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This report is for:

Action Pam

Milne, Director of

Human Resources

and Organisational

Development

Information

Audit Committee

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Introduction and background

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Introduction and scope

In accordance with the 2013-14 internal audit plan of the University of Dundee ("the University"), as approved by the Audit Committee, we have performed an internal audit review of the health and safety implementation. The objective of the audit is to review the health and safety policies and processes. We considered if policies and procedures were effectively implemented across the University, with training, communication and monitoring processes and controls.

The specific objectives, scope and approach, as agreed with management, are detailed in appendix one.

Background

We previously undertook a review of health and safety in 2011-12 and our report included one 'critical' and two 'high' risk recommendations as well as other matters for management attention. In our follow-up review in 2012-13 we reported positively on progress at the time in respect of implementation of our recommendations.

The current review was performed as part of our rolling annual programme designed to review Health and Safety ('H&S') processes and controls. The University has a duty to provide a healthy and safe environment for staff, students and others affected by the University's activities.

The University is organised into four Colleges with multiple Schools. The Colleges are: College of Arts, Science and Engineering ('CASE'), College of Life Sciences ('CLS'), College of Arts and Social Sciences ('CASS'), and College of Medicine, Dentistry and Nursing ('CMDN').

Colleges and Schools have formed H & S Committees whose remit is to monitor implementation of University Safety Policy Arrangements, identify health and safety objectives and ensure that best practice is adopted and shared. The College Committees report to the University Health and Safety sub-committee, whose role is to ensure effective consultation and communication channels are in place across the University and to draft health and safety policy. Health and Safety policy is approved by the Human Resources Committee.

KPMG conducted interviews with management and key personnel at the centre and College/School level. Our work also included walkthroughs around University facilities and obtaining and reviewing relevant documentation, such as policies, risk management plans and Committee minutes.

Key findings and recommendations

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We identified no 'critical' risk graded recommendations in

One 'high' and six 'moderate' graded recommendations were identified.

The findings identified during the course of this internal audit are summarised below. A full list of the findings and recommendations are included in this report. Management has accepted the findings and agreed reasonable actions to address the recommendations.

	High	Moderate	Low
Number of internal audit findings	1	6	-
Number of recommendations accepted by management	-	tbc	-

While the scope and objectives of this review was to undertake a full assessment of health and safety procedures within the University, we have graded our recommendations taking account of areas where we had recommended action in our previous report, and where we believe there is still scope to tighten up arrangements.

We identified no 'critical' risk graded recommendations in the course of our work. We have, however, identified one 'high' risk and six 'moderate' graded recommendations.

The 'high' graded recommendations relate to:

- ⌘ ensuring that there is clarity regarding roles and responsibilities and that effective consultation takes place and concerns are raised; and
- ⌘ ensuring that health and safety is embedded in the University's culture and that there are effective means of tracking completion of all elements of health and safety training, with appropriate sanctions imposed in cases of non-compliance.

The 'moderate' graded recommendations are in respect of:

- ⌘ considering training needs for overnight security staff;
- ⌘ revisiting the current out-of-hours campus security control measures;
- ⌘ ensuring that existing resources are shared between Colleges and Schools;
- ⌘ ensuring that Colleges have adequate resources in order to comply with University Policy in relation to inspections; and
- ⌘ setting quantifiable targets and incorporating those in the risk management plans and ensuring these plans are updated as appropriate.

Key findings and recommendations (cont.)

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Areas of good practice

Our review identified of areas of good practice:

- a number of university health and safety policies have been developed since our last review and are readily accessible to all at the University website;
- health and safety Committees have been formed at all Colleges and Schools;
- a health and safety advisers working group was recently formed by the Safety Services Office and College health and safety representatives; the group meets fortnightly and aims to enhance communication between health and safety representatives and share best practice;
- the safety office performed university wide staff surveys to provide an indication of compliance rates across the University;
- discussions with several members of staff in various posts across the University indicates that key personnel are aware of the weaknesses in the current system and associated risks and seem open to recommendations and willing to implement changes to bring about improvement.

Summary of internal audit findings

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We outline the main findings from the review.

Organisational structure

The University Court is ultimately responsible for health and safety across the University, but is supported in this by the Human Resources Committee. The Safety Services Office is responsible for health and safety matters at a University level and reports on its activities to the health and safety sub-committee of the HR committee. Health and Safety Committees have also been formulated at a College and School level, where they are normally chaired by the College Secretary.

Discussions with several members of staff in various posts indicate that roles and responsibilities my benefit from being re-iterated to those with health and safety responsibilities.

Recommendation one

Health and safety policies

The University has a Health and Safety Policy Statement, maintained by the Safety Services Office, which is supported by a further 50 safety policy arrangements across the institution covering a number of specific areas. Our understanding is that the safety policy arrangements are revised every three to four years, as necessary, however, we noted that a number were reaching the four year timescale since last revision and so will be due for formal revision soon. Every School/Directorate within the University is required to have a School/Directorate Health and Safety Policy that details how the School/Directorate will implement the University's Health and Safety Policy. These are the responsibility of the School or Directorate.

Training

Our previous report included a 'critical' grade recommendation in respect of establishing a formal process to identify training needs for each post and member of staff. The University has responded and given Organisational and Professional Development, within the HR department, the responsibility for identifying and delivering training across the University. Training courses are operated at a number of levels throughout the University, including a 'staff welcome' induction course organised by OPD and delivered three times a year, plus other general health and safety course for different types of staff. Safety Services organise their own face-to-face and online training courses and maintain a separate database of training records in respect of their courses. At College and School level, general induction courses also incorporate elements of local health and safety requirements and arrangements.

We spoke with health and safety representatives at several Colleges and Schools and identified that at this level, while there are training courses made available appropriate to the specific circumstances of the College or School, the systems for recording completion of training are still not fully robust and there is a risk of non-completion of important health and safety training. We understand that one of the goals of the H&S Advisors working group is to seek a means to have all online training recorded within 'My Dundee', to ensure there is a means of tracking and reporting on training completion.

Recommendation two

Summary of internal audit findings

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We outline the main findings from the review.

Out of hours working

We recommended in our previous report that the University review arrangements for out-of-hours working, to make sure that staff and students are aware of the University out of hours working policy. We have identified scope for further review of basic training for security staff and the increased linkage of databases and systems used to monitor out of hours working.

Recommendations three and four

Sharing of resources / monitoring of compliance / risk management plans

The nature of a University is such that individual Colleges and Schools will have different requirements and standards in respect of managing health and safety. However, there is a risk that good practice from one area of the University is not shared appropriately throughout the University or that multiple databases are created where there could be the potential to share records.

Compliance inspections are carried out by the H&S coordinators at School level. Inspection findings are reported to the College Committees and to the H&S Sub-Committee. We have identified a risk that inspections are not completed fully in line with University policy in terms of number and coverage of these inspections.

Colleges and Student Admissions and Support Services are required to prepare risk management plans outlining risks and plans to reduce those risks on an annual basis. In line with similar comments we have made in respect of strategy and planning, at the moment, these plans take more of a narrative approach in detailing measures and do not make full use of quantifiable targets and key performance indicators.

Recommendation five, six and seven

Action plan

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The action plan summarises specific recommendations, together with related risks and management's responses.

Findings) and risk	Recommendation(s)	Agreed management actions
<p>1 Clarity of roles and responsibilities</p> <p>Discussions with several members of staff in various posts indicate that roles and responsibilities might need to be re-iterated. Through our discussions with H&S representatives, we identified an inconsistency in terms of whether they felt they had sufficient executive power to enforce rules and discipline "offenders", or whether compliance could only be enforced by academic staff and line managers.</p> <p>While our discussions with senior management have established that there is a clear route to raise issues via the College Secretaries as well as the corporate centre of the University, which means that representatives should have the available back up to enforce compliance, there is a risk that if certain H&S representatives are not aware of their responsibilities and ability to escalate areas of non-compliance, then University policies may not be applied uniformly across the institution.</p>	<p>There is scope for refreshed communication which makes clear the roles and responsibilities of all involved in health and safety compliance across the University. This would enable any College-specific circumstances to be understood and will ensure that everybody understands the role they have to play in ensuring compliance while making sure appropriate escalation routes are outlined.</p>	<p>TBC</p> <p>Responsible officer:</p> <p>TBC</p> <p>Implementation date:</p> <p>TBC</p>

Action plan (continued)

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Finding(s) and risk	Recommendation(s)	Agreed management actions
<p>2 Training and compliance</p> <p>There are instances of non-compliance with procedures noted from the review. Even though requirements and practice sometimes differ across the various Colleges, all colleges are faced with common issues. For example, students and staff are required to complete a risk assessment in order to be granted out-of-hours access to university facilities and/or equipment. However, we identified that it was not uncommon for these assessments to be performed verbally or potentially not at all, meaning that there is no clear record of appropriate risk assessments being completed.</p> <p>We also undertook a walkthrough in laboratories and identified cases of staff who were not wearing lab coats or gloves. At the moment, no sanctions are imposed for such non-compliance with procedures. This could be attributed to a number of reasons: culture, which affects training attendance rates; lack of clarity of roles and responsibilities as discussed above; and a restricted ability to monitor training databases.</p>	<p>The University should ensure that H&S is embedded in the University's culture and it is there as a sub-context of everything they do. This can be achieved in a number of ways:</p> <p>a) By including a Health and Safety section in the annual appraisal system. If staff know that H&S will form part of their formal evaluation, they will be more incentivised to adhere to rules and procedures and will also monitor those who work with/for them better.</p> <p>b) Consideration of increasing online H&S training, to give staff and students more flexibility as to the timing and manner of completion. Tests with set pass rates should be incorporated in all training modules with the requirement to repeat the module if the pass rate is not achieved.</p> <p>c) Moreover, we recommend that a case study approach is adopted in the delivery of training, as case studies are engaging and efficient in demonstrating the practical, real-life implications of non compliance.</p> <p>d) Annual refresher training should be incorporated into the training programme for every single member of staff to re-iterate the basic H&S awareness that was achieved through induction.</p> <p>continued...</p>	<p>TBC</p> <p>Responsible officer:</p> <p>TBC</p> <p>Implementation date:</p> <p>TBC</p>

Action plan (continued)

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Finding(s) and risk	Recommendation(s)	Agreed management actions
<p>2 Compliance (continued)</p>		High
	<p>e) At the moment, OPD, the Safety Office and individual Colleges maintain separate training databases that are not linked to the University staff database. This means that current databases do not have the capability to identify those who have not completed their training. Moreover, multiple databases lead to duplication of effort as data has to be collated and reported multiple times. This issue has been identified by the H&S Advisers Group which is proposing the development of a single shared database.</p>	<p>TBC</p> <p>Responsible officer: TBC</p> <p>Implementation date: TBC</p>
	<p>We would recommend that the University considers investing in the creation of a single training database that will be part of the University staff database. This would facilitate the monitoring of training completion and would help Human Resources and the Safety Office achieve University-wide oversight to identify areas of shortfalls where action needs to be taken (at the centre or College level).</p>	

Action plan (continued)

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Finding(s) and risk	Recommendation(s)	Agreed management actions
<p>3 Out of hours – Security staff numbers and training</p> <p>Discussions with staff combined with a walkthrough around selected campus buildings identified potential issues with regards to campus security and controls over out-of-hours access and supervision.</p> <p>At present, there are four teams of five security staff that work on a rotation basis. In theory this means that a maximum of five security staff are present to monitor the campus overnight, however, in practice after annual leave, time off and sickness absences, there are often only three members of security staff to oversee out of hours activity.</p> <p>In addition, only 40% of the current security staff are trained in basic first aid.</p> <p>There is a risk that security staff numbers are insufficient to ensure all areas are adequately supervised, and the lack of training in basic first aid means that even if security staff are present at an incident they will be unable to provide basic first aid assistance.</p>	<p>Given that support staff such as first aiders and technical staff are not available after hours to supervise activity, it is important to increase the numbers of trained security staff to ensure that all campus areas are adequately manned.</p> <p>Moreover, management should ensure that going forward all new security staff receive basic first aid training as a minimum requirement. This would help security staff be (and feel) more confident if faced with a crisis, where students or staff working out of hours require first aid.</p>	<p>TBC</p> <p>Responsible officer:</p> <p>TBC</p> <p>Implementation date:</p> <p>TBC</p>

Action plan (continued)

DRAFT

Finding(s) and risk	Recommendation(s)	Agreed management actions
<p>4 Out of hours – door access and CCTV Systems</p> <p>During our walkthroughs around the campus, we identified a number of buildings that do not have a card swiping system and/or CCTV system.</p> <p>Again, this increases the risk of unauthorised access and / or unauthorised activity that could lead to accidents occurring.</p>	<p>While we acknowledge that this would require additional capital resources, we recommend that a plan for investment is considered. It would be worthwhile revisiting the systems that are currently in place and considering introducing such systems in areas where increased or higher risk activity is more likely. For instance, priority should be given to buildings that have laboratories or studios with equipment.</p> <p>Moreover, as current CCTV and door access systems are standalone at the moment, it would be beneficial to consider whether they could be brought together to form one joint up system that would be shared by all facilities. This would allow the formation of a single central database and will increase efficiencies in terms of monitoring and reviewing of activity around the campus. It would also eventually introduce cost efficiencies.</p>	<p>TBC</p> <p>Responsible officer:</p> <p>TBC</p> <p>Implementation date:</p> <p>TBC</p>
	<p>At the same time, we recommend that management consider reviewing the number of buildings that are currently open overnight. Management should review how many people are actually using these buildings and whether there is indeed a real need for all these buildings to remain open during summer time. This will in turn help identify priorities in terms of CCTV and door access systems.</p> <p>Moreover, it will help achieve additional savings in relation to the running of buildings and further reduce the risk of accidents occurring.</p>	

Action plan (continued)

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Finding(s) and risk	Recommendation(s)	Agreed management actions
<p>5 Sharing of resources</p> <p>An examination of College and School resources indicated that there are some discrepancies between Colleges in resources, such as trained H&S personnel and IT resources, such as databases. For example, the College of Life Sciences has developed a number of databases (e.g. risk assessment database, GMO database, etc) that might be useful to other Colleges. In addition, in some Colleges a full time H&S representative is in post, while in other Colleges, responsibilities lie with individuals who hold other posts and hence have less time available to discharge their responsibilities.</p> <p>While we acknowledge that different Colleges and Schools have different needs, these discrepancies introduce the risk of duplication of processes and significant variances in terms of approach to Health and Safety and/or efficiencies across the University.</p>	<p>We recommend that sharing of databases is considered, while ensuring that these are tailored to the specific needs of each College. This would ensure existing resources are fully utilised and efficiencies are maximised.</p> <p>Moreover, management should revisit the discrepancies in relation to the current H&S representation of Colleges to ensure that trained H&S representatives are provided with adequate time to discharge their responsibilities.</p>	<p>TBC</p> <p>Responsible officer:</p> <p>TBC</p> <p>Implementation date:</p> <p>TBC</p>

Action plan (continued)

DRAFT

Finding(s) and risk	Recommendation(s)	Agreed management actions
<p>6 Inspections</p> <p>Inspections are carried out by the H&S coordinators at School level. Inspection findings are reported to the College Committees and to the H&S Sub-Committee. According to Policy arrangements, 100% of laboratories are to be inspected biannually. In practice however, the decisions on the inspection schedule are up to the H&S representatives and there is no set inspection programme that they have to implement. We understand that this is due to limited resources. Therefore, inspections are carried out to the extent and as regularly as resources allow.</p> <p>At the moment, practice does not therefore comply fully with University policy. This introduces the risk of important University policies becoming "redundant" meaning that compliance is not considered necessary or the risk that staff do not feel they have the support they need to comply with existing policies. This can cause frustration and can be counter-productive.</p>	<p>We recommend that consultation takes place at the start of each year to discuss and revisit policy, targets and adequacy of resources.</p> <p>Management should ensure that responsible staff are equipped with the necessary resources to comply with the requirements of the University policy on inspections.</p> <p>Any concerns over the feasibility of inspection programmes and the availability of resources should be raised promptly and investigate more engagement in the thought process to ensure the most efficient approach is chosen and that this is implemented.</p> <p>This will facilitate the process of both the performing of inspections and of the reporting and the reviewing of findings at the end of the year, as all staff will be better informed regarding the need and availability of resources and hence expectations and reasons for non-compliance with University policy.</p>	<p>TBC</p> <p>Responsible officer:</p> <p>TBC</p> <p>Implementation date:</p> <p>TBC</p>

Action plan (continued)

DRAFT

Finding(s) and risk	Recommendation(s)	Agreed management actions
<p>7 Risk Management Plans – Reporting and setting targets</p> <p>Colleges and SASS are required to prepare risk management plans outlining risks and plans to reduce those risks on an annual basis. The plans include Health and Safety risks and measures to address those risks. At the moment, these plans take more of a narrative approach in detailing measures and do not make full use of quantifiable targets and key performance indicators. Moreover, there is no standard format in which Colleges are required to report and each College risk management plan has a different format. In addition, there are cases where the most recent plans are dated January 2013 and hence they have not been updated for the current year.</p> <p>The lack of quantifiable targets introduces the risk that expectations and goals might not be documented as specifically and clearly as necessary. This in turn encumbers the accurate monitoring of performance.</p> <p>While we acknowledge that different Colleges face different risks and have different measures in place to address the specific risks, the lack of a standardised format adds a further difficulty to the process of collating information as necessary to monitor University wide performance. Lastly, if plans are not up to date, new risks might not be timely identified.</p>	<p>We recommend that quantifiable targets are incorporated in all plans, where possible. For instance, targets could be set in relation to percentage of training completion and timely completion, and number of inspections. Colleges should then be required to report against those pre-set targets. This would increase clarity over targets and facilitate the process of measuring performance, tracking progress year on year, and benchmarking.</p> <p>We recommend that a standardised format of reporting is agreed upon and adopted by all Colleges to facilitate monitoring and allow for comparisons between Colleges, where appropriate.</p> <p>We also recommend that plans are updated annually, to ensure all risks are captured and addressed timeously.</p>	<p>TBC</p> <p>Responsible officer:</p> <p>TBC</p> <p>Implementation date:</p> <p>TBC</p>

Appendix one

Objective, scope and approach

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In accordance with the 2013-14 internal audit plan of the University of Dundee ("the University"), as approved by the Audit Committee, we will perform an internal audit of health and safety implementation.

Objective

The objective of the audit is to review the health and safety policies and processes, in particular to consider if they have been appropriately updated in line with changes in the working environments across the University and to address previous review recommendations. We will consider if policies and procedures are effectively implemented across the University, with training, communication and monitoring processes and controls.

Scope

Based on the objective outlined above, we will:

- review the health and safety processes against previous findings and recommendations made;
- assess and comment on the processes to implement and monitor compliance with health and safety policy;
- assess completeness of the system to monitor compulsory training; and
- review practical implementation of health and safety training, ownership of responsibility and compliance with health and safety policy across a sample of University departments and working locations.

Approach

We will adopt the following approach in this review:

- project planning and scoping;
- identifying and agreeing key risks and controls with management;
- conducting interviews with staff to gain an understanding of processes and procedures;
- reviewing the adequacy and effectiveness of processes; and
- agreeing findings and recommendations with management.

Appendix three Classification of findings

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In determining the priority rankings of internal audit recommendations we consider the potential impact and exposure to the University versus the probability of occurrence. Detailed below is a summary of our priority ranking matrix.

Rating	Definition	Examples of business impact	Action required
	Issue represents a control weakness, which could cause or is causing severe disruption of the process or severe adverse effect on the ability to achieve process objectives.	<ul style="list-style-type: none"> ☒ Potential financial impact of more than £1.5 million. ☒ Detrimental impact on operations or functions. ☒ Sustained, serious loss in brand value and/or market share. ☒ Going concern of the University becomes an issue. ☒ Decrease in the public's confidence in the University. ☒ Major decline in service/product delivery, value and/or quality recognised by students and customers. ☒ Contractual non-compliance or breach of legislation or regulation with litigation or prosecution and/or penalty. ☒ Life threatening. 	<ul style="list-style-type: none"> ☒ Requires immediate notification to the audit committee. ☒ Requires executive management attention. ☒ Requires interim action within seven to ten days, followed by a detailed plan of action to be put in place within 30 days with an expected resolution date and a substantial improvement within 90 days. ☒ Separately reported to chairman of the audit committee and executive summary of report.
High	Issue represents a control weakness, which could have or is having major adverse effect on the ability to achieve process objectives.	<ul style="list-style-type: none"> ☒ Potential financial impact of between £0.5 million to £1.5 million. ☒ Major impact on operations or functions. ☒ Serious diminution in brand value and/or market share. ☒ Probable decrease in the public's confidence in the University. ☒ Significant decline in service/product delivery, value and/or quality recognised by students and customers. ☒ Contractual non-compliance or breach of legislation or regulation with probable litigation or prosecution and/or penalty. ☒ Extensive injuries. 	<ul style="list-style-type: none"> ☒ Requires prompt management action. ☒ Requires executive management attention. ☒ Requires a detailed plan of action to be put in place within 60 days with an expected resolution date and a substantial improvement within three to six months. ☒ Reported in executive summary of report.

Appendix three Classification of findings (continued)

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Rating	Definition	Examples of business impact	Action required
Moderate	Issue represents a control weakness, which could have or is having significant adverse effect on the ability to achieve process objectives.	<ul style="list-style-type: none"> ■ Potential financial impact of between £200,000 to £0.5 million. ■ Moderate impact on operations or functions. ■ Brand value and/or market share will be affected in the short-term. ■ Possible decrease in the public's confidence in the University. ■ Moderate decline in service/product delivery, value and/or quality recognised by students and customers. ■ Contractual non-compliance or breach of legislation or regulation with threat of litigation or prosecution and/or penalty. ■ Medical treatment required. 	<ul style="list-style-type: none"> ■ Requires short-term management action. ■ Requires general management attention. ■ Requires a detailed plan of action to be put in place within 90 days with an expected resolution date and a substantial improvement within six to nine months. ■ Reported in executive summary of report.
Low	Issue represents a minor control weakness, with minimal but reportable impact on the ability to achieve process objectives.	<ul style="list-style-type: none"> ■ Potential financial impact of less than £200,000. ■ Minor impact on internal business only. ■ Minor potential impact on brand value and market share. ■ Should not decrease the public's confidence in the University. ■ Minimal decline in service/product delivery, value and/or quality recognised by students and customers. ■ Contractual non-compliance or breach of legislation or regulation with unlikely litigation or prosecution and/or penalty. ■ First aid treatment. 	<ul style="list-style-type: none"> ■ Requires management action within a reasonable time period. ■ Requires process manager attention. ■ Timeframe for action is subject to competing priorities and cost/benefit analysis, e.g. nine to 12 months. ■ Reported in detailed findings in report.

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