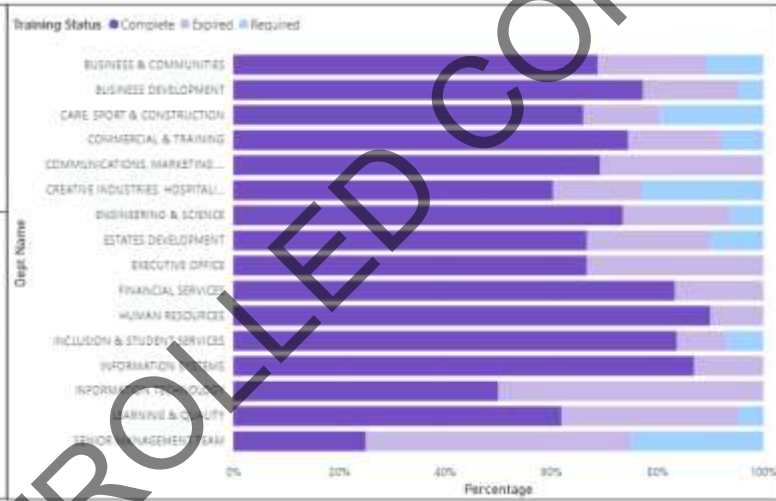
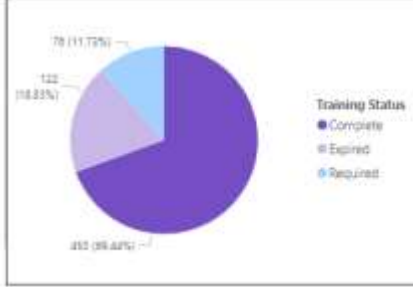




- Training Course**
- Fire Safety and Evacuation
  - Health and Safety - Staff Induction
  - Safe Manual Handling
  - Sustainability - Staff Induction
  - VDU and Workstation Health and Safety



- Training Course**
- Fire Safety and Evacuation
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  - Sustainability - Staff Induction
  - VDU and Workstation Health and Safety



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# Forth Valley College

Health and Safety

Internal Audit Report No: 2021/05

Draft issued: 7 May 2021

Final issued: 1 September 2021

LEVEL OF ASSURANCE

Requires Improvement

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<b>Appendix 1</b>	<b>Table of Health &amp; Safety Policies and Procedures reviewed where exception was noted</b>	16

## Level of Assurance

In addition to the grading of individual recommendations in the action plan, audit findings are assessed and graded on an overall basis to denote the level of assurance that can be taken from the report. Risk and materiality levels are considered in the assessment and grading process as well as the general quality of the procedures in place.

Gradings are defined as follows:

<b>Good</b>	System meets control objectives.
<b>Satisfactory</b>	System meets control objectives with some weaknesses present.
<b>Requires improvement</b>	System has weaknesses that could prevent it achieving control objectives.
<b>Unacceptable</b>	System cannot meet control objectives.

## Action Grades

<b>Priority 1</b>	Issue subjecting the organisation to material risk and which requires to be brought to the attention of management and the Audit Committee.
<b>Priority 2</b>	Issue subjecting the organisation to significant risk and which should be addressed by management.
<b>Priority 3</b>	Matters subjecting the organisation to minor risk or which, if addressed, will enhance efficiency and effectiveness.

# Management Summary

## Overall Level of Assurance

**Requires Improvement**

System has weaknesses that could prevent it achieving control objectives

## Risk Assessment

There are no specific Health & Safety (H&S) related risks on the Forth Valley College ('the College') Strategic Risk Register however this review focused on the controls in place to mitigate the risk of failure to meet legislative and regulatory requirements in relation to H&S.

## Background

As part of the Internal Audit programme at the College for 2020/21, we have carried out a review of the College's H&S arrangements, with consideration of specific risks from the move to the new Falkirk campus. Our Audit Needs Assessment identified this as an area where risk can arise and where Internal Audit can assist in providing assurances to the Board of Management and the Principal that the related control environment is operating effectively, ensuring risk is maintained at an acceptable level.

At the time of audit, no students and staff were physically located on campus due to the national lockdown restrictions brought about by the global COVID-19 pandemic. However, contractors for Balfour Beatty and the H&S team continued to work together to complete construction requirements at the Falkirk campus. At the time, the teams were working on recommendations from a fire safety inspection at the Falkirk Campus, conducted in December 2020, which raised some issues around fire doors. These issues were in the process of being resolved during our fieldwork. The annual health and safety audit schedule was postponed during 2020 due to national restrictions. However, the schedule for 2021 includes the review of arrangements within 10 areas at Falkirk Campus.

Within the College it is important to demonstrate full implementation and embedding not only of H&S legislation but demonstrate that H&S issues are considered by all staff, students, and management. This will reduce the risks related to accidents and occupational health. Furthermore, all staff should receive appropriate training to not only identify risks to themselves but to understand that H&S is their responsibility, and not only that of management. The recommendations from this report will be applicable for arrangements across all three campus sites at Falkirk, Stirling and Alloa.

## Health and Safety

### Scope, Objectives and Overall Findings

The main objective of this audit was to review the College's overall arrangements for dealing with H&S issues and to consider whether these are adequate.

The table below notes the specific objectives for this review and records the results:

Objective	Findings			Actions already underway	
The specific objectives of this audit were to obtain reasonable assurance the College has:	1	2	3		
1. H&S policy and documented procedures which are communicated to all staff	Satisfactory	-	-	1	
2. H&S training programme which includes induction training, refresher training and training for new equipment or legislation	Requires Improvement	-	3	1	✓
3. Regular monitoring of H&S systems to ensure that they are functioning effectively including H&S audits, carried out either internally or by external agencies such as the Health and Safety Executive	Satisfactory	-	1	-	✓
4. An incident and accident recording system with follow-up process and implementation of new controls where required	Good	-	-	-	
5. Regular reporting of H&S to senior management and to the Board of Management	Good	-	-	-	
<b>Overall Level of Assurance</b>	<b>Requires Improvement</b>	-	4	2	
System has weaknesses that could prevent it achieving control objectives.					

### Audit Approach

From discussion with the Head of Estates, Facilities and H&S, the H&S Coordinator and Head of Human Resources, and review of procedural documentation, we identified the internal controls in place and compared these with expected controls including by the Health and Safety Executive (HSE). A walkthrough of key systems was then undertaken to confirm our understanding, and this was followed up with compliance testing were considered necessary.

We have reported on areas where expected controls were absent, not operating effectively, or where controls could be further strengthened.

Discussions were held remotely on Microsoft TEAMS due to national COVID-19 restrictions at the time of audit.

### Summary of Main Findings

#### Strengths

- The College has a H&S Policy in place which is supported by a comprehensive range of additional H&S procedures.
- The current H&S policies and procedures are being reviewed and updated.
- The College has a H&S Committee which meets four times per year and receives appropriate updates and statistics on all relevant H&S issues across all campuses. The committee includes members of the College Board of Management, its senior leadership team and senior managers who are well placed to respond to the H&S risks identified and make improvements to the culture within the College.
- The College also has a H&S Operational Committee that reviews matters monthly and drives actions across staff, students, and contractors.
- There is an online database for reporting and recording accidents and incidents, and action tracking that is efficiently maintained by the H&S Coordinator. Full audit trails allow for accurate reporting to the H&S Committee.
- All risk assessments completed are centrally retained by the H&S Coordinator who offers support to departments where required.
- There is a programme of audit that was interrupted in 2020 due to national restrictions imposed by the COVID-19 pandemic and Trade Union representation not being available. The revised 2021 audit programme was underway at the time of our audit, as a matter of priority for the H&S department.
- There is an agile approach to new H&S requirements, such as revised risk assessments for staff working from home due to COVID-19 and risk assessed arrangements around the new Vaccination Centres at each campus.
- There is a desire to continually improve the current H&S approach and address the current weaknesses in its application across the College.
- Out with weakness noted below, the governance arrangements for reporting the status of H&S arrangements are satisfactory with action plans for groups reviewed established and monitored.

#### Weaknesses

Our audit highlighted scope for improvement in the following areas:

- the updating and version control of H&S policies and procedures; and
- ensuring that risk assessments are approved by area directors in line with requirements and consistently identified next review dates, where appropriate.

However, we noted significant weaknesses within the controls established around mandatory and refresher training monitoring, inclusive of H&S training, and provision of H&S specialised training in line with good practise as follows:

- The audit identified that 45 new starters, who have joined the College since April 2020, were not recorded on the HR training system, My Employee Record, and therefore there was no evidence that they had completed any mandatory training on Moodle. We have concluded that remote working arrangements during 2020/21 may have been a contributory factor, with a corresponding detriment to HR oversight of arrangements. However, there has also been an absence of reporting on new start mandatory training completion to the H&S committees over this period. Management should ensure all new starters have completed their mandatory training and assess the risk to the organisation of this gap. Without recorded evidence, there is an increased risk that the organisation may be in breach of its regulatory obligations to ensure the health and safety of all staff.

### Summary of Main Findings (Continued)

#### Weaknesses (Continued)

- There is an absence of a joined-up approach between HR and the H&S Team that effectively identifies all staff requiring H&S training, refresher training, and any training gaps in the organisation. This is impacted by the following:
  - ◆ There is absence of a skills matrix for identifying mandatory and desired H&S training for job roles.
  - ◆ The current process for reporting specialised H&S training requirements is not effective. In practice, Staff Development Activity Forms (SDAFs) are submitted on an ad hoc basis. However, HR reported that the documentation may not always be completed, impacting on effective review of training needs by HR.
- There is currently no reporting on the compliance levels of refresher training completed across the College to the HR Committee and H&S refresher training completion rates to the H&S Committee.
- There is no process for reporting the student rates of H&S training completed to the H&S Team for oversight of support required by curriculum areas.
- There is no process for reporting H&S training completed by competent persons to the H&S Team, impacting on the FVC Competent Persons list being out of date. A process should be developed to ensure the organisation has a record of those completing required training for their role and responsibilities.
- While the Health, Safety, Environment and Welfare Policy (June 2020) defines that H&S training responsibilities lie with HR, it does not link to HR's induction policy to identify the courses to be completed by staff or the process for requesting specialised H&S training - which should be updated on the back of recommendations from this report. Accountabilities for staff not completing mandatory training are also not defined in policies reviewed.
- Contractor induction form template (2014) also requires to be version controlled in line with good practice.

#### Acknowledgements

We would like to take this opportunity to thank the staff at the College who helped us during our audit visit.

## Main Findings and Action Plan

### **Objective 1: A H&S policy and documented procedures which are communicated to all staff.**

The College has a Health, Safety, Environment and Welfare Policy (published June 2020) and is supported by a comprehensive range of H&S procedures which address key risks and support the delivery of effective delivery of health and safety across the College. These policies and procedures are made available to staff on both the College website and the H&S staff intranet site, eFocus.

All staff are required to undertake induction and mandatory training in health and safety before their probation is successfully completed. This is monitored by their line manager through one-to-one meetings. Contractors undertaking work within the campus are made aware of the College's health and safety policies and procedures, which they are required to comply with, and there is an induction form in place for them to complete with the Head of Estates, Facilities and H&S. Students also have Moodle eLearn to complete as part of their induction to the College. However, this aspect of the process is not monitored by H&S.

All H&S policies and procedures are maintained centrally by the H&S management team. Our review of the 32 documents provided confirmed that most were updated in line with their review schedule and were in line with current legislation and good practice. However, some exceptions were noted (see Appendix 1), this was primarily due to management reprioritisation during academic session 2020/21 due to the COVID-19 pandemic.

Our testing confirmed that all policies are made available to all staff, cover the key risks, outline how work tasks should be performed safely ensuring the College complies with its legal requirements.



## Health and Safety

Objective 1: A H&S policy and documented procedures which are communicated to all staff (continued)					
Observation	Risks	Recommendation	Management Response		
<p>As noted in Appendix 1, not all H&amp;S policies and procedures have been reviewed in line with their agreed schedules and do not evidence management review that they remain appropriate to current arrangements.</p> <p>Many have older dates recorded in footnotes or refer to the previous Health, Safety and Welfare Policy rather than the revised Health, Safety, Environment and Welfare Policy (June 2020) which could confuse readers. Inspection of the Display Screen Equipment Procedure (January 2021), for example, also had a telephone number for H&amp;S Manager that did not match their present number.</p> <p>The Policy also did not refer to other key documents such as the Risk Assessment Procedure. Review of the Risk Assessment Procedure also noted that it should be enhanced with references to decision flow charts to support understanding of the requirements.</p> <p>The Health and Wellbeing at Work Strategic Commitment (April 2017) has a seven-year review period that could be excessive and no longer be relevant to current focus in a post-COVID-19 recovery environment.</p>	<p>Health and Safety policies and procedures do not reflect current risks and practices in place to effectively manage the health and safety risks</p>	<p><b>R1</b> The College should ensure that all health and safety policies and procedures (as noted in Appendix 1) are reviewed and updated.</p> <p>Management noted that the current Health, Safety, Environment and Welfare Policy (June 2020) is currently under review due to the significant change in circumstances relating to Covid-19 and the Scottish Government environmental changes. All policies and procedures (see Appendix 1) should be updated to ensure that old dates and references to the previous H&amp;S policy are removed. Telephone numbers within procedures should also be checked to ensure they remain up to date. Link should also be made in the Policy to key procedures, such as the Risk Assessment Procedure. The Risk Assessment Procedure should be enhanced with reference to decision flow charts.</p> <p>The College's Health and Wellbeing at Work Strategic Commitment (April 2017) should also be reviewed to ensure that it remains current to any post-COVID-19 recovery requirements.</p>	<p>The College actively works to keep all Health and Safety policies and procedures up to date and reviewed at agreed intervals or on a significant change.</p> <p>There is an acceptance with the points raised in relation to updating headers and footers on documents and to ensure continual improvement this admin exercise has commenced.</p> <p>It is acknowledged that due to the urgent priority that the pandemic brought and with reduced occupancy in campus it allowed for some review dates to be exceeded.</p> <p>The College's Health and Wellbeing at Work Strategic Commitment (April 2017) will be reviewed by the H&amp;S committee and HR Committee</p> <p><b>To be actioned by:</b> Head of H&amp;S and College Leadership Management Team</p> <p><b>No later than:</b> 1 November 2021</p>		
			<table border="1"> <tr> <td style="text-align: center;"><b>Grade</b></td> <td style="text-align: center;"><b>3</b></td> </tr> </table>	<b>Grade</b>	<b>3</b>
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## Health and Safety

### Objective 2: H&S training programme which includes induction training, refresher training and training for new equipment or legislation.

Our audit reviewed the measures which the College has in place to train staff in health and safety. The review of the Health, Safety, Environment and Welfare Policy (published June 2020) states that Human Resources (HR) are responsible for the retention of any H&S training records. Mandatory training requirements are detailed in the Recruitment and Selection – Induction Guidelines (March 2020) and the list of mandatory training and the frequency of training refresh is documented. These are as follows:

Course	Hosted by	Pass rate of assessment	Frequency of refresh
VDU and Workstation Health & Safety	Health & Safety Co-ordinator	60%	Every 18 Months
DSE - Display Screen Equipment	Health & Safety Co-ordinator	N/A	Every 2nd Year
Safe Manual Handling	Health & Safety Co-ordinator	60%	Every 3rd Year
Fire Safety & Evacuation	Health & Safety Co-ordinator	60%	Every 2nd Year
Sustainability - Staff Induction	Health & Safety Co-ordinator	80%	Every 3rd Year

Mandatory training is completed using e-Learn modules on Moodle with HR's training system, My Employee Record, recording outcomes and triggering the next review date. Any refresh overdue is highlighted red and is to be monitored by line managers through one-to-one meetings with their staff. HR support management by providing mandatory records to departmental meetings. Line managers should be meeting with their staff for one to ones to check training has been completed and not approve the probation period until all mandatory training is completed. Confirmation of the completion of this process for all new employees is submitted to HR. Should employee contracts have limited hours, employees can be paid additional hours to ensure they complete all necessary training required. However, these arrangements are not detailed in policies reviewed.

The H&S Committee and H&S Operational Committee each have training oversight as part of their duties and noted in their remits. H&S management also request a My Employee Record report on new start training completed and report statistics within their Newsletter supplied to the H&S Committee and HR Committee. The latest report detailed new starts from November 2019 to April 2020 and showed 100% completion.

Training requirements are also split into those with specific requirements with a role in H&S and refresher training for all other staff. A Competent Persons List is an Excel spreadsheet available for staff who have had specific H&S training across the College. Members of staff requiring specialised H&S training are required to complete a Staff Development Activity Form (SDAF) with their line manager and send to HR to help record training needs and completion. This allows HR to review if there is a cost involved and track training completed on the My Employee System. Training is also provided by the Health and Safety Coordinator on specific issues such as risk assessment completion. However, the audit highlighted that training arrangements require strengthening and there are controls that are not operating effectively impacting. These are addressed in more detail below.

## Health and Safety

Objective 2: H&S training programme which includes induction training, refresher training and training for new equipment or legislation (continued)					
Observation	Risks	Recommendation	Management Response		
<p>The Management of Health and Safety at Work Regulations (1999) identifies situations where health and safety training is particularly important, such as when people start work, on exposure to new or increased risks, and where existing skills may need updating.</p> <p>Discussions with management and review of committee reporting noted that mandatory training completion rates across the organisation are not reported (see R4), except for new starts as part of the H&amp;S Newsletter reports. However, new starters who joined the College since April 2020 had not had their mandatory training records reviewed. The audit identified that no records on My Employee Records were established for the 45 new starters, therefore there was no evidence that they had completed the training on Moodle. This risk is partly mitigated by staff working off campus due to national lockdown requirements, however, it impacts demonstration that these new starters have awareness of their H&amp;S responsibilities before returning to campus.</p> <p>While working remotely due to the global COVID-19 pandemic may have impacted the efficiency of review of records, the issue had not been identified prior to our audit. Actions by management to identify the root cause was underway at the time of our audit.</p> <p>We also noted that the H&amp;S Team is not provided with reporting on student H&amp;S training completion rates, impacting organisational knowledge on any gaps and additional support required.</p>	<p>The organisation cannot demonstrate that all new staff have adequate H&amp;S knowledge.</p>	<p><b>R2</b> Management should review all new staff records to ensure they have completed all mandatory training requirements within their probationary period.</p> <p>The root cause as to why staff records were not created on My Employee Record should be identified and a mitigating control established, such as a checklist for HR managers to check these have been established and mandatory training is completed before probationary periods are complete.</p> <p>The risk to the organisation of not having evidence of H&amp;S training completed should be identified in the risk register and actions identified to ensure there is no reoccurrence.</p> <p>A process for reporting the completion rates of student H&amp;S training should be developed to inform management of any gaps and support required in curriculum areas.</p>	<p>The College is in agreement with <b>R2</b> and is making adjustment to reflect the required changes.</p> <p>The College will review the process of identifying mandatory training for all staff to develop a matrix of mandatory training by role profile, which will be linked to staff records.</p> <p>A suite of reports will be developed to identify outstanding mandatory training, and when training is due to lapse, including alerts to line managers and HR managers. Completion of mandatory training will be monitored through LMT on a regular basis.</p> <p>Health and Safety will be added to the College risk register, and there will be a review of current processes to ensure that student Health &amp; Safety training is being effectively recorded.</p> <p><b>To be actioned by:</b> Head of HR, Head of Estates and Directors of Curriculum</p> <p><b>No later than:</b> 31 March 2022</p> <table border="1"> <tr> <td>Grade</td> <td>2</td> </tr> </table>	Grade	2
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## Health and Safety

Objective 2: H&S training programme which includes induction training, refresher training and training for new equipment or legislation (continued)					
Observation	Risks	Recommendation	Management Response		
<p>There is absence of a joined-up approach between HR and the H&amp;S Team that effectively identifies all staff requiring H&amp;S training, refresher training, and any training gaps in the organisation. This is in part due to roles and responsibilities in relation to approving H&amp;S training not being clear. While the training budget lies with HR, H&amp;S is required to assess any specialised H&amp;S training needs to determine if training can be provided inhouse or approve any external training providers requirements.</p> <p>However, this is not always happening and there is a breakdown of communicating specialised H&amp;S training needs from requests to HR to the H&amp;S Team. While some H&amp;S training needs are identified by the H&amp;S Team, others are not, potentially impacting on effective use of training budgets.</p> <p>In practice, SDAFs are submitted on an ad hoc basis to HR who maintain the training budget. HR management reported however that they may not always be completed, also impacting on HR's oversight of training needs.</p> <p>There is absence of a skills matrix for identifying mandatory and desired H&amp;S training for key roles.</p>	<p>Staff lack awareness of the current H&amp;S requirements ensuring the health and safety of all people at the College.</p> <p>H&amp;S training needs are not effectively planned and prioritised.</p>	<p><b>R3</b> A more 'joined-up' approach between HR and H&amp;S is required to ensure that H&amp;S training needs are identified and delivered in a cost-effective manner.</p> <p>A process should be developed to ensure that HR and H&amp;S teams review all specialised H&amp;S training requests to determine need and inhouse provision. All H&amp;S training should be reported to HR using the SDAF. No H&amp;S training should be approved without due diligence over SDAF forms by the H&amp;S Team.</p> <p>Management should identify the H&amp;S skills and knowledge needed for staff to do their job in a safe way. This could take the form of a skills matrix based on job roles that details the mandatory and desired H&amp;S training requirements.</p> <p>The process for reporting H&amp;S training needs to HR and H&amp;S should be defined in policies for staff awareness, including that training needs be identified from completing risk assessments and who to communicate needs to.</p>	<p>Please refer to management response to <b>R2</b>.</p> <p><b>To be actioned by:</b> Head of HR, Head of Estates and Directors of Curriculum</p> <p><b>No later than:</b> 31 March 2022</p>		
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## Health and Safety

Objective 2: H&S training programme which includes induction training, refresher training and training for new equipment or legislation (continued)					
Observation	Risks	Recommendation	Management Response		
<p>There is no process for monitoring mandatory refresher training rates across the College.</p> <p>For example, there is no reporting of:</p> <ul style="list-style-type: none"> <li>refresher training completion rates to the HR Committee in line with good practice, and</li> <li>H&amp;S refresher training to the H&amp;S committees, impacting awareness of the level of compliance across the College.</li> </ul> <p>There is also no process established to review the training completed by all Competent Persons through My Employee Reports, impacting on the Competent Persons list online being out of date.</p>	<p>Staff are not aware of the health and safety requirements impacting on their safety and the safety of others.</p>	<p><b>R4</b> A process for reporting refresher training compliance rates from across the College should be developed with quarterly reports provided to the HR Committee in line with good practice.</p> <p>H&amp;S refresher training compliance rates should also be reported quarterly to the H&amp;S Committee and H&amp;S Operational Committee in support of their remits. Any gaps in compliance should be identified and support provided where necessary by the H&amp;S Team.</p> <p>A process for reporting H&amp;S training completed by named 'Competent Persons' should also be developed, such as reports from My Employee Record. The Competent Person list should also be updated.</p>	<p>The College acknowledges the recommendation and will strive to verify the data received to ensure accurate data submissions and trend analysis are carried out.</p> <p>Links between both H&amp;S and HR to be established and developed further as necessary</p> <p>Aim to obtain and retain credible data to develop a reporting structure to ensure overall compliance and reporting to the relevant committees.</p> <p>Further development of Moodle courses for new starts</p> <p><b>To be actioned by:</b> Head of H&amp;S, Head of HR, Head of Quality</p> <p><b>No later than:</b> 1 November 2021</p>		
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## Health and Safety

Objective 2: H&S training programme which includes induction training, refresher training and training for new equipment or legislation (continued)					
Observation	Risks	Recommendation	Management Response		
<p>The Health, Safety, Environment and Welfare Policy (published June 2020) defines that H&amp;S training responsibilities lie with HR. However, the Policy does not reference what training should be completed such as mandatory H&amp;S training, and when, such as by new starters or refresher training. There was also no link to the College's HR induction policy that would supply further details on requirements. The process for requesting specialised H&amp;S training is also not documented.</p> <p>Accountabilities for staff not completing mandatory training or refresher training are also not defined in policies reviewed.</p> <p>The Contractor Induction form was noted not to be version controlled and dated January 2014 impacting transparency that arrangements documented are in line with current requirements.</p>	<p>Organisational assurance around staff H&amp;S awareness.</p>	<p><b>R5</b> The Health, Safety, Environment and Welfare Policy (published June 2020) should be updated with details of the mandatory and refresher training requirements and accountabilities for non-compliance should also be clearly documented.</p> <p>The process for requesting specialised training in line with updates made to processes in R3 and documented in the Health, Safety, and Environmental policy.</p> <p>The Contractor induction form should also be version controlled in line with good practice.</p>	<p>Version date is 2020 with document review date of 2023 but due to the significant change in circumstances not only relating to covid 19 but the Scottish Government environmental change the policy is being reviewed and will be discussed with the Trade Unions once they return from the summer break prior to approval.</p> <p>The College advises that it will work with all relevant parties to agree an updated policy that encapsulates recommendation <b>R5</b></p> <p>The College acknowledge the version control footer and has since been updated.</p> <p><b>To be actioned by:</b> Head of Health and Safety, Director of Infrastructure, College Trade Union representatives</p> <p><b>No later than:</b> 3 January 2022</p>		
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## Health and Safety

### Objective 3: Regular monitoring of H&S systems to ensure that they are functioning effectively.

The Health, Safety, Environment and Welfare Policy (June 2020) defines that the H&S Department monitors the progress of College health and safety via the operational plan, which includes, where required, actions for all Departments, and organises and carries out scheduled active monitoring inspections and audits in conjunction with the Departments and the Health and Safety Trade Union Representatives.

An annual H&S audit schedule is established to review H&S arrangements. Due to national restrictions brought by the global COVID-19 pandemic, and Trade Union representatives not being available, no physical audits were completed between March 2020 to December 2020. The gap in physical auditing was reported to the H&S Committee, HR Committee and Board of Management for awareness. At the time of our audit, the schedule for 2020/21 was established and underway. There is a detailed approach in place for conducting audits and inspections these include:

- The person(s) responsible and the Trade Union representatives for the area would be contacted to arrange a convenient date and time for carrying out the inspection,
- The inspection would involve a tour of the workplace and may involve talking to members of staff working within the area and talking to students; and
- Reviewing documents and records to support compliance, including training records, and risk assessments.

Any identified issues would be formatted in to three compliance categories:

- High – Meets conditions and criteria,
- Medium – Meets most but not all criteria, and,
- Low – Fails to meet criteria.

The report as described above is then submitted and summarises the findings and recommendations. An Action Plan is also distributed to the individual responsible for the area under review and is monitored for completion. Reports detail the remedial action, the rating of the action, action owner, target date. In line with continual improvements the College monitors actions arising from the audits using the Health and Safety Audit Tracker on the H&S SharePoint.

Progress against the audit plan and issues emerging from the audit inspections are reported to the H&S Operational Committee and H&S Committee and results are reported to the Senior Leadership Team meetings, HR Committee and onwards to the Board of Management via H&S Newsletter reports. Our audit reviewed five H&S audits completed before national restrictions prevented physical audits in 2020 and confirmed that these inspections were being completed in line with the documented approach.

A key element of the health and safety framework is the use of risk assessments to identify hazards and produce a safe system of work to mitigate the identified risks. The importance of these requirements is communicated to staff within their targeted training and within the Health and Safety Handbook. Within the College each Curriculum Area and Support Service Department will have their own series of risk assessments. There is a standard approach in place with the required use of the College template for risk assessments detailed on the eFocus intranet. The risk assessments are completed by staff who have received training in their completion and guidance is also available to support the assessment.

## Health and Safety

### Objective 3: Regular monitoring of H&S systems to ensure that they are functioning effectively (continued).

These completed risk assessment templates are undertaken by a nominated person and are reviewed and approved by the area Director. The completed risk assessment is maintained within the relevant academic or support service with a copy submitted to the Health and Safety Coordinator who also reviews the assessment for completeness. All completed risk assessments are documented on the eFocus system to enable all staff to access any completed risk assessment.

Training on the completion of risk assessments is provided by the Health and Safety Coordinator along with guidance to support their completion.

Observation	Risks	Recommendation	Management Response		
<p>As part of our audit programme, we tested a sample of 10 risk assessments to confirm these were complete, approved, and had been reviewed in line with the review date set. Testing identified that 2 of the 10 risk assessments reviewed were not complete such that they missed reference numbers and were not signed or dated to confirm they were approved; and 4 of 10 did not have a review date set.</p> <p>These issues of non-compliance with the required risk assessment process and a lack of a formal review date, weakens the overall effectiveness of the health and safety processes in place.</p>	<p>Health and safety risks are not adequately identified and acted on and may result in incidents where staff or others are injured.</p>	<p><b>R6</b> The College should ensure that risk assessments are completed as required, they should also be reviewed, and updated on time. The H&amp;S Committee should be provided with regular reports detailing the level of compliance with updating risk assessments and be informed where there are areas of significant non-compliance with their regular review and updating.</p>	<p>The Health and Safety department vigorously work with departments and trade union H&amp;S reps to adapt and review general risk assessment as necessary.</p> <p>Although acknowledged that departments require to sign of risk assessments the H&amp;S department will carry out further training to ensure new starters and current post holders are aware of the expectations when completing and uploading a risk assessment</p> <p>Please refer to response <b>R2</b> for College intent to rectify training records and identify areas for improvement.</p> <p><b>To be actioned by:</b> Head of Health &amp; Safety / Director of Infrastructure</p> <p><b>No later than:</b> 1 October 2021</p>		
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## Health and Safety

### **Objective 4: An incident and accident recording system with follow-up process and implementation of new controls where required.**

The College has in place an incident reporting system on the eFocus intranet. All incidents should be recorded on the standard incident reporting template which requests details of the incident and whether it is a reportable incident. Reportable incidents are defined in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) to the Health and Safety Executive (HSE) under the Health and Safety at Work Act 1974. Should any RIDDOR incidents occur they are reported to the HSE by the Head of Estate, Facilities and H&S.

All incidents are logged directly onto the reporting system by the person identifying the issue and an email is automatically generated to the H&S Coordinator and Head of Estates, Facilities and H&S. The Head of Estates, Facilities and H&S will decide if any investigation is required and who will undertake it. This investigation will identify the root cause of the incident and review current working practice, including the risk assessment, to prevent a recurrence and further injury to staff, visitors, or students. An audit trail of all actions is retained directly on the system and Microsoft Access reports generated for monitoring purposes.

These incidents are monitored and reported at every H&S Committee meeting broken down into:

- Type of Incident
- Type of Injury
- RIDDORS
- Illness
- Status (student, staff contractor etc)
- First Aid Stats; and
- Adverse notifications (near miss, hazard, unsafe practice, or dangerous occurrence).

Audit testing of this process did confirm the accurate recording, monitoring, and reporting of health and safety incidents. There is also a process established for management to monitor incidents across the College and the status of any investigations through audit trail recorded in the system. This enables accurate reporting on health and safety incidents across the College.

In reviewing the incidents recorded on the monitoring system, there was clearly a reduction in the reported health and safety incidents to the H&S Committee for Quarter 1 of the 2020-21 academic year, due to the reduction of staff and students being onsite because of the pandemic, although there was 1 near miss and 2 dangerous occurrences highlighted. No issues were noted from this review.

## Health and Safety

### Objective 5: Regular reporting of H&S to senior management and to the Board of Management

The College has a H&S Committee in place which includes all relevant members of the College's senior management team and a member of its Board of Management. An up-to-date remit is in place outlining its roles, responsibilities, meeting frequency and reporting lines. The H&S Committee meets four times per year and reports to the Senior Management Team, the HR Committee and onward to the Board of Management. As part of its remit the H&S Committee reviews health and safety performance across the College, its standing agenda items include the following:

- Absence statistics,
- Incident statistics,
- Health and Safety Quarterly reporting statistics,
- Departmental Health and Safety Reporting; and
- Health and Safety Policy and action planning.

The committee is supportive of measures in place to improve the health and safety culture, strengthen the overall process including monitoring, training provision and being supportive of initiatives such as the development of Health and Safety Key Performance Indicators (KPIs).

During the audit, copies of the two most recent minutes from the quarterly H&S Committee meetings were obtained. Out with the training gap noted in Objective 2, an evaluation of these documents showed adequate reporting and consideration of all relevant health and safety issues.

There is also a H&S Operational Committee with a remit that is up to date. This is a monthly working group to review all H&S operational matters. Minutes over 2020/21 were reviewed and action plans updated. No issues were noted from this review.

**Appendix 1: Table of Health & Safety Policies and Procedures reviewed where exceptions were noted.**

<b>POLICY/PROCEDURE</b>	<b>DATE</b>	<b>NEXT REVIEW DATE</b>	<b>EXCEPTION NOTED</b>
ABRASIVE WHEELS PROCEDURE	June 2020	June 2023	Footnotes dated 2016
ACCESSIBLE PARKING PASSES FLOWCHART	October 2018	Not detailed	Next review date is not detailed
BATTERY CHARGING AND SAFETY PROCEDURE	June 2020	June 2023	Footnotes dated 2016
BLOOD BORNE VIRUS INFO	October 2017	February 2021	Not updated in line with review date
CONTACTING OF FIRST AIDERS PROCEDURES	April 2018	April 2021	Footnotes dated 2012
DISPLAY SCREEN EQUIPMENT PROCEDURE	January 2021	January 2024	Tel number for H&S Manager is out of date
DRIVING PROCEDURES	January 2018	March 2021	Footnotes dated 2011
PROCEDURE FOR FOREIGN OR EXTENDED TRAVEL	April 2018	Not detailed	Next review date is not detailed
INCLUSIVE RISK ASSESSMENT PROCEDURE	April 2018	Due April 2021	Footnotes dated 2012
MANUAL HANDLING PROCEDURE	October 2020	October 2023	Footnotes dated 2014
SHARPS PROCEDURES	April 2018	April 2021	Footnotes dated 2015

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**1. Purpose**

To provide members with an overview of the complaints received by the Executive Office in academic year 2020/21.

**2. Recommendation**

That members note the content of the report.

**3. Background**

The College is required to manage complaints in line with the SPSO (Scottish Public Sector Ombudsman) model complaints handling process. Part of this is monitoring complaints received.

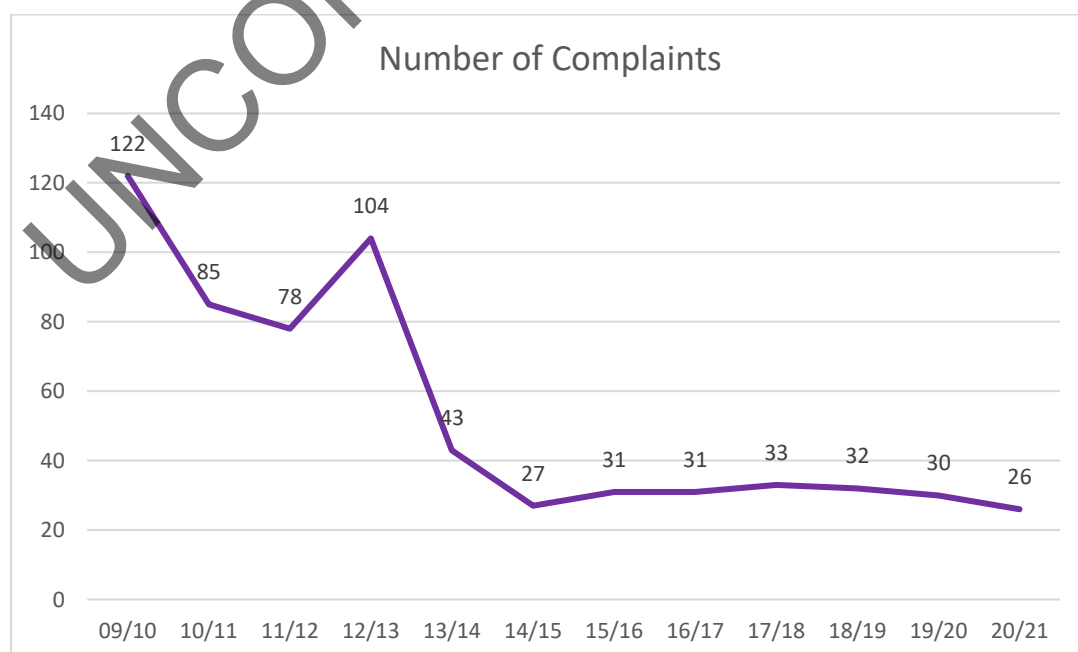
Complaint handling within the College is coordinated by the Corporate Governance and Planning Officer and managed by the Principal.

The College utilises complaints information to provide an annual update to SMT members.

Following consideration by the Committee, this report will be published on the College website.

**4. 2020/21 Complaints**

The College monitors complaints that are submitted to the College. Complaints can be dealt with either at stage 1 (frontline resolution) or stage 2 where the complaint comes to the Principal. The number of complaints received at stage 2 has stayed relatively steady for a number of years now as demonstrated by the chart below. (Note multiple complaints from an individual on the same topic are counted once in the figures below).



It is encouraging to note that, despite the profound challenges students and staff faced as a result of the Covid-19 pandemic and changes to the delivery of learning, there has not been an increase in serious complaints.

Under the complaints handling process, the College has to respond to these complaints within 20 working days wherever possible. In 2020/21 all but one complaint received a response within this timescale. The complaint that did not receive a response within the timeline related to one in which a specific staff member needed to be spoken to for the investigation but who was off ill for an extended absence at the time the complaint came in. The complainant was made aware of this and the expected response timescale.

### Trends

When dealing with a relatively small number of complaints, it can be hard to extract trends from the data. In 2020/21 however, the clear trend was the strike action undertaken by EIS in response to the introduction of the Instructor Assessor role within the College.

There were a total of 18 complaints regarding the strike (69% of total complaints) in relation to this topic. Of these 18 complaints, 13 (72%) were in favour of the strike and 5 (28%) were either against strike action or didn't take a side and related instead to the impact striking was having on classes.

It was interesting to note that, of the 13 pro strike complaints received, 10 of them used the exact same email template, irrespective of their level of course. It appears from the content of the text that the template was provided by a member of staff or by EIS themselves to encourage complaints, although the College did not seek to confirm this as we are required to treat all complaints at face value.

While the breakdown above could be seen as a negative, it did provide the Principal to address these individuals concerns directly, with most receiving a response on the same or next day from the Principal.

Additionally, if you remove the strike related complaints to look at those in relation to general College operations over the year, then there are only 8 complaints at stage 2 which is a testament to the effective manner in which College staff deal with issues as they arise.

Of the remaining 8 non-strike related complaints, these were primarily a mix of complaints relating to –

- The College not being able to offer on campus learning owing to Scottish Government restrictions
- Applicants who were unsuccessful in securing a place on their course of choice

Given a breakdown of the 18 strike related complaints is given above, the summary contained in appendix 1 looks at the remaining 8 complaints.

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### Unacceptable Behaviour by Complainant

One complainant, who is known to the College through previous complaints, complained multiple times (60 plus) about not securing a place on a course. Given their tendency to complain to multiple staff, make accusations against staff and threaten legal action, police action etc against staff and their families owing to perceived violations of disability legislation as well as commenting on the College social media channels, the College took the decision for the first time to restrict their interactions to a single point of written contact in line with the College unacceptable actions procedure.

This matter is ongoing at this time as the complainant has ignored this instruction and legal avenues are being explored.

### 5. Financial Implications

Please detail the financial implications of this item – None

### 6. Equalities

Assessment in Place? – Yes  No

If No, please explain why – Complaints which have an equalities component will be notified to the Equalities Team as and when they arise.

Please summarise any positive/negative impacts (noting mitigating actions) – Not applicable

### 7. Risk

Please indicate on the matrix below the risk score. Risk is scored against Impact and Likelihood as Very Low through to Very High.

	Likelihood	Impact
Very High		
High		X
Medium		
Low	X	
Very Low		

Please describe any risks associated with this paper and associated mitigating actions – While complaints are relatively stable, losing focus on fast and effective complaints resolution would lead to poor student/stakeholder service and could result in the College being reported to the Scottish Parliament by the Ombudsman.

The College is also developing a tracker to ensure oversight of stage 1 complaints is also possible.

Risk Owner – Alison Stewart

Action Owner – Stephen Jarvie

8. Other Implications –

Please indicate whether there are implications for the areas below.

Communications – Yes  No

Health and Safety – Yes  No

Please provide a summary of these implications – Not Applicable

Paper Author – Stephen Jarvie

SMT Owner – Alison Stewart

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Appendix 1

Type	Complaint	Investigation Outcome	Action Taken	Lessons Learned
Procurement	Complaint that the College was not offering contracting opportunities to one company on a particular procurement framework	The staff member who had arranged the contracts had not fully consulted the full list of companies on the framework	Opportunity given to company that had raised the complaint to tender for the relevant business. Procurement processes and procedures reinforced to staff involved	The need to ensure all staff who can call off of frameworks are conversant with procurement guidance on doing so
Class	Concerns that practical elements of the class would not be possible during lockdowns resulting in non-completion of course	It was identified that there was a requirement for in campus activity to ensure completion of course and that the Department was factoring this into the College wide curriculum review that was ongoing at the time	The College had reviewed all classes, prioritising those that could come into campus first once restrictions were relaxed. Communications were issued to all affected students.	Effective use of available capacity and ongoing communications with students to convey the current situation and allay concerns as much as possible
Class	Parent complained of the inability of their child to complete work placement leading to non-completion of course	Investigation showed that there was a risk of non-course completion owing to the restrictions in place at the time. The Department had identified of a range of contingency options for placements and had already communicated these to the student.	Department engaged with parent to discuss options that had been previously communicated to student	None
Class	Follow up complaint a couple of months later regarding the complaint outlined in previous line	No change to the circumstances the College was operating in was identified	Further engagement from Department with complainant	None

Type	Complaint	Investigation Outcome	Action Taken	Lessons Learned
Application	That the College had discriminated against an applicant owing to their disability both through the interview and by not offering a place	While technically academic decisions are not considered under the Complaints process, a full investigation was done, including a review of the recording of the Teams interview which was made with the Complainants consent. It was found that the interviewing staff had accommodated the challenges experienced by the applicant and that the decision made was fair.	The applicant was informed that the decision of the interview was being upheld by the College	Recording of interviews of individuals with a history of unfounded claims was a positive step to support the investigation.
Lecturer	Poor communication from lecturer re course and assessment requirements	Investigation demonstrated very low attendance from student and also a range of support offered by the lecturer, including 1 to 1 meetings which were not taken up	Outcome of investigation communicated along with an offer of support for catch up activity over the summer for the student to enable them to progress	None
Class	Parent complained disabled daughter had been thrown off course owing to a College error then offered a place at the Stirling campus which was not acceptable	Investigation showed student had not met the conditions of their offer to proceed to the next level of course. Following discussions with student and staff and promises of greater engagement, an offer was made at Stirling campus owing to a waiting list being in place at Falkirk. Student had confirmed to staff that they were happy with the offer, as they would also be working with a lecturer who is trained in support and who the student had a positive relationship with already	Outcome of investigation communicated to parent	None

Type	Complaint	Investigation Outcome	Action Taken	Lessons Learned
Application	International student currently in UK appealed against decision not to offer a place on a course	Investigation showed that the applicant had a range of conditions to secure a place on the course and, despite numerous attempts by staff to engage with the applicant, the deadline for the conditions had passed. Concerns were also identified that the applicant seemed more focussed on getting on a course for visa reasons than learning	Following a review, the applicant was informed that the College's decision not to offer a place was being upheld.	None

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**1. Purpose**

To update members on the current staffing establishment.

**2. Recommendation**

That member's note the changes to the current status of the staffing establishment.

**3. Background**

Staffing establishment review is an aspect of ensuring resource maximisation and control. This paper provides a view of the staffing at the College and is designed to be informative, highlighting key points of interest.

**4. Context**

The staffing establishment is the capacity and distribution of resource in manpower. The staffing establishment is monitored on an on-going basis however monthly reports are produced to review the organisation's overall resource. By monitoring the staffing establishment, we can ensure that the college resources are cost effective and efficient in their deployment. This cannot be looked at in isolation and other factors require consideration such as our equality duty, development needs and initiatives, and changing expectations. These can influence the establishment priorities along with day-to-day events including new appointments, secondments, leavers, such as retirements or resignations as well as a variation in FTE as a result of a flexible working request or a contractual increase/decrease in hours. In addition key points of interest relating to the staffing establishment are highlighted for information.

**Appendix 1** shows the establishment as at the academic year, ending January 2022. Included is a statistical overview, establishment trend and absence statistics.

**5. Key Considerations**

The figures remain stable with notable fluctuations in the increase of under 24's supported through programmes such as Kick Start and an increase in establishment overall through new business generated by Commercial business. This is coupled with increased project work such as the Health and Wellbeing initiative which saw a number of new staff employed on short term contracts. The result is an increase in establishment albeit likely to be temporary in nature.

**6. Financial Implications**

**Please detail the financial implications of this item** – There are implications for HR and finance budgets associated with staffing expenditure.

7. Equalities

**Assessment in Place? – No**

**If No, please explain why** – This report outlines current staffing establishment levels. It does not propose any changes which might have an equalities impact

**Please summarise any positive/negative impacts (noting mitigating actions)** – Not applicable

8. Risk

Please indicate on the matrix below the risk score. Risk is scored against Impact and Likelihood as Very Low through to Very High.

	Likelihood	Impact
Very High		
High		
Medium		
Low	X	X
Very Low		

**Please describe any risks associated with this paper and associated mitigating actions** – Low in terms of likelihood given the approval and monitoring processes in place, the impact would be low given that staffing budgets are accrued for the year ahead and posts cannot be recruited without the approval of HR and Finance Monthly monitoring by HR of the RAF and ACF process is in place for justification and approval as well as the annual Curriculum Review of Celcat versus resources.

**Risk Owner** – Alison Stewart

**Action Owner** – Ralph Burns

9. Other Implications –

Please indicate whether there are implications for the areas below.

**Communications** – No

**Health and Safety** – No

**Paper Author** – Ralph Burns

**SMT Owner** – Alison Stewart

Appendix 1: Staffing Establishment Data

EXECUTIVE SUMMARY

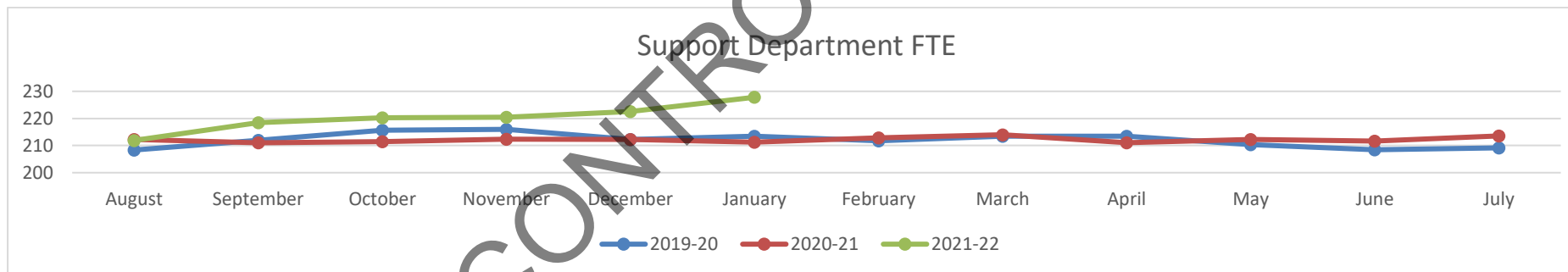
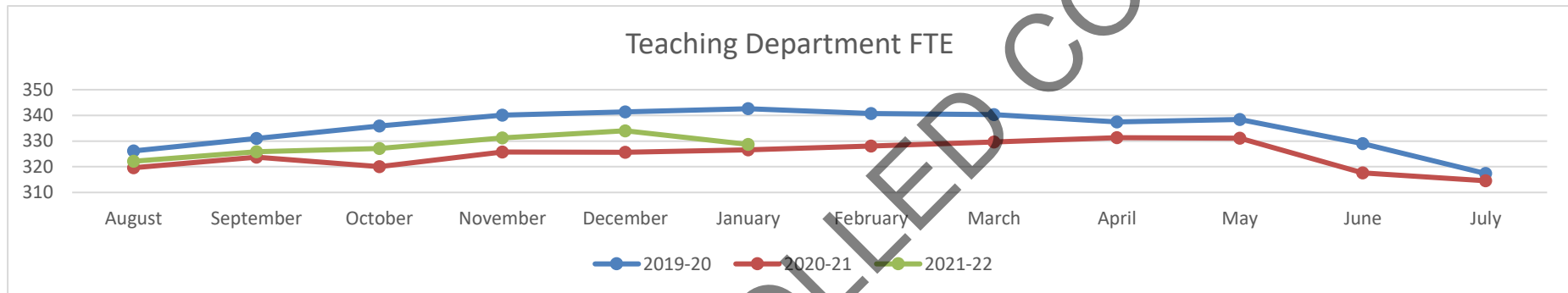
HR MANAGEMENT INFORMATION -		QUARTER 2 2021-22	Q2 2020-21
COLLEGE HEADCOUNT		659	629
COLLEGE FTE		556.7	537.8
% OF FTE BY CONTRACT TYPE	PERM	90.73%	92.37%
	TEMP	9.27%	7.63%
% OF FTE BY GENDER	MALE	41.28%	39.53%
	FEMALE	55.72%	57.50%
	PREFER NOT TO SAY	2.99%	2.97%
% OF STAFF	FULL TIME	62.67%	63.28%
	PART TIME	37.33%	36.72%
% OF FTE BY DECLARED DISABILITY	YES	14.31%	14.06%
	NO	82.75%	83.28%
	PREFER NOT TO SAY	3.09%	2.66%
% OF FTE BY AGE BAND	16-24	2.69%	1.25%
	25-34	10.17%	10.31%
	35-44	24.02%	23.75%
	45-54	30.04%	29.84%
	55-64	28.88%	29.69%
	65+	4.21%	5.16%
EMPLOYEE TURNOVER*		11.85%	11.87%
EMPLOYEE RETENTION**		91.26%	90.64%
NEW STARTS (IN QUARTER)		37	12
LEAVERS (IN QUARTER)		14	11
% DAYS LOST DUE TO SICKNESS (IN QUARTER)		3.61%	3.35%
APPROX COST ***		£183,571	£161,455

\*Total number of leavers over rolling year / Average number employed over same period x 100

\*\*Number of staff with service of one year or more / Total number of staff in post one year ago x 100 (updated calculation method)

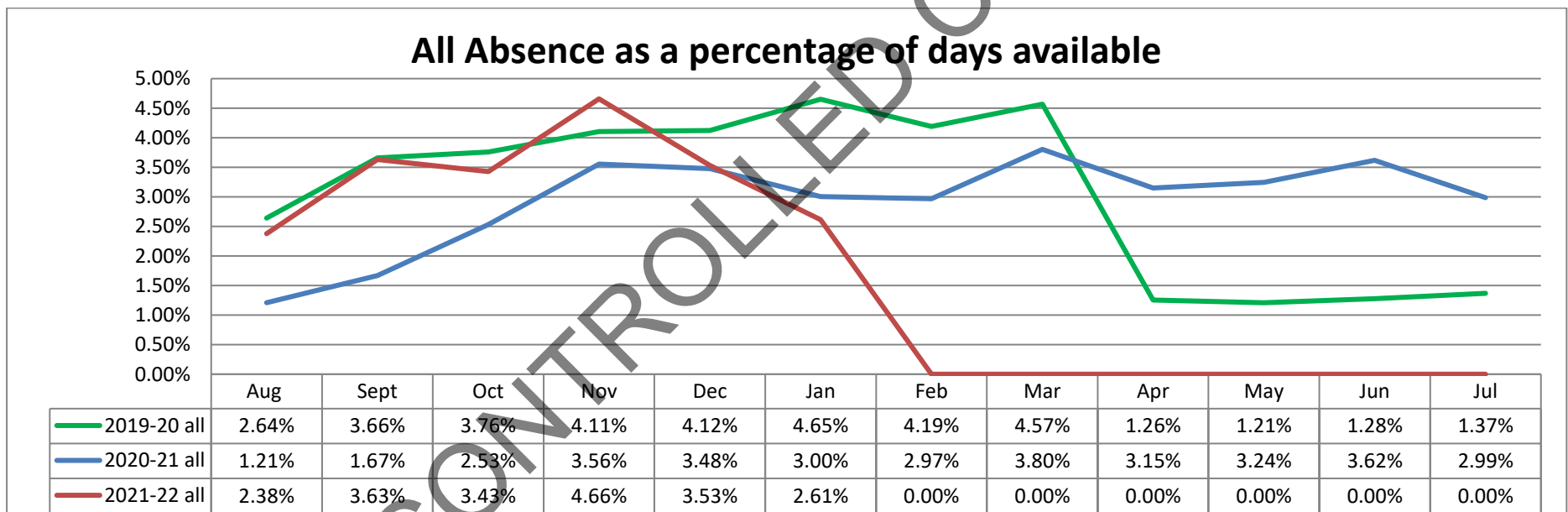
\*\*\* Average Daily Rate of Pay

1. Establishment Overview



Staffing stability is highlighted here. A month by month review of teaching and support departments revealed fluctuations which are explainable through absence, and recruitment lags. There are robust checks done prior to approval of a new post. The growth in support department FTE is mainly down to the uptake of Kickstarts, a government scheme to support young people, and the increase in the Commercial business with additional construction assessors.

2. Absence Trend



Absence figures indicate the percentage of total days lost based on FTE for full academic years with 21-22 being the first 6 months of that year. The figures from 2019-20 indicate the point of lockdown and a drop in reported absence. Following this trend through to the blue line of 2020-21 the absence begins to return to its historical norm percentage. Long term absence cases are the significant influence on the figures and are managed in accordance to our policies.