



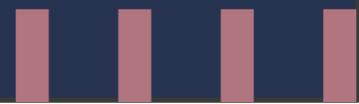
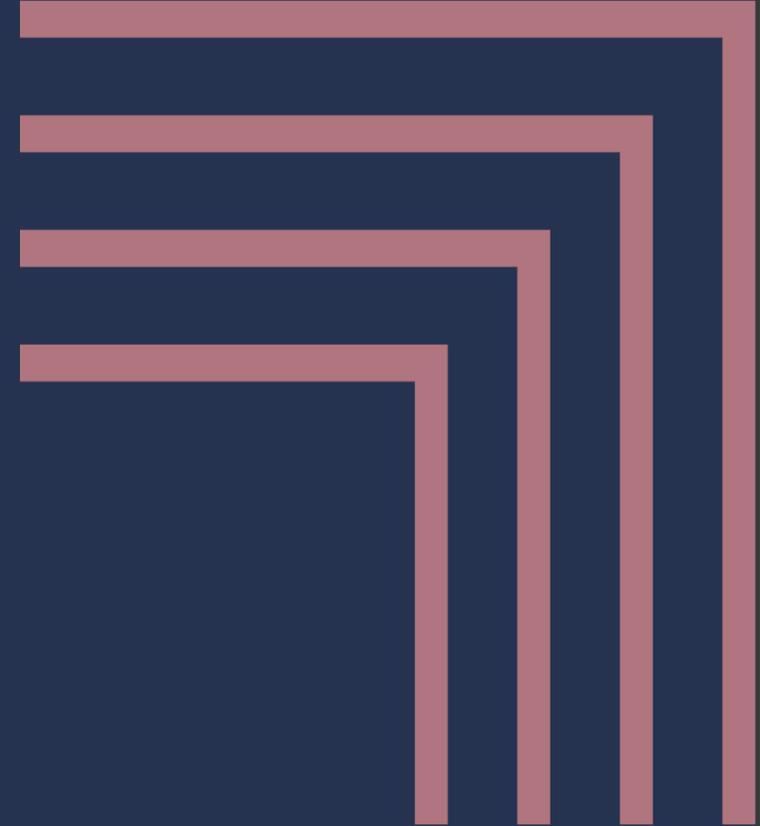
# UHI North, West and Hebrides

## Internal Audit 2024-25

Health & Safety  
April 2025

### Overall Conclusion

Weak



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The matters raised in this report came to our attention during the course of our audit and are not necessarily a comprehensive statement of all weaknesses that exist or all improvements that might be made.

This report has been prepared solely for UHI North, West and Hebrides’s individual use and should not be quoted in whole or in part without prior written consent. No responsibility to any third party is accepted as the report has not been prepared, and is not intended, for any third party.

We emphasise that the responsibility for a sound system of internal control rests with management and work performed by internal audit should not be relied upon to identify all system weaknesses that may exist. Neither should internal audit be relied upon to identify all circumstances of fraud or irregularity should there be any although our audit procedures are designed so that any material irregularity has a reasonable probability of discovery. Every sound system of control may not be proof against collusive fraud. Internal audit procedures are designed to focus on areas that are considered to be of greatest risk and significance.

## Overview

### Purpose of review

The purpose of this review was to assess if the risks surrounding the Health and Safety arrangements in place at the UHI North, West and Hebrides (the College) are appropriately managed and controlled. This review sought to provide assurance to the College that the Health and Safety arrangements are operating effectively.

This review formed part of our 2024/25 Internal Audit Annual Plan.

### Scope of review

Our objectives for this review were to assess whether:

- | The College has suitable Health & Safety policies and procedures in place which are subject to regular review and approval.
- | The College have a standard operating procedure for carrying out risk assessments in the workplace.
- | There are appropriate Health & Safety checks in place for contractors and visitors.
- | There is a designated Health & Safety Team/Group for the College who have sufficient Health & Safety expertise.
- | There is ongoing training given to staff in respect of Health & Safety requirements and guidance.
- | Periodic spot checks take place to ensure that staff are complying with the Health & Safety policies and procedures.
- | There are appropriate reporting mechanisms in place regarding Health & Safety.

# 1 Executive summary

Our approach to this assignment took the form of discussion with relevant staff, review of documentation and where appropriate sample testing.

## **Limitation of scope**

There was no limitation of scope.

# 1 Executive summary

## Background Information

### Health and Safety Policy

The College has a Health and Safety Policy in place that was last reviewed and updated in February 2025 with approval received from the Audit and Risk Management Committee in March 2025.

The Health and Safety Policy outlines that:

- | The College recognises its duties under health and safety legislation and associated regulations to protect the health and safety of all staff, students, visitors, and those affected by the activities of the College.
- | Through the implementation of exacting standards of health and safety management, the College is committed to developing a positive safety culture where we strive to improve through effective leadership and collective accountability.

### Roles and Responsibilities

The roles and responsibilities for the Board of Management, the Health and Safety Committee, the Principal, the Senior Management Team, the Safety Officer, College Managers/Team Leaders, all staff and students are outlined within the Health and Safety Policy.

Overall and final responsibility for health and safety within the College lies with the Board of Management.

### Statutory and Safety Inspections

Statutory and safety inspections are monitored through the College's Planned Preventive Maintenance (PPM) schedule on an excel spreadsheet. The Estates Manager has overall responsibility for this document, but the inspections are split up between the estates function and the campus services function.

We reviewed the spreadsheet and confirmed that there were a number of inspections that were either overdue or did not have a renewal date. Please see **Section 3: Detailed Recommendations** for further information.

# 1 Executive summary

The Head of Infrastructure stated that the College will be using the Trackplan software from April/May 2025 to monitor and manage statutory and safety inspections.

## Risk Assessment

The College currently use RiskEx to create new risk assessments and monitor existing risk assessments. A 'how to' guide is provided to staff so that they have the appropriate knowledge on how to complete these. Once completing a risk assessment, the line manager must approve and sign it off.

We reviewed the Risk Assessment Register exported from RiskEx and found that there were a number of risk assessments that had past their review date. Please see **Section 3: Detailed Recommendations** for further information.

## Incidents/Accidents

Incidents/accidents are also logged on RiskEx and once an incident has been reviewed and all necessary actions have been completed, it should be formally signed off to indicate that the case is closed. This process is intended to help ensure that each incident is fully addressed, documented, and monitored to resolution.

From a review of the reports exported from RiskEx between April 2024 and April 2025, we found that there were over 150 incidents that had not been appropriately signed off. Please see **Section 3: Detailed Recommendations** for further information.

## Spot Checks

The Health and Safety Policy states that the Health and Safety Officer is responsible for undertaking appropriate audits and inspections at all College sites to ensure compliance with health and safety legislation and internal procedures.

During our review, we found that periodic audits are not currently undertaken, please see **Section 3: Detailed Recommendations** for further information.

# 1 Executive summary

## Visitors and Contractors

The way visitors are managed varies across the College's campuses. Bigger campuses usually have reception areas where visitors are welcomed, while smaller ones depend on staff, such as engagement leads or receptionists. Each campus has restricted areas that require visitors to sign in, but there are also public areas where sign-in procedures are not enforced. In the event of an emergency, the College focuses on ensuring that spaces are cleared rather than tracking individuals. Please see **Section 4: Observations** for further information.

Contractors are expected to check in at reception and receive a verbal safety briefing from Facilities or Local Engagement staff. For estates work, risk assessments and method statements (RAMS) are provided either during procurement or before the work begins, and these may include emergency procedures.

However, our review found that there is no formal contractor management policy or a documented induction process currently in place. Please see **Section 3: Detailed Recommendations** for further information.

## Training

The College use the Learn Upon site to roll out mandatory three-year health and safety training. Any learning completed in Learn Upon is inputted to the HR system, Cascade, by the Staff Development Team. This process is currently being undertaken the Staff Development Team for the legacy North Highland staff.

We reviewed a report exported from Learn Upon and found that over 40% of staff had not completed the mandatory training, please see **Section 3: Detailed Recommendations** for further information.

# 1 Executive summary

## Reporting

Health and safety is integrated into the College's governance framework through several key committees. Health and Safety is a standing agenda item at Board of Management meetings. The Senior Management Team (SMT), which meets every six weeks, is responsible for overseeing health and safety policies, monitoring trends, and reviewing legislative updates and best practices. At operational level, the Health and Safety Committee meets quarterly to address department-specific issues and implement actions from the Health and Safety Plan.

We reviewed the following meeting minutes and confirmed appropriate discussion on health and safety:

- | Board of Management – September 2024 and December 2024;
- | Senior Management Team – November 2024, January 2025, and February 2025; and
- | Health and Safety Committee – June 2024, December 2024, and March 2025.

# 1 Executive summary

## Work Undertaken

In line with our objectives, we undertook the following work:

### **Objective 1: The College has suitable Health & Safety policies and procedures in place which are subject to regular review and approval.**

- | We reviewed the College's Health and Safety Policy and benchmarked this alongside a similar College to confirm that the Policy is robust and in line with good practice.
- | We reviewed how Health & Safety arrangements are communicated to staff to confirm that staff are appropriately informed.
- | We were shown the College's intranet to review the information provided to staff surrounding Health and Safety and confirmed that policies and procedures in relation to Health and Safety were readily accessible.

### **Objective 2: The College have a standard operating procedure for carrying out risk assessments in the workplace.**

- | We reviewed coverage of risk assessments within the College's Health and Safety Policy to confirm that this is robust and thorough.
- | We completed a walkthrough of how to complete a risk assessment on RiskEx with the Health and Safety Officer.
- | We reviewed the College's Risk Assessment Register to confirm it was up to date.

### **Objective 3: There are appropriate Health & Safety checks in place for contractors and visitors.**

- | We discussed with the key contacts the checks in place for contractors and visitors to confirm they were robust.

### **Objective 4: There is a designated Health & Safety Team/Group for the College who have sufficient Health & Safety expertise.**

- | We reviewed the certifications and experience for the appointed Health and Safety Officer to ensure they are suitably qualified.

# 1 Executive summary

**Objective 5: There is ongoing training given to staff in respect of Health & Safety requirements and guidance.**

- | We reviewed the health and safety training provided to staff through the Learn Upon system.
- | We held discussions with the key contacts on how Health and Safety is covered as part of the induction process for new staff.

**Objective 6: Periodic spot checks take place to ensure that staff are complying with the Health & Safety policies and procedures.**

- | We queried whether periodic spot checks take place to ensure staff comply with the Health and Safety Policy and relevant procedures.

**Objective 7: There are appropriate reporting mechanisms in place with regard to Health & Safety.**

- | We discussed the reporting arrangements in place for health and safety with the key contacts.
- | We reviewed minutes/agendas from SMT meetings, Health & Safety Group meetings, and the Board of Management meetings to confirm health and safety is appropriate discussed.

# 1 Executive summary

## Conclusion

### Overall conclusion

#### Overall Conclusion: Weak

Following our review, we can provide the College with a weak level of assurance health and safety arrangement in place at the College. This is highlighted as we have raised two high grade recommendations in relation to risk assessment reviews and statutory safety inspections along with four medium grade recommendations, and one low grade recommendation for further improvement. We have also raised one observation for consideration. Please see **Section 3: Detailed Recommendations** and **Section 4: Observations** for further information.

### Summary of recommendations

Grading of recommendations				
	High	Medium	Low	Total
Health & Safety	2	4	1	7

The following is a summary of the recommendations we have graded as high:

- | Risk Assessment Reviews; and
- | Statutory Safety Inspections.

## Areas of good practice

The following is a list of areas where the College is operating effectively and following good practice.

1.	Health and safety is embedded within the College's governance structure through several key committees. The Audit & Risk Management Committee includes health and safety incidents as a standing agenda item. The Senior Management Team (SMT), meeting every six weeks, oversees and monitors health and safety policies, plans, and trends, and reviews updates in legislation and best practice. At operational level, the Health and Safety Committee meets quarterly to manage department-specific issues and implement actions from the Health and Safety Plan. We reviewed minutes/agendas from these three areas and confirmed adequate reporting of health and safety matters.
2.	We can confirm that the College have an appropriate staff induction checklist in place which covers the requirement to complete health and safety training.
3.	The College has appointed a suitably qualified and experienced Health and Safety Officer who demonstrates the necessary competence to fulfil the role effectively. In addition to their professional background, the Officer actively maintains awareness of legislative developments through regular email updates from Barbour EHS, a recognised provider of health and safety information and guidance.
4.	The College has a Health and Safety Policy that is subject to a three yearly review and was last updated in February 2025 and approved by the Audit and Risk Management Committee in March 2025. The Policy outlines the Statement of Intent, Responsibilities, and General Arrangements of the College in terms of Health and Safety which is compliant with the Health and Safety at Work Act of 1974.

# 1 Executive summary

**The following is a list of areas where the College is operating effectively and following good practice.**

5.	All Policies and Procedures, including the Health and Safety Policy are made available to the staff through SharePoint and on the College website for the learners.
6.	The College has a Fire Safety Policy that is subject to a three yearly review and was last updated in February 2025 and approved by the Audit and Risk Management Committee in March 2025. The Policy outlines the College's approach to Fire Safety and it details how the College meets the fire safety requirements of the Health and Safety at Work Act 1974 and the Fire (Scotland) Act 2005 and the Fire Safety (Scotland) Regulations 2006. The Policy provides assurance that measures are in place to identify, manage and/or mitigate risks associated with fire.

## 2 Benchmarking

We include for your reference comparative benchmarking data of the number and ranking of recommendations made for audits of a similar nature in the most recently finished internal audit year.

### Health & Safety

Benchmarking				
	High	Medium	Low	Total
Average number of recommendations in similar audits	0	1	2	3
Number of recommendations at UHI North, West and Hebrides	2	4	1	7

From the table above it can be seen that the College has a higher number of recommendations compared to those colleges it has been benchmarked against.

### 3 Detailed recommendations

Risk Assessment Reviews			
Ref.	Finding and Risk	Grade	Recommendation
1.	<p>The College uses RiskEx within the AssessNET platform to complete risk assessments. These are then exported into a central Risk Assessment Register for monitoring and review purposes. Risk assessments are expected to include defined review dates or indicate if they are one-off assessments.</p> <p>During our review of the Risk Assessment Register which includes 296 Assessments, we found that:</p> <ul style="list-style-type: none"> <li>  44 assessments have passed their assigned review date.</li> <li>  80 assessments have a "not specified" review date, indicating either an incomplete record or a failure to finalise the assessment within the RiskEx system.</li> </ul> <p>The College noted that they are currently completing a review of responsibilities, during which risk assessments will be updated and non-current ones archived. The absence of review dates typically reflects assessments that have been started but not yet finalised in the system.</p> <p>Following analysis, the root cause is that there is a lack of assigned responsibilities in this area.</p>	<b>High</b>	<p>We recommend that the College ensure that all risk assessments currently past their review date are prioritised for update and that incomplete entries within the RiskEx system are finalised. This includes assigning appropriate review dates or identifying assessments as one-off where applicable.</p> <p>Following the conclusion of the ongoing review of responsibilities, ownership of each risk assessment should be clearly assigned to ensure accountability for timely reviews going forward.</p> <p>Regular checks should also be undertaken to ensure that the Risk Assessment Register reflects the most accurate and complete information from the system.</p>

### 3 Detailed recommendations

	<p>There is the risk that unreviewed or incomplete risk assessments may result in hazards not being properly identified or controlled, increasing the likelihood of accidents or non-compliance with statutory duties under the Management of Health and Safety at Work Regulations 1999. The absence of accurate and up-to-date records may also affect the College’s ability to demonstrate effective risk management practices during external inspections or following health and safety incidents.</p>		
Management response			Responsibility and implementation date
<p>This recommendation is accepted.</p> <p>(For information, the College’s <i>RiskEx</i> contract expires on 31<sup>st</sup> January 2026.)</p> <ol style="list-style-type: none"> <li>1) All risk assessments currently past their review date will be updated and those with incomplete entries within the RiskEx system will be finalised</li> <li>2) Ownership of each risk assessment will be assigned to ensure accountability for timely reviews</li> </ol> <p>Regular checks will be undertaken to ensure that the Risk Assessment Register is accurate and complete.</p>			<p><i>Responsible Officer:</i> Jim Hutton Safety Officer</p> <p><i>Implementation Date:</i> 31<sup>st</sup> December 2025  31<sup>st</sup> December 2025</p>

### 3 Detailed recommendations

Background

Since the 1<sup>st</sup> August 2023 a total of 159 risk assessments have been completed, of which 19 are currently beyond their review date, 8 require reclassification as one-off assessments and 23 have not been assigned a specified review date.

31<sup>st</sup> December 2025

# 3 Detailed recommendations

Statutory Safety Inspections			
Ref.	Finding and Risk	Grade	Recommendation
2.	<p>The College maintains a Planned Preventative Maintenance (PPM) schedule which outlines statutory and safety-related inspections across its estate. Responsibility for managing and delivering these inspections is divided between the Estates function and the Campus Services function. The schedule is intended to support regulatory compliance and proactive management of building safety and maintenance requirements by tracking the due dates for inspections and ensuring they are completed on time.</p> <p>During our review, we found that there were a total of 252 inspections listed on the PPM. Of these, 79 were recorded as overdue and a further 74 entries did not have a valid date populated in the "next due" column, indicating that the schedule does not currently provide a fully accurate or reliable view of inspection status.</p> <p>A range of explanations were provided, including delays in establishing or procuring College-wide contracts, incomplete updates following the appointment of external contractors, legacy items no longer required, responsibilities shifting between internal departments,</p>	<b>High</b>	<p>We recommend that the College undertake a comprehensive review of the current PPM schedule to validate the status of all listed inspections, remove legacy or non-required entries, and ensure that all outstanding inspections have a clearly defined next due date.</p> <p>Where inspections are currently overdue or awaiting a confirmed contractor schedule, interim mitigation measures should be clearly documented and tracked.</p> <p>Responsibilities between the Estates and Campus Services functions should be clearly defined and communicated to ensure accountability.</p>

### 3 Detailed recommendations

<p>and manual updates to the spreadsheet being outstanding or incomplete.</p> <p>As of April/May 2025, the College plans to go live with a new system, Trackplan, which will be used to record and monitor statutory inspections.</p> <p>The root cause of the incomplete and overdue entries appears to be a combination of factors: changes in internal responsibilities, delays in procurement processes, a lack of clear and up-to-date contractor schedules, inconsistent removal or revision of legacy tasks, and the absence of a robust process for routinely reviewing and updating the schedule.</p> <p>An inaccurate or outdated PPM schedule limits the College's ability to ensure that statutory and safety inspections are completed in a timely manner, increasing the risk of non-compliance with legal requirements, potential equipment or system failures, and health and safety breaches. It also makes it more difficult for management to oversee inspection responsibilities effectively, potentially leading to further delays, duplication of effort, or missed inspections. In the event of an incident, the College may also struggle to demonstrate that appropriate preventative measures were in place.</p>		
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### 3 Detailed recommendations

Management response	Responsibility and implementation date
<p>This recommendation is accepted.</p> <ol style="list-style-type: none"> <li>1) The College will undertake a comprehensive review of the current PPM schedule covering all aspects of scope as detailed above to ensure accuracy of information.</li> <li>2) The College’s management team was aware, prior to the audit commencing, that the existing PPM schedule contained some inaccurate and outdated information and action had already been taken to identify all the items listed as overdue and to put in place mitigating strategies for each, pending the necessary work being completed as a priority.</li> </ol> <p>Going forward, for completeness, those mitigations will be recorded in the PPM schedule.</p> <ol style="list-style-type: none"> <li>3) Responsibilities between the Estates and Campus Services functions should be clearly defined and communicated to ensure accountability.</li> </ol>	<p><i>Responsible Officer:</i> Doug Rattray Head of Infrastructure</p> <p><i>Implementation Date:</i></p> <p>30<sup>th</sup> June 2025</p> <p>30<sup>th</sup> June 2025</p> <p>30<sup>th</sup> June 2025</p>

# 3 Detailed recommendations

Health and Safety Audits/Inspections			
Ref.	Finding and Risk	Grade	Recommendation
3.	<p>The Health and Safety Policy states that the Health and Safety Officer is responsible for undertaking appropriate audits and inspections at all college sites to ensure compliance with health and safety legislation and internal procedures.</p> <p>During our review, we identified that regular health and safety audits and inspections are not consistently carried out across all College sites.</p> <p>The root cause has been identified as a lack of formal scheduling, resourcing, and oversight to ensure audits and inspections are systematically undertaken across all locations. In addition, there is an absence of monitoring to track whether this Policy requirement is being fulfilled.</p> <p>Without regular audits and inspections, non-compliance with statutory health and safety duties may go undetected and local hazards may not be identified or adequately controlled which could lead to staff, students, contractors, and visitors being exposed to avoidable risks.</p>	<b>Medium</b>	<p>The College should implement a formal, risk-based programme of periodic audits and spot checks at all sites. This should include:</p> <ul style="list-style-type: none"> <li>  A centrally managed audit schedule with clearly assigned responsibilities.</li> <li>  Documented procedures for conducting, recording, and following up on findings.</li> <li>  Monitoring and reporting mechanisms to ensure compliance with the Health and Safety Policy.</li> <li>  Consideration of resource and training requirements to enable the Health and Safety Officer to fulfil these duties effectively.</li> </ul>

### 3 Detailed recommendations

Management response	Responsibility and implementation date
<p>This recommendation is accepted.</p> <p><u>Background</u> A formal audit process is not in place, however, operationally, safety monitoring and checks are being undertaken on weekly, monthly quarterly basis for fire alarms, emergency lighting, fire doors. Also, support staff regularly carry out patrols and checks of the buildings and report any faults either via Unidesk and or Riskex if there is a safety implication. There is regular reporting by staff on Riskex of accidents, incidents, unsafe conditions and unsafe acts and building faults.</p> <p>Safety inspections/reviews/investigations are carried out based on risk priority on campus. HSE safety alerts information and from information from reported accidents, incidents, near misses, unsafe conditions</p>	<p><i>Responsible Officer:</i> Jim Hutton Safety Officer</p> <p><i>Implementation Date:</i> 31<sup>st</sup> October 2025</p>

### 3 Detailed recommendations

Policies and Procedures			
Ref.	Finding and Risk	Grade	Recommendation
4.	<p>The College has a Health and Safety Policy in place, which includes general references to key risk areas such as manual handling, first aid, and COSHH. A separate Fire Safety Policy also exists.</p> <p>During our review, we found that while the Health and Safety Policy briefly references manual handling, first aid, and COSHH, it lacks sufficient detail on the specific arrangements, procedures, and responsibilities in these areas. There are no standalone policies or procedural documents covering these topics in more depth. The only formal record of first aid provision is a list of qualified staff held within the HR system (Cascade) and this is currently not fully up to date.</p> <p>The root cause has been identified as an overreliance on informal or decentralised knowledge for the day-to-day management of specific H&amp;S areas.</p> <p>Without clearly documented procedures or dedicated policies for manual handling, first aid, and COSHH, staff may be unaware of their roles, responsibilities, or the correct procedures to follow. Legal obligations under may also not be fully met.</p>	<b>Medium</b>	<p>We recommend that the College either expand the existing Health and Safety Policy to include detailed sections on manual handling, first aid, and COSHH arrangements (including roles, procedures, training, and responsibilities)</p> <p>Or</p> <p>Develop and implement standalone, detailed policies or procedure documents for each of these areas. These should be regularly reviewed, clearly communicated to staff, and made easily accessible (e.g., via the staff intranet or shared drive).</p>

### 3 Detailed recommendations

Management response	Responsibility and implementation date
<p>This recommendation is accepted.</p> <p>The College will develop and implement standalone, detailed policies or procedure documents for each of the areas outlined above. These to be regularly reviewed, clearly communicated to staff, and made easily accessible (e.g. via the Staff SharePoint NWH Home Hub)</p> <p><u>Background</u></p> <ul style="list-style-type: none"> <li>• The College’s Safety Policy has a section on manual handling stating, “ Manual Lifting and Handling training is available within the Health and Safety Part 2 module and is accessed via the Learn Upon Tile on My day.” And includes an explanation that T.I.L.E. (Task, Individual, Load, Environment) assessment is used to consider the risks when carrying out manual handling.</li> <li>• The College’s induction process requires all staff to complete mandatory safety training, this includes manual handling training.</li> <li>• The College has existing legacy policies/procedures for COSHH &amp; First Aid.</li> </ul>	<p><i>Responsible Officer:</i> Jim Hutton Safety Officer</p> <p><i>Implementation Date:</i> 31<sup>st</sup> December 2025</p>

### 3 Detailed recommendations

Signing Off Incidents and Accidents on AssessNet			
Ref.	Finding and Risk	Grade	Recommendation
5.	<p>The College uses AssessNet to log and manage health and safety incidents and accidents. The system requires that once an incident has been reviewed and all necessary actions have been completed, it is formally signed off to indicate that the case is closed. This process is intended to ensure that each incident is fully addressed, documented, and monitored to resolution.</p> <p>A review of the incident and accident records logged on AssessNet between April 2024 and April 2025 identified a total of 177 incidents. Of these, 152 were either marked as "incomplete" or "complete" but had not been formally signed off. As a result only a small proportion of the logged incidents had been fully closed off on the system. The Health and Safety Officer confirmed that most incidents have in fact been resolved, but the system has not been updated to reflect this status.</p> <p>Following our root cause analysis we identified that the individuals responsible for signing off incidents and closing cases on AssessNet are not always aware that this responsibility falls to them. There appears to be a lack of clarity regarding role-based duties within the system,</p>	<b>Medium</b>	<p>We recommend that the College clarify and formally assign responsibility for signing off health and safety incidents within AssessNet, ensuring that all relevant staff understand their role in the process.</p> <p>This should be supported by clear procedural guidance and system-based prompts or notifications where possible.</p> <p>A review of all currently unresolved incidents should be undertaken to confirm which have been actioned and should now be closed.</p> <p>Moving forward, regular monitoring should be introduced to ensure that incidents are being consistently signed off in a timely manner and that the system accurately reflects the true status of each case.</p>

### 3 Detailed recommendations

	<p>leading to incidents being left in an unresolved status even after necessary actions have been taken.</p> <p>Failure to formally sign off incidents may result in an inaccurate picture of unresolved health and safety issues, making it difficult to assess trends, demonstrate compliance, or provide assurance to management and external stakeholders. It also increases the risk of duplicated effort, oversight in completing actions, or challenges in responding to audit or inspection queries.</p>		
Management response			Responsibility and implementation date
<p>This recommendation is accepted.</p> <ol style="list-style-type: none"> <li>1) The College will clarify and formally assign responsibility for signing off health and safety incidents within <i>AssessNet</i> and will ensure that all relevant staff understand their role in the process.</li> <li>2) The College will undertake a review of all currently unresolved incidents to confirm which have been actioned and are to be closed.</li> <li>3) The College will introduce a process to ensure that incidents are regularly monitored and consistently signed off in a timely manner.</li> </ol> <p><u>Background</u></p> <p>Incidents over the 12 months to April 2025:</p>			<p><i>Responsible Officer:</i> Jim Hutton Safety Officer</p> <p><i>Implementation Date:</i> 30<sup>th</sup> November 2025</p> <p>30<sup>th</sup> November 2025</p>

### 3 Detailed recommendations

<ul style="list-style-type: none"><li>• Signed-off – 23</li><li>• Complete - 130</li><li>• Incomplete – 24</li><li>• Empty – 2</li></ul>	30 <sup>th</sup> November 2025
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### 3 Detailed recommendations

Health and Safety Training			
Ref.	Finding and Risk	Grade	Recommendation
6.	<p>The College uses the Learn Upon system to deliver mandatory Health and Safety training to staff, with the expectation that this training is completed every three years. The system tracks training completion and provides reporting on staff progress and compliance.</p> <p>From a report reviewed during the audit, out of 625 staff, 256 had a training status recorded as either incomplete, in progress, or failed. This represents over 40% of staff who have not yet successfully completed the mandatory Health and Safety training as required within the specified timeframe.</p> <p>Following analysis, the root cause is that there appears to be insufficient monitoring and follow-up processes in place to ensure timely completion of training. Staff may not be adequately reminded or held accountable for completing their mandatory Health and Safety modules, and there may be a lack of clear responsibility for ensuring training compliance across departments.</p> <p>Failure to ensure all staff complete mandatory Health and Safety training may lead to inconsistent understanding of</p>	<b>Medium</b>	We recommend that the College strengthen its training compliance processes by implementing regular monitoring of training completion status through Learn Upon and issuing periodic reminders to staff with outstanding modules.

### 3 Detailed recommendations

	<p>key safety procedures, increasing the risk of accidents, non-compliance with legal obligations under the Health and Safety at Work etc. Act 1974, and potential reputational damage. In the event of an incident, lack of training records may also expose the College to legal liability.</p>		
Management response			Responsibility and implementation date
<p>This recommendation is accepted.</p> <p>The LearnUpon data will be transferred on a live basis to the HR Cascade System and reports to managers have now been created.</p> <p>These will be sent on a monthly basis providing managers with the status of their staff in relation to Health and Safety mandatory training.</p> <p>Managers will be required to liaise with staff to complete the training.</p> <p>In addition, Professional Development will have general reminders distributed to staff via the All-Staff SharePoint site, via regular messaging in Management Meetings, Staff Forums etc.</p>			<p><i>Responsible Officer:</i> Vicky Ferguson Director of People and Organisation</p> <p><i>Implementation Date:</i> 30<sup>th</sup> November 2025</p>

# 3 Detailed recommendations

Contractor Management Policy			
Ref.	Finding and Risk	Grade	Recommendation
7.	<p>Contractors are expected to check in at reception and are given verbal briefings on safety information by Facilities or Local Engagement staff. For estates works, risk assessments and method statements (RAMS) are submitted during procurement or prior to the work commencing, which may contain emergency procedures.</p> <p>During our review, we found that there is currently no formal Contractor Management Policy or documented induction process in place. Contractor safety briefings are delivered informally and may vary by campus or individual. There is no standardised checklist or record that ensures all key safety information (e.g., fire exits, alarms, contacts, site-specific hazards) is consistently shared with contractors.</p> <p>Following analysis, the root cause is that a formal contractor induction process has not yet been developed or implemented, possibly due to reliance on informal, site-based knowledge and practices.</p> <p>There is the risk that inconsistent or incomplete safety briefings may lead to contractors being unaware of critical</p>	<b>Low</b>	<p>We recommend that the College develop and implement a formal Contractor Management Policy and Induction Procedure to standardise and document the way contractors are informed of key health and safety arrangements. This should include:</p> <ul style="list-style-type: none"> <li>  A written induction checklist covering emergency exits, alarm protocols, key contacts, site-specific risks, PPE requirements, and accident reporting.</li> <li>  A requirement for all contractors to sign an induction record acknowledging receipt of this information.</li> <li>  Consistent implementation across all campuses to ensure legal compliance and reduce variability.</li> </ul> <p>The Policy should be approved by the Health &amp; Safety Committee, periodically reviewed, and shared with all relevant staff involved in contractor engagement.</p>

### 3 Detailed recommendations

	<p>procedures, increasing the risk of injury or unsafe practices. Also, without formal records, there is limited evidence of compliance with legal duties under the Health and Safety at Work etc. Act 1974 and Construction (Design and Management) Regulations 2015. The College may also be exposed to liability in the event of an incident involving a contractor.</p>		
Management response			Responsibility and implementation date
<p>This recommendation is accepted.</p> <p>A formal contractor management policy will be developed and implemented.</p> <p>The Policy to be owned by the Estates Team, reviewed by the Health and Safety Committee and approved by the Senior Management Team in accordance with standard UHI NWH procedures for Policy approval.</p>			<p><i>Responsible Officer:</i> Doug Rattray Head of Infrastructure</p> <p><i>Implementation Date:</i> 31<sup>st</sup> October 2025</p>

## 4 Observations

### The following is a list of observations from our review

- |    |  |
|----|--|
| 1. | <p>The way visitors are managed varies across the College's campuses. Bigger campuses usually have reception areas where visitors are welcomed, while smaller ones depend on staff, such as engagement leads or receptionists. Each campus has restricted areas that require visitors to sign in, but there are also public areas such as cafes where sign-in procedures are not enforced. At these areas, there is appropriate CCTV in place while also having an estates staff member present at all times.</p> <p>After discussions with a qualified fire safety consultant, the College were advised that in the event of an emergency, the College focuses on ensuring that spaces are cleared.</p> |
|----|--|

# 5 Audit arrangements

The table below details the actual dates for our fieldwork and the reporting on the audit area under review. The timescales set out below will enable us to present our final report at the next Audit & Risk Management Committee meeting.

Audit stage	Date
Fieldwork start	7 April 2025
Closing meeting	11 April 2025
Draft report issued	24 April 2025
Receipt of management responses	9 May 2025
Final report issued	13 May 2025
Audit & Risk Management Committee	21 May 2025
Number of audit days	8

## 6 Key personnel

We detail below our staff who undertook the review together with the College staff we spoke to during our review.

Wbg			
Partner	Graham Gillespie	Partner	gg@wbg.co.uk
Director	Peter Clark	Director	pcc@wbg.co.uk
Manager	Scott McCready	Internal Audit Manager	smc@wbg.co.uk
Senior	Calum Montgomery	Internal Audit Senior	chm@wbg.co.uk

UHI North, West and Hebrides			
Key Contacts:	Derek Bond	Vice Principal (Resources)	derek.bond.whc@uhi.ac.uk
	Kevin Mallett	Head of Finance	kevin.mallett@uhi.ac.uk
	Jim Hutton	Health and Safety Officer	jim.hutton@uhi.ac.uk
	Tracy Kerr	Head of Performance and Planning	tracy.kerr@uhi.ac.uk
	Doug Rattray	Head of Infrastructure	doug.rattray@uhi.ac.uk

## 6 Key personnel

Wbg appreciates the time provided by all the individuals involved in this review and would like to thank them for their assistance and co-operation.



# A Grading structure

For each area of review, we assign a level of assurance in accordance with the following classification:

Assurance Classification	
Strong	Controls satisfactory, no major weaknesses found, no or only minor recommendations identified.
Substantial	Controls largely satisfactory although some weaknesses identified, recommendations for improvement made.
Weak	Controls unsatisfactory and major systems weaknesses identified that require to be addressed immediately.
No	No or very limited controls in place leaving the system open to significant error or abuse, recommendations made require to be implemented immediately.

# A Grading structure

For each recommendation, we assign a grading either as High, Medium, or Low priority depending on the degree of risk assessed as outlined below:

Grading	Classification
High	Major weakness that we consider needs to be brought to the attention of the Audit & Risk Management Committee and addressed by Senior Management of the College as a matter of urgency.
Medium	Significant issue or weakness which should be addressed by the College as soon as possible.
Low	Minor issue or weakness reported where management may wish to consider our recommendation.

## Purpose of review

The purpose of this review is to assess if the risks surrounding the Health and Safety arrangements in place at the College are appropriately managed and controlled. This review will seek to provide assurance to the College that the Health and Safety arrangements are operating effectively.

This review forms part of our 2024/25 Internal Audit Annual Plan.

## Scope of review

Our objectives for this review are to assess whether:

- | The College has suitable Health & Safety policies and procedures in place which are subject to regular review and approval.
- | The College have a standard operating procedure for carrying out risk assessments in the workplace.
- | There are appropriate Health & Safety checks in place for contractors and visitors.
- | There is a designated Health & Safety Team/Group for the College who have sufficient Health & Safety expertise.
- | There is ongoing training given to staff in respect of Health & Safety requirements and guidance.
- | Periodic spot checks take place to ensure that staff are complying with the Health & Safety policies and procedures.
- | There are appropriate reporting mechanisms in place with regard to Health & Safety.

Our approach to this assignment took the form of discussion with relevant staff, review of documentation and where appropriate sample testing.

## Limitation of scope

There is no limitation of scope.

## Audit approach

Our approach to the review will be:

- | Discussions with the Health & Safety staff to establish the current arrangement.
- | Review and evaluation of existing systems documentation, policies and procedures currently in place in respect of health and safety.
- | We shall also assess the robustness of these procedures to ensure these are fit for purpose and follow good practice.
- | Testing to confirm that procedures are being adhered to by College staff.
- | Consideration of any internal reviews and spot checks to ensure that these are taking place and that any issues identified from these reviews are being dealt with in an appropriate manner and time scale.
- | Review of the reports provided to Management, the Board and wider College staff in relation to health and safety.
- | We shall assess the communication of Health and Safety Regulations throughout the College.
- | Testing to confirm statutory safety inspections required by law have been carried out.
- | We shall assess the first aid procedures in place to ensure these are adequate, with designated first aiders on site.
- | Testing to confirm gas appliance are appropriately maintained in line with government regulation.
- | We shall assess the accident/reporting process to confirm this is robust.
- | We shall test to ensure COSHH assessments are conducted appropriately.
- | We shall assess the fire management system in place at the College to evaluate its effectiveness.

## Potential key risks

The potential key risks associated with the area under review are:

- | Spot-checks do not take place that could result in an unsafe environment.

## B Assignment plan

- | The College's policies and procedures are not regularly reviewed, approved and communicated to all employees resulting in a lack of awareness of current Health & Safety legislation and laws.
- | Risk Assessments are not carried out in line with Health & Safety legislation which could lead to an unsafe work environment.
- | External contractors can carry out work for the College without any consideration being given to their competence and health and safety procedures surrounding the work.
- | The College's does not have any staff or external contact with the required knowledge as to their health and safety requirements.
- | Staff do not receive Regular Health and Safety training, which could result in a lack of adherence to Health & Safety requirements.
- | Management are not informed of Health & Safety matters resulting in a lack of control.