

Stirling Campus, Room S1.03  
4.30pm (refreshments available from 4pm)

**AGENDA**

1. Declarations of interest
2. Apologies

**FOR APPROVAL**

3. Minutes of Meeting of 27 February 2018
4. Matters Arising
  - a) H/17/024 Gifts and Hospitality Policy
  - b) H/17/025 Complaints Procedure – Principal
  - c) H/17/026 Delivering the People Strategy
  - d) H/17/028 National Bargaining Report
5. Equalities Policy Andrew Lawson
6. Honorary Fellowship Nominations Andrew Lawson
7. Five Year Plan for the People Strategy Ralph Burns

**FOR DISCUSSION**

8. Health and Safety Report Claire Shiels
9. Review of Risk
10. Any other competent business

**FOR INFORMATION**

11. Staffing Establishment Report Ralph Burns
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**Room S1.18, Stirling Campus (commencing at 4.30pm)**

Present: Mrs Beth Hamilton (Chair)  
Mrs Fiona Campbell  
Mr Davie Flynn  
Mrs Anne Mearns  
Mr Steven Torrie (Co-opted member)

Apologies: Mr Steven Tolson

In Attendance: Mr Andrew Lawson, Depute Principal and Chief Operating Officer  
Mr Ralph Burns, Head of Human Resources  
Mr Stephen Jarvie, Corporate Governance and Planning Officer

**H/17/021 Declarations of Interest**

None

**H/17/022 Minutes of meeting held on 21 November 2017**

Approved.

**H/17/023 Matters arising**

a) H/17/015 Health and Safety Update

Members had requested that the report be updated. The Corporate Governance and Planning confirmed the updated report was circulated to members by email.

**H/17/024 Gifts and Hospitality Policy**

The Depute Principal and Chief Operating Officer presented the updated policy for consideration and approval. He noted that the update reflected changes in disclosure levels across the College sector in the years since the last revision to the policy. He noted that there was not a high occurrence of gifts and hospitality being received by the College.

Members queried whether the register was electronic or paper. It was confirmed that it is paper at the moment but would move to electronic at some point in the future in line with many College systems.

Members requested that, for clarity, a summary of changes be included on the front of the policy. It was confirmed that this would be added.

a) Members approved the revised policy document

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**H/17/025      Complaints Procedure – Principal**

The Depute Principal and Chief Operating Officer presented the draft procedure. He highlighted that the procedure was developed as a result of a request from SFC and that it broadly mirrored the existing procedure for all staff, with the main changes being the Board's role in investigation and decision-making.

Members discussed the policy and noted that a flowchart of possible actions to be taken would be advantageous. Members also highlighted a number of minor amendments.

It was agreed that the changes highlighted and the flowchart would be developed prior to taking this item to the Board of Management for approval.

- a) Members approved the recommendation of the policy to the Board of Management for final consideration and approval.

**H/17/026      Delivering the People Strategy**

The Head of Human Resources presented members with a report on the implementation of the People Strategy, which was approved by the Board of Management in December 2017.

He noted that a working group had been set up to ascertain a baseline of the College and outlined the findings of the group to date on the composition of staffing across the College.

Members noted the different levels of performance setting across the College and queried the reason for this. The Head of Human Resources noted that this was due to the variety of roles and whether targets being set were shorter or longer-term targets for individual staff.

Members also discussed the potential for training for future promotion/secondment. The Head of HR noted that this was coming through more strongly in the process but was only a factor where staff express an interest in progressing and there is the potential to do so.

Members requested more information on the composition of the listening to employee sessions. The Head of HR noted that the membership was mainly voluntary, with some key staff asked to participate, and that these sessions were not led by SMT to allow staff the freedom to express themselves fully. He also noted that the College was very aware that, when issues were raised, action needed to be taken if possible.

Members noted that attending these sessions may be of interest to Board Members.

Members queried whether the College had an indication of costs associated with this activity. The Head of HR noted that there weren't costs at this time as this activity is

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in the early stages but also confirmed that the College, wherever feasible, developed additional training resources internally to ensure it was tailored to the College's environment and culture.

- a) Members noted the content of the report

**H/17/027 Staff Development – February 2018**

The Head of Human Resources presented a report on the recent staff development session for support members of staff. He highlighted that the focus was on digital technology and increasing staffs confidence, with a number of training sessions and a range of technologies being put on display in the main hall for staff to visit.

- a) Members noted the content of the report

**H/17/028 National Bargaining Report**

The Depute Principal and Chief Operating Officer presented a report updating members on developments with national bargaining. He noted that lecturers and senior lecturers core conditions had now been approved and confirmed that, while this would not effect existing staff, these new terms and conditions would apply to any lecturing staff joining the College from August 2018 onwards.

He reported on the pay demands submitted by EIS and support staff unions and outlined the current progress in relation to these and the options being considered by the Employers side. He also outlined the potential financial impact to the College of these options.

Members expressed concern at the additional cost and queried whether SFC would meet this.

The Depute Principal and Chief Operating Officer reported that there have been indications of additional funding from SFC but that College would likely need to find some of the additional funds.

Members noted that this should be highlighted to the Board and feedback to SFC that this is concerning.

The Depute Principal and Chief Operating Officer noted that the Employers Association was already in discussion with SFC on this and that the College had budgeted for potential increases.

- a) Members noted the content of the report

**H/17/029 Review of Risk**

Various risks were considered but none were amended

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H/17/030      Any Other Competent Business

None

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**1. Purpose**

To present members with the updated College policy outlining FVC requirements under the Equality Act.

**2. Recommendation**

That members consider and approve the attached policy for recommendation to the Board for final approval.

**3. Background**

FVC has had an Equalities Policy in some form for a number of years. The current Policy, last updated and amended in 2015, has just undergone a review/update.

**4. Key Considerations**

The attached policy was reviewed and updated by the Head of Equalities, Inclusion & Learning Services with additional input from the Diversity Coordinator and Equalities & Inclusion Coordinator.

The Policy provides the context for which all equality, diversity and inclusion activities in FVC take place. It makes specific reference to the Equality Act requirements on the College as a public sector body. It details the roles and responsibilities of staff and students in FVC. The Policy also outlines the requirements to publish Equality Outcomes, mainstreaming information, equal pay information and EQIA process and evidence on our website every 2-4 years.

While the existing policy was deemed to still be relevant, there were slight amendments made. These included:

- Updating job titles in terms of roles and responsibilities
- making explicit the links between equality and FVC Mission, Vision and Values
- providing more detail around the requirements under the Equality Act for publishing information
- more emphasis on the requirement for staff to understand/demonstrate the equality ethos of FVC
- added in FVSA to those with specific responsibilities
- updated EQIA information

**5. Financial Implications**

Please detail the financial implications of this item – n/a

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**6. Equalities**

**Assessment in Place? – Yes**

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

Equalities Policy: a positive impact is explicitly intended and very likely.

**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** – having a robust Equalities Policy in place helps FVC to outline its staff and students' responsibilities regarding equality and specifically, the Equality Act. Failure to comply with legislation could mean legal repercussions as well as adverse publicity. The College should demonstrate that it has taken all reasonable steps to comply with Equality legislation.

**Risk Owner** – Andrew Lawson

**Action Owner** – Mhairi Shillinglaw

**8. Other Implications –**

Please indicate whether there are implications for the areas below.

**Communications – Yes**

**Health and Safety – No**

**Please provide a summary of these implications** – Approved Policy made available on website and SharePoint. Ensure previous versions deleted. EQIA of Policy also published on website.

**Paper Author** – Mhairi Shillinglaw

**SMT Owner** – Andrew Lawson

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>	Equalities Policy
<b>Impact Assessed by:</b>	Mhairi Shillinglaw
<b>Signature(s) of assessor(s):</b>	MS
<b>Date of Impact Assessment:</b>	April 2018

### 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?
<p>This policy summarises Forth Valley College's commitment to have due regard to:</p> <ul style="list-style-type: none"> <li>eliminate discrimination, harassment and victimisation</li> <li>advance equality of opportunity and</li> <li>foster good relations</li> </ul> <p>This is required under the Equality Act 2010 and the Equality Act 2010 (specific duties) (Scotland) Regulations 2012. The Policy lists how equality activities will be completed in FVC and who is responsible for implementing them. The Policy is inherently about detailing requirements to meet the Equality Act.</p>	

### 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?
<p>This policy applies to all those who use College services, whether staff, students, those attending training, visitors, or contractors, irrespective of the following protected characteristics: age, disability, gender reassignment (including identity), marriage and civil partnership status,</p>	

pregnancy and maternity, race (including colour, nationality, ethnic or national origins), religion and belief, sex (formerly gender) and sexual orientation.

As such, all groups are likely to benefit from the 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: **elimination of discrimination; advancing equality of opportunity; and fostering good relations.**

Protected Characteristic	Evidence	Impact (and how to minimise negative impact).
Disability		+
Sex (man or woman)		+
Race (refers to a group of people defined by their race, colour and nationality (including citizenship) ethnic or national origins)		+
Age		+
Gender reassignment (the process of transitioning from one gender to another)		+

Sexual orientation (whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes)		+
Religion and belief (inc. no belief)		+
Pregnancy and maternity		+
Marriage and civil partnership		+
Other identified groups (e.g. carers)		+
(ii) Action Plan to obtain data and evidence for impact assessment: n/a		

### 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 type="radio"/> No
Please provide reasons why you did/did not offer a consultation: Equalities Policy: a positive impact is explicitly intended and very likely.	
<i>If 'yes', please complete the following sections.</i>	
Analysis of the views/evidence gathered from the consultation:	

<b>Recommendation(s):</b>

**Step 4: Decision Making**

Select an option to summarise how the IA has informed your decision-making:

- 4.1 No amendment to the policy/decision is required (policy/decision is robust, with no negative impact);
- 4.2 Adjust the policy/decision (take steps to meet the general duty and reduce negative impact);
- 4.3 implement the policy/decision without adjustment (continue despite the potential for adverse impact);
- 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).

4.1

**Step 5: Publication:**

*Equality Impact Assessments must be published.*

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

## Step 6: Monitoring and Review

**How will this policy/decision be monitored to assess its impact on protected characteristics groups?** E.g. will qualitative/quantitative data be collected? Survey, Student Council, Listening to Learners sessions?

The Policy will go to SMT for approval. It will then be published on FVC website for all relevant/interested stakeholders to access. It will be placed on the website alongside all associated equality information for FVC.

Where possible, from both staff and student perspective, information will be gathered when the Policy is explicitly brought into use, e.g., regarding matters of student or staff discipline.

<b>Staff member/designation responsible for writing the monitoring report:</b>	Head of EILS
<b>Monitoring report publication date:</b>	Before Policy review date
<b>Review date:</b> (no later than 3 years after the policy/decision has been impact assessed)	April 2021

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)



equality for all

# Equalities Policy

**Status:**  
**Date of version:**  
**Responsibility for Policy:**

**Responsibility for implementation:**

**Responsibility for review:**

**Date for review:**

Approved  
~~April 2015~~ April 2018  
~~Associate Principal and Executive~~  
~~Director Operational~~  
~~Effectiveness~~ Depute Principal & Chief  
Operating Officer  
Equalities Manager Head of Equalities,  
Inclusion & Learning Services  
Head of Equalities, Inclusion & Learning  
Services Equalities Manager  
April 201821

## Equality for All

Forth Valley College is committed to the provision of equal opportunities in all aspects of College life. We welcome students and staff from all backgrounds and aim to provide equal services to all our students and staff. We constantly strive to advance equality, foster good relations and eliminate discrimination, harassment and victimisation of any kind. Discrimination includes that by association or perception and harassment includes third party harassment.

We will actively seek to advance equality of opportunity, foster good relations and eliminate discrimination, harassment and victimisation because of the protected characteristics of: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation and marriage & civil partnership.

## Background

This policy summarises [Forth Valley College's commitment](#) ~~the College's aims and objectives~~ to have due regard to:

- eliminate discrimination, harassment and victimisation
- advance equality of opportunity and
- foster good relations

This is required under the Equality Act 2010 and the Equality Act 2010 (specific duties) (Scotland) Regulations 2012.

The College mission is "**Making Learning Work**" and equality is reflected ~~in our~~ [throughout our overall operational plan Strategic Plan](#), particularly in our [Vision and Values](#). ~~within the~~ Within our strategic theme of:

***instilling an energy and passion for our people, celebrating success and innovation***

~~one of our~~ Our three key strategic objectives ~~is to:~~ in this theme are to:

- We will ensure all College activities reflect the key principles of equality and diversity to achieve an inclusive organisation
- ~~value staff and students by recognising and celebrating success across the College~~
- ~~invest in our organisational development activities to ensure we attract, recruit and retain the best quality individuals~~

## Key College ~~aims and objectives~~ requirements:

- ~~To p~~ublish equality outcomes and progress towards achievement of these every 4 years
- ~~To M~~ainstream equality in all college functions and publish evidence of this
- ~~To carry out~~ Complete equalities impact assessment as and when required
- ~~To P~~ublish employment data as and when required
- ~~To carry out job evaluation~~ Undertake, and equal pay audits and examine the gender pay gap when required
- Make reasonable adjustments for students and staff to meet individual need
- ~~To E~~nsure the College ethos of inclusion is promoted to staff and students via induction and ongoing training
- ~~To P~~romote college provision to all sections of the community diverse communities
- ~~To M~~meet the needs of all students by responding flexibly and placing students at the heart of delivery
- Ensure staff fully understand and demonstrate College values of equality, inclusion and respect
- ~~To d~~Develop links with external community partnerships, local community planning partnerships and equalities groups to assist with the delivery of equality outcomes
- ~~To d~~Develop mechanisms for involvement and consultation of equalities groups with the protected characteristics to inform policy and practice
- ~~To e~~nsure that any incidences of bullying, victimisation, and harassment including third party harassment or discrimination including discrimination by perception or association are dealt with using the appropriate procedures outlined in the Prevention of Harassment and Bullying Policy, the Student Discipline Procedure, Complaints Policy and the Hate Incident Monitoring ~~procedure~~ process

~~The above will help FVC To develop policies, procedures and processes to~~ achieve the general and specific public sector duties in accordance with the Equality Act 2010 and the Equality Act 2010 (specific duties) (Scotland) Regulations 2012

## Responsibilities & Monitoring

Senior Management Team: ~~the Associate Principal and Executive Director~~ Operational Effectiveness the Depute Principal & Chief Operating Officer has overall responsibility for the strategic direction of equality work within Forth Valley College

Strategic Development Committee, Board of Management: regularly examines and discusses FVC equality data and information

~~Equalities & Student Engagement Committee~~Inclusion Development Group: oversees monitoring of this policy via regular meetings throughout the academic year and meets regularly to discuss and implement examines information and activities relating to specific equality work, as well as considering staff and student equality data ~~staff and student equality profiles~~

~~Equalities Manager~~Head of Equalities, Inclusion & Learning Services: responsibility to ensure that this Policy is communicated and implemented to support the effectiveness of equality within FVC

Forth Valley College Student Association: as the main body representing students, responsible for participating in and contributing to equality and diversity work in FVC, including awareness raising, events and training

Individual staff: It is the responsibility of every member of staff to ensure that they follow and implement College policy ~~and operating guidelines to fulfil the~~ in order to contribute to meeting the General Equality Duty. In particular, staff should:

- undertake ~~equalities~~ equality, diversity and inclusion training ~~professional development as and when required~~
- advance diversity and equality of opportunity
- foster good relations
- take action, where appropriate, to eliminate discrimination, harassment and victimisation

All College users are responsible and accountable for implementing and adhering to this policy.

### **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 with the protected characteristics of: age, disability, gender reassignment, pregnancy and maternity, race, religion and belief, sex and sexual orientation and marriage & civil partnership.~~

~~This Policy has been screened to determine equality relevance for people with the following protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race, religion and belief, sex and sexual orientation, marriage and civil partnership. No adverse impact was identified for equality groups with these protected characteristics.~~

### **Associated documents information**

The following ~~documents~~ specifically outline ~~our activities that will allow us to deliver~~ detailing our ~~aims and objectives~~ equality work:

Equality Outcome Plan 2017-21

Equality Mainstreaming Report 2017

Equal Pay Statement [2017](#)

[The following are relevant policies and procedures in promoting equality for all at FVC:](#)

Prevention of Harassment and Bullying Policy

Student Discipline Procedure

Hate Incident [Reporting Procedure](#) [Monitoring process](#)

[Complaints Policy and Procedure](#) [Guide to Making a Complaint](#)

[Complaint Form](#)

### **Equalities Impact Assessment (EQIA)**

[Any changes to, or reviews of, key College policies and practice should be carefully monitored and a full EQIA completed before any action taken.](#)

[An EQIA on this Policy has been completed. As it outlines our commitment to fully comply with equality legislation this Policy will not result in a negative or adverse impact on one or more groups in respect of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation or other protected characteristics.](#)

[We are interested to know of any possible or actual adverse impact that this Policy may have on any groups in respect of protected characteristics and we welcome feedback, please contact: \[equality@forthvalley.ac.uk\]\(mailto:equality@forthvalley.ac.uk\)](#)

**1. Purpose**

To seek approval for the award of Honorary Fellowships of Forth Valley College by the College Board of Management.

**2. Recommendation**

That members recommend the approval of the award of an Honorary Fellowship to Mary Pitcaithly, retiring CEO of Falkirk Council and great supporter of the College to the Board of Management.

**3. Background**

Forth Valley College Board of Management introduced a process for recognising outstanding contributions of individuals to College life and development through the award of an Honorary Fellowship. The Fellowships are recognised and celebrated at college graduation.

**4. Proposal**

There is a single candidate being put forward for consideration this year – Mary Pitcaithly.

Mary has been CEO of Falkirk Council for 18 years and retires in July 2018. Over the last few years particularly she has been a great advocate for the College in areas which include the Estate Development, our involvement on the Economic Partnership and in supporting our work with the Falkirk Schools including the setting up of the very successful SCOTS programme. As a visionary, Mary has seen the opportunities the College and Council have been able to make and as a consequence are seen as equal partners in future opportunities including the new Grangemouth Improvement Plan.

As part of the approval it should be noted how much of an influence Mary has had as CEO in attending Stakeholder events, speaking at Graduations and supporting student initiatives. This is not the same for all our Councils.

**5. Financial Implications**

There are no financial implications relating to the award of an Honorary Fellowship.

**6. Equalities**

Assessment in Place? – Yes  No

Not applicable.

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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		
Low		
Very Low	X	X

U...h... is well known to Board members as an advocate to the College and will continue to be a firm supporter in the future.

**Risk Owner** – Ken Thomson

**Action Owner** – Alison Stewart

**8. Other Implications –**

**Communications** – Yes  No

**Health and Safety** – Yes  No

**Paper Author** – Ken Thomson

**SMT Owner** – Alison Stewart

## 1. Purpose

To inform members on the proposed Five Year Plan for the People Strategy

## 2. Recommendation

That members note the content, comment and make recommendations, and approve the plan.

## 3. Background

The People Strategy 2017-22 was approved in December along with an initial 'Year One' implementation plan which focused on actions required to begin the process of setting a framework on which to build upon. This included a workforce plan and a short life working group looking at three areas:

- Professional Development
- Leadership Skills Development
- High Potential Development

The workforce plan has been completed and the short life working group met to discuss the subject matter allowing data analysis, further research to be undertaken and for the five year plan to be devised (Appendix 1). For information, the findings of the Short Life Working Group is attached (Appendix 2).

## 4. Context

The three initial areas for development (as above) were confirmed in the research as relevant and appropriate to the aims of the Strategy. In addition, following the information gathering phase, three further areas were added to plan. These include:

- Well-being, Engagement and Diversity
- Core Competencies and Standards
- Lecturing Skills Development

Of key importance was matching the plan to the aims of the People Strategy and thus it was necessary to directly evidence each of the six areas contained within the plan, directly with the Strategy.

To do this the plan visually highlights the six areas and how they relate to each other, specifying the scope and aspirations of the plan. This is then broken down where each of these areas follows a similar structure by commencing with its key objective and by directly quoting from the People Strategy on how that area relates directly to the Strategy. Each section then details the actions required to meet its objective and includes a means to measure success.

The five year plan is high level encompassing broad development areas. As with the year one Implementation Plan a more comprehensive yearly plan will provide more detailed operational planning and allow for reflection and corrective action where necessary.

5. Financial Implications

Please detail the financial implications of this item –

Each section of the five year plan has cost attached however allows flexibility dependent on priority and budget. The plan allows for senior management discussion on the scope of the implementation which will have a direct impact on costs.

6. Equalities

Assessment in Place? – Yes  No

If No, please explain why – N/A

Please summarise any positive/negative impacts (noting mitigating actions) – The Strategy impacts on all staff equally. Each section of the proposed implementation plan will be risk assessed to ensure it meets the standards required.

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 – The development plan requires regular review to ensure it maintains relevance and is adaptable to changing circumstances

Risk Owner – Ralph Burns

Action Owner – Andrew Lawson

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 – Ralph Burns

SMT Owner – Andrew Lawson

Implementation Plan for the People Strategy

2017-2022

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# Index

**Background**

**Introduction**

**Key Activities**

- 1 Professional Development
- 2 Leadership Development Programme
- 3 High Potential Development Programme
- 4 Wellbeing Engagement and Diversity
- 5 Core Competencies and Standards
- 6 Lecturing Skills Development

**Cultural Survey**

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## Background

Forth Valley College set itself the strategic goal of “instilling an energy and passion in our people, celebrating success and innovation” and in line with this devised the People Strategy 2017-2022. The college went further stating:

“We recognise and value our staff and are keen to support our continued success through investment in the development of our staff to maintain and enhance their skills”

**FVC Strategic Plan 2017-22**

In creating the People strategy a commitment was made to the following:

- ✓ **Develop** and empower our people as a workforce of the future
- ✓ **Ensure** all college activities reflect the key principles of equality and diversity to achieve an inclusive organisation
- ✓ **Value** staff by recognising and celebrating success

This led to four key areas of focus



The dynamics of our workforce are changing and staff expect more, not simply in monetary terms but in personal growth, intellectual respect and greater contribution to shape the direction of the college. The People Strategy meets these needs through a consultative approach, career development opportunities and engagement.

## Introduction

The ambitions of the People Strategy are clear and is strengthened by allowing for the utilisation of our current processes. However, rather than having individualised processes, the formalisation of a strategic approach creates synergy. This will focus priorities, maximise resource allocation, and minimise the risk of repetition.

A formalised approach provides an opportunity to review practices, to develop areas for improvement, and to incorporate flexibility and adaptability into our practices to take advantage of learning experiences and to account for external influences. As part of that approach a Workforce Planning Review was undertaken and a Short Life Working Group made up of staff operating at varying levels cross college was formed to add to the contributions of Senior Management.

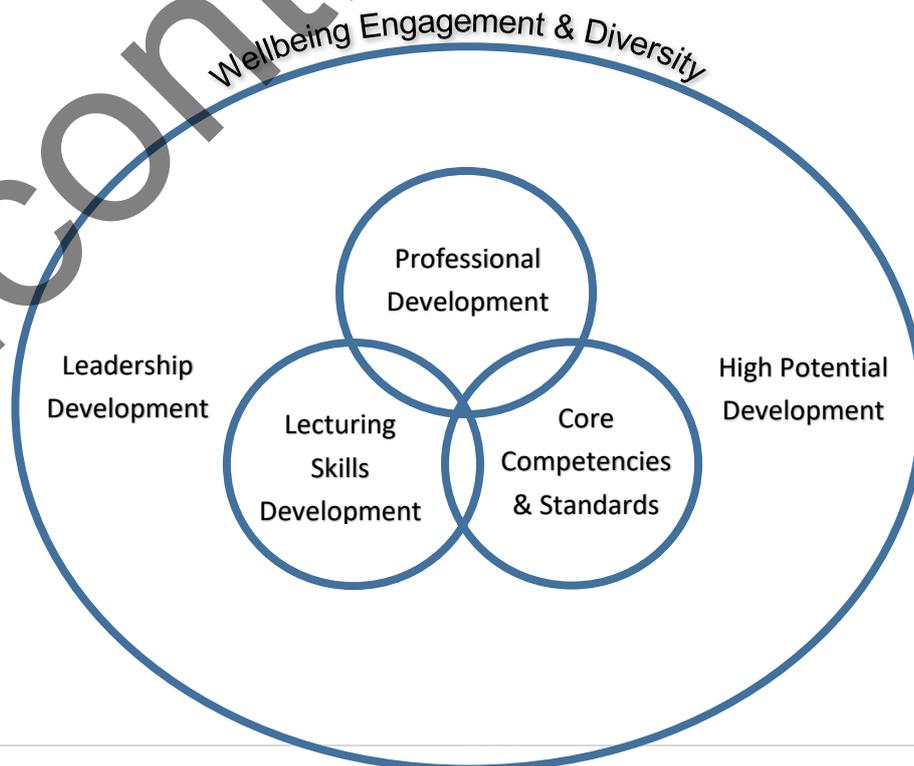
Three key areas of focus, were identified in the initial implementation plan including:

1. Professional Development
2. Leadership Development
3. High Potential Development

On completion of the workforce planning review and short life working group, the output from this was linked to the Strategy's objectives and provided valuable insight, highlighting further focus areas. Three additional areas of focus were identified:

4. Well-being, Engagement and Diversity
5. Core Competencies and Standards
6. Lecturing Skills Development

These will form the core activities of the 5 year plan and are detailed in the following sections.



# Key Activities

## 1. Professional Development

To meet the aspirations of the individual and the requirements of the College through a performance review process and individual development plan.

### How this meets the strategy:

- *Create opportunities for enhanced two-way communications and scope for staff to provide feedback for our future development*
- *Cultivate a culture that strives for excellence in everything we do and seek to continually improve and develop*
- *Cultivate a sector leading workforce of highly skilled employees in both teaching and service departments*
- *Lead a digital first ethos that ensures digital literacy and creativity is placed at the heart of everything we do*
- *Deliver clear and concise expectations of individual roles, responsibilities and impact on the overall success of the College*
- *Create an environment where people flourish – giving scope to work with a greater autonomy, and celebrate and recognise success*

### Action:

- a. Undertake review of Performance Review and Development (PRD) process
- b. Consult with staff via Short Life Working Group
- c. Review quality and purpose of PRD and align to needs of College, findings of SLWG and objectives of People Strategy
- d. Develop and deliver training to all line managers on:
  - Undertaking a Performance Review
  - Defining development priorities
  - Measuring competencies
  - Setting SMART objectives in line with operational plan and development needs
  - Discussing career aspirations
  - Creating an individualised training and development plan
  - Having meaningful conversations
- e. Monitor and review effectiveness of process

### Measuring Success

- a. Development and delivery of line manager training commenced in year 2
  - b. Completion rate of PRD at 90% by year 3
  - c. Number of PRD meetings for staff at 2 per year by year 3
  - d. Positive feedback via survey on the impact and worth of the process rated as good by year 3 and very good by year 5
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## 2. Leadership Development Programme

Embed the principles of Leadership within all staff through the creation of a tiered development programme.

### How this meets the strategy:

- *Lead the College through strong governance, sound decision-making and clear expectations*
- *Enhance the College's brand position through our shared culture and values*
- *Deliver trust and confidence in our people to deliver a world class service*
- *Instil an agile methodology that responds to the needs of students, staff and stakeholders*
- *Cultivate a sector leading workforce of highly skilled employees in both teaching and service departments*
- *Cultivate the very best talent from within and outwith the College to support curriculum development, deliver strategic priorities and capitalise on growth opportunities*
- *Deliver creative development solutions where we learn from each other and share best practice and provide forums to shape ideas and recognise success*
- *Instil a management culture that leads by example and seeks to provide feedback through positive dialogue*

### Action:

- a. Consult with staff via Short Life Working Group
- b. Define Leadership Competencies utilising findings of SLWG and Senior Management
- c. Develop three tier approach to leadership development
  - i. Leadership for all: providing the individual with core understanding of leadership, team working, collaboration, engagement and performance management
  - ii. Leadership: skills required and expected of staff in leadership roles within Forth Valley College
  - iii. Strategic Leadership
- d. Implement training schedule and deliver

### Measuring Success

- a. Programme developed: tier (ii) in year 2, and tier (i) by year 3
  - b. 20% of relevant staff commenced tier (ii) programme by year 3
  - c. 70% of relevant staff commenced tier (ii) programme by year 5
  - d. Roll out of tier (i) by year 3
  - e. Programme developed in year 4, tier (iii)
  - f. All senior management to undertake tier (iii) programme by year 5
-

### 3. High Potential Development Programme

Ensure succession planning and reduction of risk by developing talent from within the college to meet future needs.

#### How this meets the strategy:

- *Cultivate future leaders through a clearly defined talent management programme*
- *Create a student-centric organisation to ensure everyone reaches their full potential*
- *Enhance our position as the employer of choice through world class development opportunities*
- *Deliver opportunities for effective cross college partnership working to build on our success*
- *Cultivate the very best talent from within and outwith the College to support curriculum development, deliver strategic priorities and capitalise on growth opportunities*
- *Create an environment where people flourish – giving scope to work with a greater autonomy, and celebrate and recognise success*
- *Enhance staff development opportunities and increase investment in CPD and Staff Development*

#### Action:

- a. Undertake review of the Performance Review and Development (PRD) process to support assessment
- b. Consult with staff via Short Life Working Group
- c. Develop framework to select staff for development programme
- d. Develop assessment methods to evaluate candidates learning needs
- e. Prioritise candidate selection based on business priorities
- f. Create individual development programmes

#### Measuring Success

- a. Develop selection process by year 1
  - b. Initiate a bespoke development programme for middle and senior managers by year 1
  - c. Develop the development programme for middle and senior managers by year 2
  - d. Develop programme for first line managers by year 3
  - e. 20 Staff commenced programme by year 2
  - f. 40 Staff commenced programme by year 4
  - g. 60 Staff commenced programme by year 5
-

#### 4. Well-being, Engagement and Diversity

Providing a culture of inclusion, transparency and clarity, based on the principle that happier, healthier and more fulfilled employees are more motivated and deliver improved business performance.

##### How this meets the strategy:

- *Instil a collaborative approach by listening to our people to shape the future direction of the College*
- *Lead the College through strong governance, sound decision-making and clear expectations*
- *Deliver trust and confidence in our people to deliver a world class service*
- *Create opportunities for enhanced two-way communications and scope for staff to provide feedback for our future development*
- *Deliver clear and concise expectations of individual roles, responsibilities and impact on the overall success of the College*
- *Lead a culture of respect, openness, transparency and accountability across the College*
- *Enhance opportunities to improve the health and well-being of our workforce*
- *Encouraging staff to enter their work in external awards to showcase their practice and raise their profile across the sector through external endorsement*
- *Celebrate success through increased internal and external communications*

##### Action:

- a. Ensure effective channels for employee voice through the introduction of Listening to Employees
- b. Maintain regular meetings with Unions
- c. Encourage opportunities for staff inclusion in decision making (the SLWG is such an example)
- d. Review personal support provision to staff in the workplace
- e. Introduce leadership training and measure impact ensuing adjustments are made dependent on feedback
- f. Conduct Equalities Impact Assessments on relevant aspects of strategy implementation
- g. Collaboration with Health and Wellbeing Committee

##### Measuring Success

- a. Introduce Listening to Employees Year 1
  - b. Evidence Equalities Impact Assessments for each relevant area and take corrective action where appropriate
  - c. Conduct a transparent approach via open communications and evidence consultation
-

- d. Evidence supportive measures to improve engagement including provision for carers and supporting health and wellbeing at work

## 5. Core Competencies and Standards

Coordination of College wide, department focused training, compliance learning and development activities to assess, prioritise and organise based on resources and business need.

### How this meets the strategy:

- *Lead the College through strong governance, sound decision-making and clear expectations*
- *Enhance the College's brand position through our shared culture and values*
- *Lead a digital first ethos that ensures digital literacy and creativity is placed at the heart of everything we do*
- *Deliver clear and concise expectations of individual roles, responsibilities and impact on the overall success of the College*

### Action:

- a. Develop a coordinated approach to training and development with departments, developing a collaborative approach and reducing duplication
- b. Develop e-learning portfolio of relevant compliance materials
- c. Coordinate college wide training through interactive platforms
- d. Maintain a database of training and development requirements and deliver at set intervals
- e. Conduct annual training needs analysis for departments and source appropriate training to meet priority needs efficiently and effectively

### Measuring Success

- a. Conduct annual TNA for departments commencing in year 1 for year 2 and continue each year
- b. Create a programme calendar for events by year 2 (with Information Services support)
- c. Evidence actions based on TNA results for each year
- d. Evidence a relevant, functioning e-learning portfolio

## 6. Lecturing Skills Development

A structured approach designed to ensure new and existing lecturers have the necessary skills, knowledge and competencies to meet the standards of service expected.

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### **How this meets the Strategy:**

- *Promoting an agile workforce, embracing innovation, facilitation, mentoring and peer support*
- *Delivering the benefits of a digital environment through capacity building and CPD that embraces emerging technologies and practices*
- *Create a student-centric organisation to ensure everyone reaches their full potential*
- *Create a modern, flexible working environment which promotes innovation and creativity*
- *Instil an agile methodology that responds to the needs of students, staff and stakeholders*
- *Deliver clear and concise expectations of individual roles, responsibilities and impact on the overall success of the College*

### **Action:**

The Creative Learning and Technologies Strategy has made a commitment to ensuring teaching staff have the necessary skills, including learning and development opportunities appropriate to the needs of the role. This works in unison with the objectives of the People Strategy, and the actions of Learning & Quality and teaching departments will be supported through:

- a. Training Needs Analysis
- b. Line Manager Training
- c. Performance Review and Development
- d. Consultation and Engagement activities
- e. Leadership development

### **Measuring Success**

This will be measured through the outcomes of the objective achievement plan of the Creative Learning and Technologies Strategy.

### **Cultural Survey**

In addition to measuring individual achievement in relation to success criteria, the outputs of the cultural survey will be reviewed in order to review relevance and impact of the strategy and five year plan, allowing for appropriate action where relevant.

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Short Life Working Group Findings

Year One People Strategy

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## Index

### Page

- 2 Background
- 3 Leadership Development
- 6 Professional Development
- 8 High Potential Development

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## Background

The year one implementation plan had a focus on three areas:

1. **Leadership Development**
2. **Professional Development**
3. **High Potential Development**

A Short life working group was set up in the spirit of consultation and in line with the People Strategy to provide an opportunity for consultative inclusion of all levels of staff. A meeting was held with staff from support and academic roles including a range of positions to discuss the three areas in broad terms. The larger group was then split into three, to focus on one area, and subsequent meetings were held and facilitated by a HR Business Manager.

The findings of each follow.

## **People Strategy – Short Life Working Group – Leadership Development**

The Leadership Development short life working group was asked to look at leadership skills and how individuals could, in the future, achieve the competences required to be a successful leader. This would allow a 'success profile' to be developed from which a training programme will be developed. The group were asked to look at the skills of a leader, what the current leaders of the college do well and what can be improved.

### **Process**

A cross college short life working group took place and involved discussions on three different areas, Leadership Development, Professional Development and High Potential Development. Discussions on the topic of leadership within the college included the perception of what makes a good leader and also what they would like to see in the future leaders of the college.

The short life working group was then broken down into 3 working groups to focus on a specific area. Each group consisted of staff within support and academic roles at all levels. The Leadership Development group moved the discussion forward when looking at the skills of a leader and what would be required to instil these skills in the College's future leaders.

### **Findings**

At the full short life working group, each sub-group discussion split the topic of leadership into two areas: individual and team perspectives. It was clear that there was a belief that there were different requirements for both the individual and the team. These were mostly given by the group through short statements and are detailed in the attached table.

The following meeting was by design, more focused and detailed. The group reviewed the findings of the first meeting and highlighted that the areas were a mix of skills and qualities, some could be taught, where others needed to be developed over time.

It was added that it may be beneficial to have a suite of management training courses on the college training site Moodle, where staff could work through management modules in their own time. It was also agreed that HR policies could be turned into courses with case studies that would be worked through and marked by a mentor or current leader. Some suggested it could be set up like ECDL with each module being optional.

It was also felt that staff who are keen to develop may benefit from shadowing the colleges current leaders and also possibly 'covering' for a manager who is on holiday or off sick to give them an idea of the role. It was also suggested at this point it may be helpful to train current managers as mentors who can support those interested in developing. It was agreed that the ability to shadow managers would be beneficial to help develop the qualities required to be a leader.

The group were clear that they felt that there were a number of areas that would be linked to ensure future talent has the skills we require. It was acknowledged that training would be beneficial, however, it was also highlighted that staff interested in progression would need an element of self- motivation, and the group felt they would need to have:

- Commitment
- A willingness to learn
- Drive
- Be open to feedback
- The ability and foresight to complete self-analysis
- Confidence to put self forward for projects
- An understanding of how to manage pressure/stress
- Time management training
- Resilience training
- Reliability and accountability

The group also felt that the future leaders need to have an awareness of the college, not just their department, as well as build relationships across the college.

### **Recommendations**

A structured management programme should be developed, taking into consideration the points detailed within the findings. The training programme should be bespoke and allow each person to be involved in the developing this programme. Each individual should be able to demonstrate that they have the commitment to complete the programme. The programme should look at individual skillset, and needs within the college utilising mentoring and shadowing, ensuring that the individuals are aware of the operational and strategic plans.

### What do we need in a Leader? (Individual perspective)

Approachable <ul style="list-style-type: none"> <li>Open Door</li> <li>Supportive</li> <li>Never 'too busy'</li> </ul>	Good Communicator <ul style="list-style-type: none"> <li>Collaborative decision making</li> </ul>	Accessible	Consistent Approach	Supportive & Have Empathy
Knowing Expectations	Good Motivator	Being able to engage	Have conviction	Proactive
Being treated as equal	Good people skills <ul style="list-style-type: none"> <li>Ensure staff feel valued</li> </ul>	Ability to listen	Decision Maker	Leading by example
Having ability to coach	Giving clear instructions <ul style="list-style-type: none"> <li>No mixed messages</li> </ul>	Trust	Being transparent	Give feedback – good and bad

### What do we need in a Leader (Team Perspective)

Instil confidence in Team	Understand everyone's roles to give advice when required.	Reflect as a team <ul style="list-style-type: none"> <li>What has been achieved</li> <li>What actions should be taken forward</li> </ul>	Instil team view so people don't work as individuals	Meet as a team <ul style="list-style-type: none"> <li>Have meetings regularly</li> <li>Team huddles</li> </ul>
Leading the team <ul style="list-style-type: none"> <li>Cross team networking</li> <li>Encouraging</li> <li>Integrate team</li> <li>Knowledge of what others are doing</li> </ul>	Treating team as individuals <ul style="list-style-type: none"> <li>Have ability to tailor style as not everyone is the same</li> <li>Ensure everyone has a voice</li> <li>Consistent approach</li> </ul>	Strategic v Operational <ul style="list-style-type: none"> <li>Communicating with staff what is happening within the college</li> </ul>	Engaging	Developing the team <ul style="list-style-type: none"> <li>Taking time out to look at direction of team and college</li> </ul>
Accept that mistakes happen – be supportive and learn from them if first time.	Deal with situations as they arise – not dealing with this indirectly through email.	Know audience <ul style="list-style-type: none"> <li>Ensure everyone is engaged in process</li> </ul>	Leading by example	Trust team <ul style="list-style-type: none"> <li>Don't do everything yourself</li> </ul>
Review and seek feedback	Understand team and their motivations	Promote values of the college		

## **People Strategy - Short Life Working Group – Professional Development**

This short life working group was tasked to consider the topic of Professional Development. Whilst discussions on this topic focussed mainly on the college's Performance Review and Development (PRD) process, the group did widen discussions, generally to other factors that contribute to 'professional development'.

Prior to this short life working group, the general and statistical feedback suggested that the PRD, as a tool, was being applied and utilised across the college differently and with varying degrees of success in terms of achieving college objectives and motivating staff.

### **Process**

A cross college short life working group took place and involved discussions on three different areas, Leadership Development, Professional Development and High Potential Development. Professional Development generated an initial discussion on the areas of setting objectives, quality of the face to face meetings, the recording process, support, regularity of meetings, development, and achievements.

The short life working group was then broken down into 3 working groups to focus on a specific area. Each group consisted of staff within support and academic roles at all levels. The feedback from this process was excellent, staff felt like they had an opportunity to input into college processes and could do so in a manner that, regardless of position or grade, that they did not feel intimidated. Staff were very engaged and added value to the process.

### **Findings**

The overwhelming feedback from each group was that the PRD process was time consuming for managers and that despite this, it was still viewed as a 'tick box' exercise and that it added very little value to staff or college achievement.

There was a large variance between the group as to how PRDs were used and how effective they were, and how long the meeting was. It was suggested that even within one department, some PRDs could last 20 minutes and others could last 2½ hours.

The general feedback was that there was no clear purpose of what the PRD was for. Feedback suggested that it should be more focussed on the individual and objectives should be tailored to meet the needs of individual. The managers on the working group indicated that not all objectives were driven by the operational plan and that they can be driven by team evaluation, IV/EV processes, quality cycle, departmental priority etc. and that the current format of the PRD could make all this restrictive to capture and this required review.

It has also come to light that awarding bodies have requirements for CPD logs to be completed for regulated qualifications. According to the Learning & Teaching Manager, the current PRD form does not cater for these requirements and therefore there are a number of variations of CPD logs being recorded throughout the College out with the PRD process. As such, we are losing the ability to capture the richness and range of CPD activity that is currently being carried out in the College. However, there is a GTCS link on the PRD that lecturing and management staff find helpful to have on the PRD form. Consideration should be given to a 'one stop shop' platform for recording CPD.

With the introduction of the new 'Mandatory Training' section within the CPD tab, staff feel that discussion on mandatory training now has consumed the 'CPD' part of their PRD and therefore no real discussion on general CPD. The other point that was raised that the discussion on

future role specific training is not recorded on the form, but is simply a list of training that has been requested via a CPD form.

In terms of training, not all participants felt that training was a requirement, but more a clear and common understanding of what the purpose of a PRD was and how to use it as a tool. The feedback was that a review, taking into account the feedback was required and then a new launch and an emphasis was made on ensuring the correct roll out was undertaken and not just by sending an email.

## Recommendations

A summary of the recommendations going forward are outlined below:

- Engagement in PRD is currently so low that it was suggested that a complete relaunch, perhaps even branded, was carried out. It was suggested that this should **not** be by email but via face to face briefings. It should include a clear purpose and understanding of roles and expectations. Perhaps a structure should be included but with enough flexibility for individual circumstances
- Consider whether utilisation of the 3 weeks on the lead up to the end of term (June) could be utilised either for PRD (to tie in with team evaluation and other College processes as outlined above) or for other staff development days
- Review purpose of PRD – can it be made more personal and driven by the employee
- Provide a structure (with flexibility built in) for a PRD and consider timing – feedback suggests no set cycle and staggering the meetings across a year and not cram them all in the one week as this reduces quality. Try to have a more consistent approach to avoid the 20 mins v 2½ hour meetings
- Utilise other college practices to influence objective setting at team level e.g. team evaluation in June
- Objectives are not always linked to an Operational Plan number, so consider a free text box for justification, or a drop list menu.
- Full review of CPD recording across the College and how this can be best recorded in one area (and include a progress update). Is the Professional Practice Area being used, and if not, why? Also how can we best record activities such as peer learning, secondments, building important relationships (eg employers), competitions, events, mentoring, networking, college committees, formal courses, etc
- Make 'Mandatory Training' have its own tab.
- Review the field for Role Specific Training – could this capture future CPD required for the forthcoming period?
- Review how we carry out TNAs – is there an easier way to capture the information to avoid duplication from managers. Should all staff have an understanding of what a TNA is?
- Staff Development Days as a whole requires review. Lecturing staff want more than creative learning day, also want a departmental led day and a day where workshops are on and they get a choice to book an appropriate workshop.

## **People Strategy – Short Life Working Group – High Potential Development**

High Potential Development is identifying and developing employees, from all levels of the college, with the potential to succeed in key positions that might arise in the future.

The aim of the meetings/short life working group was get views on the types of methods that could be used to identify 'potentials' to be part of the High Potential Development programme and then to get suggestions as to how individual would be selected.

### **Process**

A cross college short life working group took place and involved discussions on three different areas, Leadership Development, Professional Development and High Potential Development. What came through at the initial meeting for the High Potential Development strand was that clarity of this process was very important and individual confidence in terms of people putting themselves forward ranked highly as key considerations.

Initial ideas around methods of identifying 'potentials' were:

- Two pronged approach i.e. identifying people based on priority areas as well as individual/management/peer identification
- 360 degree feedback to allow for self-assessment before self-nomination
- CPD records
- Application form
- Management nomination
- Self-nomination
- Peer nomination
- Through PDR process – perhaps joined up thinking with that group?
- References – this could be managers or other people who work closely with the individual
- Headhunting approach
- Psychometric tests
- 

Initial ideas around the selection criteria were:

- Generic competency framework (there needs to have transparent criteria to assess against). Perhaps linked to competencies developed as part of the leadership section. College values/vision should be at the core of this.
- Informal meetings instead of 'interviews'
- Applications could be anonymised to avoid any unconscious bias at the first stage

The short life working group was then broken down into 3 working groups to focus on a specific area. Each group consisted of staff within support and academic roles at all levels.

### **Findings**

#### **Method of Identifying 'Potentials'**

##### ***Create a 'Bank' of Staff***

The group discussed the value of understanding who in the college actually wanted to develop themselves with a view to progressing, whether this be within the college (ideally, in order to retain talent) or moving out of Forth Valley College but remaining with the education sector so still able to give something back. The group did note that a lot of people that work at the college are perfectly happy doing what they are doing and are not interested in developing further and that was okay.

It was felt that there may be a high volume of staff who would want to be part of such a programme and that there needed to be a way to make numbers manageable from the beginning. It was decided that information could be given to all staff about the High Potential Development Programme; with very clear expectations on what would be expected from the individual and what they would get in return if they were successful on getting a place on the programme e.g. time commitments, attending formal / informal training such as college courses etc. It was felt that if people were clear from the outset on what would be expected of them and what the programme was all about then people would only 'apply' who were serious about being on the programme and would save valuable time later on in the process. This would create a 'bank' of staff who are genuinely interested in such a programme and their personal development.

It was thought it would be at this stage that individuals could put themselves forward for the 'bank' but that also managers and peers could nominate people to be added to the 'bank'. It was thought that by opening up this initial stage to managers and peers that it would help people who would perhaps not have the confidence to go into such a programme.

It was discussed that line managers should not have an overall influence on staff members putting themselves forward for the 'bank' but was recognised that conversation must take place with line managers so they are aware of the interest in the programme.

#### *Self-Nomination*

It was discussed that at this stage all nominations should be self-nominations and via an application form (see Selection Criteria below). Line managers and peers will have had their opportunity to add people to the 'bank' in the first stage. It was thought that if individuals were committed to the programme, they would now be in a better informed position to apply being well aware of expectations placed on them; giving the college a more secure return on investment.

There was general discussion about relationships with line managers and staff and how all relationships are different; some positive and some negative and that if it was for line managers to nominate, the process would no longer be as transparent as it could be seen as 'favourites' being put forward. There was no appetite to include a reference section in the application - again trying to remove bias and keep the process as objective as possible. By building in the 'bank' stage, it was thought this would elevate the 'favourite' issue but still keep line managers involved.

#### *First Sift*

In the hope that the volume of applications is manageable, it is envisaged that there will be a panel, similar to a job evaluation panel, to objectively score the applications (see Selection Criteria below). There was some discussion on who should be part of the first sift panel and it was thought that a member of HR, a representative from each Union and a member of SMT be on this panel. It was thought that the panel members will be appropriately trained in scoring the applications objectively.

There was discussion on if there were far too many applications to sift using the method above and that perhaps another step might be needed first. The group discussed perhaps using PRD and CPD records as a way to evidence the person's commitment to development. It was noted that the PRD process may not be done consistent enough to use this as a sift for this

year but perhaps next year once the new process is in place. It is hoped that by adding in the 'bank' stage, this could be avoided but still needs considered.

### *Evaluation Chat*

This would be the final stage and it was thought that this would be made up of SMT members. The group discussed the term 'interview' and agreed that this term can be very off-putting and felt that having an 'Evaluation Chat' would be the way forward. The group made reference to the fact that this was an official part of the process and so the individual would be evaluated but it could be done in more of a relaxed setting; delving deeper into the application form, resulting in a better discussion as everyone would be more comfortable.

### Selection Criteria

Following self-nominations using the application form, it was discussed that in order to have a transparent and trusting process/programme, there should be a clear competency framework in which staff could be objectively scored against. The group didn't go into detail on what these competencies might be but it was thought the work being done on developing leadership competencies as part of the People Strategy would form part of this.

The group then went on to discuss the different levels of manager and that although there should be a base line competency for all levels of managers, different levels of manager would require different competencies i.e. a potential first line manager may not need to have knowledge of managing a college wide budget but a potential senior manager would.

The group thought it would be beneficial for individuals to indicate on their application form the level of development they are looking to be considered for i.e. Potential First Line Manager, Potential Head of Department, Potential Senior Management to assist with scoring the application forms and to easily identify how many candidates there were for each level.

Psychometric testing was also briefly discussed which could be used as a tool to help aid decision making. The group noted that it would be important that if this test was used that it would be undertaken and fully understood by a qualified individual. The group weren't sure if using this type of testing would fit in with timeline for the start of this development programme.

### **Key Recommendations**

Overall, transparency and trust was felt to paramount to this programme being a full success and should be considered when devising and implementing the High Potential Development Programme.

### Method of Identifying 'Potentials'

1. Create a 'Bank' of Staff
2. Self-Nomination (questions in the application to be linked to agreed competency framework)
3. First Sift
4. Evaluation Chat

### Selection Criteria

1. Create a competency framework for each level of manager
2. Key individuals to be trained in understanding the competency framework and how to score objectively against application forms

## 1. Purpose

To provide the HR Committee with an update on the Health and Safety performance indicators and Sustainability outcomes in relation to the college session 2017-2018. The update includes the following;

- Accidents and Incidents figures
- Sustainability Objectives

## 2. Recommendation

- To note the key data in this report for continual improvements for health and safety and positive performance against our key performance indicators.  
Appendix A - provides further detail for our HS Update Newsletter Issue No 2  
Appendix B – provides detail on the Work Positive Evaluation Form  
Appendix C and D offer additional information on RIDDOR Reporting.

## 3. Background

The new style Health and Safety Newsletter continues to be used to provide health and safety updates. The newsletter will be issued to staff via the efocus communications.

## 4. Key Considerations

- 4.1 A total of 69 incidents have been reported so far this session, which is well below our key performance indicator of 115 for the year
- 4.2 Four incidents were reported as RIDDORs<sup>1</sup> however following a detailed review of the guidance, only two of these were RIDDOR reportable. The reporting procedures have been reviewed and clarified at the HS Committee, to ensure all future RIDDOR reporting is accurate.
- 4.3 **Health and Safety Risks** – a new Health and Safety Risk Register has been developed in line with our New Falkirk Campus project. This register will be reviewed regularly with the Health and Safety Committee, to ensure risks are identified collectively and suitable control measures are in place, prior to occupation.

## 4 Financial Implications

No additional financial considerations.

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<sup>1</sup> Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

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**5 Equalities**

**Assessment in Place?** – Yes  No

This paper includes reporting of the health, safety and welfare of all staff, students and visitors and does not require a separate impact assessment.

**6 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		

Risk Description – The overall College risk remains low due to the support of all staff and the sound safety management operated in compliance with the established health and safety procedures.

Mitigating Actions – To strive for continual improvement of the health and safety culture.

**Risk Owner** – Claire Shiels

**Action Owner** – Andrew Lawson, Depute Principal and Chief Operating Officer

**7 Other Implications –**

**Communications** – Yes  No

**Health and Safety** – Yes  No

H&S implications are detailed within this paper.

**Paper Author** – Claire Shiels

**SMT Owner** – Andrew Lawson



# Appendix A Health and Safety Update

ISSUE NO. 2

Previous Newsletters have been issued to staff via efocus and are available on Sharepoint –  
H&S Sharepoint Page - General Information - Newsletters

## Positive Mental Health

Status:	Approved
Date of version:	April 2018
Review Date:	April 2021
Reviewed by:	H&S Operational Team
Author/Contact Person:	Head of FM and H&S
Overall responsibility for procedure:	Associate Principal and Executive Director – Estates Development
Responsibility for implementation:	Head of FM and H&S
Responsibility for review:	Head of FM and H&S

In line with the HSG65 Guidance, our H&S Structure reflects a whole college approach to positively reflect that H&S is everyone's responsibility.

Our Health, Safety, Environment and Welfare Policy is the overarching governing document, however, the College has a specific Policy and Procedure to reflect the College commitment to positive mental health at work.

- The Work Positive Policy and Procedure;
- The Work Positive Evaluation Form

# Evaluating Work Pressure

The College holds the Healthy Working Lives Award, Bronze, Silver and Gold and has been progressing with these awards as part of the annual Estates operational plans.

The Work Positive policy and procedure for identifying and managing work related pressure (both positive pressure and negative pressure) has been the specific focus over the past few months.

Our "Work Positive" process follows the HSE stress standards and involves the individual (or team) completing a work positive evaluation form and discussing the outcome with a trained work positive advisor. We have 9 trained staff across the campuses in addition to H&S and HR.

The process is separate to the HR policies and offers an independent route for support if required, however engages with HR and the Line Manager to discuss/progress any reasonable adjustments.

Staff Development Sessions have been held with College Managers on the following dates. The session covers the "Work Positive" process and evaluation form.

**To date, 66 Managers have completed this training.**

- 30 November 2017
- 15 December 2017
- 01 February 2018
- 26 April 2018
- 24 May 2018

## Six Factors of the HSE Stress Standards

- Role
- Demands
- Control
- Support
- Relationships
- Change

## SIX FACTORS FOR EVALUATING WORK PRESSURE

We use a simple evaluation sheet to prompt the individual to focus on key statements and ask for them to score each statement. Numerical values are added to the Score Column. Should the score be a HIGH 5 or a 4 score, then a flag is placed in the cell to indicate further review by the individual to present suggestions for review.

- 1) Strongly Agree
- 2) Agree
- 3) Average – Neither Agree nor Disagree
- 4) Disagree
- 5) Strongly Disagree

Examples of two of the six factors are below;

	<b>Control</b>
C1	I am able to participate in the decision making process, at local level
C2	I am consulted in the decision making process, at local level
C3	I have a degree of control over work priorities/ deadlines
C4	I have a degree of flexibility in their work schedule or timetabling
C5	I have a say over the order of my daily tasks.
C6	I feel I have job security as per my contract.
C7	I am able to decide when to take my breaks.

	<b>Role</b>
R1	I have a clear job description
R2	Individual duties relate directly to my job description
R3	I am clear about these duties and responsibilities
R4	I understand how my duties relate to the overall section objectives
R5	I am clear whom to report to
R6	I am informed of organisational policies
R7	I am informed of any decisions within the team that may affect my role
R8	There is a clear management structure of roles and responsibilities

The process is used both proactively and reactively and has been a benefit to individuals and teams.

# Safety and Compliance

## STATUTORY COMPLIANCE

Servest (formerly Arthur McKay Ltd) continue to provide Total Facilities Management (TFM) services for FVC. This engages Servest in all services for statutory compliance checks as well as maintenance of plant, fabric and soft services such as grounds maintenance, cleaning and energy monitoring.



In addition, Servest are also attending our HS Committee Meetings to feedback on their quarterly quality and safety compliance checks and to provide detail on specific elements of risk control.

Servest presented an update on the Control of Legionella and compliance with the L8 ACOP (Control of Legionnaires Disease in Water Systems) safety guidance at the HS Committee meeting in January 18 and how records are retained and actions progressed.

The next meeting, in June 18, will be a joint review with Servest and our FVC HS Committee and cover a review of the Asbestos Register at Falkirk, including the recent Asbestos Management Survey (April 18) and process undertaken for remedial actions. Servest will explain their procedures for managing contractors in relation to asbestos awareness and control.



## HEALTH SURVEILLANCE

Health Surveillance is a mandatory requirement to comply with various H&S Regulations; mainly Reg 6 of the Management of Health and Safety at Work 1999, to assess and control risk.

The College Operational Team developed a "risk register" in conjunction with our Occupational Health Provider (Integral) This register is based on the various risk assessment and COSHH assessment outcomes (including severity and likelihood) relating to the risk profile of individual roles.

Consequently, we carry out regular health surveillance, and this can involve testing for:

- Hand Arm Vibration Syndrome (HAVS)
- Hearing Loss
- Respiratory Issues
- Skin Issues

Health Surveillance – carried out in May 2018	
ASMME	4
CON	26
CI	5
EICE	7
HSS	2
<b>Total</b>	<b>44</b>

Records are retained confidentially by the Occupational Health provider and individuals are re-called if any test has an unsatisfactory result. Thanks to our control measures working efficiently, we have had no remedial actions recommended.

## EMERGENCY EVACUATIONS

Fire Safety is paramount at the College and emergency evacuation drills have been carried out in line with our college safety commitment.



Records have been retained on all timings over the past 10 years and our average evacuation time, across all campuses, is an impressive 3 mins and 9 seconds. All actions from practice drills are tracked and progressed.

Specifically, the College has removed all toasters from staff areas as a result of several emergency evacuations caused by these appliances or human factors involved with the use of these appliances.

A risk approach was taken and the safety of all building users was utmost in the decision to remove these appliances.



# Policies and Procedures

Our main Policy is our Health, Safety, Environment and Welfare Policy (HSEW) which also covers safety of the Environment and Welfare of all staff, students, contractors and visitors.

Additional Policies include:

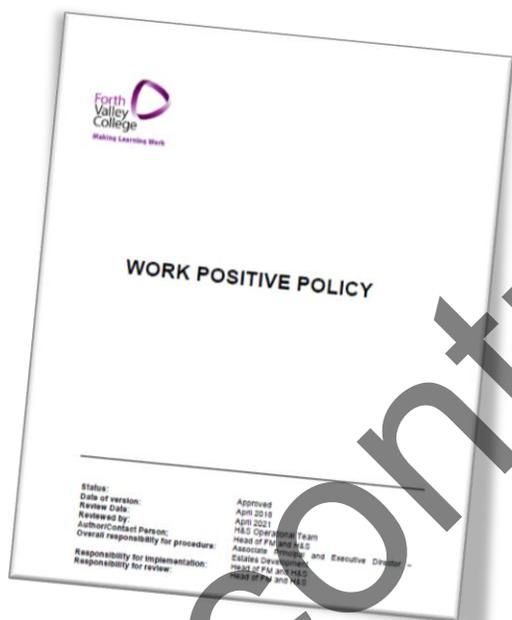
- **Work Positive Policy** – which follows the HSE Guidance on the stress standards and a template to use to identify work pressures and measure their impact.
- **College Policy on Smoking** – which details where smoking is permitted including the use of e-cigarettes.

## Health and Safety Procedures

There are over 30 HS Procedures and Guidance documents and these are all governed by the overarching HSEW Policy. Each of them have been equalities impact assessed.

All procedures are all up to date for 2017/2018. Those highlighted below, in green, show they have been reviewed in conjunction with the HS Representatives, in session 2017-18. Procedures are reviewed on a 3 yearly cycle and with legislative changes, as required.

- Abrasive Wheels
- Asbestos
- Battery Charging and Safety
- Blood Borne Virus Information
- Control of Noise and Vibration Procedures
- Display Screen Equipment Procedures
- Driving Procedures
- First Aid Procedures
- Foreign or Extended Travel Procedure
- Good Housekeeping
- Health Surveillance
- Inclusive Risk Assessment
- Learner Work Placements
- Lone Working
- Manual Handling
- New and Expectant Mothers
- Parking
- Personal Emergency Evacuation Plan (PEEPs)
- Risk Assessments (inc.COSHH)
- Safe Systems of Work
- Use of Sharps
- Skin Care and Hygiene
- Work Equipment
- Work Positive
- Working at Height
- Young Persons



**WORK POSITIVE EVALUATION FORM**

Please complete this form for the Work Positive Policy

To be used only in conjunction with the work positive policy and procedure document

CONFIDENTIAL - INTERNAL USE ONLY

Department	Responsible	Assess Rating Key
Name of Responder	Name of Responder	1 Strongly Agree
Date of Assessment	Agree	2 Agree
Name of Respondent	Average (Neither agree or disagree)	3 Disagree
Does the risk assessment comply with the following criteria?	Strongly Disagree	4 Strongly Disagree
1. Is the assessment based on the correct information?	5 Strongly Disagree	
2. Does the assessment identify all the risks?		
3. Does the assessment identify all the hazards?		
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All HS Procedures are available on the College Sharepoint Health and Safety Page

# Competency and Training

All new staff are required to complete the on-line HS Training and knowledge check. Current staff have this included in regular refresher staff development reviews.

Main Menu Search Report Resources Glossary Help

Welcome to Forth Valley College Health and Safety Induction Course

Forth Valley College is committed to operating in line with recognised sector best practice with the aim of achieving "Excellence in Learning" and to providing a safe environment for our staff, students, visitors, contractors and others who may be affected by our activities.

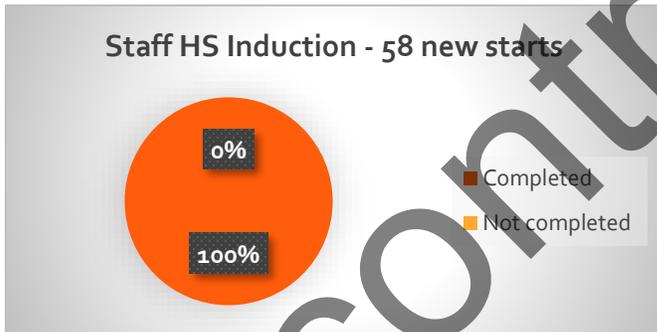
Specifically our general health and safety policy is to:

- Systematically identify operational hazards in order to assess and control risks
- Promote positive occupational health practices
- Provide adequate health and safety training
- Review health and safety performance management systems and audit performance
- Consult with employees and their representatives on Health and Safety matters
- Set Health and Safety targets and key performance indicators

Signed by: Principal, Ken Thomas on behalf of the Board of Management

## New Starts - HS Inductions on Moodle - since Aug 2017

58 new members of staff have joined the organisation since August 2017. Compliance is required for all staff to complete the College HS induction on Moodle.



## TRAINED H&S ROLES - CURRENT NUMBERS

Fire Wardens – trained to assist with the "sweep and clear" of zones during evacuations	
Falkirk	65
Alloa	17
Stirling	27
Raploch	1
Evac Chair – trained to assist escape using the evacuation chair	

Falkirk	18
Alloa	4
Stirling	5
Raploch	1
<b>First Aiders – respond to first aid calls</b>	
Falkirk has a pager response system	
Alloa and Stirling have a rota response system	
Falkirk	19
Alloa	8
Stirling	10
Raploch	1

We are currently requesting the recruitment of additional first aiders for evening cover at our campuses. The first aider role is voluntary and has a remuneration of £22.50 p/month however, most evening staff are teaching and unable to assist with this role. The HS Committee are progressing action to address additional support.

## CONTINUING PERSONAL DEVELOPMENT

The College now records all training on Moodle and links to relevant on line course for compliance training. HR leads on this annually- some topics from 2017/18 below- in addition, all staff have been asked to complete GDPR "the basics"

Title
Diversity, Equality and Discrim...
Safeguarding Protection of Chi...
Sustainability - Staff Induction
Data Protection
Fire Safety and Evacuation
Safe Manual Handling Training
VDU and Workstation Health a...
Freedom of Information (FOI)

# Safety Audits and Risk

The College H&S Operational Team carries out schedule inspections throughout the year. The Audit team is a combination of HS TU Representatives from UNISON and EIS combined with a member of the HS Department.

## SAFETY AUDITS 2017-18

Audit/Inspections 2017-18		
Campus	Department	% of compliance
<b>Alloa</b>		
03/11/2017	Hospitality and Salon Services – Hair & Beauty	92%
09/03/2018	Start of Term Housekeeping Tour	Good – some tidying required
08/06/2018	Human Resources	planned
<b>Falkirk</b>		
08/09/2017	Start of Term Housekeeping Tour	Good – some tidying required
10/11/2017	Learning Resource Centre	90%
12/01/2018	Care, Health and Sport	97%
15/12/2017	Finance / Student Records	91%
23/02/2018	Engineering	99%
<b>Stirling</b>		
29/09/2017	Start of Term Housekeeping Tour	Good – some tidying required
06/10/2017	Creative Industries	88%
27/04/2018	Hospitality and Salon Services – Hospitality	91%
16/03/2018	Housekeeping Tour	Good – some tidying required
11/05/2018	Historic Scotland	61%

All actions from these audits are recorded and tracked on the HS Audit Tracker – on Sharepoint. Currently, there are 8 actions on the tracker, picked up from recent audits.

Hospitality Services	5
Finance	2
Care Health and Sports	1
Historic Environment Scotland	9
<b>Total</b>	<b>17</b>

## NEW FALKIRK CAMPUS

Our New Campus at Falkirk is underway with Balfour Beatty Construction and due for completion in Autumn 2019.

Whilst any project comes with risks, the H&S Committee have developed a specific H&S risk register to capture the relevant risks that are presented by our new facility and the control measures required to mitigate the likelihood and severity of risk.



Currently, there are 22 H&S risks identified, and a review of the risk will continue with the H&S Committee throughout the project term.

Much of the risk will be mitigated by developing and executing a clear health and safety induction, and building user guide.

All procedures, risk assessments and COSHH (Control of Substances Hazardous to Health) assessments will be reviewed prior to occupancy, and environmental monitoring will be planned for assessing dust/noise in the workshops once activities commence.

Ref	Description	Responsible	Start Date	End Date	Status	Priority	Severity	Frequency	Control Measures
1	Health and Safety Induction	HS Team	2018-06-01	2018-06-30	Completed	Low	Medium	Annual	Develop and deliver a comprehensive health and safety induction for all staff and visitors.
2	Building User Guide	HS Team	2018-06-01	2018-06-30	In Progress	Low	Medium	Annual	Develop a clear and concise building user guide covering all safety procedures and protocols.
3	Environmental Monitoring	HS Team	2018-06-01	2018-06-30	Planned	Low	Medium	Annual	Plan and implement environmental monitoring for dust and noise levels in the workshops.
4	COSHH Assessments	HS Team	2018-06-01	2018-06-30	Planned	Low	Medium	Annual	Review and update COSHH assessments for all substances used in the new facility.
5	Risk Assessments	HS Team	2018-06-01	2018-06-30	Planned	Low	Medium	Annual	Review and update risk assessments for all activities in the new facility.
6	Fire Safety	HS Team	2018-06-01	2018-06-30	Planned	Low	Medium	Annual	Review and update fire safety procedures and protocols.
7	First Aid	HS Team	2018-06-01	2018-06-30	Planned	Low	Medium	Annual	Review and update first aid procedures and protocols.
8	Emergency Evacuation	HS Team	2018-06-01	2018-06-30	Planned	Low	Medium	Annual	Review and update emergency evacuation procedures and protocols.
9	Health and Safety Signage	HS Team	2018-06-01	2018-06-30	Planned	Low	Medium	Annual	Review and update health and safety signage throughout the new facility.
10	Health and Safety Training	HS Team	2018-06-01	2018-06-30	Planned	Low	Medium	Annual	Review and update health and safety training for all staff.
11	Health and Safety Audits	HS Team	2018-06-01	2018-06-30	Planned	Low	Medium	Annual	Review and update health and safety audit procedures and protocols.
12	Health and Safety Inspections	HS Team	2018-06-01	2018-06-30	Planned	Low	Medium	Annual	Review and update health and safety inspection procedures and protocols.
13	Health and Safety Reporting	HS Team	2018-06-01	2018-06-30	Planned	Low	Medium	Annual	Review and update health and safety reporting procedures and protocols.
14	Health and Safety Investigation	HS Team	2018-06-01	2018-06-30	Planned	Low	Medium	Annual	Review and update health and safety investigation procedures and protocols.
15	Health and Safety Consultation	HS Team	2018-06-01	2018-06-30	Planned	Low	Medium	Annual	Review and update health and safety consultation procedures and protocols.
16	Health and Safety Communication	HS Team	2018-06-01	2018-06-30	Planned	Low	Medium	Annual	Review and update health and safety communication procedures and protocols.
17	Health and Safety Information	HS Team	2018-06-01	2018-06-30	Planned	Low	Medium	Annual	Review and update health and safety information procedures and protocols.
18	Health and Safety Resources	HS Team	2018-06-01	2018-06-30	Planned	Low	Medium	Annual	Review and update health and safety resources procedures and protocols.
19	Health and Safety Equipment	HS Team	2018-06-01	2018-06-30	Planned	Low	Medium	Annual	Review and update health and safety equipment procedures and protocols.
20	Health and Safety Facilities	HS Team	2018-06-01	2018-06-30	Planned	Low	Medium	Annual	Review and update health and safety facilities procedures and protocols.
21	Health and Safety Services	HS Team	2018-06-01	2018-06-30	Planned	Low	Medium	Annual	Review and update health and safety services procedures and protocols.
22	Health and Safety Support	HS Team	2018-06-01	2018-06-30	Planned	Low	Medium	Annual	Review and update health and safety support procedures and protocols.

# KPIs- Accident and Incident Statistics

## Our key performance indicators;

2016-2017 – we targeted fewer than 125 incidents and our final number was 90 incidents;

2017-2018 – we are targeting fewer than 115 incidents (an average of the past 5 years' data)

Qtr 1 – we had 22 incidents; Qtr. 2 - we had 31 incidents. Qtr. 3 - we had 16 incidents.

**We remain on track for our KPI target of below 115- and current have 69 reported so far this session.**

## RIDDORS:-(Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013)

4 RIDDOR incidents have been reported this session, however a further review of these incidents has highlighted that some of these were not RIDDOR reportable, as they were not as a result of a work activity, or did not fall within the “specified” injuries of the INDG 453 RIDDOR Guidance.

- 04/12/2017 – Student fell in the Construction Corridor – resulting in fractured hip.
- 09/01/2018 – Petrolneos Apprentice caught hand in valve (whilst at Ineos) resulting in lacerations and fractures to 3 fingers.
- 09/01/2018 – Member of staff injured foot when descending stairs.
- 31/01/2018 – Member of staff broke wrist when exiting door (gym) as automatic door did not fully open.

Incidents labelled “medical” are recorded but not included in our College statistics as these are out with the college control- e.g. feeling unwell- migraine, out of college.

Incidents labelled “misconduct” are again out with our control – e.g. break time, however we track these to monitor trends and to review for mitigation in future.



2016/2017	Bruise/ Abrasion	Burn/ Scald	Crush Injury	Cuts	Elect Shock	Eye Injury	Fracture/ Dis	Other	Puncture Wound	Sprain/ Strain	Sting	RIDDOR	Total	Medical	Mis- Conduct	Near Miss
August - October	7	5	0	13	0	1	1	1	0	5	0	0	33	32	0	3
November – Jan	4	4	1	13	0	2	0	0	0	5	0	0	29	20	2	2
February - April	6	2	0	7	0	1	0	1	0	3	0	0	20	10	0	1
May - July	0	2	0	1	0	0	1	0	0	3	1	0	8	14	0	0
<b>Total</b>	<b>17</b>	<b>13</b>	<b>1</b>	<b>34</b>	<b>0</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>16</b>	<b>1</b>	<b>0</b>	<b>90</b>	<b>76</b>	<b>2</b>	<b>6</b>

2017/2018	Bruise/ Abrasion	Burn/ Scald	Crush Injury	Cuts	Elect Shock	Eye Injury	Fracture/ Dis	Other	Puncture Wound	Sprain/ Strain	Sting	RIDDOR	Total	Medical	Mis- Conduct	Near Miss
August - October	5	2	0	9	0	1	0	0	1	4	0	0	22	26	2	4
November – Jan	3	4	0	13	0	0	0	3	0	4	0	4	31	23	3	2
February - April	5	1	1	7	0	0	0	0	0	2	0	0	16	24	0	0
May - July																
<b>Total</b>	<b>13</b>	<b>7</b>	<b>1</b>	<b>29</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>10</b>	<b>0</b>	<b>4</b>	<b>69</b>	<b>73</b>	<b>5</b>	<b>6</b>

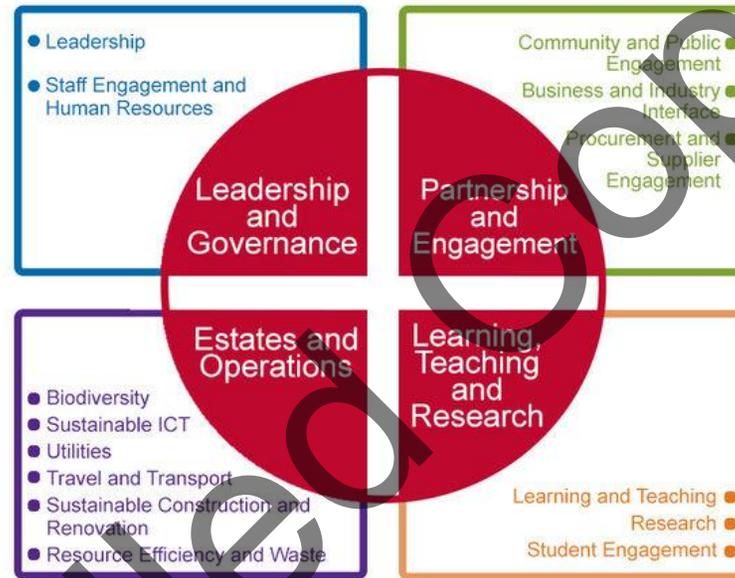
## KPIs- Sustainability

2017-18- our key performance indicators for sustainability continue to progress:

EAUC- LiFE Tool – (Learning in Future Environments) – 4 Sections of the Framework is being used to help progress the whole college approach to Sustainability. The Tool is an excel document - which offers criteria to enable self-assessment scores to measure progress. The LiFE tool is available on our Sharepoint Estates Page- Under Sustainability.

Our IT Dept provided an update on Sustainable ICT at our Sustainability Meeting in March 2018. The next update is scheduled for September 2018, when HR will provide an update on "Staff Engagement and Human Resources"

Waste, energy, paper, travel, health, Fairtrade, procurement and curriculum.....



The Sustainability Committee has representation across the College teams and agrees the key performance indicators and targets and monitors progress throughout the session.

The table below provides progress against this sessions Sustainability Targets for 2017-18

*"Building Your Green Future" is being used as a strapline for all sustainability promotions.*

*The Intern Campus Cycling Officer was a one year funded post by "Bright Green Business" and is due to complete in June 2018. This post has helped progress our cycle initiatives with staff, students and key partnerships.*

*We have reviewed and updated our Strategic Travel Plan and have developed a New Falkirk Campus draft plan for submission to Falkirk Council planning. This includes a set of KPIs to measure improvements in sustainable travel. Staff and Students will be asked to acknowledge the car park "terms of use" document and complete the annual travel survey, in order to apply for a vehicle parking pass. Vehicle passes must be displayed while using the car park (GDPR compliant) and this is due to be launched in August 2018.*

Sustainable Factors 2017-18	Target	Baseline
<b>WASTE</b> - Waste Ratio	Aim to continue over 90% recycling to under 10 % landfill- <i>On target</i>	2015-16 - 94% recycling to 6% landfill average
<b>TRAVEL</b> - Strategic Travel Management Plan; Travel Mileage claimed;	Aim for less than 295,000 miles staff miles claimed p/annum; <i>On target</i>	2016-17 totals Mileage= 296,584 Cost = £133,462
<b>FAIRTRADE</b> - Sustain Fairtrade status for the College;	Sustain Fairtrade Status - Deliver the Fairtrade Fortnight & 2 x Fairtrade Meetings 2017-2018 - <i>On target, however a charge is being introduced for Fairtrade Status going forward- still to be clarified by Fairtrade.</i>	Fairtrade Renewed August 2014 and renewed again in Sep 2016
<b>CARBON</b> - Reduce Overall Carbon Emissions	Progressive Target of 25% reduction in tCO2 by 2020 (relating to gas, electric and travel) – <i>review takes place Sep 2018</i>	Baseline 2008/09 figure 2873.35tCO2 (2016-17- 21.24% achieved- 2263.03 tCO2)
<b>ETHICAL PROCUREMENT</b> - Increase the % of FVC awarded contracts with Sustainability Benefits.	Aim to award 50% of contracts with Sustainability Benefits BT14. <u>BT14 Guidance</u> <i>On target</i>	2016/2017 - 35% (7 out of 20) of awarded contracts in have been reported as having sustainability benefits.
<b>PAPER</b> - Paper consumption from the print unit.	Increase the print unit figures and reduce the printing from the Multi-function Device printers. <i>At the end of February figures were showing that the Print unit has increased and MFD's reduced by 15%</i>	2016-17 -Print Unit Mono 2,036,261 Colour 1,320,739 TOTAL - 3,357,000 (45%) MFDs Mono 3,580,944 /MFDs Colour 512,646 TOTAL = 4,093,590 (55%) Total Printed = 7,450,590 (100%)
<b>STUDENT (SMHFA) – Student Mental Health First Aid Training</b>	Successfully deliver SMHFA training and Aim for 100 course achievement for students/staff. <i>73 students attended by end of March 2017</i>	2016-17 – 130 students successfully achieved the course; Note course content changing form March 18
<b>CURRICULUM</b> Department links to increase student understanding of sustainability;	2a) Core and Essential Skills Departments – increased sustainability awareness. <i>Developing a Green Champion integrated project – Essential Skills achievement table is also being updated.</i>	2016-17 was 52% (481/921 students)
<b>HEALTH</b> - Employee Awareness / Levels of training and information for staff	50% of all staff to complete the Moodle training course – as part of their PRDs or Staff Development week. “Sustainability Staff Induction” <i>Complete</i>	Feb 2017 341 staff out of 640 completed in 2017 =53%
<b>HEALTH</b> - Health Surveillance	90 % of employee health surveillance undertaken against actual required. Sustain target of over 90% for 16-17 <i>93% attended in November – May's attendance still to be confirmed.</i>	2016-17 – 88% of appointments were met
<b>HEALTH</b> - College Gym Users	Maintain the number of staff using the gym facilities. <i>Currently 226 staff for 2017-18</i>	2016-17 308 staff gym users (328 students)

**WORK POSITIVE EVALUATION FORM (INDICATOR)**

Appendix B

HS032 Form

Please complete after reading the Work Positive Policy

**CONFIDENTIAL AT ALL TIMES**

To be used only in conjunction with the work positive policy and procedures guidance document

Department		Teaching/Support	Score Rating Key	Additional Comments / Reasons for Scoring	Flag 5 or 4
Name of Assesse	Role e.g. Support or Teaching				
Date of Assessment			1 Strongly Agree		
Name of Facilitator/ Assessor			2 Agree		
Does the risk assessment include representation from HR ?		YES/NO	3 Average- Neither agree or disagree		
No. of staff covered by this RA			4 Disagree		
Methods of Consultation Used?	Role Profile	YES/NO	5 Strongly Disagree		
	Individual Meeting e.g. 1:1	YES/NO	Please insert a numerical value in the Score Column.		
	Team meetings	YES/NO	Should the score be a HIGH 5 or a 4 score, please put a tick in the flag column on the right		
	Focus Groups	YES/NO			
	PTS&R Review	YES/NO			
	other: state	YES/NO			
			Score 1-5		
<b>Role</b>					
R1	I have a clear job description				
R2	Individual duties relate directly to my job description				
R3	I am clear about these duties and responsibilities				
R4	I understand how my duties relate to the overall section objectives				
R5	I am clear whom to report to				
R6	I am informed of organisational policies				
R7	I am informed of any decisions within the team that may affect my role				
R8	There is a clear management structure of roles and responsibilities				
	<b>Guide Range Below 24</b>	<b>ROLE SCORE</b>			<b>0</b>
<b>Demands</b>					
D1	I am able to cope with my duties				
D2	I have the skills to do my job				
D3	Work deadlines are realistic and achievable				
D4	Demands for work are manageable (e.g. not requested by several groups and hard to combine)				
D5	I am able to take agreed breaks				
D6	The Culture is such that long hours (+42 hrs p/wk) and taking work home is <b>not</b> encouraged				
D7	The working environment is comfortable, heat, light, ventilation, noise & welfare facilities				
D8	The work environment is well laid out and suitable for the task				
D9	I find the work I do both rewarding and challenging				
	<b>Guide Range Below 27</b>	<b>DEMANDS SCORE</b>			<b>0</b>

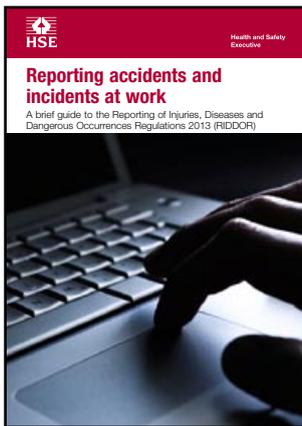
	<b>Control</b>			
C1	I am able to participate in the decision making process, at local level			
C2	I am consulted in the decision making process, at local level			
C3	I have a degree of control over work priorities/ deadlines			
C4	I have a degree of flexibility in their work schedule or timetabling			
C5	I have a say over the order of my daily tasks.			
C6	I feel I have job security as per my contract.			
C7	I am able to decide when to take my breaks.			
	<b>Guide Range Below 21</b>	<b>CONTROL SCORE</b>	<b>0</b>	
	<b>Support</b>			
S1	Colleagues will offer to help each other -within the local team			
S2	You are given supportive feedback on the work you do- within your local team			
S3	You can approach your line managers for help with problems at work			
S4	You receive support and respect from your line manager			
S5	Your issues are taken seriously when reported to the manager			
S6	You are given timely feedback on any issues you have reported			
S7	You are given appropriate information to do your job			
S8	You receive the training required to do your job (internal / external training)			
S9	You have adequate equipment to do your job			
S10	Employees are given adequate information on the prevention of stress at work			
S11	Senior Managers are approachable and supportive of employees			
	<b>Guide Range Below 33</b>	<b>SUPPORT SCORE</b>	<b>0</b>	
	<b>Relationships</b>			
Re1	Colleagues are considerate and respectful to one another within the team			
Re2	Colleagues are not subjected to any form of bullying or harassment, within the team			
Re3	Colleagues within the College are respectful to one another ( outside of the team)			
Re4	There is no evidence of friction between colleagues			
Re5	Line Manager always respectful and supportive of fair behaviour, challenge unkind words or behaviour			
Re6	There is good communication between line manager and staff at work			
Re7	There is good communication between staff and other colleagues			
Re8	The College treats its staff fairly and equally			
	<b>Guide Range Below 21</b>	<b>RELATIONSHIPS SCORE</b>	<b>0</b>	
	<b>Change</b>			
CH1	I have sufficient opportunities to become involved in change discussions with my Manager			
CH2	Employees are always consulted about a change at work in advance			
CH3	When changes are proposed at work, there is a clear understanding how this will work in practice			
	<b>Acceptable Range Below 9</b>	<b>CHANGE SCORE</b>	<b>0</b>	
		<b>OVERALL SCORE</b>	<b>0</b>	





# Reporting accidents and incidents at work

A brief guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)



This is a web-friendly version of leaflet INDG453(rev1), published 10/13

## What is RIDDOR?

RIDDOR is the law that requires employers, and other people in control of work premises, to report and keep records of:

- work-related accidents which cause death;
- work-related accidents which cause certain serious injuries (reportable injuries);
- diagnosed cases of certain industrial diseases; and
- certain 'dangerous occurrences' (incidents with the potential to cause harm).

There are also special requirements for gas incidents (see 'Reportable gas incidents').

This leaflet aims to help employers and others with reporting duties under RIDDOR, to comply with RIDDOR and to understand reporting requirements.

## RIDDOR 2013 Changes

From 1 October 2013, RIDDOR 2013 comes into force, which introduces significant changes to the existing reporting requirements. The main changes are to simplify the reporting requirements in the following areas:

- the classification of 'major injuries' to workers is being replaced with a shorter list of 'specified injuries';
- the previous list of 47 types of industrial disease is being replaced with eight categories of reportable work-related illness;
- fewer types of dangerous occurrence require reporting.

There are no significant changes to the reporting requirements for:

- fatal accidents;
- accidents to non-workers (members of the public);
- accidents which result in the incapacitation of a worker for more than seven days.

Recording requirements remain broadly unchanged, including the requirement to record accidents resulting in the incapacitation of a worker for more than three days.

## Why report?

Reporting certain incidents is a legal requirement. The **report** informs the enforcing authorities (HSE, local authorities and the Office for Rail Regulation (ORR)) about deaths, injuries, occupational diseases and dangerous occurrences, so they can identify where and how risks arise, and whether they need to be investigated. This

allows the enforcing authorities to target their work and provide advice about how to avoid work-related deaths, injuries, ill health and accidental loss.

## What must be reported?

### *Work-related accidents*

For the purposes of RIDDOR, an accident is a separate, identifiable, unintended incident that causes physical injury. This specifically includes acts of non-consensual violence to people at work.

Not all accidents need to be reported, a RIDDOR report is required only when:

- the accident is **work-related**; and
- it results in an injury of a type which is **reportable** (as listed under 'Types of reportable injuries').

When deciding if the accident that led to the death or injury is work-related, the key issues to consider are whether the accident was related to:

- the way the work was organised, carried out or supervised;
- any machinery, plant, substances or equipment used for work; and
- the condition of the site or premises where the accident happened.

If none of these factors are relevant to the incident, it is likely that a report will not be required.

See [www.hse.gov.uk/riddor/do-i-need-to-report.htm](http://www.hse.gov.uk/riddor/do-i-need-to-report.htm) for examples of incidents that do and do not have to be reported.

## Types of reportable injury

### *Deaths*

All deaths to workers and non-workers must be reported if they arise from a work-related accident, including an act of physical violence to a worker. Suicides are not reportable, as the death does not result from a work-related accident.

### *Specified injuries to workers*

- The list of 'specified injuries' in RIDDOR 2013 (regulation 4) includes:
- a fracture, other than to fingers, thumbs and toes;
- amputation of an arm, hand, finger, thumb, leg, foot or toe;
- permanent loss of sight or reduction of sight;
- crush injuries leading to internal organ damage;
- serious burns (covering more than 10% of the body, or damaging the eyes, respiratory system or other vital organs);
- scalpings (separation of skin from the head) which require hospital treatment;
- unconsciousness caused by head injury or asphyxia;
- any other injury arising from working in an enclosed space, which leads to hypothermia, heat-induced illness or requires resuscitation or admittance to hospital for more than 24 hours.

### *Over-seven-day injuries to workers*

This is where an **employee, or self-employed person, is away from work or unable to perform their normal work duties for more than seven consecutive days** (not counting the day of the accident).

### **Injuries to non-workers**

Work-related accidents involving members of the public or people who are not at work must be reported if a person is injured, and is taken from the scene of the accident to hospital for treatment to that injury. There is no requirement to establish what hospital treatment was actually provided, and no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

If the accident occurred at a hospital, the report only needs to be made if the injury is a 'specified injury' (see above).

### **Reportable occupational diseases**

Employers and self-employed people must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work. These diseases include (regulations 8 and 9):

- carpal tunnel syndrome;
- severe cramp of the hand or forearm;
- occupational dermatitis;
- hand-arm vibration syndrome;
- occupational asthma;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.

### **Reportable dangerous occurrences**

Dangerous occurrences are certain, specified 'near-miss' events (incidents with the potential to cause harm.) Not all such events require reporting. There are 27 categories of dangerous occurrences that are relevant to most workplaces. For example:

- the collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;
- plant or equipment coming into contact with overhead power lines;
- explosions or fires causing work to be stopped for more than 24 hours.

Certain additional categories of dangerous occurrences apply to mines, quarries, offshore workplaces and certain transport systems (railways etc). For a full, detailed list, refer to the online guidance at: [www.hse.gov.uk/riddor](http://www.hse.gov.uk/riddor).

### **Reportable gas incidents**

If you are a distributor, filler, importer or supplier of flammable gas and you learn, either directly or indirectly, that someone has died, lost consciousness, or been taken to hospital for treatment to an injury arising in connection with the gas you distributed, filled, imported or supplied, this can be reported online.

If you are a gas engineer registered with the Gas Safe Register, you must provide details of any gas appliances or fittings that you consider to be dangerous to the extent that people could die, lose consciousness or require hospital treatment. This may be due to the design, construction, installation, modification or servicing, and could result in:

- an accidental leakage of gas;

- inadequate combustion of gas; or
- inadequate removal of products of the combustion of gas.

You can report online.

## Exemptions

In general, reports are not required (regulation 14) for deaths and injuries that result from:

- medical or dental treatment, or an examination carried out by, or under the supervision of, a doctor or registered dentist;
- the duties carried out by a member of the armed forces while on duty; or
- road traffic accidents, unless the accident involved:
  - the loading or unloading of a vehicle;
  - work alongside the road, eg construction or maintenance work;
  - the escape of a substance being conveyed by the vehicle; or
  - a train.

## Recording requirements

**Records** of incidents covered by RIDDOR are also important. They ensure that you collect sufficient information to allow you to properly manage health and safety risks. This information is a valuable management tool that can be used as an aid to risk assessment, helping to develop solutions to potential risks. In this way, records also help to prevent injuries and ill health, and control costs from accidental loss.

### You must keep a record of:

- any **accident, occupational disease or dangerous occurrence** which requires reporting under RIDDOR; and
- any other occupational accident causing injuries that result in a worker being away from work or **incapacitated for more than three consecutive days** (not counting the day of the accident but including any weekends or other rest days). You do not have to report over-three-day injuries, unless the incapacitation period goes on to exceed seven days.

If you are an employer who has to keep an accident book, the record you make in this will be enough.

You must produce RIDDOR records when asked by HSE, local authority or ORR inspectors.

## How to report

### Online

Go to [www.hse.gov.uk/riddor](http://www.hse.gov.uk/riddor) and complete the appropriate online report form. The form will then be submitted directly to the RIDDOR database. You will receive a copy for your records.

### Telephone

All incidents can be reported online but a telephone service remains for reporting **fatal and specified injuries only**. Call the Incident Contact Centre on 0845 300 9923 (opening hours Monday to Friday 8.30 am to 5 pm).

## Reporting out of hours

HSE has an out-of-hours duty officer. Circumstances where HSE may need to respond out of hours include:

- a work-related death or situation where there is a strong likelihood of death following an incident at, or connected with, work;
- a serious accident at a workplace so that HSE can gather details of physical evidence that would be lost with time; and
- following a major incident at a workplace where the severity of the incident, or the degree of public concern, requires an immediate public statement from either HSE or government ministers.

If you want to report less serious incidents out of normal working hours, you should complete an online form at [www.hse.gov.uk/riddor/report.htm#online](http://www.hse.gov.uk/riddor/report.htm#online).

You can find more information about contacting HSE out of hours at [www.hse.gov.uk/contact/outofhours.htm](http://www.hse.gov.uk/contact/outofhours.htm).

## Industry-specific guidance

*Accident book* BL510 HSE Books 2012 ISBN 978 0 7176 6458 0  
[www.hse.gov.uk/pubns/books/accident-book.htm](http://www.hse.gov.uk/pubns/books/accident-book.htm)

*Incident reporting in schools (accidents, diseases and dangerous occurrences)*  
Education Information Sheet EDIS1 (rev3) HSE Books 2013  
[www.hse.gov.uk/pubns/edis1.htm](http://www.hse.gov.uk/pubns/edis1.htm)

*Reporting injuries, diseases and dangerous occurrences in health and social care: Guidance for employers* Health Services Information Sheet HSI1 (rev3)  
HSE Books 2013 [www.hse.gov.uk/pubns/hsis1.htm](http://www.hse.gov.uk/pubns/hsis1.htm)

## Further information

For information about health and safety, or to report inconsistencies or inaccuracies in this guidance, visit [www.hse.gov.uk/](http://www.hse.gov.uk/). You can view HSE guidance online and order priced publications from the website. HSE priced publications are also available from bookshops.

This guidance is issued by the Health and Safety Executive. Following the guidance is not compulsory, unless specifically stated, and you are free to take other action. But if you do follow the guidance you will normally be doing enough to comply with the law. Health and safety inspectors seek to secure compliance with the law and may refer to this guidance.

This leaflet is available at: [www.hse.gov.uk/pubns/indg453.htm](http://www.hse.gov.uk/pubns/indg453.htm).

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# Incident reporting in schools (accidents, diseases and dangerous occurrences)

## Guidance for employers

### HSE information sheet

### Education Information Sheet No1 (Revision 3)

#### Introduction

This information sheet gives guidance on how the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) apply to schools. Most incidents that happen in schools or on school trips do not need to be reported. Only in limited circumstances will an incident need notifying to the Health and Safety Executive (HSE) under RIDDOR. The information sheet gives practical guidance to schools about what they need to report and how to do it.

#### What needs to be reported?

RIDDOR requires employers and others in control of premises to report certain accidents, diseases and dangerous occurrences **arising out of or in connection with work**.

The information sheet includes examples of the incidents that sometimes result from schools' activities and are reportable under RIDDOR. The sheet contains three sections, which cover:

- injuries and ill health involving employees (Section 1);
- injuries involving pupils and other people not at work (Section 2);
- dangerous occurrences (Section 3).

#### Who should report?

The duty to notify and report rests with the 'responsible person'. For incidents involving pupils and school staff, this is normally the main employer at the school. The education pages on HSE's website at [www.hse.gov.uk/services/education](http://www.hse.gov.uk/services/education) provide information about who the employer is in different types of schools.

Some school employers may have centrally co-ordinated reporting procedures. In others, reporting

may be delegated to the school management team. The health and safety policy should set out the responsibilities and arrangements for reporting in each school.

Incidents involving contractors working on school premises are normally reportable by their employers. Contractors could be, eg builders, maintenance staff, cleaners or catering staff.

If a self-employed contractor is working in school premises and they suffer a specified injury or an over-seven-day injury, the person in control of the premises will be the responsible person. (See HSE's RIDDOR web pages at [www.hse.gov.uk/riddor](http://www.hse.gov.uk/riddor) for more detail on the reporting arrangements for self-employed people.)

#### Who do I report to?

For general advice about how to report, see HSE's RIDDOR web pages. You can report all incidents online and there is a telephone service for reporting **fatal and specified injuries only**. Reporting details for out of hours incidents are available from HSE's out of hours web page at [www.hse.gov.uk/contact/contact.htm](http://www.hse.gov.uk/contact/contact.htm).

For incidents on school premises involving members of staff, pupils or visitors, HSE is the enforcing authority and you should submit your reports to them. HSE is also the enforcing authority for nursery provision provided and operated by local authorities. For privately run nursery schools, the local authority is the enforcing authority.

#### What records must I keep?

You must keep records of:

- any reportable death, specified injury, disease or dangerous occurrence that requires reporting under RIDDOR;

- all occupational injuries where a worker is away from work or incapacitated for more than three consecutive days. **From 6 April 2012 you don't have to report over-three-day injuries, but you must keep a record of them.** Employers can record these injuries in their accident book.

You must keep records for at least three years after the incident.

## Section 1: Injuries and ill health to people at work

Under RIDDOR, the responsible person must report the following work-related accidents, including those caused by physical violence, if an employee is injured, wherever they are working:

- accidents which result in death or a specified injury must be reported without delay (see 'Reportable specified injuries');
- accidents which prevent the injured person from continuing their normal work for more than seven days (not counting the day of the accident, but including weekends and other rest days) must be reported within 15 days of the accident.

The responsible person must also report any case of a work-related disease, specified under RIDDOR, that affects an employee and that a doctor confirms in writing (see 'Reportable diseases'). You can find detailed guidance about RIDDOR reporting and online reporting procedures at [www.hse.gov.uk/riddor/report.htm](http://www.hse.gov.uk/riddor/report.htm).

If you are in control of premises, you are also required to report any work-related deaths and certain injuries to self-employed people that take place while they are working at the premises.

### Reportable specified injuries

These include:

- fractures, other than to fingers, thumbs and toes;
- amputations;
- any injury likely to lead to permanent loss of sight or reduction in sight;
- any crush injury to the head or torso causing damage to the brain or internal organs;
- serious burns (including scalding), which:
  - cover more than 10% of the body; or
  - cause significant damage to the eyes, respiratory system or other vital organs;
- any scalping requiring hospital treatment;
- any loss of consciousness caused by head injury or asphyxia;

- any other injury arising from working in an enclosed space which:
  - leads to hypothermia or heat-induced illness; or
  - requires resuscitation or admittance to hospital for more than 24 hours.

### Physical violence

Some acts of non-consensual physical violence to a person at work, which result in death, a specified injury or a person being incapacitated for over seven days, are reportable. In the case of an over-seven-day injury, the incapacity must arise from a physical injury, not a psychological reaction to the act of violence.

Examples of reportable injuries from violence include an incident where a teacher sustains a specified injury because a pupil, colleague or member of the public assaults them while on school premises. This is reportable, because it arises out of or in connection with work.

### Reportable occupational diseases

Employers must report occupational diseases when they receive a written diagnosis from a doctor that their employee has a reportable disease linked to occupational exposure. (See [www.hse.gov.uk/riddor](http://www.hse.gov.uk/riddor) for details of the reporting arrangements for self-employed people.)

These include:

- carpal tunnel syndrome;
- severe cramp of the hand or forearm;
- occupational dermatitis, eg from work involving strong acids or alkalis, including domestic bleach;
- hand-arm vibration syndrome;
- occupational asthma, eg from wood dust and soldering using rosin flux;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.

### Stress

Work-related stress and stress-related illnesses (including post-traumatic stress disorder) are not reportable under RIDDOR. To be reportable, an injury must have resulted from an 'accident' arising out of or in connection with work.

In relation to RIDDOR, an accident is a discrete, identifiable, unintended incident which causes physical injury. Stress-related conditions usually result from a prolonged period of pressure, often from many factors, not just one distinct event.

## Section 2: Incidents to pupils and other people who are not at work

Injuries to pupils and visitors who are involved in an accident at school or on an activity organised by the school are only reportable under RIDDOR if the accident results in:

- the death of the person, and arose out of or in connection with a work activity; or
- an injury that arose out of or in connection with a work activity **and** the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

The lists of specified injuries and diseases described in Section 1 only apply to employees. If a pupil injured in an incident remains at school, is taken home or is simply absent from school for a number of days, the incident is **not reportable**.

### How do I decide whether an accident to a pupil 'arises out of or is in connection with work'?

The responsible person at the school should consider whether the incident was caused by:

- a failure in the way a work activity was organised (eg inadequate supervision of a field trip);
- the way equipment or substances were used (eg lifts, machinery, experiments etc); and/or
- the condition of the premises (eg poorly maintained or slippery floors).

So, if a pupil is taken to hospital after breaking an arm during an ICT class, following a fall over a trailing cable, the incident would be reportable. If a pupil is taken to hospital because of a medical condition (eg an asthma attack or epileptic seizure) this would not be reportable, as it did not result from the work activity.

This means that many of the common incidents that cause injuries to pupils at school tend not to be reportable under RIDDOR, as they do not arise directly from the way the school undertakes a work activity. Remember, in all these cases, you only need to consider reporting **where an accident results in a pupil's death or they are taken directly from the scene of the accident to hospital for treatment. There is no need to report incidents where people are taken to hospital purely as a precaution, when no injury is apparent.**

### What about accidents to pupils during sports activities?

Not all sports injuries to pupils are reportable under RIDDOR, as organised sports activities can lead to sports injuries that are not connected with how schools manage the risks from the activity.

The essential test is whether the accident was caused by the condition, design or maintenance of the premises or equipment, or because of inadequate arrangements for supervision of an activity. If an accident that results in an injury arises because of the normal rough and tumble of a game, the accident and resulting injury would not be reportable. Examples of reportable incidents include where:

- the condition of the premises or sports equipment was a factor in the incident, eg where a pupil slips and fractures an arm because a member of staff had polished the sports hall floor and left it too slippery for sports; or
- there was inadequate supervision to prevent an incident, or failings in the organisation and management of an event.

### What about accidents to pupils in a playground?

Most playground accidents due to collisions, slips, trips and falls are not normally reportable. Incidents are only reportable where the injury results in a pupil either being killed or taken directly to a hospital for treatment. Either is only reportable if they were caused by an accident that happened from or in connection with a work activity.

This includes incidents arising because:

- the condition of the premises or equipment was poor, eg badly maintained play equipment; or
- the school had not provided adequate supervision, eg where particular risks were identified, but no action was taken to provide suitable supervision.

### Physical violence

Violence between pupils is a school discipline matter and not reportable under RIDDOR, as it does not arise out of or in connection with a work activity.

### Other scenarios

#### *Injuries to pupils while travelling on a school bus*

If another vehicle strikes the school bus while pupils are getting on or off and pupils are injured and taken to hospital, this is normally reportable under RIDDOR.

However, you do not have to report deaths and injuries resulting from a road traffic accident involving a school vehicle travelling on the public highway under RIDDOR. These are classed as road traffic incidents and are investigated by the police.

#### *Incidents involving pupils on overseas trips*

RIDDOR only applies to activities which take place in Great Britain. So, any incident overseas is not reportable to HSE.

#### *Incidents to pupils on work experience placements*

If pupils are on a training scheme or work placement, they are deemed to be employees for the period of the placement. In these circumstances, the employer, as the responsible person, should report a death, injury or disease to a pupil, which arises out of or in connection with work. This means the wider range of reporting categories for employees is applicable.

### **Section 3: Dangerous occurrences**

These are specified near-miss events, which are only reportable if listed under RIDDOR.

Reportable dangerous occurrences in schools typically include:

- the collapse or failure of load-bearing parts of lifts and lifting equipment;
- the accidental release of a biological agent likely to cause severe human illness;
- the accidental release or escape of any substance that may cause a serious injury or damage to health;
- an electrical short circuit or overload causing a fire or explosion.

### **Supplementary information**

#### **Consultation**

Under the Safety Representatives and Safety Committees Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1996, employers must make relevant health and safety documents available to safety representatives.

This includes records kept under RIDDOR, except where they reveal personal health information about individuals. Further information is available in *Consulting employees on health and safety: A brief guide to the law* Leaflet INDG232(rev2) HSE Books 2013 [www.hse.gov.uk/pubns/indg232.htm](http://www.hse.gov.uk/pubns/indg232.htm).

### **Reporting requirements of other regulators**

There may be other reporting requirements placed on schools by other regulators in the education sector. The requirements of these other regulators are separate to, and distinct from, the legal duty to report incidents under RIDDOR.

### **Further information**

For information about health and safety, or to report inconsistencies or inaccuracies in this guidance, visit [www.hse.gov.uk/](http://www.hse.gov.uk/). You can view HSE guidance online and order priced publications from the website. HSE priced publications are also available from bookshops.

This guidance is issued by the Health and Safety Executive. Following the guidance is not compulsory, unless specifically stated, and you are free to take other action. But if you do follow the guidance you will normally be doing enough to comply with the law. Health and safety inspectors seek to secure compliance with the law and may refer to this guidance.

This information sheet is available at: [www.hse.gov.uk/pubns/edis1.htm](http://www.hse.gov.uk/pubns/edis1.htm).

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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 organisations 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.

Appendix 1 shows that the Staffing Establishment is robust and steady as reflected in the consistency of staffing levels and the structured approval process. This provides an overview of the establishment, key changes, and absence details.

Also included within this paper is a focus on Absence Management shown within Appendix 2.

**5. Key Considerations**

Overall the staffing establishment figures (appendix 1) are robust and show the college practices and procedures are working as required. There is a steady growth in part time work driven by requests for flexible working and phased retirements. This accounts for the increased headcount.

Appendix 2 shows that absence, whilst figures are low, will continue to benefit from focus and action on areas where support can not only bolster attendance but enhance the experience and morale of employees and teams. The newly awarded 'Carer Engaged Employer Status' is a first step towards supporting those who may be under additional

pressure at home. Whilst continuing to offer the flu jab, given the high impact of short term absence on operational stability, can only be beneficial to reducing absence overall.

**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?** – Yes  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 finance. Monthly monitoring by HR, RAF and ACF process is in place for justification and approval as well as the annual Curriculum Review of Celcat versus resources.

**Risk Owner** – Ralph Burns

**Action Owner** – Andrew Lawson

**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** – Not Applicable

**Paper Author** – Ralph Burns

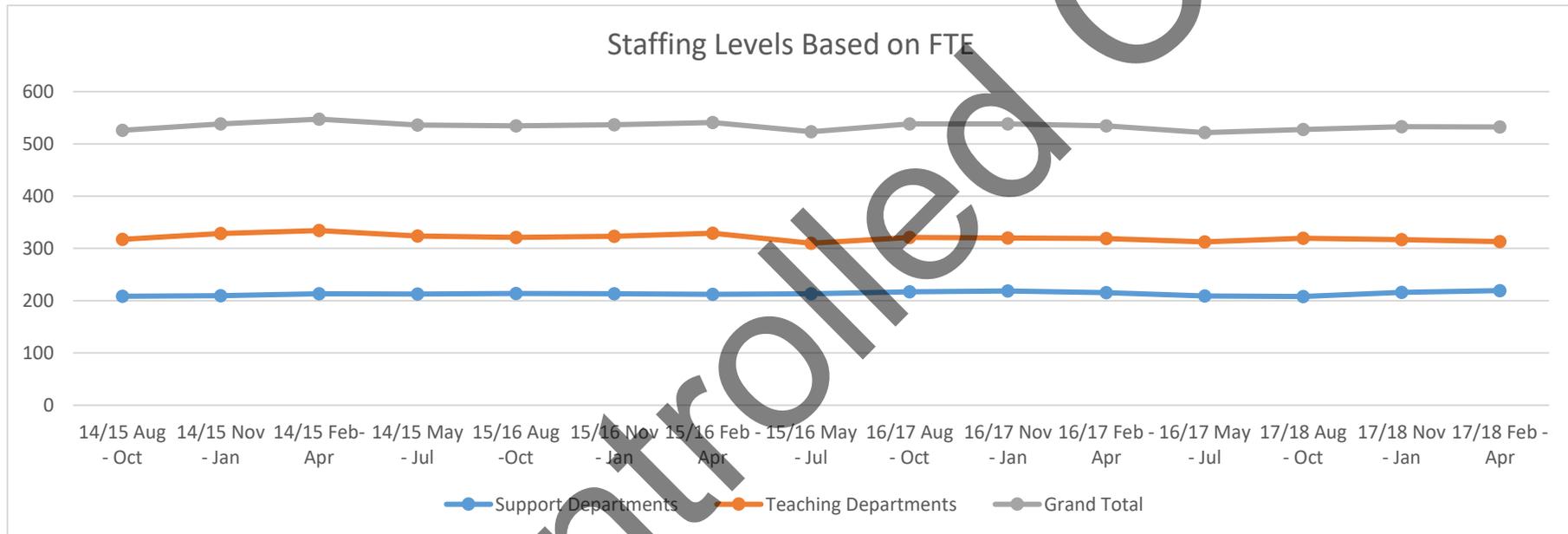
**SMT Owner** – Andrew Lawson

Appendix 1: Staffing Establishment Data

**EXECUTIVE SUMMARY**

HR MANAGEMENT INFORMATION Q3 comparison		2017-18	2016-17
COLLEGE HEADCOUNT		642	628
COLLEGE FTE		532.45	534.24
% OF FTE BY CONTRACT TYPE	PERM	90.1%	91.80%
	TEMP	9.9%	8.20%
% OF FTE BY GENDER	MALE	43.0%	43.60%
	FEMALE	53.4%	52.90%
	PREFER NOT TO SAY	3.6%	3.50%
% OF FTE BY CONTACT TERM	FULL TIME	74.6%	78.20%
	PART TIME	25.4%	21.80%
% OF FTE BY DECLARED DISABILITY	YES	15.4%	16.10%
	NO	81.6%	77.70%
	PREFER NOT TO SAY	3.0%	3.50%
% OF FTE BY AGE BAND	16-24	1.2%	1.00%
	25-34	11.8%	12.70%
	35-44	25.5%	25.80%
	45-54	30.1%	30.10%
	55-64	28.5%	27.20%
	65+	3.1%	3.30%
EMPLOYEE TURNOVER		9.8%	12.80%
EMPLOYEE RETENTION		96.7%	96.70%
NEW STARTS		12	7
LEAVERS		11	9
% DAYS LOST DUE TO SICKNESS		2.50%	3.60%
APPROX COST		£84,040	£129,239

1. Establishment Overview



Staffing stability over the past three years and into the fourth is highlighted here. Fluctuations represent turnover, seasonal changes and new initiatives. The figures for this quarter indicates consistency in the overall total with the previous period and with the same period the last year. However this is balanced with a reduction in teaching FTE and an increase in support functions FTE detailed below.

## 2. Key Changes

- The Department of Learning & Quality: Head of Learning and Quality

Part of the department restructure this post will support and advise Heads of Teaching and support services and lead on the achievement of college strategic priorities across the full range of Learning and Quality functions. To maintain and further develop the college's positive strategic relationships with key external partners and stakeholders, including awarding bodies, Education Scotland, local education services and universities.

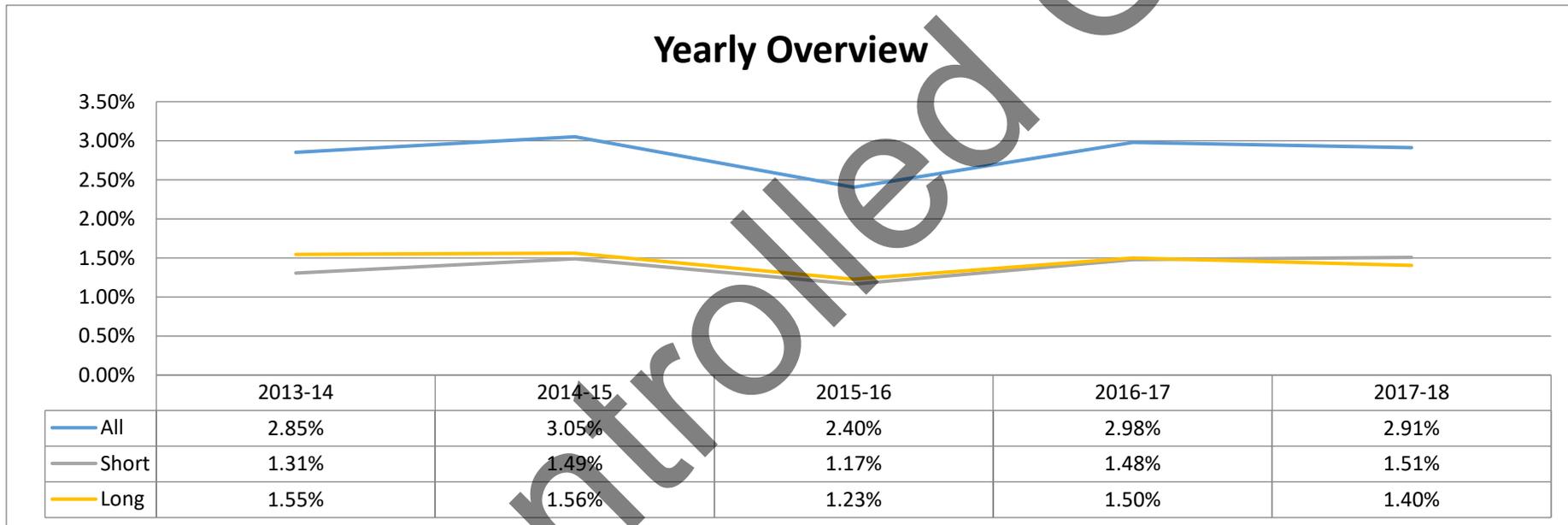
- Access & Progression: Researcher - Mental Health

A funded role, this is a specialist, customer-focused role which will include a wide range of current research methodology and activities on behalf of the Falkirk and District Association for Mental Health to improve knowledge of poor mental health in the workplace, in-work poverty and support that companies can provide their employees.

- Information Systems: temporary GDPR Coordinator

Newly appointed, this short term post will assist in the practical applications of the new GDPR legislation. Their primary task is to assist departments in the transitional period and ensure we are compliant.

3. Absence Trend



Absence figures indicate the percentage of total days lost based on FTE and the period 2017/18 represents the current year to date figures. There was a significant drop in long term absence in March and April due to positive outcomes of individual cases. Short term absence continues to be a challenge and focuses on flu, cold and viral infections. Absence management training has been rolled out to all staff with line management responsibilities and this focused on supportive measures to improve attendance figures.

## Appendix 2: Focus Topic - Absence Management

This appendix focuses on the key area of Absence Management. The impact of high absence is more than that paid in sick pay but has implications in the wellbeing of individual employees and how we as an organisation support them; the morale of the workforce as a whole, the organisational culture, and the commitment by the college to our people. It also has significant ramifications for objective achievement and puts additional pressure on resources, on individuals and on teams.

As a starting point, a review of both the reasons for absence and of the characteristics of those absent will help identify where significant progress could be made to both support the individual and to reduce absence levels, and thus reduce the negative impact on both the team and objectives.

Regarding the reasons for absence, 51% of absence occurrences to date this year are accounted for by Flu, Cold, Viral, Diarrhoea/Gastric conditions with an average of 2.4 days each. This is partly due to the flu epidemic this year. The flu jag was offered to staff for the first time this year and will be again in the autumn.

Stress/Depression/Mental Health is the second significant area of impact on statistics with nearly 28% of absence days lost in this category.

The support given to both areas are of equal significance though with far fewer incidents of stress and the sensitive nature of support needed, this tends to be more bespoke to the individual circumstances.

A review of protected characteristics produce the following:

Disability	Head Count	Absence
No known disability	81.44%	71.36%
Prefer not to say	2.81%	6.17%
Yes	15.76%	22.47%

Those registering a disability have significantly more absences than those without. The college is supportive of staff with a disability and in line with legislation make adjustments, part of which can include acceptance of increased absence, where these are deemed reasonable. The aim is to support staff to continue in work and this includes flexible working arrangements such as part time work or flexible hours where these are appropriate to the nature of the disability. Advice is regularly sought from occupational health and support is imbedded throughout the employee life cycle, commencing at the appointment stage and through return to work interviews, formal sickness absence reviews, training programmes, occupational health advice and risk assessments.

Gender	Head Count	Absence
Female	55.54%	62.61%
Male	41.19%	34.99%
Prefer Not to say	3.28%	2.40%

The figures show a significant difference between male and female absences. There are a number of suggested reasons for this in journals and the press though definitive answers are lacking. Support mechanisms are in place for all staff including an open door policy, flexible working, gym and healthy eating facilities. Face to face return to work meetings after every absence, welfare visits, access to counselling support and the option for occupational health to supplement their own GP is available when required.

Age Band	Head Count	Absence
16-24	1.40%	1.20%
25-34	12.48%	14.92%
35-44	25.90%	26.59%
45-54	29.17%	27.10%
55-64	26.99%	27.10%
65+	4.06%	3.09%

As with all other protected characteristics, age has no significant impact on the reasons for absence overall.

In addition to the support available to staff, a review of the support given to care providers is underway and the college has recently been granted **Carer Positive Engaged Status**. The Carer Positive award is presented to employers in Scotland who have a working environment where carers are valued and supported. They recognise the importance of retaining experienced members of staff, reducing absence, and cutting down on avoidable recruitment costs. Further development of this area will be undertaken to ensure staff are supported where needed and will benefit sickness related absence by reducing stress and removing any absence related to carer responsibilities.