

Audit Committee

Agenda

Meeting reference: Audit2017-18/03

Date: Tuesday 27 February 2018 at 5.30pm

Location: Room 019

Purpose: Scheduled meeting

* Denotes items for discussion.

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

	Agenda Items	Author	Led by	Paper
1	Welcome and Apologies		Chair	
2	Additions to the Agenda			
3	Declaration of Interest in any Agenda Item			
4	Minutes of the Meeting of the Audit Committee held on 29 November 2017			Paper 1
5	Actions arising from previous minutes			
6	Balanced Scorecard	Head of Student Records	Chief Operating Officer	Paper 2
*7	Procurement Strategy and Annual Action Plan 2017-18	International and Corporate Services Director	International and Corporate Services Director	Paper 3
8	Risk Management			
*8.1	Strategic Risk Register	Chief Operating Officer	Chief Operating Officer	Paper 4
*8.2	Health and Safety Risk Management Profile – January 2018 - six month review	Head of HR and OD	Head of HR and OD	Paper 5
9	Internal Audit			
*9.1	Internal Audit Annual Plan Progress 2017/18	Henderson Loggie	Henderson Loggie	Paper 6

*9.2	Space management	Henderson Loggie	Henderson Loggie	Paper 7 Closed
*9.3	IT Network Arrangements	Henderson Loggie	Henderson Loggie	Paper 8
*10	Freedom of Information and Data Protection six monthly Report 2017-18	FOI and Data Protection Officer	Chief Operating Officer	Paper 9
11	Committee minutes			
*11.1	Health and Safety Committee: <ul style="list-style-type: none"> 1 February 2018 			Paper 10
12	Date and time of next meeting: <ul style="list-style-type: none"> Tuesday 22 May 2018 	Secretary		
*13	Review of meeting (to include check against the Terms of Reference to ensure all competent business has been covered)			Paper 11

Draft Minutes

Meeting reference: Audit 2017-18/02
Date and time: Wednesday 29 November 2017 at 5.30pm
Location: Room 019

Members present: Brian Crichton (Chair), Ann Irvine (by video conference), Lindsey McLeod

In attendance: Margaret Cook, Principal
 Jackie Mackenzie, Chief Operating Officer (COO)
 Stuart Inglis (Henderson Loggie),
 Keith Macpherson (Ernst & Young)
 Lynn Oswald, new Board member

Apologies: Lorna Nicoll
Chair: Brian Crichton
Minute Taker: Maureen Masson, Secretary to the Board of Management
Quorum: 3

Summary of Action Items			
Ref		Responsibility	Time Line
10.4	Internal Audit Report - ASW Reference the good practice identified in the ASW report in the External Auditors report.	EY	For final report

Minutes

Item	Action
<p>1 Joint Apologies and Welcome</p> <p>The Chair of F&GP welcomed members of the Audit Committee to the joint meeting of F&GP Committee and Audit Committee. Introductions were made and apologies noted. The Chair of F&GPC would continue in the role of chair for the joint meeting. Lynn Oswald, new Board Member, was attending her first Audit Committee meeting.</p>	
<p>*2 Perth College Management Accounts Year to 31 July 2017 – Final Report and Commentary</p> <p>The Head of Finance reported a positive overall position in the College management accounts with a surplus of £5k, break-even. The Committee noted some areas where out-turns had been higher than budgets and the reasons for that e.g. the impact of national bargaining had led to higher staff costs. Members of both F&GPC and Audit Committees noted that F&GPC had a positive discussion at its last meeting when the draft year-end accounts had been considered in some</p>	

depth, and the points raised at that time had been taken into account in the presentation of the final accounts.

The F&GP Committee approved the Perth College Management Accounts for the year to 31 July 2017.

Audit Committee noted the Perth College Management Accounts for the year to 31 July 2017.

3 Draft Perth College Group Report and Financial Statements for the year Ended 31 July 2017

The Head of Finance introduced the draft College Group Report and Financial Statements for the year ended 31 July 2017. F&GP and Audit Committee discussed the Group Accounts and welcomed the positive out-turn position and the detailed explanation and reconciliation of the results back to the College's breakeven position.

F&GP Committee approved the Perth College Group Report and Management Accounts for the year to 31 July 2017 and recommended their approval to Audit Committee for its recommendation, in turn, to the Board of Management for approval and signature.

4 External Audit Annual Report 2016-17

Keith Macpherson of Ernst & Young presented the External Audit Report for 2016-17. As the College's external auditors, Ernst & Young prepare the annual audit report to summarise key findings and conclusions from its audit work, for the College's Board of Management and the Auditor General. The scope of the audit was agreed in the Annual Audit Plan that was presented to the Audit Committee in May 2017.

Keith Macpherson confirmed that EY had issued an unqualified opinion that the financial statements were in prepared in accordance with the legislative and compliance framework and that there were no concerns. The Annual Report was very positive.

This was the first year that EY had acted as the College's external auditors and there had been few transitional issues with no material adjustments to processes. The external auditors raised one matter in relation to of treatment of pension activity and the impact of that on the final accounts. Whilst the external auditors recognised that the approach to accounting for this was appropriate for 2016-17, as it is normal practice, they would work closely with the senior team in the coming months to review that methodology. An update would be provided to a future F&GPC meeting.

The Chair of Audit Committee asked whether there was any best practice to share from other FE colleges. As this was the first year the

EY had acted as external auditors to the sector, this may take shape after a year or so. The Committee noted that the Principal was active in a College Principals' network and close attention was paid to financial sustainability amongst other matters.

F&GP Committee approved the External Audit report to Audit Committee for onward approval to the Board.

The Chair of F&GP thanked Keith Macpherson from EY and colleagues in the Finance Team for their work in preparing the financial statements and for a successful overall position.

F&GP Committee concluded its business and left the joint meeting at this point.

5 Additions to the Agenda

An item for formal approval by the Audit Committee of the final accounts was added.

Audit Committee approved the Perth College Group Report and Management Accounts for the year to 31 July 2017 and recommended their approval to the Board of Management for approval and signature.

6 Declaration of Interest in any Agenda Item

There were no declarations of a conflict of interest.

7 Minutes of Audit Committee Meeting held on 20 September 2017

The minutes were approved as a correct record.

8 Action Arising from previous minutes

Actions from meeting on 23 May 2017

9 Amendment to the proposal for bringing the Annual Health and Safety Update to the Board of Management

Append revised Health and Safety policy and Annual Health and Safety Report to the Audit Committee minutes for the next Board meeting

Amend the process to reflect the fact that only the Principal can sign the Annual Health and Safety Update

Action complete – minutes considered by the Board at its meeting on 11 October and process updated.

Actions from meeting on 20 September 2017

6.1 Health and Safety Annual Report 2016/17

Revise and update in light of the various actions identified in the minute.

Action complete

6.2 Revised Health and Safety Policy

Revise and update in light of the various actions identified in the minute.

Action complete

7.1 Strategic Risk Register

Append a footnote to the Strategic Risk Register to identify UHI Shared Risks

Action complete: UHI risks separately identified in risk register

8.1 Internal Audit: Progress Report Annual Plan 2016-17

Henderson Loggie to start post project evaluation for ASW.

Action complete: report on the agenda for the meeting.

8.2 Internal Audit Plan 2017-18

Prepare revised plan in the light of changing priorities.

Action complete: revised plan on the agenda for the meeting.

9 Risk Management

***9.1 Strategic Risk Register**

The COO introduced the paper which set out the updated Risk Register for the second quarter review together with any emerging risks. The Committee noted 3 emerging or updated risks and the mitigating actions.

***9.2 ICT Risk Register**

The Committee noted the ICT Risk Register.

10 Internal Audit

***10.1 Internal Audit Report for 2016-17**

David Archibald of Henderson Loggie introduced the Internal Audit Report for 2016-17 noting that the topics for internal audit had been developed in line with the priorities identified in the Strategic Plan 2016-2020. There were no significant issues to report on for the year and

where recommendations had been made, the College had actioned these.

In terms of the overall programme of works, 4 days were unallocated in 2017-18. After some discussion about possible audit topics, the Committee agreed not to allocate these to specific areas, but to hold in reserve to use on appropriate topics or to address any emerging risks during a period of change.

***10.2 Revised Internal Audit Annual Plan 2017/18**

The Committee noted the final Internal Audit Plan for 2017-18 which had been updated following discussion at the last meeting of Audit Committee.

***10.3 Internal Audit Report – Student Activity data/Credit Audit**

This report had been the first piece of work on the Internal Audit Plan for 2017-18. The outcome was reported back to the SFC to provide assurance that the FES return was completed properly. The audit was carried out in accordance with the *Credits Audit Guidance* and no issues were reported.

***10.4 Internal Audit Report - ASW**

David Henderson introduced the report and outlined the background to the review. The main purpose of the audit was to explore whether the ASW was delivered on time and on budgets but also whether it met its original purpose/ scope. The auditors had undertaken a detailed review and met many staff involved in the project and with a view to the College leaning lessons for future capital projects.

The auditors provided a positive project report and highlighted some areas the College may wish to review for future projects. The Committee was keen to retain positive outcomes arising from this report for future projects in collective corporate memory. Given the good practice identified in the report, Keith Macpherson agreed he would refer to the ASW review in the EY Report, which then becomes a public document.

EY

11 Audit Committee Annual Report to the Board of Management

The Secretary introduced the paper which is required for consideration by the Board of Management at its meeting on 13 December in line with the Financial Memorandum. This is to provide assurance on the adequacy and effectiveness of the College's system of internal control.

The Audit Committee approved the report, subject to a small number of typographical errors that were identified. This would go forward to the

next Board meeting for approval.

12 Committee Minutes

*12.1 Health and Safety Committee Meeting 16 November 2017

The Chair raised the matter of the working time directive in the light of the minutes of the meeting from the last Health and Safety Committee. The Principal confirmed that the Head of HR had met with the Unison representative to discuss the issue relating to staff overtime. She reassured the Committee that the College was fully compliant with the Working Time Directive.

13 Date and time of next meeting

27 February 2018 at 5.30pm

14 Review of Meeting

Members agreed the meeting had covered its Terms of Reference.

Information recorded in College minutes and papers is subject to release under the Freedom of Information (Scotland) Act 2002 (FOI(S)A). Certain exemptions apply: financial information relating to procurement items still under tender, legal advice from College lawyers, items related to national security.

Status of Papers **Open** **Closed**

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The College may also be asked for information contained in minutes and papers about living individuals, under the terms of the Data Protection Act 1998.

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

15 Audit Committee discussion with Internal and External Auditors

The Executive Team left the meeting at this point for a discussion between the Audit Committee and internal and external auditors.

David Archibald, Henderson Loggie, commented that he had no concerns to raise. HL staff involved in the audit report always found the staff in the College open and

fully engaged in the audit process and willing participants in the way that a good audit was intended.

Keith Macpherson, Ernst & Young, reported a positive experience in working with College staff this first year during a period of change in the sector. The restructuring of SMT would provide further capacity within the Group and tightly define roles and responsibilities.

From the Chair's perspective, some work to reduce the narrative of reports would be welcome to provide clearer, more contextualised reporting.

A more challenging funding environment had brought into sharper focus the risk associated with AST under-delivering against budget. It is important that transparent and robust business plans based on realistic assumptions be developed, so that uncertainties around the deliverables are minimised. A new Chair of AST has been appointed and the Audit Committee is confident that we shall be able to move forward with greater confidence.

The Chair of Audit would take forward the necessary reports and financial statements to the Board of Management for consideration at its meeting on 13 December 2017.

The Chair thanked all participants for their contribution to a positive meeting.

Paper for Consideration

Subject: Balanced Scorecard
Author: Deborah Lally, Head of Student Records
Date of paper: 29 January 2018
Date of meeting: 27 February 2018

Action requested of committee:

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

Cost implications:

(Tick as appropriate) Yes: No:

Executive Summary:

The Balanced Scorecard has been revised to align with our Strategic Plan 2016-2021 and therefore renamed to 'The Vision 2021 Scorecard'.

Each section of the scorecard has been identified to be reported to the relevant Board Committee. For the Audit Committee, please refer to the section titled Sustainability and Item Numbers 10 and 12.

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Status of Papers **Open** **Closed**

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Do the papers contain items which may be contentious under the terms of the Data Protection Act 1988? **Yes** **No**

Perth College UHI Dashboard for Vision 2021: Strategic Plan 2016-21

No	Vision 2021 Scorecard Measure	Measure	ROA FE Measure	Cttee	Baseline			2016-17			2017-18			Comments
					2015-16	Target		Current RAG	Trend	Target	Current RAG	Trend		
Students and staff achieving their potential														
1	Students:	Students:		Engmnt Ac. Affairs										
	a) Number of full-time FE learners undertaking programmes with an element of substantial work experience or volunteering opportunity	a) Number of FT programmes that offer opportunities for work experience of equivalent to 1 unit or more	6		20	↑	24	↑	↑					
	b) Number of apprenticeships	b) Number of students undertaking apprenticeships (total):	5		348	↑	355	↑	↑	299		2017-18 figure indicative only, accurate as at the end of Sept 2017. Overall the number of apprenticeships increased in 2016-17 from the baseline by 7. The number of SDS funded MAs increased by 30, but this was matched by a drop of 23 non-SDS funded apprenticeships.		
		i) SDS-funded			145		175	↑		147				
		ii) Non-SDS Funded			203		180	↓		152				
	c) Vocational qualifications delivered to senior phase pupils	c) Number of Vocational qualifications delivered to senior phase pupils	2a, 2b, 4c		75	↑	145	↑	↑				New measure for 2016-17. 2016-17 saw the number of vocational qualifications delivered to senior phase pupils almost double from the baseline, with an increase of 70 (an increase of 93%)	
2	Perth College students moving on to positive destinations (including progressors)	Proportions of FT students entering positive destinations (including progressors) in:	7,8	Ac. Affairs										
		i) HE			93%	↑			↑				2016-17 data tbc Feb 2018	
		ii) FE			84.4%	↑			↑				2016-17 data tbc Feb 2018	
3	Staff:	Staff:		Engmnt Ac. Affairs										
	a) Number of staff days spent on CPD/year	a) Number of staff days spent on CPD/year (average per head)			5.3	6.5d	4	↓	6.5d					
	b) Proportion of staff with teaching qualifications	b) % of permanent staff with TFQE or equivalent.			84%	↑	88%	↑	↑				New measure for 2016-17. based on % of permanent staff with TFQE or equivalent. In 2016-17 4% of staff undertook and completed TQFE compared with 5.3% in the baseline year. The proportion of staff without TQFE or equivalent dropped from 10.6% in 2015-16 to 8% in 2016-17. The figures are draft only and have not been subject to BoM approval.	
	c) Numbers of staff presenting papers at conferences and number of publications	c) Numbers of		RSKE										
		staff presenting papers at conferences			19	↑	19	↔	↑	5			New measure for 2016-17. Final values for 2016-17 are yet to be confirmed, but are not expected to alter significantly from those presented here. Values for 2017-18 are indicative of progress and are accurate up to end Sept 2017 and based on data received from the current Research Activity Co-ordinator and from HR CPD database.	
		number of publications			8	↑	8	↔	↑	14				
Student satisfaction														
4	Track FE and HE student satisfaction through national student surveys:	The proportions of students overall satisfied with college experience in:	9	Engmnt Ac. Affairs										
	a) Student Satisfaction and Engagement Survey	a) Student Satisfaction and Engagement Survey			93%	↑	95%	↑	↑					
	b) National Student Survey	b) National Student Survey			76%	↑	80%	↑	↑					
5	Proportion of classes with a student representative or agreed structure	Proportion of classes with a student representative or agreed structure		Engmnt	HE = 52% FE = 34%	↑	HE = 52% FE = 34%	↑	↑				New measure for 2016-17. There are 128 Higher Education (HE) classes (containing 5 or more students) and 172 Further Education (FE) classes. We seek to optimise the number of classes that elect Class Reps, and this year achieved 52% of all HE classes and 34% of all FE classes, giving a total of 41% of classes represented by 267 Class Reps (continuing a 4 year upward trend in representation)	
6	End of year Student survey outcomes:	Proportions of students that agree or mostly agree with the statements from the End of Year Student Outcomes (SEES) :		Engmnt										
	a) Course/achievement	i) The course was what I expected (prev. I am satisfied with my course)			84%	↑	89%	↑	↑				Rating baseline: (i) 65, (ii) 73. Satisfaction with course and achievement remained stable from that in 2015-16, with satisfaction in the course increasing by 5 percent points and achievement by 1.	
		ii) I am achieving what I set out to do			91%	↑	92%	↔	↑					
	b) Destination	i) I am aware what I can do after my course			92%	↑	91%	↔	↑				Rating baseline: (i) 78, (ii) 77. Satisfaction in outcomes relating to destination of colleges leavers also remained stable from 2015-16, with both measures showing a decrease of only 1 percent point.	
		ii) I feel prepared to take my next steps			91%	↑	90%	↔	↑					
	c) College	i) I would recommend the College to a friend			92%	↑	94%	↑	↑				Rating baseline: 78. There was a small increase in 2016-17 in the percentage of students agreeing that they would recommend the college to a friend.	

Perth College UHI Dashboard for Vision 2021: Strategic Plan 2016-21

Student activity measures											
7	Recruit to published targets for :	Meet published FTE recruitment targets for:	1a, 1b	Ac. Affairs							
	a) FE	a) FE			26010	26,067	25,368	↓	23867		
	b) HE	b) HE			1885.9	1951	2002.6	↑	1975		
											2016-17 Target of 26,067 is broken down as follows: Core target = 23867 and ESIF = 1,200. Core recruitment targets are met but the trend is downward for FE
8	Track progress towards providing a system of learning that is widely accessible and diverse by analysis of data as follows: age, gender, postcode, protected characteristics and care experienced subject area, numbers from schools with highest rates of negative destinations	Recruitment of learners from the following protected characteristics in FE courses (Enrolments and Credits = Es and Cs):		Ac. Affairs							
	i) SIMD20				Es=347 Cs=3108		Es = 347 Cs = 3108	↔			
	ii) Care Experienced				Es = 63 Cs = 737	↑	Es = 63 Cs = 690	↔		↑	
	iii) Minority Ethnicity				Es = 441 Cs = 4461		Es = 461 Cs = 4474	↔			
	iv) Disability				Es = 945 Cs = 6536		Es = 1022 Cs = 6545	↔			
	Number of courses with a gender ratio of greater than 3:1 (75/25 split)				33	↓	34	↔	↓		
											New measure for 2016-17.
9	Track retention and attainment of all full time and part time funded college programmes	FE RETENTION	4a, 4b	Ac. Affairs							
	a) of students in courses over 160h (inc. FT):										
	i) Overall				83.60%		82.11%	↓			
	ii) SIMD20				84.70%		76.81%	↓			
	iii) Care Experienced				62.50%		67.35%	↑			
	iv) Minority Ethnicity				89.90%		89.51%	↔			
	v) Disability				82.40%		80.09%	↓			
	vi) Gender				F: 80.3% M: 86.6%		F: 79.79% M: 84.18%	↓			
	b) of FT FE students				80.10%	↑	79.08%	↓	↑		
											New measures for 2016-17. Remained mostly stable for 2016-17 compared to baseline (2015-16), with a drop in retention of FE students from SIMD20 and an increase in care experienced learners. Variances greater than 3pp were coloured red or green accordingly.
		FE ATTAINMENT	4a, 4b	Ac. Affairs							
	a) Proportion of Day 1 attainers for courses over 160h (inc. FT):										
	i) Overall				72.50%		69.54%	↓			
	ii) SIMD20				71.40%		65.70%	↓			
	iii) Care Experienced				47.90%		55.10%	↑			
	iv) Minority Ethnicity				86.50%		83.22%	↓			
	v) Disability				69.20%		66.60%	↓			
	vi) Gender				F: 67.8% M: 76.8%		F: 63.95% M: 74.68%	↓			
	b) Proportion of Day 1 attainers for FT FE courses				72.7%	↑	68.54%	↓	↑		
											New measure for 2016-17. The retention of FT FE learners remained stable with only a slight drop of 1.02pp
											New measures for 2016-17. Proportions of Day 1 attainers (FE only) dropped in all categories except those learners identified as care experienced, which increased by 7.2 percent points (pp) compared to the 2015-16 baseline. The gap between proportions of male and female day 1 attainers widened in 2016-17 (10.7pp difference) compared to 2015-16 baseline (9pp). Categories that varied by less than 3pp from the baseline have been identified as amber/stable. Variances greater than 3pp are coloured red or green accordingly.
											New measure for 2016-17. The proportion of Day 1 attainers for FT FE reduced by 4.2pp from the baseline.
Sustainability											
10	Financial:	Record:		Audit F&GP							
	a) Outturn	Achieve a break-even underlying operating position			£4,000	Break-even	£2,000	↑	Break-even		
	b) Gross carbon footprint	Gross carbon footprint	10		1864 tCO ₂	↓	1681tCO ₂	↓	↓		
	c) Non-core funding income (to include Knowledge Transfer)	% of income from non-SFC sources (inc. KT)			42%	↑	40.40%	↓	↑		
											Baseline Underlying Operating Position' (2015-16) was a deficit of £-4k, which was negligible in terms of % of total income (0.017%). For 2016-17 there was as surplus of £2k
											The Climate Change (Scotland) Act 2009 suggests that annual target reduction figures be 3% over the previous year. While a reduction of 3% has not been achieved for 2016-17, there has still be a reduction of 3tCO ₂ despite the College buildings footprint having increased by over 20% with the completion of ASW in 2016, which will have impacted on the carbon footprint. Removal of portacabins during 2017 will impact on 2017-18
											Non-SFC funding for 2015-16 was 42%. Any non-government grants are recognised in full in the year they are received.
11	Staff rates of turnover (a) and sickness absence (b)	Track:		Engmnt Ac. Affairs							
	a) Staff turnover (%) to be maintained below national average (20.5)				15.4	20.7	20.8	↓	20.5		
											Staff turnover for 2016-17 was comparable to the national average, but increased by 5.4% from the baseline.

Perth College UHI Dashboard for Vision 2021: Strategic Plan 2016-21

		b) No days staff absent on sick leave (average sick days per head)			9.2	↓	7.6	↑	↓			The number of days staff spent on sick leave reduced in 2016-17 by 1.6days compared to the baseline.
12	To maintain a healthy and safe working environment	Number of accidents reported to HSE	Audit H&S	3	↓	7	↓	↓	↓			
13	Number of businesses that engage with Perth College UHI	Number of business on Contacts Database recorded as having had an interaction with Perth College UHI	Engmnt	965	↑	965	↔	↑	↑			New measure for 2016-17.

Definitions:
 Current (R/A/G) = Red, Amber or Green, status at the time of reporting
 Expected (R/A/G) = Red, Amber, Green, status expected once final data have been confirmed
 Trend = improvement (↑), worsening (↓) or no change (↔) in performance compared to previous reporting period
 NM = New Measure for 2016-17
 pp = percentage points



Paper for Consideration

Subject: Procurement Strategy and Annual Action Plan 2017-18

Author: Dawne Hodgkinson

Date of paper: 31/1/18

Date of meeting: 27/2/18

Action requested of committee:

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

Cost implications:

(Tick as appropriate) No

Executive Summary:

December 2017 saw the end of the first year of the College's current 3-year Procurement Strategy. The attached papers updated Committee on the progress made on the action plan for last year and recommend for approval a new action plan for this current period.

Information recorded in College minutes and papers is subject to release under the Freedom of Information (Scotland) Act 2002 (FOI(S)A). Certain exemptions apply: financial information relating to procurement items still under tender, legal advice from College lawyers, items related to national security.

Status of Papers **Open** **Closed**

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Do the papers contain items which may be contentious under the terms of the Data Protection Act 1988? **Yes** **No**

Procurement Strategy

1 January 2017 – 31 December 2019

Also available in large print (16pt)
and electronic format.

Ask Student Services for details.

www.perth.uhi.ac.uk



Perth College is a registered Scottish charity, number SC021209.

Version Control History

Version Number	Date of Change	Summary of Revisions Made
4	March 2016	Published 10 March 2016 (delayed due to difficulties in communicating status from CMT). Substantial changes to align to the College and UHI Strategy and match objectives.
4.1	August 2016	Footer updated to reflect new template model.
5	November 2016	Update for new Strategic Plan and to move to 3 year strategy, January-December cycle.
6	November 27	Updated action plan to reflect progress and insert new actions

Procurement Strategy 2017-2019

1 Perth College UHI Vision, Mission and Values

Perth College UHI's vision for 2016-21 is to be an inspirational partner in economic and social transformation.

Our mission is to change lives through excellence in education, research and innovation, developing knowledge and skills and the experience to succeed through the following aims:

- Inspire and empower our students, regardless of background, to recognise and achieve their potential.
- Work in partnership to foster and drive positive change and growth in local, regional, national and international economies.
- Provide dynamic learning and research experiences within a curriculum that meets economic and societal needs and aspirations.
- Optimise the sustainable use of our systems, processes and resources to provide the best possible student experience and outcomes.
- Have talented, confident and inspirational staff who contribute to and make a vital difference to the success of the students, the life of the College, the University and our communities.

The core values which underpin our vision, mission and aims are ambition, integrity and respect.

2 Introduction

This strategy aligns closely with the College's Strategic Plan and that of the University of the Highlands and Islands working towards the Scottish Government's overarching strategic outcomes as outlined by Public Procurement in Scotland (PPS) to accelerate the pace of change and the delivery of benefits, embedding public policy strategic aims into business as usual.

The institutional spend of Perth College UHI on bought in goods and services is circa £4.5m per annum. At all times, Perth College is committed to obtaining value for money in all of its transactions, and in conducting its daily business staff must always consider the institution's wider responsibilities in terms of legal, moral, social, economic and environmental impact. Effective procurement will support the key institutional objectives outlined in the strategic plan.

Best value procurement will:

- Be transparent.
- Be driven by desired results.
- Create the most economically advantageous balance of quality and cost.
- Reduce the burden on administrative and monitoring resources.
- Lead to simplified or routine transactions.
- Encourage open and fair competition.
- Follow all appropriate regulations and legislation.

Title: Procurement Strategy

Version/Status: 5, Final

Approved By/Date: Audit Committee/November 2017

Effective Publication Date: January 2017

Owner: International and Corporate Services Director

Lead Author: Head of Learning Resources

Review Timing/Date: 3 Years/2019/20

This Strategy has been designed to ensure legislative compliance with the Procurement Reform (Scotland) Act 2014 and other relevant legislation and is aligned with the College's and the Scottish Funding Council's key strategic outcomes as detailed in our Regional Outcome Agreement and Perth College's Strategic Plan.

The key elements of the new legislation:

- Require us to maintain a public contracts register on our external website.
- Increase the scope of our regulated procurements.
- Require us to meet the sustainable procurement duty.

This strategy sets us challenging but realistic goals for the development of our procurement activities over the next 3 years which will be subject to regular and transparent review.

The successful implementation of this Strategy can only be achieved by everyone involved in the procurement of goods and services on behalf of the College working in partnership with our Procurement Team and collaboratively with our partners across the wider education and public sector.

Working together we can significantly contribute to the future sustainability of the College through the reinvestment of resulting savings and efficiencies from our procurement activities to enhance our students learning experiences and outcomes and meet our aspirations as set out in our College's, Mission, Vision, Values and Ambitions by 2021. The intention of this Procurement Strategy is to set out a number of key objectives to encourage, monitor and deliver the most effective procurement processes in alignment with the College Strategic Plan 2016-2021.

In line with government guidance, this will be a 3-year strategy with an appended action plan outlining key priorities for the 12 months following publication, to be updated annually.

3 Formation and Approval of the Procurement Strategy

The formation of this Strategy is the culmination of consultation and engagement with a wide range of staff involved in procurement as well as external stakeholders.

This Strategy has also been informed by the Scottish Procurement's statutory guidance under the Procurement Reform (Scotland) Act 2014 with the support of APUC, the procurement centre of expertise for all of Scotland's colleges and universities.

The Strategy was approved by the College's Audit Committee on 30 November 2016 and subsequently published on our website.

We will review this Strategy annually, thus maintaining the alignment of our procurement activity with our broader priorities and allow the College where necessary to revise the Strategy and its related Action Plan.

Title: Procurement Strategy

Version/Status: 5, Final

Approved By/Date: Audit Committee/November 2016

Effective Publication Date: January 2017

Owner: International and Corporate Services Director

Lead Author: Head of Learning Resources

Review Timing/Date: 3 Years/2019/20

4 Context

This Procurement Strategy provides the framework within which the procurement activities of the College can develop and help support our strategic objectives and outcomes. It can also be understood as a procurement improvements journey based on a clear understanding of where the College is currently, in terms of our procurement practice and where we want and need to be, and how we should get there.

The College aligns its procurement strategy with the Procurement Reform (Scotland) Act 2014, which provides a national legislative framework for sustainable public procurement that supports Scotland's economic growth through improved procurement practice.

The Act focuses on a small number of general duties on contracting authorities regarding their procurement activities and some specific measures aimed at promoting good, transparent and consistent practice in procurement processes detailed in section 6 below.

This Strategy recognises that our procurement practice is based on the Scottish Model of Procurement which sees procurement as an integral part of policy development and service delivery and is essentially about achieving the best balance of cost, quality and sustainability.

A key element of this Strategy is about moving the balance of procurement effort away from the buying or tendering phase and towards a greater emphasis on the planning and post contract phases of procurement. Included in this is an increasingly greater engagement with our stakeholders both internal and external.

5 Procurement Policy

Our Procurement Policy sets out the operational framework of how we conduct our procurement activity and is largely based on the Scottish Government's Procurement Journey. This will facilitate our regulated procurements being conducted in accordance with best practice in a legally compliant manner that is consistent with the rest of the Scottish public sector in achieving value for money for our stakeholders.

6 Strategic Procurement Objectives

Our strategic procurement objectives as defined below form the core of our Procurement Strategy. They pay regard to the 5 strategic areas defined by the Public Procurement Reform Board (PPRB): Sustainability, Access, Efficiency and Collaboration, Savings and Benefits and Capability which in turn have been aligned with SFC's Strategic Aims as further detailed in the College's Regional Outcome Agreement, namely:

- Ensuring an efficient regional structure.
- Delivering high quality and efficient learning.
- Providing access to people from the widest range of backgrounds.

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- Delivering the right learning in the right place.
- Creating a developed workforce for the region and
- Creating a sustainable institution.

Our strategic focus for the period of this strategy will therefore be as follows:

- We will ensure compliance with the general duties and specific measures of the Procurement Reform (Scotland) Act 2014.
- We will deliver value for money – value for money as defined by the Scottish Model of Procurement is not just about cost and quality, but about the best balance of cost, quality and sustainability.

Through our Procurement Policy and practice we will seek to consistently apply the above principle albeit the balance of cost, quality and sustainability will vary for a regulated procurement depending on the particular commodity, category and market.

We will consider the whole-life cost of what is being procured and when applying the above principle of value for money, ensure that we do so in a clear, transparent and proportionate manner; in line with the Treaty on the Functioning of the European Union of equal treatment, non-discrimination, transparency, proportionality and mutual recognition and in compliance with the general duties of the Act as well as the sustainable procurement duty.

- In compliance with the Procurement Reform Act we will give consideration to the environmental, social and economic issues relating to all regulated procurements and how benefits can be accrued, on a contract-by-contract basis by taking proportionate actions to involve SME's, third sector bodies and supported businesses in our procurement activities and in so doing benefit not only the College but the wider region of Perth and Kinross.

To support compliance with the duty we will endeavour to make use available tools and systems such as the Scottish Public Procurement Prioritisation Tool, the Sustainability Test, Life Cycle Impact Mapping, the Scottish Flexible Framework as well as APUC's Code of Conduct, Sustain and Electronics Watch where relevant and proportionate to the scope of the procurement.

- We will consult and engage with those affected by our procurements – we will take note of available good practice/principles of engagement including those detailed in the National Standards for Community Engagement as well as ensuring procurement staff have or will be developed to have the relevant communication and engagement skills. In each procurement we will consider the community affected by the resultant contract and ensure any affected organisations/persons are consulted (eg impact on service for students, or a local contract that could be combined with other similar institution's needs). Such consultation will always be on a scale and approach relevant to the procurement in question.

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- We will analyse our third party expenditure, identify 'EU regulated procurements' [Goods and Services worth more than £164,176 and Works worth more than £4,104,394 (OJEU Thresholds that apply to the College as an "other public sector contracting authority")] and 'lower value regulated procurements' [Goods and Services worth more than £50,000 and Works worth more than £2 million (Procurement Reform Act 2014)].

In addition, we will sort regulated procurements into procurement categories and give consideration to appropriate and effective consultation that aligns individual procurement strategies with our own aims and objectives and in turn their contribution to the National Outcomes as detailed in our Regional Outcome Agreement.

Finally, we will consider where appropriate the effective use of contract and supplier management to monitor and further improve the regulated procurement contract outcomes.

- We will conduct all of our regulated procurements in compliance with the principles of the Treaty on the Functioning of the European Union; equal treatment, non-discrimination, transparency, proportionality and mutual recognition and will consider early engagement with the supply market where relevant prior to the publication of a contract notice.

All regulated procurements will be posted on portals such as Public Contracts Scotland (PCS) and Public Contracts Scotland-Tender (PCS-T) and shall strive to ensure the appropriate use of separate lots with straightforward output based specifications and clear evaluation criteria to ensure the procurement is accessible to as many bidders as possible.

- We will find practical ways to supply healthy, fresh, seasonal, and sustainably grown food which represents value for money whilst improving the health, wellbeing and education of our teaching and learning communities, coupled with promoting the highest standards of animal welfare.

We will work to put in place affordable contracts, which meet the nutritional requirements for food for all users of our catering services and will use available good practice and guidance such as "Catering for Change – Buying food sustainably in the public sector".

With specific reference to the aims identified within Perth College's Strategic Vision 2016-2021:

Aim 1: Inspire and empower our students, regardless of background, to recognise and achieve their potential.

- We will support the enhancement of the learning experience by providing advice and guidance to staff across the organisation in relation to the acquisition of goods and services.

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- We will support the Perth College Students' Association in their purchasing decisions and where appropriate we will involve students in the decision making and evaluation processes.

Aim 2: Work in partnership to foster and drive positive change and growth in local, regional, national and international economies.

- We will sustain and further develop partnerships within the sector, with other publicly funded bodies, with professional bodies and appropriately with supply markets that will yield intelligence, innovation and deliver value to users of procurement services.
- We will ensure fair and transparent opportunity for all current and potential suppliers including small and medium sized enterprises (SME's), third sector and voluntary organisations.
- We will continue to engage with local businesses and employers who are part of our community and seek to demonstrate transparency and fairness in the way in which the College carries out procurement and awards contracts for its services and goods.
- We will embed and promote the APUC Supply Chain Code of Conduct.

Aim 4: Optimise the sustainable use of our systems, processes and resources to provide the best possible student experience and outcomes.

- We will promote the delivery of value for money through good procurement practice and optimal use of procurement collaboration opportunities.
- We will ensure that we engage widely with our local supply market on an ongoing basis and though the College's Procurement Policy will mandate the use of clear and precise language in our specifications and ensure contracts are awarded using appropriate quality, risk and sustainability factors as well as cost according to declared score weightings specific to each contract.
- We will take steps to make it easier for smaller and local businesses to bid for contracts through; the use of Public Contracts Scotland and Quick Quotes, the provision of training and/or provide information on third party training opportunities to build suppliers capacity to better navigate the public tender process and by publishing a contracts register to highlight contracts that local suppliers may be interested in bidding for.
- We will work with internal academic budget holders, professional support service colleagues and suppliers to deliver innovation and best value to the teaching and learning, and service support communities, through the development of an effective and co-ordinated purchasing effort within the College.

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Review Timing/Date: 3 Years/2019/20

- We will develop sound and useful procurement management information in order to measure and improve procurement and supplier performance in support of corporate planning conducted through a fair and transparent process.
- In making regulated procurement contract awards, quality, risk and sustainability factors will be considered along with cost according to declared score weightings on a contract by contract basis.
- We will maximise the opportunities presented by the implementation of the new finance system.
- We will ensure that e-invoicing is implemented by 2018 in line with EU and governmental legislative requirements.
- We will embed sound ethical, social and environmental policies within the College's procurement function to comply with relevant Scottish, UK and EU legislation in performance of the sustainable procurement duty. We will ensure that sustainability criteria are considered as part of each tendering exercise and, where appropriate, evaluated and measured. We will use available tools such as the Flexible Framework and Life Cycle Impact Mapping to ensure that, where appropriate, all environmental, social and economic issues are considered as well as the benefits that can be delivered.
- As an accredited Living Wage employer, we will make specific reference within tender documentation to the Scottish Government's Fair Work Practice guidelines and the requirements of the Modern Slavery Act 2015.
- We are committed to working with suppliers that comply with all relevant legislation, including Health and Safety legislation. Where appropriate and on a contract by contract basis, we will ensure that bidders are fully compliant with such legislation. Where proportionate, we will also seek to assess the compliance of subcontractors.
- We recognise the importance of paying suppliers promptly once a service has been performed or goods delivered and that late payment is particularly detrimental to SMEs, third sector bodies and supported businesses. We will comply with Late Payment legislation and will review on a contract by contract basis whether such obligations should be enforced further down its supply chain.
- To ensure effective risk management in relation to procurement activities, we will develop a procurement risk register which will identify commercial and reputational risks and the appropriate control measures required to mitigate them.
- We will support the sourcing of goods that are fairly and ethically traded. Where directly relevant we will make use of appropriate standards and labels in our procurements to take account of fair and ethical trading considerations as well as considering equivalent offerings from suppliers that can demonstrate they can meet the specified criteria without necessarily having the specific certification.

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Aim 5: Developing staff to successfully deliver our vision.

- We will seek out professional development opportunities to enrich and enhance experience and capability of procurement practitioners and to work with the supply chains to ensure continued value, managed performance and minimal risk throughout the life of contracts for the benefit of customers and students.
- Through initial induction and ongoing CPD, we will ensure that all staff who buy in goods and services are aware of the College's policies and procedures in respect of procurement, tendering and selection of suppliers and supported throughout the procurement process.
- We will endeavour to embed the principles of effective contract management across the organisation, providing guidance and training where appropriate, focussing on high spend and high risk areas.
- We will make regular assessments of the competencies of our local procurement staff ensuring that training and guidance are made available such that the appropriate levels of skills, knowledge and awareness are developed and maintained.

These objectives are measured and supported in 3 ways; through the Procurement Action Plan within this Strategy (Appendix 1), through our involvement in the Scottish Government's Procurement and Commercial Improvement Programme (PCIP) and through the publication of an Annual Procurement Report (section 7).

7 Annual Procurement Report

In accordance with Procurement best practice we will publish an Annual Procurement Report as soon as practicable after College's financial year end. This report will provide a commentary on the progress of this Strategy and its Action Plan and will contain as a minimum the following:

- A summary of the regulated procurements that have been completed during the year covered by the Report.
- A review of whether these procurements complied with this Strategy.
- The extent that any regulated procurements did not comply, a statement of how we intend to ensure that future regulated procurements do comply.
- A summary of any community benefit requirements imposed as part of a regulated procurement that were fulfilled during the year of the Report including for example; apprenticeships completed, curriculum support activities, business support activities, support to communities and resource efficiencies achieved in terms of materials, waste or water.
- A summary of any steps taken to facilitate the involvement of supported businesses in regulated procurements during the year covered by the Report.
- A summary of the regulated procurements we expect to commence in the next 2 financial years.
- Such other information as the Scottish Ministers may by order specify and where applicable that demonstrate compliance with other legislation that places specific requirements on the College with respect to our procurement activities and the College will also consider including:

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- What we have learned from our consultation and engagement with stakeholders and those affected by its procurements, and what it is doing to respond to these views.
- What we are doing to improve our performance and impact, drawing on relevant information – for example spend analysis – and what improvements have been achieved since our last report; and
- How we are working with other bodies – for example procurement centres of expertise – to maximise effectiveness and efficiency.
- We will seek to publish our annual procurement report in an inclusive way that takes into account equality and accessibility issues and allows stakeholders to form a clear view of the College's performance.

8 Definitions

Procurement Reform (Scotland) Act 2014 – Updated legislation which came into effect in April 2016 and has a significant impact on all of our procurement processes.

EU Treaty Principles – These principles relate to equality of opportunity for all EU member states and are: equal treatment, non-discrimination, transparency, proportionality and mutual recognition.

Scottish Model of Procurement – Looking at outcomes rather than outputs, the Scottish Model of Procurement uses the power of public spend to deliver genuine public value beyond simply cost and/or quality in purchasing, ensuring the best balance of cost, quality and sustainability.

Public Contracts Scotland – The web portal provided by the Scottish Government upon which all public contract opportunities are advertised.

APUC – Advanced Procurement for Universities and Colleges, the Centre of Excellence for the Scottish FE/HE sector.

The Flexible Framework – The Flexible Framework is a widely used self-assessment mechanism developed by the business-led Sustainable Procurement Task Force, which allows organisations to measure and monitor their progress on sustainable procurement over time.

Life Cycle Impact Mapping – A process which maps the impact of a product on the environment through the supply chain through to end of life disposal.

Procurement Journey – The Procurement Journey provides guidance and documentation for the Scottish public sector which can be updated on a continual basis with any changes in legislation, policy and facilitates best practice and consistency.

Local Procurement Journey – Perth College best practice procedure for the procurement of goods and services.

Hunter Database – Contract management database provided by APUC.

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Public Contracts Scotland – A portal provided by the Scottish Government which provides suppliers with free easy access to all essential information on public sector business opportunities. All public sector bodies in Scotland are expected to use PCS.

Public Contracts Scotland Tender – national eSourcing system provided free of charge by the Scottish Government allowing buyers to communicate securely with suppliers throughout the whole procurement lifecycle.

Quick Quote – the facility on Public Contracts Scotland which allows buyers to ask for competitive quotes for low value/low risk procurement exercises from suppliers who are registered on Public Contracts Scotland.

Small and Medium Sized Enterprises (SME's) – Companies with less than 250 employees (Scottish Government Definition).

Procurement and Commercial Improvement Programme (PCIP) – Assessment and review of procurement and commercial performance carried out by APUC.

Public Procurement Reform Board (PPRB) – the Board formed following the McLelland report in 2006 to drive change within public sector procurement in Scotland, promoting collaborative working across a wide range of procurement activities and practice across all public sector procurement spend.

9 Responsibilities

- 9.1 The Senior Management Team and Board of Management have overall responsibility for the Strategy and for fostering a culture within the organisation in which legislative compliance is accepted as a minimum.
- 9.2 The International and Corporate Services Director has responsibility for implementing the Strategy, monitoring compliance and ensuring the Strategy is regularly reviewed and updated as appropriate.
- 9.3 The responsibility to control the risks of non-compliance resides at all levels of the organisation.
- 9.4 The responsibility for consultation with stakeholders, training and providing support and guidance to ensure organisational and legislative compliance rests with the Head of Learning Resources.
- 9.5 Quality approval check of the strategy is the responsibility of the Head of Quality who will arrange for the strategy to be posted on the web.

10 **Linked Policies/Related Documents**

Procurement Policy
Anti-bribery Policy
Contract Management Procedure
Fraud Prevention Policy and Response Plan
Health and Safety Policy
Selection of Suppliers Procedure
Tendering Procedure

11 **Relevant Legislation/Guidance**

Procurement Reform (Scotland) Act 2014
Health and Safety at Work etc Act 1974
Modern Slavery Act 2015
Treaty on the Functioning of the European Union
EU Procurement Directive on Public Procurement
EU Procurement Directive on the Award of Concession Contracts
EU Procurement Directive on the Award of Contracts by Entities Operating in the Water, Energy, Transport and Postal Services Sectors
EU Procurement Directive for Electronic Invoicing in Public Procurement
Statutory Guidance on the Selection of Tenderers and Award of Contracts
Addressing Fair Work Practices, including the Living Wage, in Procurement

Appendix 1: Action Plan for Jan-Dec 2017

Working in partnership to foster and drive positive change and growth in local, regional, national and international economies.

Objective	Main Action	KPI	Progress Nov 17	By Whom	By When
We will ensure fair and transparent opportunity for all current and potential suppliers including small and medium sized enterprises (SME's), third sector and voluntary organisations.	Engage with local businesses and employers who are part of our community and seek to demonstrate transparency and fairness in the way in which the College carries out procurement and awards contracts for its services and goods.	Participate in local meet the buyer events/Perth and Kinross Business Month showcase events.	Carry forward, no such events took place	DH/RM/TR	31/12/17
We will support the government's directive to drive change through engagement with supported businesses, recognising the positive impact that these have in addressing stubborn inequalities.	Where appropriate, work with supported businesses to develop meaningful contracts for the provision of goods and services.	Two formal contracts with supported businesses on the national framework agreement.	One in place, the only other one that might have been appropriate (workplace clothing) is too expensive	RM/TR	31/07/17

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Review Timing/Date: 3 Years/2019/20

Optimise the sustainable use of our systems, processes and resources to provide the best possible student experience and outcomes.

Objective	Main Action	KPI	Progress Nov 17	By Whom	By When
We will ensure that sustainability criteria are considered as part of each tendering exercise and, where appropriate, evaluated and measured.	Ensure tender documentation contains appropriate sustainability criteria for measurement and evaluation.	Tender documentation templates updated.	Complete, but needs to be recorded before end of year	RM	30/04/17
We will use available tools such as the Flexible Framework and Life Cycle Impact Mapping to ensure that, where appropriate, all environmental, social and economic issues are considered as well as the benefits that can be delivered.	Complete the Flexible Framework self-analysis of sustainability criteria.	Achievement of Level 1.	Work in progress but given the size of spend and the resource available to us, we do not consider we are every likely to achieve Level 1. We will continue to consider all the issues in all procurement activity.	RM/TR	31/12/17

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Objective	Main Action	KPI	By Whom	By When	Update
We will support an ethos of effective contract management, adopting a pro-active approach to ensure optimum performance and service levels.	Work with the Commercial Manager of the Academy of Sport and Wellbeing to effectively manage the contract for rented equipment to maximise student and user experience.	Achieve 90% satisfaction levels evaluated through equipment user survey.	RM	30/06/2017	Carry forward. Survey yet to take place but data shows there is no problem with the “up time” of the kit
	Work with highland Office Equipment to maximise savings available through effective print management on the Multi-Functional Device contract.	Achieve a 5% reduction on copying costs in year one of contract.	DH/RM	31/12/2017	Comparison between this and the previous contract is not appropriate as it is not like-for-like. However, we are providing an enhanced service for users, particularly for students who now have access to colour and functionality in a significantly increased number of locations. Costs will however be analysed to determine year on year comparison.
We will enhance our efficiency through effective engagement with our partners both in UHI, the wider education sector and the public sector in general.	Engage with partners outwith UHI to maximise economies of scale based on local geography and through this engagement ensure that we meet our corporate social responsibility requirements in our local communities.	Increase year on year the number of collaborative procurement opportunities which provide discernible benefit to the college and the local community.	RM/TR	31/12/2017	Engaged with Tayside Consortium and will adopt any collaborative agreements that meet our requirements.

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	Work with Shared Service colleagues in the UHI Strategic Procurement Team to develop and manage partnership-wide collaborative opportunities.	Involvement in at least 50% of collaborative procurement opportunities which demonstrate discernible benefit to the college.	RM	31/12/2017	We are fully involved with the UHI Shared Service. On the face of it we have achieved the KPI although we question how much of this is APUC led or how much is EO led, as it always has been.
	Keep abreast of changes to legislative conditions as a result of the referendum decision to leave the European Union, identifying any challenges and risks as a result of this.	Advise SMT and Audit Committee of emerging risks as and when these are known.	DH/RM	31/12/2017	Ongoing Action. "Brexit" continues to present uncertainty but no risk apparent as yet.

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Action Plan for Jan-Dec 2018

Working in partnership to foster and drive positive change and growth in local, regional, national and international economies.

Objective	Main Action	KPI	By Whom	By When
We will ensure fair and transparent opportunity for all current and potential suppliers including small and medium sized enterprises (SME's), third sector and voluntary organisations.	Engage with local businesses and employers who are part of our community and seek to demonstrate transparency and fairness in the way in which the College carries out procurement and awards contracts for its services and goods.	Actively engage with a range of existing business networks to identify appropriate dissemination events.	DH/RM/TR	31/12/2018

Optimise the sustainable use of our systems, processes and resources to provide the best possible student experience and outcomes.

Objective	Main Action	KPI	By Whom	By When
We will support an ethos of effective contract management, adopting a proactive approach to ensure optimum performance and service levels.	Work with ASW management team to maximise user experience through contract management	Gather and analyse data re contract service levels and equipment usage to evaluate a target of 90% satisfaction from users.	RM/GMcK	30/06/2018
	Monitor the impact of the changes to the central reprographics service following move to new contract	Achieve a 10% reduction on centralised copying costs compared with previous contract	DH/RM	31/12/2018
We will enhance our efficiency through effective engagement with our partners both in UHI, the wider education sector and the public sector in general.	Where appropriate, engage with partners outwith UHI to maximise economies of scale based on local geography and through this engagement ensure that we meet our corporate social responsibility requirements in our local communities.	Evidence of evaluation of collaboration opportunities outwith the UHI shared service and adoption of those that demonstrate clear benefit to the college.	DH/RM/DM	31/12/2018

	Work with Shared Service colleagues in the UHI Strategic Procurement Team to develop and manage partnership-wide collaborative opportunities.	Share information with APUC and UHI shared services partners as and when required.	RM	31/12/2018
	Keep abreast of changes to legislative conditions identifying any challenges and risks as a result of this, particularly in respect of leaving the EU and GDPR	Advise SMT and Audit Committee of emerging risks as and when these are known.	DH/RM	31/12/2018
	Work with local and UHI data protection teams to ensure compliance with GDPR legislation as it pertains to procurement	Ensure that all data protection is stored in line with GDPR legislation	DH/RM/DM	30/4/18
		Complete Privacy Impact Assessments in respect of all procurement business processes	RM/TR	31/1/18

Paper for Consideration

Subject: Strategic Risk Register

Author: Jackie Mackenzie

Date of paper: 19 February 2018

Date of meeting: 27 February 2018

Action requested of committee:

(Tick as appropriate) For information only:

For discussion:

For recommendation/approval:

Cost implications:

(Tick as appropriate) Yes: No:

Executive Summary:

Risk Register

The third review of the Strategic Risk Register for the academic year 2017-18 has been carried out and any changes made to the register highlighted in red.

The Strategic Risk Register is reviewed at the start of the Academic year and adjusted to reflect the current executive considerations of the current risks to the College. This register is then reviewed and updated throughout the academic year and presented to the Audit Committee together with notes on any emerging risks. The updated register is shown at Appendix 1 for the Committee's approval.

In addition to the College Strategic Risk Register, the Audit Committee now periodically reviews the Health & Safety Risk Register and the ICT Risk Register as part of the normal cycle of business.

Emerging and Updated Issues

1. Income

The main sources of income for the College are derived from student numbers, FE, HE and International. We are on track to deliver our FE student targets and current indications are that we will reach our HE target for the current academic year after inclusion of students starting in January. There is a continuing risk of a funding clawback from EO if we fail to deliver HE targets despite there being no clawback from SFC and an already onerous burden of fees only students included within the target numbers.

International students have been a substantial source of income in previous years but the downward trend has continued and, despite a reduced budget, fee income is forecast to be £200k below budget for the year.

2. Finance Systems Convergence Project

This project started three years ago to, eventually, bring all of the academic partners onto one finance system which would assist with reporting etc. Perth College's current finance system is long overdue for replacement and this project was the route to our solution. Currently the project is nearly two years behind schedule and our participation has been deferred until the new system can be demonstrated to be fit for purpose and deliver the specified requirements agreed at the outset of the project. A deadline of end February for handover has now been set. In addition, we are progressing an update to Symmetry, our current finance system, which will mitigate the risk to Perth College.

3. UHI Future Integration

The current discussions around a more integrated organisation within UHI may have implications for Perth College which are difficult to fully assess given the current uncertainty, particularly the impact on staff recruitment, retention and morale.

UHI Common Risks

The Risk Register now includes the agreed UHI common risks which will now be monitored as College risks. These common risks are identified as such in the Risk Register.

Information recorded in College minutes and papers is subject to release under the Freedom of Information (Scotland) Act 2002 (FOI(S)A). Certain exemptions apply: financial information relating to procurement items still under tender, legal advice from College lawyers, items related to national security.

Status of Papers **Open** **Closed**

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

A **closed** item is one that contains information that could be withheld from release to the public because an exemption under the Freedom of Information (Scotland) Act 2002 applies.

The College may also be asked for information contained in minutes and papers about living individuals, under the terms of the Data Protection Act 1988.

Do the papers contain items which may be contentious under the terms of the Data Protection Act 1988? **Yes** **No**

Ref	Risk Status	Category	Risk Description	Causes	Impacts/ Evidence	Owner	Likely-hood	Impact	Gross Risk	Actions to minimise risk IN PLACE	Residual Risk	Trend	ACTION PLAN		
													Actions to minimise risk TO DO	Action Owner	Completion Date
5*	Active	Inspiring and supporting our students to achieve their potential. Developing a successful and sustainable organisation. UHI Common Risk	College estate not fit for purpose.	<ul style="list-style-type: none"> Reduction of Capital Grant. Backlog of essential maintenance. Uncertainty of future Governance model. Lack of available funds. Age of current campus. 	<ul style="list-style-type: none"> Estate poorly maintained Inability to deliver a new improved estate fast enough. Availability of classrooms and academic equipment does not match demand. 	Chief Operating Officer	4	3	12	<ul style="list-style-type: none"> Attracting external investment. Backlog maintenance risk register has now been developed. Weekly 'Walk the Campus' and engage staff – Visible Management. Approval of identified major building projects. Priority to increase classroom accommodation. Update estates planning to ensure optimum use of space freed up by completion of ASW 	9 (3,3)	↔	<ul style="list-style-type: none"> Identify estates requirements. Develop future campus vision. 	Chief Operating Officer	Ongoing July 2018
6*	Active	Inspiring and supporting our students to achieve their potential.	Technology not fit for purpose. No replacement or upgrade of critical ICT and academic equipment.	<ul style="list-style-type: none"> Changes in ICT development and technology. Changing in Learning and Teaching practices. Increase in network delivery of teaching. Increased use of social networking. Inadequate VC facilities for larger classes. Additional requirements from curriculum development and growth. Technological innovation. 	<ul style="list-style-type: none"> Higher investment in resources required. Need to continually alter accommodation. Available resources limit delivery options. Poor student and staff feedback. 	Chief Operating Officer	4	3	12	<ul style="list-style-type: none"> Developed robust Curriculum Development Plan. Link changes in L&T practice to Estates Planning. Review and implement working practices to optimise available space and working times through use of CELCAT Management Reports. Operational Planning process and resource commitments system in place. Prioritise investment required for resources for key curriculum areas. Ongoing evaluation of VC capacity and teaching space in line with curriculum delivery plan. ICT rolling programme of replacement Shared licence purchases with UHI 	9	↔	<ul style="list-style-type: none"> Rigorous approach to timetabling and utilisation of rooms. ICT Budget and replacement. UHI ICT strategy discussions. 	Director Curriculum and Business Engagement Principal Principal	Ongoing Ongoing July 18

Ref	Risk Status	Category	Risk Description	Causes	Impacts/ Evidence	Owner	Likely-hood	Impact	Gross Risk	Actions to minimise risk IN PLACE	Residual Risk	Trend	ACTION PLAN		
													Actions to minimise risk TO DO	Action Owner	Completion Date
7	Active	Developing staff to successfully deliver our Vision. UHI Common Risk	Disruption to services/projects and/or partnership working resulting from loss of a key staff member.	<ul style="list-style-type: none"> • Poor performance management of competence issues. • Fast pace of curriculum development. • Excessive demand on CPD. • Lack of staff capability. • Poor workforce planning. • Affordability/cost of staff 	<ul style="list-style-type: none"> • Inability to compete. • Loss of business and reputation. • Potential requirement to buy in specialist staff • High staff turnover. • Poor staff satisfaction. 	Principal	3	3	9	<ul style="list-style-type: none"> • CPD reports to SMT re progress against CPD targets for professional reviews, mandatory training etc • Prioritise an appropriate level of CPD investment linked to financial sustainability. 	9 (3,3)	↔	<ul style="list-style-type: none"> • Develop HRIS to provide robust workforce intelligence and implement effective workforce planning model. Capability Policy and procedure in updated and implemented. • Coaching and Conflict Resolution Training delivered to Managers. • Chartered Management Institute (CMI) Training Programme developed for Managers. • Managers trained in Capability Procedure. • Staff Survey results and IIP Assessment Action Plan in place and monitored. 	Head of HR & OD	July 2018
8 *	Active	Developing a successful and sustainable organisation. UHI Common Risk	Research outputs are sub standard.	<ul style="list-style-type: none"> • Lack of experience and reputation • Insufficient staff time available • Not explicit in staff Partnership Contract. • Funding methodology 	<ul style="list-style-type: none"> • Inability to identify and agree appropriate projects • Research strategy not clear 	Principal	4	3	12	<ul style="list-style-type: none"> • Review of R&KE strategy. • Develop relationships with wider UHI colleagues. • Prioritise R&KE where appropriate for REF income. • Investigate SFC Innovation Funding and maximise • Work with University SMT, Research Clusters and PKC • Tay Cities Deal developments. 	9	↔	<ul style="list-style-type: none"> • Link with KE specialists in UHI. • Effective and purposeful operation of R&KE Committee and links to UHI structures. • Vision 2021 and City Development Plan implementation. 	Principal	Ongoing

Ref	Risk Status	Category	Risk Description	Causes	Impacts/ Evidence	Owner	Likely-hood	Impact	Gross Risk	Actions to minimise risk IN PLACE	Residual Risk	Trend	ACTION PLAN		
													Actions to minimise risk TO DO	Action Owner	Completion Date
13*	Active	Developing a successful and sustainable organisation.	Lose control of critical processes and systems through Shared Services Shared Service Model controlled by UHI EO and UHI Finance & General Purposes and University Court.	<ul style="list-style-type: none"> • Insufficient planning. • Inadequate backup. • Poor training and inadequate communications. • Loss of control of direct employees. • Reduced service level. • Additional cost. • Lag in service improvement. • Loss of control over capital investment. 	<ul style="list-style-type: none"> • Disruption to business systems and student learning. • Increased costs. 	Chief Operating Officer /International & Corporate Services Director	3	3	9	<ul style="list-style-type: none"> • Involved in thorough planning. Members of the LIS Shared Service Board. • Member of the Shared Service Programme Board. • Maintain Perth College input into development of shared services. • Retain DH as nominated director of USSL. 	9	↔	<ul style="list-style-type: none"> • Service Level Agreements – Staffing, Communication, Core Services (operational details to be fleshed out). • Proactive within commissioning board. 	SMT SMT SMT SMT	Ongoing Ongoing Ongoing Ongoing
14*	Active	Developing a successful and sustainable organisation.	Failure to ensure sustainability	<ul style="list-style-type: none"> • Change in Government control/legislation. • Ongoing Implications of ONS 	<ul style="list-style-type: none"> • Unable to plan longer term. • Unable to save to invest in larger projects. • Capital Expenditure programme halted since depreciation cash equivalent no longer available. 	Chief Operating Officer	3	5	15	<ul style="list-style-type: none"> • Lobbied Colleges Scotland providing evidence of unintended consequences. • Staff professionally updated in public sector accounting. • Raised issues with SFC and Scottish Government. • Constantly review as clarification of rules continues to roll out. 	10	↔	<ul style="list-style-type: none"> • Keep abreast of interpretation and updates. • Maintain awareness. • Involvement with sector, Colleges Scotland and SFC working groups. 	Chief Operating Officer	Ongoing Ongoing
15*	Active	Developing a successful and sustainable organisation. UHI Common Risk	Financial failure/operating loss. Inability to achieve a balanced budget.	<ul style="list-style-type: none"> • Lack of student numbers. • AST poor performance. • Reduction in commercial income. • Relaunch in international recruitment. • Underfunding of student support. • Dilution of unit of resource by increase in fees only students, topslice etc. 	<ul style="list-style-type: none"> • Increased competition. • Reduced funding available to invest or cover operational costs. • Strategic imperatives not met. • Reduction in quality of delivery/student experience. 	Principal	3	5	15	<ul style="list-style-type: none"> • Excellent internal control systems. • Ongoing dialogue re UKVI (Link to AST Risk Register) • Increased forecasting. • Flexing targets where appropriate. • Close working with sector and UHI partners 	6 (2,3)	↔	<ul style="list-style-type: none"> • Review of International Recruitment Strategy. • Develop Business Plan for AST 	Principal Principal	Ongoing Feb 2018

Ref	Risk Status	Category	Risk Description	Causes	Impacts/ Evidence	Owner	Likely-hood	Impact	Gross Risk	Actions to minimise risk IN PLACE	Residual Risk	Trend	ACTION PLAN		
													Actions to minimise risk TO DO	Action Owner	Completion Date
16*	Active	Developing a successful and sustainable organisation. Developing staff to successfully deliver our Vision.	National Pay Bargaining unaffordable	<ul style="list-style-type: none"> National bargaining has local consequences. Agreed pay awards unaffordable for individual college. 	<ul style="list-style-type: none"> Loss of autonomy. Risk of national strike. Lack of sector agreement of mandate for negotiations. Lack of additional funding for sector pay claims. 	Principal	4	4	16	<ul style="list-style-type: none"> College membership of national forums via Chair and Principal. VP/HR & Communications attended Colleges Scotland HR & OD Group and keeps abreast of national bargaining and workforce of the future developments and how these will affect the College. 	16 (4,4)	↔	<ul style="list-style-type: none"> Continue to participate in national bargaining. Contribute to thinking on Workforce of the Future. 	Principal,	Ongoing
17	Active	Developing a successful and sustainable organisation.	Non-compliance of Statutory Health and Safety Legislation and Equality Legislation	<ul style="list-style-type: none"> Introduction of amendments to existing legislation or new unforeseen and unplanned legislation. 	<ul style="list-style-type: none"> Introduces financial and staffing resources to administer. Legal Action. Risk of Business Continuity. Financial fines. Reputational damage. 	Principal	1	5	5	<ul style="list-style-type: none"> Produced and implemented a detailed Health and Safety Operational Risk Management Register. Updated quarterly and reviewed by Audit Committee every 6 months. Produce Annual Report on Health and Safety. Competent Health & Safety Officer. Internal audit actions/recommendations achieved. Equalities Outcomes and Mainstreaming Report. 	2 (1,2)	↔			
18	Active	Developing a successful and sustainable organisation.	Implication of outcome of EU Referendum Leading to: Loss of EU Funding. Decrease in overseas (EU) students. Loss of EU national staff.	<ul style="list-style-type: none"> Lack of numbers. Students wishing to study within EU Economic and fiscal uncertainty over EU exit. Staff uncertainty 	<ul style="list-style-type: none"> Reduced numbers of students/staff Loss of commercial potential. Loss of EU funding 	Principal	5	4	20	<ul style="list-style-type: none"> Keep up to date with info flow. Lobby through Colleges Scotland and Universities Scotland to increase funding to compensate. Understanding the status of EU residents. Use next two years productively as planning. Look at opportunities, e.g. Increased fees. 	15 (5,3)	↔		Principal	Ongoing

Ref	Risk Status	Category	Risk Description	Causes	Impacts/ Evidence	Owner	Likely-hood	Impact	Gross Risk	Actions to minimise risk IN PLACE	Residual Risk	Trend	ACTION PLAN		
													Actions to minimise risk TO DO	Action Owner	Completion Date
19	Active	UHI Common Risk	College does not achieve allocated HE student number targets.	Failure to recruit sufficient students due to various factors such as: over ambitious PPF target, poor marketing, curriculum gaps, poor NNS results etc.	Reduction of college income from UHI, regional student number target at risk resulting in possible claw back to SFC from UHI in year or reduction in future years grant.	Principal	5	3	15	<ul style="list-style-type: none"> Review curriculum to ensure robust and up to date. Continue close partnership working within UHI. Ongoing dialogue with PPF and academic partners. Plan, monitor and review student numbers/applications. 	4 (2,2)	↓			
20	Active	UHI Common Risk	College does not achieve allocated FE Credit targets.	Failure to recruit sufficient students due to various factors such as: over ambitious target, curriculum gaps, ineffective marketing and engagement with local schools/ employers.	Reduction of college income from UHI, regional student number target at risk resulting in possible claw back to SFC from UHI in year or reduction in future years grant.	Principal	5	3	15	<ul style="list-style-type: none"> Review curriculum to ensure robust and up to date. Develop external partnerships with schools. DYW and employers. Plan, monitor and review student numbers/applications. 	4 (2,2)	↓			
21	Active	UHI Common Risk	Non-compliance with relevant statutory regulations.	Lack of awareness of relevant laws and penalties. Management failures. E.g. new General Data Protection Regulation from 25th May 2018, Bribery Act, Health and Safety Regulations etc.	GDPR will provide new rights for individuals and impose additional obligations on data controllers and processors. GDPR will also introduce an increased penalty framework for non-compliance/ data breaches and includes new requirements for authorities to ensure that they maintain evidence to demonstrate compliance with the Law.	Principal	4	3	12	<ul style="list-style-type: none"> Robust governance policy. Robust management policies, procedures and systems in place. Dedicated Health & Safety officer. IT/Data Protection staff in place. Mandatory staff training. Close working relationship within UHI. 	6 (2,3)	↔	<ul style="list-style-type: none"> GDPR Implementation Plan. GDPR policies and procedures agreed. 	FOI/DPO	May 18 May 18

Ref	Risk Status	Category	Risk Description	Causes	Impacts/Evidence	Owner	Likely-hood	Impact	Gross Risk	Actions to minimise risk IN PLACE	Residual Risk	Trend	ACTION PLAN		
													Actions to minimise risk TO DO	Action Owner	Completion Date
22	Active	UHI Common Risk	Governance Failure.	Governing body does not have an appropriate balance of skills and experience. Role of a governor/director is onerous and it is difficult to attract a broad range of high calibre individuals to serve for non-remunerated roles	Recent advertisements for new members have attracted few applications	Chair, Board of Management	3	3	9	<ul style="list-style-type: none"> Recruitment process robust, transparent and open. Skills matrix approach in place. Networking/proactively encouraging diversity of applicants. 	4 (2,2)	↔			
23	Active	UHI Common Risk	Poor Student Experience	Poor college estate. Dispersed campus with limited facilities for social interaction. Technology failures. Limited teaching/library resources.	Poor performance in national student satisfaction surveys. Reputational damage. Impact on ability to recruit future cohorts. Risk to core income streams.	Chief Operating Officer	3	2	6	<ul style="list-style-type: none"> Partnership approach with HISA Continuous student engagement, feedback and dialogue. 	4 (2,2)	↔			
24	Active	UHI Common Risk	Institutional, personal and sensitive data is corrupted, lost, stolen or misused or services are disrupted through malicious and illegal activities by external individuals or bodies.	Poor IT security measures. Equipment with security holes. Poor patching regime. Anti-virus is not up-to-date and comprehensive. Firewalls are configured incorrectly. Coordinated DDOS attack on university infrastructure. Increasing number of security alerts. DDOS attacks on UK academic institutions up to 527 in 2015 - Janet CSIRT. Increase in cyber-attacks such as ransomware reported in national media.	Information Commissioner fine of up to £500k. Adverse press coverage. Loss of confidence by regulators, stakeholders and HE sector. Ransomware encryption has been detected on UHI network.	Principal	4	4	16	<ul style="list-style-type: none"> Firewalls and filters updated regularly. Anti virus software on all corporate devices. UHI protocols applied and adhered to. Passwords changed regularly. 	12 (3,4)	↔			

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

LIKELIHOOD CRITERIA

TIMESCALE 3 YEARS

Score	Descriptor	Probability
5 - Almost Certain	More than likely – the event is anticipated to occur	>80%
4- Likely	Fairly likely – the event will probably occur	61-80%
3 - Possible	Possible – the event is expected to occur at some time	31-60%
2 - Unlikely	Unlikely – the event could occur at some time	10-30%
1 - Very Rare	Remote – the event may only occur in exceptional circumstances	<10%

IMPACT – CRITERIA

TIMESCALE 3 YEARS

Score	Descriptor	Financial	Operational	Reputational (need to link to communications process for incident management)
5 - Catastrophic	A disaster with the potential to lead to: <ul style="list-style-type: none"> • loss of a major UHI partner • loss of major funding stream 	> £500,000 or lead to likely loss of key partner	<ul style="list-style-type: none"> • Likely loss of key partner, curriculum area or department • Litigation in progress • Severe student dissatisfaction • Serious quality issues/high failure rates/major delivery problems 	<ul style="list-style-type: none"> • Incident or event that could result in potentially long term damage to UHI's reputation. Strategy needed to manage the incident. • Adverse national media coverage • Credibility in marketplace and with stakeholders significantly undermined.
4 - Major	A critical event which threatens to lead to: <ul style="list-style-type: none"> • major reduction in funding • major reduction in teaching/research capacity 	£250,000 - £500,000 or lead to possible loss of partner	<ul style="list-style-type: none"> • Possible loss of partner and litigation threatened • Major deterioration in quality/pass rates/delivery • Student dissatisfaction 	<ul style="list-style-type: none"> • Incident/event that could result in limited medium – short term damage to UHI's reputation at local/regional level. • Adverse local media coverage • Credibility in marketplace/with stakeholders is affected.
3 - Significant	A Significant event, such as financial/ operational difficulty in a department or academic partner which requires additional management effort to resolve.	£50,000 - £250,000	<ul style="list-style-type: none"> • General deterioration in quality/delivery but not persistent • Persistence of issue could lead to litigation • Students expressing concern 	<ul style="list-style-type: none"> • An incident/event that could result in limited short term damage to UHI's reputation and limited to a local level. • Criticism in sector or local press • Credibility noted in sector only
2 - Minor	An adverse event that can be accommodated with some management effort.	£10,000 - £50,000	<ul style="list-style-type: none"> • Some quality/delivery issues occurring regularly • Raised by students but not considered major 	<ul style="list-style-type: none"> • Low media profile • Problem commented upon but credibility unaffected
1 - Insignificant	An adverse event that can be accommodated through normal operating procedures.	<£10,000	<ul style="list-style-type: none"> • Quality/delivery issue considered one-off • Raised by students but action in hand 	<ul style="list-style-type: none"> • No adverse publicity • Credibility unaffected and goes un noticed

Note: Select criteria most appropriate. Use highest score if more than one criterion applies.

RISK MAP (for Gross risk & residual risk)

TIMESCALE 3 YEARS

IMPACT					
5 - Catastrophic	5	10	15	20	25
4 - Major	4	8	12	16	20
3 - Significant	3	6	9	12	15
2 - Minor	2	4	6	8	10
1 - Insignificant	1	2	3	4	5
	1 -Very Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Almost Certain
LIKELIHOOD					

Attention should also be paid to risks that are very rare or unlikely that could cause a catastrophic impact.

Paper for Consideration

Subject: Health and Safety Risk Management Profile - January 2018 – six month review

Author: Head of HR and OD

Date of paper: 20 February 2018

Date of meeting: 27 February 2018

Action requested of committee:

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

Cost implications:

(Tick as appropriate) Yes: No:

Executive Summary:

The Health and Risk Management Profile shows the 'impact' and 'likelihood' position for risks as at January 2018.

Information recorded in College minutes and papers is subject to release under the Freedom of Information (Scotland) Act 2002 (FOI(S)A). Certain exemptions apply: financial information relating to procurement items still under tender, legal advice from College lawyers, items related to national security.

Status of Papers **Open** **Closed**

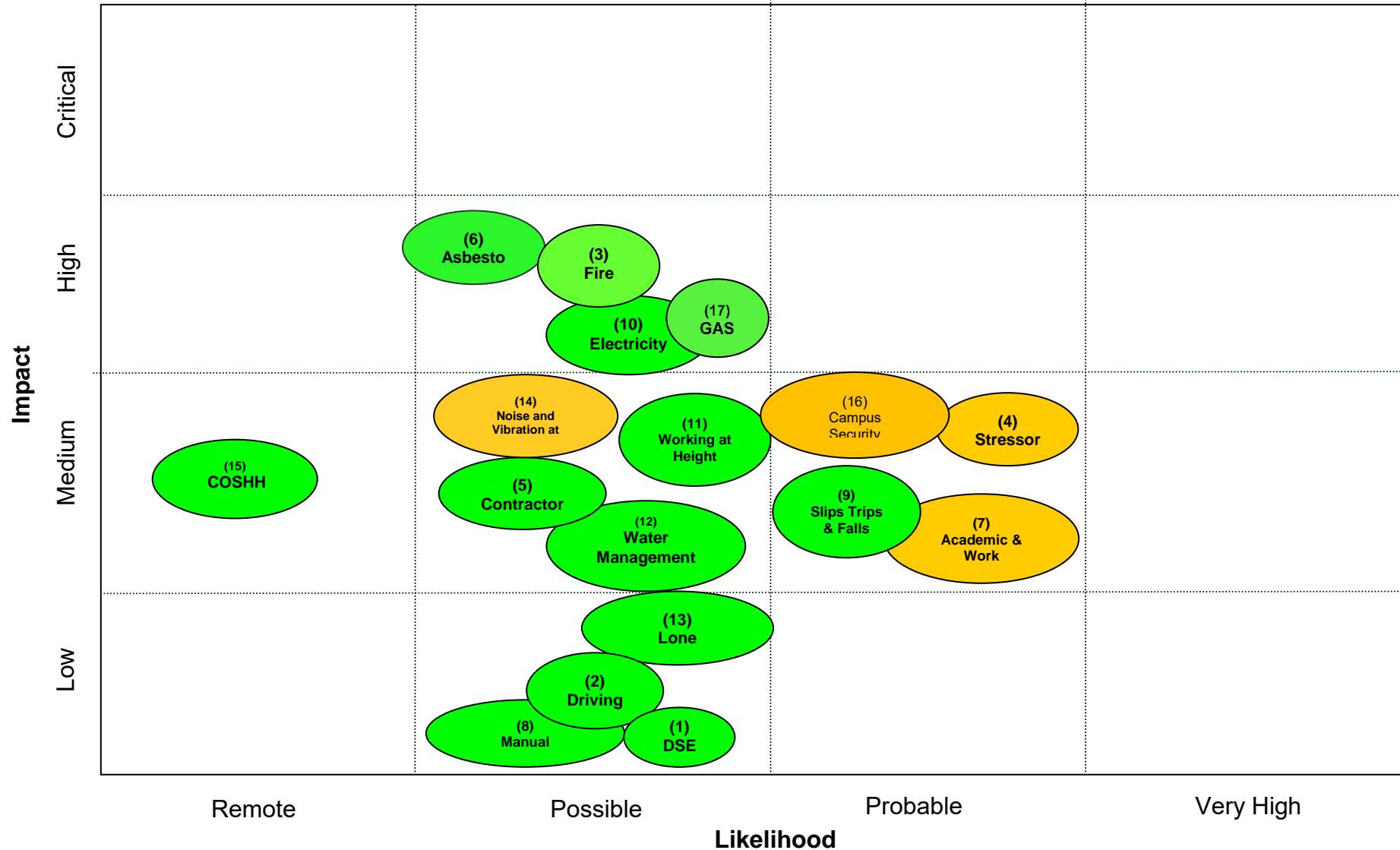
An **open** item is one over which there would be no issues for the College in releasing the information to the public in response to a freedom of information request.




A **closed** item is one that contains information that could be withheld from release to the public because an exemption under the Freedom of Information (Scotland) Act 2002 applies.

The College may also be asked for information contained in minutes and papers about living individuals, under the terms of the Data Protection Act 1988.

Do the papers contain items which may be contentious under the terms of the Data Protection Act 1988? **Yes** **No**

Health and Safety Risk Management Profile: January 2018



-  Means risk is accepted and further controls could still be created if felt justified.
-  Means we are not comfortable with the risk but have future actions planned to reduce the risk which will reduce the risk to an acceptable level in a reasonable timeframe.
-  Means we are not comfortable with this risk and either there are no actions planned or that any which are will not reduce the risk to an acceptable level in a reasonable timeframe.

Impact and Likelihood Scales 2017

The following Impact and Likelihood Scales are being used to provide consistency when assessing Health and Safety exposures. They are based on current controls and historical data and take account of any foreseen changes to legislation and/or operating conditions.

Impact Scale	Likely Outcome
Critical	Incidents/Injuries that result in over 6 months absence, long term disability and/or fatality. Breach in legislation.
High	Incidents/Injuries that result in absence between 30 days and 6 months. Breach in legislation.
Medium	Incidents/Injuries which are RIDDOR reportable and/or result in absence between 7 and 30 days. Breach in legislation.
Low	Incidents/Injuries which are not RIDDOR reportable and/or result in absence up to 7 days. Breach in legislation.

Likelihood Scale
Very High – will definitely happen every time
Probable – it could happen and not just once
Possible – it could happen at some given time
Remote – very unlikely to happen

Details of Risk

Each risk has been categorised and allocated a main reference eg HS1 for Display Screen Equipment, HS6 for Asbestos. This reference continues with the Control Measures which are numbered consecutively. Planned Control Measures are referenced with “P” until complete and the Control Measure is then transferred to the “In Place” column where the “P” is removed.

The Health & Safety Committee will review the profile quarterly.
The Audit Committee will review the profile every 6 months.

Details of Risk

Reference	Risk	Risk Level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at Jan 2018 on review of Control Measures/Actions Taken – no change	
		Impact	Likelhd		In Place	Planned		Impact	Likelhd
HS1	Display Screen Equipment (DSE)	Musculoskeletal disorders. Stress.	Low	Possible	Staff Absence. Claim for compensation. Reported problems to Line Manager/H&S Officer. Litigation.	<p>In Place</p> <p>HS1.1 Health and Safety Policy.</p> <p>HS1.2 DSE Self- Assessment Forms with guidance.</p> <p>HS1.3 Mandatory on-line H&S training.</p> <p>HS1.4 Staff H&S Handbook issued to new staff.</p> <p>HS1.5 Occupational Health assessment for new staff, if required, within one month, and current staff if required within two months following completion of DSE self- assessment form.</p> <p>HS1.6 H&S included in staff induction session</p> <p>HS1.7 Staff provided with ergonomic equipment as required</p> <p>HS1.8 Annual reminder from H&S Officer to staff and managers re review of DSE Risk Assessment, particularly of changes to work station.</p>	Planned		

Reference	Risk	Risk Level as at Feb 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at Jan 2018 on review of Control Measures/Actions Taken – no change	
		Impact	Likelhd		Impact	Likelhd		Impact	Likelhd
HS2	Driving for Work	Inclement weather. Vehicle breakdown. Accident. Insufficient training for vehicle type. Illegal driving. Driver fatigue. Medical condition. Un-road worthy vehicle.	Low	Possible	Accident/Incident Reports. Sickness Absence figures. Insurance claims. Emergency Services Reports. Speeding Fines. Prosecution eg invalid licence	In Place HS2.1 All Staff who drive a college vehicle for work complete Motor Insurance Declaration form. HS2.2 Copy of driving licence held by Property Secretary for all staff driving hired vehicles on College business. HS2.3 Any staff driving minibus must prove possess D1 or equivalent and undertake College MIDAS training and obtain certificate. HS2.4 Fork lift and tractor certificated/trained drivers. HS2.5 Vehicle booking form completed on line with drop down list of eligible drivers. HS2.6 Electronic copy of vehicle booking form passed to Property Secretary for checking. HS2.7 Driving for Work Policy in place. HS2.8 M.V. Technician carries out weekly/monthly checks on all College vehicles (including long-term hire). HS2.9 General vehicle winter checklist issued to all staff. HS2.10 Risk assessments for driving activities completed and centrally held by H&S Officer.	Planned		

Reference	Risk	Risk Level as at Nov 2015		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at Jan 2018 on review of Control Measures/Actions Taken—no change	
		Impact	Likelhd		Impact	Likelhd			
HS3	Fire	Mains gas. Cylinder gas. Electrical equipment. Electrical installation. Catering activities. Welding areas. Motor vehicle spraybooth. Fire-raising. Flammables. Combustibles. Student Residences.	High	Possible	Burns. Smoke inhalation. Injury/death. Explosion. Fire entrapment leading to injury/death/prosecution. Insurance claims. Emergency Services Reports. Sickness absence. Accident/Incident Reports. Accident Investigations. Prosecution.	In Place	Planned		
					<p>HS3.1 Fire Marshals and Duty Fire Officers in place for all locations during standard business hours.</p> <p>HS3.2 Guidance in H&S Staff Handbook issued to new staff and on PerthNet.</p> <p>HS3.3 Fire Drill at least twice per year.</p> <p>HS3.4 Fire Risk Assessment completed for all buildings and reviewed by H&S Officer.</p> <p>HS3.5 Fire/Emergency Evacuation Training completed by Evacu Team.</p> <p>HS3.6 Workplace Inspection.</p> <p>HS3.7 Fire fighting equipment.</p> <p>HS3.8 Relevant staff trained in use of fire -fighting equipment</p> <p>HS3.9 Evening Sign-in Register. Automatic pop-up message reminder on staff PC screen.</p> <p>HS3.10 Visitor sign-in register.</p> <p>HS3.11 Visitor badge provides evacuation information, and visitor information leaflet contains key H&S information.</p> <p>HS3.12 Fire alarm system installed in all College buildings.</p> <p>HS3.13 Fire notices in all rooms and at exits.</p> <p>HS3.14 Safe Fire Assembly points.</p> <p>HS3.15 Written information provided for external lets.</p>				

Reference	Risk	Risk Level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at Jan 2018 on review of Control Measures/Actions Taken - no change	
		Impact	Likelhd		Impact	Likelhd			
HS3 contd	Fire contd	High	Possible		In Place HS3.16 Fire Emergency Evacuation Procedure revised and in place and available on web. H&S Officer finalised VLE training for Fire & Emergency Evacuation Procedure – mandatory training for all staff to complete. HS3.17 On-call Duty Manager system in place for evening opening. HS3.18 Automatic fire door closures in high risk areas. HS3.19 Duty Wardens on site at Student Residences at all times. HS3.20 Heat and smoke detectors in Student Residences. HS3.21 Fire control panel in Student Residences reception. HS3.22 Mandatory on-line H&S which covers fire safety. HS3.23 Regular Fire Marshall meetings. HS3.24 Annual Fire Action Plan in place and monitored and updated each year along with review of risk assessments	Planned			

Reference	Risk	Risk Level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at Jan 2018 on review of Control Measures/Actions Taken - updated	
		Impact	Likelhd		Impact	Likelhd			
HS4	Stressors in the Workplace	Medium	Probable	Staff Sickness Absence. Staff Survey. Claim for compensation. Poor performance. Employment Tribunal claim.	In Place	Planned	December 2017		
					HS4.1 Occupational Health referral and confidential independent counselling service.	HS4.8P College working towards Gold Award for Healthy Working Lives. This was achieved December 2017.			
					HS4.2 Occupational Health appointments available.	HS4.12P H&S Officer developed occupational stress risk assessment framework – draft discussed at H&S Comm meeting in Sept 16 and working group to be set up to review and finalise. Update next H&S Comm from H&S Officer. To be developed with HR team to be all encompassing.	1 st H&S Comm meeting 17/18		
					HS4.3 Sickness absence procedures.				
					HS4.4 An assessment of stressor triggers via staff survey.				
					HS4.5 Training/awareness events throughout academic year.				
					HS4.6 Phased return to work following sickness absence.				
					HS4.7 Professional reviews for all staff.			1 st H&S Comm meeting 17/18	
					HS4.8 Bronze and Silver award for Healthy Working Lives – 3-yearly staff wellbeing survey.	HS4.13P Managers who attended training, provided feedback on how to roll out stress questionnaire and H&S Officer incorporate this into a suggested process to discuss with a working group to review, finalise and then H&S Officer to implement. H&S Officer to report back on progress to next H&S Comm. Part of above development.			
					HS4.9 Stress Management Policy in place				
					HS4.10 On-line stress management training module				
					HS4.11 Flexible Working Policy in place				
					HS4.12				
					HS4.13 Management soft skills training to address stress management standards				

Reference	Risk	Risk Level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at Jan 2018 on review of Control Measures/Actions Taken – no change	
		Impact	Likelhd		Impact	Likelhd			
HS5	Contractors	Contractors do not comply with College safety measures and cause injury/death to persons or damage to property/equipment.	Medium	Possible	Accident/Incident Reported. Sickness Absence. H&S Officer observations/inspections. Litigation.	In Place	Planned		
					<p>HS5.1 All contractors must sign Visitors Book and are issued with Visitor Badge.</p> <p>HS5.2 Contractor must have a Certificate of Employer's and Public Liability.</p> <p>HS5.3 Contractors receive a H&S induction to be made aware of College safety rules.</p> <p>HS5.4 All contractors complete a health and safety questionnaire for pre-tender of planned works.</p> <p>HS5.5 Permit to Work issued to contractors when required.</p> <p>HS5.6 Health and Safety Officer attends pre-planning meetings for tendered works.</p> <p>HS5.7 Under CDM Regulations, a CDM Co-ordinator appointed as required.</p> <p>HS5.8 Managing Contractors On Site Checklist to ensure induction carried out, and risk assessments, method statements, permit to work, liability certificates etc are all in order.</p> <p>HS5.9 H&S Officer and Estates Officer meet to plan on-site contractors activities and inspect/observe contractors working practices to ensure safety standards are met.</p> <p>HS5.10 Management of Contractors Policy – in place</p>				

Reference	Risk	Risk level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at Jan 2018 on review of Control Measures/Actions Taken – no change	
		Impact	Likelhd		Impact	Likelhd			
HS6	Asbestos	Risk of employees / contractors coming into contact with and inhalation of asbestos fibres.	High	Possible	Asbestos related diseases. Asbestos contamination and resultant disruption. Staff sickness. Claims for compensation.	In Place Planned			
					<p>HS6.1 Asbestos Policy in place</p> <p>HS6.2 Asbestos Register held in Estates Office and updated as asbestos is removed.</p> <p>HS6.3 Approved contractors used for asbestos removal.</p> <p>HS6.4 All College staff email to advise when asbestos removal is taking place.</p> <p>HS6.5 All contractors advised of any asbestos at induction.</p> <p>HS6.6 Asbestos removal programme in place to ensure all remaining asbestos is minimised in all College owned premises. Annual review of progress.</p> <p>HS6.7 Full asbestos survey completed in April 2014</p> <p>HS6.8 Permit to Work System as per contractors checklist.</p> <p>H6.9 Asbestos awareness delivered to relevant staff.</p>				

Reference	Risk	Risk level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at Jan 2018 on review of Control Measures/Actions Taken – updated		
		Impact	Likelhd		Impact	Likelhd				
HS7	Academic and Work Equipment	Risk of injury or death caused by poorly maintained and/or faulty equipment, including plant, tools, machinery, vehicles, ICT and office equipment.	Medium	Probable	<p>Accident/Incident/Near Miss statistics. Maintenance/Service Reports. Breakdown of Equipment. Sickness Absence. Claim for compensation. Enforcing Authority notice.</p>	<p>In Place</p> <p>HS7.1 Academic and Work Equipment (including PAT) Register put in place by Head of Estates for effective service/maintenance and legal compliance</p> <p>HS7.2 Head of Estates has rolling programme of works to ensure legal compliance and acceptable standards of maintenance</p> <p>HS7.3</p> <p>HS7.4 Hazard Report card in place.</p> <p>HS7.5 Risk Assessments in place and reviewed as appropriate.</p> <p>HS7.6 Statutory inspections for pressure systems, gas safety, lifting equipment, local exhaust ventilation.</p> <p>HS7.7 Occupational health checks.</p> <p>HS7.8 PAT testing.</p> <p>HS7.9 Spot Audit/ workplace inspections.</p> <p>HS7.10 All relevant staff complete Risk Assessment training.</p> <p>HS7.11 Accident/Incident investigation by Health and Safety Officer to prevent re-occurrence.</p> <p>HS7.12 Procedure in place for HR to advise Health and Safety Officer any staff off sick due to work related absence.</p> <p>HS7.13</p>	<p>Planned</p> <p>HS7.3P Risk assessments and training put in place for all high risk activities by H&S Officer – priorities identified: Joinery, Horti, Estates, Engineering. Most risk assessment uploaded to PerthNet. H&S Officer to provide update to next H&S Comm. New appointment will review.</p> <p>HS7.13P H&S Officer to review, revise and re-issue H&S Checklist for External Lets – in progress and updated with PAT section. Draft to be taken to June 17 CMT and H&S Officer to update next H&S Comm. New appointment will review.</p>	<p>1st H&S Comm meeting 17/18</p> <p>1st H&S Comm meeting 17/18</p>		

Reference	Risk	Risk level as at Nov 2015		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at Jan 2018 on review of Control Measures/Actions Taken – no change	
		Impact	Likelhd					Impact	Likelhd
HS8	Manual Handling Operations	Injuries as a result of poor manual handling techniques	Low	Possible	Accident Reports. Sickness Absence. Requests for mechanical aids. Claims for injuries.	In Place HS8.1 Risk Assessments in place. HS8.2 Training in manual handling operations provided for staff. HS8.3 H&S Officer reviews risk assessments for manual handling activities. HS8.4 Manual Handling Policy in place	Planned		

Reference	Risk	Risk level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at Jan 2018 on review of Control Measures /Actions Taken – no change	
		Impact	Likelhd		Impact	Likelhd			
HS9	Slips, Trips and Falls	Injury as a result of exposure to slips, trips and fall hazards in the internal and external working environment	Medium	Probable	Accident/Incident Reports. Sickness Absence Records. Insurance claims.	In Place HS9.1 Caretaker on site 5.45am-10.30pm. HS9.2 Dedicated Property Helpdesk telephone to report repairs and maintenance. HS9.3 Repair and maintenance team in place. HS9.4 Caretaker Assistance form can be completed on intranet by all staff. HS9.5 Signage/barriers available and used. HS9.6 College owned tractor with plough and salt spreader for snow clearing and gritting. HS9.7 Grit bins and salt storage located across campus. HS9.8 Manual gritting of paths and steps. HS9.9 Grounds maintenance contractor in place. HS9.10 Floor mats in place at building entrances cleaned and replaced weekly. HS9.11 Record of autumn and winter ground maintenance. HS9.12 Designated Day Cleaner also on call to deal with spillages promptly. HS9.13 Workplace inspections. HS9.14 General Health & Safety on-line training for staff. HS9.15 Workplace risk assessments. HS9.16 Accident figures in relation to slips, trips and falls reviewed at H&S Comm HS9.17 Hazard Report card in use for staff and students. HS9.18 Handrails installed on external path HS9.19 Estates monthly checklist – to include back car park check	Planned		

Reference	Risk	Risk level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at Jan 2018 on review of Control Measures/Actions Taken – no change	
		Impact	Likelhd		Impact	Likelhd		Impact	Likelhd
HS10	Electricity and Gas (Utilities)	Burns Carbon monoxide poisoning Electrocution Explosion Fire Faulty equipment	High	Possible	Accident /Incident Reports. Sickness Absence. Insurance claims. Disruption to business continuity.	In Place HS10.1 Fixed Wiring Testing – rolling programme in place HS10.2 Portable Appliance Testing. HS10.3 College Electrician on site. HS10.4 Student induction on use of academic and personal equipment. HS10.5 Staff induction. HS10.6 Workshop Technicians complete visual inspections. HS10.7 Distributions Boards updated in Brahan and in Goodlyburn in line with 17 th edition of IEE (Institute of Electrical Engineers) Electricity at Work Regulations. HS10.8 Electricity at Work Policy in place HS10.9 Annual gas safety checks	Planned		

Reference	Risk	Risk level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at Jan 2018 on review of Control Measures/Actions Taken – no change	
		Impact	Likelhd		Impact	Likelhd		Impact	Likelhd
HS11	Working At Height	Injury from a fall from height, falling objects, and includes injury at below ground level.	Medium	Possible	Accident/Incident Reports. Sickness Absence. Insurance Claim	In Place HS11.1 Suitable equipment available. HS11.2 Relevant staff have received training. HS11.3 Signage and barriers available when required. HS11.4 Works timetabled for minimum disruption. HS11.5 Competent contractors used under tender process. HS11.6 Health and Safety Officer undertakes inspections and spot checks HS11.7 Specialist contractors for specific works eg chimney stack. HS11.8 Managing Contractors On Site Checklist with H&S induction, method statement etc HS11.9 Working at Heights Policy in place HS11.10 Working at Heights risk assessments in place. HS11.11 Health & Safety Officer delivers working at height training.	Planned		

Reference	Risk	Risk level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at Jan 2018 on review of Control Measures/Actions Taken – no change	
		Impact	Likelhd		Impact	Likelhd		Impact	Likelhd
HS12	Water Management	Contaminated water systems. Legionnaire's Disease	Medium	Possible	Sickness Absence. Water Temperature Monitoring Sheet. Bio Testing. Positive Sample Report.	In Place HS12.1 Water Temperature Monitoring in Brahan, Goodlyburn, Webster, Nursery, Learning Centres and Student Residences. HS12.2 Water tanks and pipes cleansed annually in Brahan, Goodlyburn, Webster, Nursery and Student Residences. HS12.3 Legionella Risk Assessments.. HS12.4 External consultancy providing required checks and College now fully compliant with L8 legionella legislation. HS12.5 Water Management Policy in place HS12.6 Three trained Responsible People on site	Planned		

Reference	Risk	Risk level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at Jan 2018 on review of Control Measures/Actions Taken – no change	
		Impact	Likelhd		Impact	Likelhd		Impact	Likelhd
HS13	Lone Working	Accidents/incidents when staff lone working.	Low	Possible	Accident/Incident Report. Insurance claim. Sickness Absence.	In Place	Planned		
						<p>HS13.1 Receptionist/ librarian/Learning Centre staff provided with personal alarms.</p> <p>HS13.2 CCTV monitors at campus reception areas and library</p> <p>HS13.3 Risk assessments in place for campus reception areas and learning centres</p> <p>HS13.4 Staff have pre-arranged check-in time whilst off site eg Work based assessors.</p> <p>HS13.5 Staff working late on-site must sign in at reception.</p> <p>HS13.6 College receptionist informs Line Manager if no text received from Learning Centre staff at Centre closing time.</p> <p>HS13.7 CALM training.</p> <p>HS13.8 Lone Working Policy in place.</p> <p>HS13.9 Lone Working training offered to staff (incorporating managing violence and aggression.)</p>			

Reference	Risk	Risk level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at Jan 2018 on review of Control Measures/Actions Taken – updated		
		Impact	Likelhd		Impact	Likelhd		Impact	Likelhd	
HS14	Noise and Vibration at Work	Noise induced hearing loss. Tinnitus. Upper limb disorder.	Medium	Possible	Sickness absence. Accident/incident reports. Occupational Health Reports. Compensation claims.	In Place HS14.1 Students and staff given information on safe noise levels. HS14.2 Students and staff required to wear ear protection in music practice rooms etc. HS14.3 Ear protection for staff and students in engineering and technical workshops. HS14.4 Risk assessments in place. HS14.5 Information posters in certain work areas. HS14.6 High spec moulded personal ear plugs provided to Music and Audio staff. HS14.7 Noise level measurement recorded in engineering workshops and music department HS14.8 Audiometry Testing for staff by Occupational Health HS14.9 Noise at Work policy in place HS14.10 Hand & Arm Vibration Syndrome (HAVS) Policy in place	Planned HS14.9P Awareness sessions to be developed and delivered to staff and students by H&S Officer – on-line module being developed for roll out from semester 1 17/18. New appointment will review HS14.10P H&S Officer to introduce Occ Health surveillance system and update at H&S Committee. New appointment will take forward.	December 17 December 17		

Reference	Risk	Risk level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at Jan 2018 on review of Control Measures/Actions Taken – updated		
		Impact	Likelhd		Impact	Likelhd		Impact	Likelhd	
HS15	Control of Substances Hazardous to Health (COSHH)	Dermatitis. Respiratory problems. Burns	Medium	Remote	Sickness Absence. Accident/Incident Reports. Occupational Health Reports. Compensation claims.	In Place HS15.1 COSHH Assessments in place. HS15.2 COSHH covered in staff induction. HS15.3 Occupational Health appointments. HS15.4 Skin care, hand wash and gloves provided. HS15.5 LEV in high risk areas. HS15.6 CoSHH Policy in place and training delivered	Planned HS15.6P Self-assessment skin checks to be put in place by H&S Officer – to be taken forward with new OH provider in 17/18 and report back to H&S Comm. New appointment will take forward. HS15.6P H&S Officer to develop and deliver COSHH risk assessment training and skin care training – on-going, a number of cleaner trained and aiming to have cleaners trained as 'responsible people' to help take this work forward. Update next H&S Comm New appointment will take forward.	December 2017 December 2017		

Reference	Risk	Risk level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at Jan 2018 on review of Control Measures/Actions Taken – updated			
		Impact	Likelhd		Impact	Likelhd		Impact	Likelhd		
HS16	Campus Security	Vandalism, graffiti, theft, violence and aggression, arson/wilful fire raising	Medium	Probable	<ul style="list-style-type: none"> • Fire damage • Theft • Graffiti on buildings • Property and equipment vandalised • Reported incidents 	<p>In Place</p> <p>HS16.1 Security: alarms & fire alarms</p> <p>HS16.2 CCTV at Reception & Library desks</p> <p>HS16.3 On-site Caretakers</p> <p>HS16.4 Evening & weekend security patrols</p> <p>HS16.5 Sign in/out system</p> <p>HS16.6 ID badges</p> <p>HS 16.7 Gates/doors locked in evening</p> <p>HS16.8 Lone Working Policy</p> <p>HS16.9 Security Audit</p> <p>HS16.10 CCTV link between Receptions</p> <p>HS17.10 11 internal and 8 external CCTV cameras at ASW</p> <p>HS17.12 Campus Security Policy in place</p>	<p>Planned</p> <p>HS17.12P:</p> <ul style="list-style-type: none"> - Training to be developed following finalisation and implementation of policy. - Explore 'lock-down'/zoned areas as appropriate and update H&S Comm - Update on any other actions at next H&S Comm by Head of Estates <p>New appointment will take forward.</p>	By end of Semester 1 17/18	1 st H&S Comm meeting 17/18		

Reference	Risk	Risk level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at Jan 2018 on review of Control Measures/Actions Taken - NEW	
		Impact	Likelhd		Impact	Likelhd		Impact	Likelhd
HS17	Gas (Utilities)	Burns Carbon monoxide poisoning Explosion Fire Faulty equipment	High	Possible	Accident /Incident Reports. Sickness Absence. Insurance claims. Disruption to business continuity.	In Place HS17.1 Annual gas safety checks	Planned		

Paper 6



Perth College UHI

**Internal Audit Progress Report
2017/18 Annual Plan**

27 February 2018

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

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

Audit Area	Planned reporting date	Report status	Report Number	Overall Conclusion	Audit Committee	Comments
IT Network Arrangements	March 2018	Draft 16/02/18 Final 19/02/18	2018/04	Satisfactory	27/02/18	
Equalities Mainstreaming	May 2018					
Follow Up Reviews	May 2018					

Perth College UHI

IT Network Arrangements

Internal Audit Report No: 2018/04

Draft Issued: 16 February 2018

Final Issued: 19 February 2018

LEVEL OF ASSURANCE

Satisfactory

Contents

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Level of Assurance

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

Gradings are defined as follows:

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

Action Grades

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

1. Overall Level of Assurance

Satisfactory

System meets control objectives with some weaknesses present.

2. Risk Assessment

This review focused on the controls in place to mitigate the following risks on the College's Risk Register:

- 6: Technology not fit for purpose. No replacement or upgrade of critical ICT and academic equipment (risk rating: medium);
- 12: Threats to Business Continuity (risk rating: medium); and
- 24: Institutional, personal and sensitive data is corrupted, lost, stolen or misused or services are disrupted through malicious and illegal activities by external individuals or bodies (risk rating: high).

3. Background

As part of the Internal Audit programme at Perth College UHI ('the College') for 2017/18 we carried out a review of the College's IT network arrangements. Our Audit Needs Assessment, completed in September 2015, identified this as an area where risk can arise and where internal audit can assist in providing assurances to the Board of Management and the Principal that the related control environment is operating effectively, ensuring risk is maintained at an acceptable level.

Responsibility for ensuring an efficient and effective Information and Communications Technology (ICT) service delivery to all staff and students within the College lies with the College's IT Service. This includes first level support over some of the main application systems used in the provision and maintenance of user access to the network. The IT Service is also responsible for purchasing and maintaining the servers upon which the applications are housed, the personal computers (PCs) and mobile devices used by staff and students and the network which connects them.

Perth College, like the other UHI Academic Partners, has its own subnet of the UHI local area network (LAN). Within this the College controls access to the data files and systems, with the exception of SITS which is hosted and owned by UHI. This means that any data held on the College servers or subnet is controlled by the College IT team. UHI cannot access the College data, with the exception of the student records database that sits within SITS.

Access to the outside world, or the wide area network (WAN) is controlled by UHI. i.e. any electronic traffic which enters or leaves the UHI LAN is controlled by UHI and so UHI is responsible for ensuring that adequate network perimeter defences are in place and that the integrity of the LAN is maintained.

4. Scope, Objectives and Overall Findings

ICT security is an important part in ensuring that business applications are available for use and that sensitive information cannot be accessed by unauthorised users. This audit reviewed the controls in place to ensure that ICT security is adequately managed in line with the latest guidance produced by National Cyber Security Centre (NCSC), the UK Government's national technical authority for information assurance.

We will also carry out a high-level review of the College's ICT Business Continuity and Disaster Recovery arrangements.

The table below notes each separate objective for this review and records the results:

Objective	Findings		
	1	2	3
The objective of our audit was to obtain reasonable assurance that adequate systems are in place covering:			
	No. of Agreed Actions		
1. Physical controls over access to network servers.	Good	0	0
2. Compliance with an acceptable usage policy, including for mobile technology and the use of social media.	Good	0	0
3. Logical access controls, including: <ul style="list-style-type: none"> checks to ensure user access and user functionality is appropriate; passwords; and procedures for setting up and revoking users. 	Satisfactory	0	3
4. Adequate review of change control (upgrades, patches) and emergency access.	Good	0	0
5. Review of system administrator actions.	Satisfactory	0	1
6. Monitoring of attempted unauthorised access.	Good	0	0
7. Identifying unlicensed software.	Good	0	0
8. Remote user security procedures.	Satisfactory	0	0
9. ICT Business Continuity and Disaster Recovery.	Good	0	0
Overall Level of Assurance	Satisfactory	0	1
		3	System meets control objectives with some weaknesses present

5. Audit Approach

From discussion with the College's IT Services Manager and the UHI IT Services Operations Manager, and review of documentation, we identified the systems and internal controls in place and compared these with expected controls. A walkthrough of key systems was then undertaken to confirm our understanding, and this was followed-up with compliance testing where considered necessary. We have reported on any areas where expected controls are found to be absent or where controls could be further strengthened.

6. Summary of Main Findings

Overall, the College IT team has a high awareness of ICT network security risks and this is reflected in the control environment which demonstrates good practice in most areas.

Strengths

- Access to server and communication rooms is adequately controlled and appropriate environmental controls are in place to protect equipment;
- Hardware and software inventories have been created;
- Vulnerability scans of the UHI network are conducted regularly by UHI, and both the College and UHI IT teams constantly monitor the health and activity on the ICT network;
- Processes are in place for applying updates and patches to all devices connected to the College network;
- The ICT architecture protects the College network through use of firewalls and prevents direct connections to untrusted external services and protects internal IP addresses;
- Penetration testing of the external boundaries is conducted annually by Janet for UHI and findings are used by UHI IT Services to address any security weaknesses;
- Management of user accounts is linked to the College's Human Resources led starter, leaver and change of role procedures;
- Network hardware is protected by an anti-virus solution which is updated daily and automatically scans for malware;
- All ICT equipment and removable media is scanned for malware when connected to the College network or networked equipment;
- Software is deployed across the network which monitors, amongst other things, the number of approved user licences and renewal dates;
- All upgrades, patches, hardware and software configurations which affect the UHI network, and therefore the Academic Partners local area network, are approved by the UHI Change Control Board; and
- The College uses a Citrix solution which allows staff remote access to College data and applications via a virtual desktop environment without accessing the Active Directory database directly, thereby reducing the risk of compromise of data security.

6. Summary of Main Findings (Continued)

Weaknesses

- There is no system in place for periodically reviewing ICT user account membership of groups to ensure that user access remains appropriate to their role;
- We identified several user accounts listed in Active Directory that had been set as disabled and having an assigned deletion date going as far back as 2014. This may be an indication that the leavers process is not working as intended, in that the deletion date is being identified but not actioned. Also, several test accounts were listed in Active Directory that were perhaps set up for a specific purpose at a point in time and are now no longer required. Accounts that are no longer required represent a potential security vulnerability and should be deleted;
- The current College and UHI password policy forces staff users to change their password every 90 days. Regular password changing harms rather than improves security as the user is likely to choose new passwords that are only minor variations of the old and carries no real benefits as stolen passwords are generally exploited immediately. We recommend that the College considers amending the password policy by replacing the forced rotation policy to a single use password and implementing the alternative controls such as notifying users of log-in attempts and blacklisting of the most common insecure and weak password choices;
- A single ICT network Administrator account is used by several members of the College IT team. This reduces accountability in the event of any unauthorised actions being made using the Administrator account, accidental or otherwise. It is standard practice for each member of an IT team that requires privileged rights to have their own Administrator account; and
- There is unrestricted use of email / internet on the Administrator account. It is good practice for Administrator privileges to be assigned to separate accounts from the day-to-day accounts used by those staff, including email and internet. This reduces the likelihood of a compromise of administrator credentials if, for example, the PC of an Administrator is compromised by malware.

7. Acknowledgements

We would like to take this opportunity to thank the College and UHI IT staff who helped us during the course of our audit.

8. Findings and Action Plan

Objective 1: Physical controls over access to network servers.

During our review we undertook an inspection of the College's main ICT server and communications rooms to ensure that critical ICT hardware is adequately protected from both physical and environmental risks. We did not identify any significant dangers to the ICT hardware and we were satisfied that the College has taken all reasonable security measures to ensure that these are protected from unauthorised access.

Objective 2: Compliance with an acceptable usage policy, including for mobile technology and the use of social media.

The College has recently adopted the UHI Partnership Information Security Acceptable Use Policy (AUP) which was approved and issued in February 2017. Staff have access to the AUP via the College's staff portal which can be accessed on the College website. There is no specific requirement for staff to acknowledge or accept the terms of the AUP, by way of on-screen pop-up for example, however staff have been made aware of the policy and all staff are required to comply with all of the College's policies and procedures under the terms of their employment. The AUP is also available to students on the College's website, which they are made aware of during induction.

Separate social media guidelines have been issued to staff and students.

The AUP states that where there is an indication that the AUP is not being followed then this will be investigated and may result in disciplinary action. The College does not use any specialist network tools in order to monitor compliance with the AUP, however we did identify alternative controls in place, including:

- The College uses the OpenDNS network connection which has in-built internet content filtering activated to block access to inappropriate material. Port / proxy server restrictions are also in place to reduce risk of circumvention of controls;
- The College's social media sites are monitored by marketing and academic staff;
- The email system has filters enabled;
- Bring Your Own Device (BYOD) connections are segregated from the College network by firewalls, e.g. separate WiFi networks for students and guests which restrict access to the internet only; and
- The College is in the progress of implementing BitLocker endpoint encryption for PCs / laptops.

Objective 2: Compliance with an acceptable usage policy, including for mobile technology and the use of social media. (continued)

All mobile devices issued by the College, such as smartphones and laptops, are encrypted by IT Services before being issued. Staff are encouraged to use encrypted USBs however this is not yet fully enforced by policy and our review found that there are currently limited restrictions in place regarding the use of USB devices. Staff can currently write to USBs but the College has put plans in place to reconfigure network permissions to ensure that staff can only write to USBs if the devices are encrypted. We asked management to consider whether further restrictions on USB devices could be implemented by applying centrally managed controls whereby USB ports on all devices are locked by default and only allow access where approved by IT Services. However, management advised that it was not deemed practical to “lock” all USB ports as so many peripheral devices require these and we received assurances from management that they had confidence that there are systems in place which isolate infected files; with virus scanners updated several times a day.

Objective 3: Logical access controls, including:

- ◆ checks to ensure user access and user functionality is appropriate;
- ◆ passwords; and
- ◆ procedures for setting up and revoking users.

To ensure a consistent approach is adopted across the UHI IT network, all Academic Partners, including the College, have adopted the UHI suite of ICT policies and procedures. This includes adopting the UHI password policy which is enforced across the Academic Partners through Active Directory. This is a database that keeps track of all user accounts and passwords in the College and allows the College to store user accounts and passwords in one protected location, thereby improving security.

Observation	Risk	Recommendation	Management Response		
<p>The College has procedures and controls in place that ensure that when an employee starts, leaves or changes their employment, their access rights to IT services are immediately reviewed and appropriate action is promptly taken. This is a Human Resources (HR) driven process, who notify IT Services of any changes through raising an IT Helpdesk request for action. IT staff assign users to student or staff group profiles with permissions based on systems access requirements or job role. Our review noted that there is no periodic checking of Active Directory accounts to ensure that permissions remain appropriate for job roles.</p> <p>Notification of employee leave dates are provided by HR to IT Services who ensure that accounts are automatically disabled from that date. We found that there is no annual review conducted of user accounts to ensure that active accounts are still required based on HR records.</p>	<p>Staff changes are not notified to IT Services resulting in staff having inappropriate or unauthorised access to data on the College network.</p>	<p>R1 Consider implementing additional controls whereby HR issue monthly reports on joiners, leavers and staff that have changed role to departmental leads and ask them to confirm membership based on departmental composition and job roles. Any amendments would then be notified to HR who would in turn notify IT by raising a Helpdesk ticket.</p>	<p>We are happy to work on this basis. ICT is currently notified on starters and leavers (frequency and timings of this may need scrutiny) but additionally “movers” information is required systematically to ensure that privileged access is either enabled or disabled appropriately when staff change roles.</p> <p>To be actioned by: Susan Hunter, Head of HR</p> <p>No later than: 1 May 2018</p> <table border="1" data-bbox="1686 1331 2098 1428"> <tr> <td data-bbox="1686 1331 1895 1428">Grade</td> <td data-bbox="1895 1331 2098 1428">3</td> </tr> </table>	Grade	3
Grade	3				

Objective 3: Logical access controls, including:

- ◆ checks to ensure user access and user functionality is appropriate;
- ◆ passwords; and
- ◆ procedures for setting up and revoking users (continued).

Observation	Risk	Recommendation	Management Response		
<p>We identified several user accounts listed in Active Directory that had been set as disabled and having an assigned deletion date going as far back as 2014. This may be an indication that the leavers process is not working as intended, in that the deletion date is being identified but not actioned. Also, several test accounts were listed in Active Directory that were perhaps set up for a specific purpose at a point in time and are now no longer required.</p>	<p>Accounts that are no longer required represent a potential security vulnerability as they can be exploited and should be deleted.</p>	<p>R2 In order to maintain the security of the Active Directory environment undertake a review of user accounts and delete disabled accounts and test accounts that are no longer required.</p>	<p>Agreed that a process is required to identify disabled accounts and seek permission to delete. There are a number of reasons why these may not be deleted but more rigour is required.</p> <p>To be actioned by: Steve Douglas, IT Manager</p> <p>No later than: 1 June 2018</p>		
			<table border="1"> <tr> <td data-bbox="1686 1137 1895 1249">Grade</td> <td data-bbox="1895 1137 2101 1249" style="background-color: #76b82a; color: white; text-align: center;">3</td> </tr> </table>	Grade	3
Grade	3				

Objective 3: Logical access controls, including:

- ◆ checks to ensure user access and user functionality is appropriate;
- ◆ passwords; and
- ◆ procedures for setting up and revoking users (continued).

Observation	Risk	Recommendation	Management Response		
<p>Regular password changing harms rather than improves security, so the College should avoid placing this requirement on users. However, users should change their passwords on indication or suspicion of compromise. The current College and UHI policy is to force staff users to change their password every 90 days. Students are required to change passwords at first use but are not forced to rotate thereafter. Regular forced changes impose burdens on the user, who is likely to choose new passwords that are only minor variations of the old and carries no real benefits as stolen passwords are generally exploited immediately. Long-term illicit use of compromised passwords is better combated by:</p> <ul style="list-style-type: none"> • monitoring logins to detect unusual use; • notifying users with details of attempted logins, successful or unsuccessful; and • blacklist the most common password choices, e.g. 123456 	<p>Current password policy may encourage the use of insecure passwords.</p>	<p>R3 Discuss with UHI how the existing password policy can be amended by replacing the forced rotation policy with a single use password and implementing alternative controls such as notifying users of log-in attempts and blacklisting of the most common insecure and weak password choices.</p>	<p>The discussion around forced change of password is ongoing with our partners who are in control of the process.</p> <p>Complex passwords are already required.</p> <p>We have raised the profile of password security etc. through the intranet and will highlight this at induction.</p> <p>To be actioned by: Dawne Hodgkinson, International and Corporate Services Director (in conjunction with EO)</p> <p>No later than: 1 June 2018</p> <table border="1" data-bbox="1630 1241 2101 1345"> <tr> <td data-bbox="1630 1241 1854 1345">Grade</td> <td data-bbox="1854 1241 2101 1345" style="background-color: #92d050;">3</td> </tr> </table>	Grade	3
Grade	3				

Objective 4: Adequate review of change control (upgrades, patches) and emergency access.

All upgrades, patches, hardware and software configurations which affect the UHI network, and therefore the Academic Partners local area network, are approved by the UHI Change Control Board. Where applicable, upgrades and patches are applied weekly. Any changes approved by the Change Control Board affecting the Academic Partners' systems are notified to each partner in advance.

The College and UHI network is based around Microsoft windows systems and associated servers. For Microsoft applications all patches and updates for windows and Active Directory are pre-tested by Microsoft to ensure no bugs are present before being made available for download to Microsoft enabled devices. Patches and updates are then downloaded directly to the network servers. UHI IT Services also review notifications of all other systems updates and patches which are applied across the network once they have been reviewed and tested.

Procedures are in place to ensure that all network connected devices are regularly updated with the latest anti-virus and security updates. There are a number of devices, such as laptops used by students in classrooms, which are not regularly used and therefore these devices are at increased risk of not having the latest ant-virus and security protection in place. In order to mitigate this risk, IT Services ensure that such devices are updated during the College winter and summer breaks. Additionally, anti-virus is configured to automatically scan all devices at point of connection to the College network. Anti-virus software is applied by UHI across the UHI network and is updated daily.

Where external contractors are required to undertake systems maintenance, separate user accounts are created by IT Services which ensure that access to services and data is restricted. Contractor accounts are disabled when no longer required.

Objective 5: Review of system administrator actions.

Senior members of IT Services, who are responsible for the maintenance and configuration of the College ICT infrastructure, have been allocated administrator privileges. The IT Services Manager approves the use of the administrator accounts. Full audit trails of IT Services staff actions are available through the Systems Centre Configuration Manager (SCCM) software.

Observation	Risks	Recommendation	Management Response		
<p>A single ICT network Administrator account is used by several members of the College IT team. This reduces accountability in the event of any unauthorised actions being made using the Administrator account, accidental or otherwise. It is standard practice for each member of an IT team that requires privileged rights to have their own Administrator account.</p> <p>There is unrestricted use of email / internet on the Administrator account. It is good practice for Administrator privileges only to be assigned to separate accounts from the day-to-day accounts used by those staff, including email and internet. This reduces the likelihood of a compromise of administrator credentials if, for example, the PC of an Administrator is compromised by malware.</p> <p>It is good security practice to ensure that:</p> <ul style="list-style-type: none"> • separate Administrator accounts are created for each member of the IT team; • Administrator accounts are not used for day-to-day activities such as web browsing and checking email; and • that Administrator accounts are renamed and do not include 'Admin' in the title to make them less obvious to hackers. 	<p>Shared use of Administrator accounts reduces accountability in the event of any unauthorised actions being made using the account.</p> <p>Attackers make unauthorised use of administrative privileges to discover and compromise sensitive data.</p>	<p>R4 Ensure that:</p> <ul style="list-style-type: none"> • separate Administrator accounts are created for each of the members of the networking team; • Administrator accounts are not used for day-to-day activities such as web browsing and checking email; and • Administrator accounts are renamed and do not include 'Admin' in the title so that the purpose of the account is less obvious to hackers. 	<p>Agreed to separate admin accounts for each of the networking team.</p> <p>Administrators do not currently use their admin accounts for day to day activity</p> <p>Admin account titles to be changed.</p> <p>To be actioned by: Steve Douglas, IT Manager</p> <p>No later than: 1 April 2018</p> <table border="1" data-bbox="1673 1273 2101 1369"> <tr> <td data-bbox="1673 1273 1877 1369">Grade</td> <td data-bbox="1883 1273 2101 1369">2</td> </tr> </table>	Grade	2
Grade	2				

Objective 6: Monitoring of attempted unauthorised access.

Logs are maintained and reviewed of all external access attempts made to the UHI network.

Scanning software is active across the UHI local area network (LAN) which scans activity passing through all open IP addresses and ports, both between UHI and each Academic Partner and through the external boundary firewalls. Reports are run weekly and reviewed by UHI IT Services. In addition, penetration testing of external boundaries is conducted periodically by Janet, which is a high-speed network for the UK research and education community. Random internal scanning of networked devices is also performed by UHI IT Services. Where vulnerabilities are identified an IT Service desk ticket is raised at UHI and depending on where the vulnerability is located the issue is dealt with by either UHI or passed to the IT team at the appropriate Academic Partner affected. Both the College IT Services and UHI IT Services teams constantly monitor the health and activity on the College sub-network and UHI wide network.

Objective 7: Identifying unlicensed software.

The IT Services Manager is responsible for purchasing or renewing software licences. SCCM software deployed across the network, which monitors, amongst other things, the number of approved user licences and renewal dates. SCCM automatically detects the number of users using the software at any one time and would alert IT staff when limits are reached. Microsoft licensing for servers means that any users exceeding the licensing agreement are simply denied access to the service. Software providers also remind the College of its need to renew licences which prompts the renewal of existing licences and ensures that the College has valid licenses in place.

SCCM performs checks on individual computers and servers to identify any unauthorised software however the design of the College ICT infrastructure and network is such that software can only be installed on the network or equipment centrally by IT staff with Administrator access rights.

We were advised that there have been no recorded incidents of staff installing unauthorised software on the College's IT equipment or any breaches in software user licences in recent years.

As previously noted, the College has adopted the UHI Partnership AUP which prohibits the installation of software, other than that which is specifically licensed for use in connection with the College's business. Normally, no external software will be used on the College's systems in order to prevent the possible introduction of malware and viruses. If it is necessary to introduce other software, IT Services must agree its use. The College does not permit the use of unlicensed software.

Objective 8: Remote user security procedures.

The College uses a Citrix solution which allows staff remote access to College data and applications via a secure virtual desktop environment without accessing the Active Directory database directly, thereby reducing the risk of compromise of data security. One weakness identified with the Citrix configuration is that there are no controls in place to stop users saving files to local devices which could pose a security risk. Citrix can be reconfigured to remove this weakness; however, this is outwith the control of the College as Citrix is controlled by UHI IT Services.

Objective 9: ICT Business Continuity and Disaster Recovery

The College Business Continuity Plan is in place which includes sections that address general failures in the College's ICT infrastructure, including ICT server room failure and ICT infrastructure failure. These sections identify the College's reliance on the UHI network services and therefore the College is reliant on the UHI ICT Disaster Recovery Plan (DRP) and procedures.

As part of our audit we discussed the UHI disaster recovery procedures with the UHI IT Services Operations Manager and noted that UHI has a DRP in place which covers the whole of the UHI network. A review of this area is included in the 2017/18 UHI Internal Audit Plan. The College has access to the UHI DRP via the UHI intranet.

Paper for Consideration

Subject: Freedom of Information and Data Protection Six Monthly Report 2017-18

Author: Donald McLean, Freedom of Information and Data Protection Officer

Date of paper: 19 February 2018

Date of meeting: 27 February 2018

Action requested of committee:

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

Cost implications:

(Tick as appropriate) Yes: No:

Executive Summary: The paper contains information on the number of Freedom of Information requests received during the first six months of Academic Year 2017-18. It also contains summary information for Data Protection related requests.

Information recorded in College minutes and papers is subject to release under the Freedom of Information (Scotland) Act 2002 (FOI(S)A). Certain exemptions apply: financial information relating to procurement items still under tender, legal advice from College lawyers, items related to national security.

Status of Papers Open Closed

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

A **closed** item is one that contains information that could be withheld from release to the public because an exemption under the Freedom of Information (Scotland) Act 2002 applies.

The College may also be asked for information contained in minutes and papers about living individuals, under the terms of the Data Protection Act 1988.

Do the papers contain items which may be contentious under the terms of the Data Protection Act 1988? Yes No

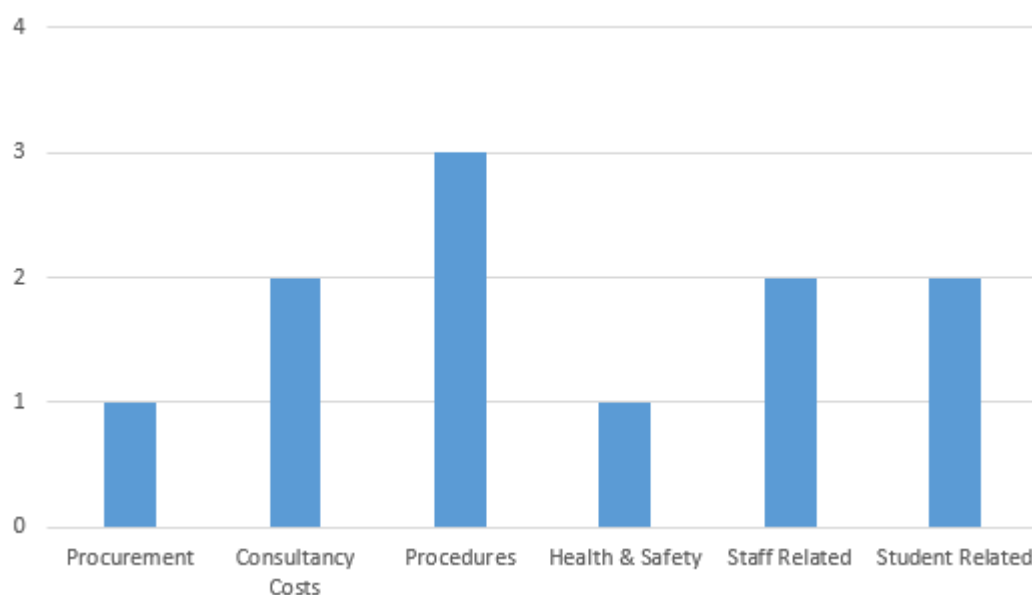
Board Update: Freedom of Information and Data Protection

Statistics 2017-18 Academic Year

(August 2017 – January 2018)

Academic Year	2016/17	2017/18 (to date)
Number of FOI requests	19	11

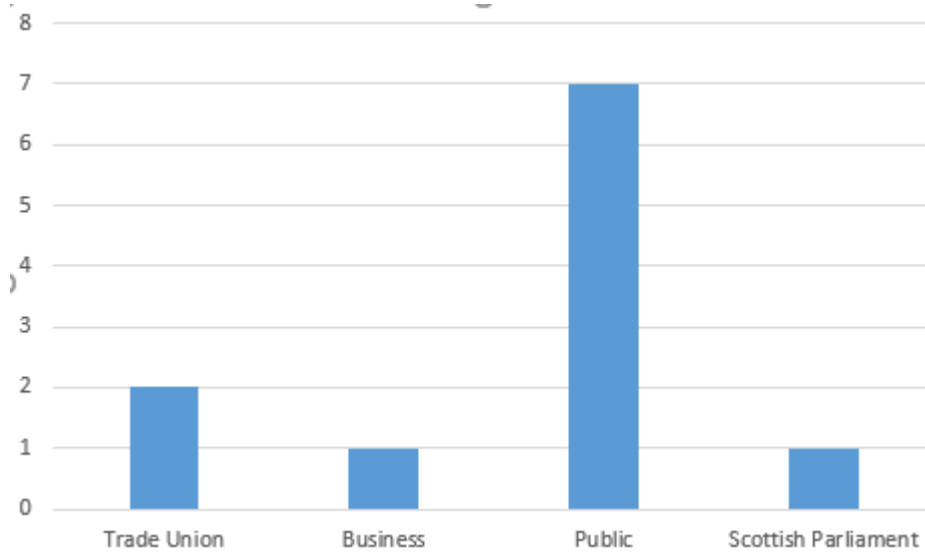
FOI Requests by Type



List of topics:

Details of successful contract (Procurement)
Systems/IT Queries
Consultant Costs last 12 months.
Information related to actions on Audit Scotland's 'Scotland's Colleges' report. Withdrawn 25/10
Sexual harassment incident stats, 5 years.
Consultancy/agency costs
EU Nationals (staff)
Safeguarding
EU Nationals (staff and students)
Course Fees/ reclaim
Zero hours contracts

FOI Requests by Source

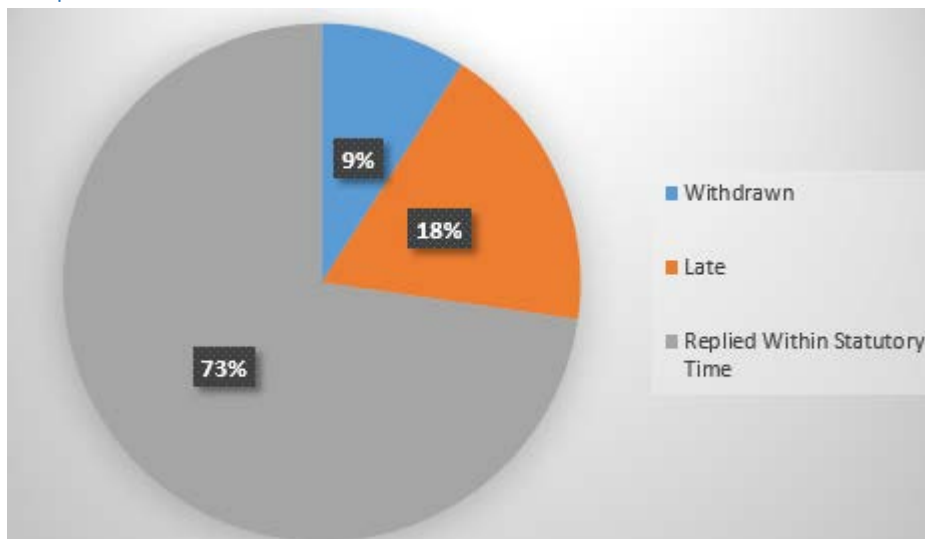


FOI Summary

There is no evidence of any notable increase or decrease in FOI requests for 2017/18.

Most topics were fairly typical of the types of request we see every year, and they do tend to reflect issues currently highlighted in the media (sexual harassment, zero hours contracts, number of EU nationals employed). Two related to local conditions and procedures at the college: one related to consultancy costs, and one related to a safeguarding issue.

Response Times



One request was withdrawn (Scottish Parliament).

Two requests received responses after the statutory due dates. In both cases, this was due to system data extraction issues (CIPHRNET), and general pressure of work at those times.

Data Protection.

Year	2016/17	2017/18 (to date)
No of Requests	25	8
Data Breaches	1	6

The majority of data protection subject access requests relate to legal matters: requests from Police Scotland, court orders, and requests from agencies such as Job Centre Plus Fraud Office and the Child Support Agency.

A data protection review/audit was submitted to SMT in October 2017, including a review of CCTV in the college.

There was a spike in data breach reports during this period.

Incident Types:

	Further Action Required?
Personal data emailed to students in error	Resolved
Staff member personal data sent to other staff member in error	Resolved
Data protection an Social Media policy breach (Facebook, Twitter)	Resolved
Personal data displayed on public facing screen	Resolved
CCTV issue	Resolved
Break in at HR offices (near miss?)	Yes.

The incident at the student hub was an extreme example of bad practice, where personal data of potentially the most sensitive type (audio and video) was uploaded to the cloud (where we lose control of it), and no privacy impact assessment was undertaken. The DPO was not consulted prior to installation.

Other Data Protection Activity

- The UK Government has published its draft Data Protection Bill 2017, to bring the 1998 Act into line with the requirements of GDPR:

<https://www.gov.uk/government/collections/data-protection-bill-2017>

Progress of the bill can be viewed here:

<https://services.parliament.uk/bills/2017-19/dataprotection.html>

The final data protection act will 'fill in the gaps' currently inherent in the (GDPR) regulation.

- GDPR compliance has been placed as an item on the risk register, condition 'amber'.
- The DPO presented to CMT in November, to update on GDPR issues.
- The DPO has adapted a roadmap of tasks to help with compliance progress, and is currently creating a project plan to monitor progress in real time, leading up to May 2018.
- A short life working group has been set up to look at tasks, responsibilities and progress. It met in Jan 2018, and will meet again in Feb 2018, and probably monthly till July 2018.
- The DPO continues to meet with UHI staff, the DPO at Inverness College, and the Scottish Colleges Information Governance Group to share details of progress, and resources.

I feel confident that we will have an acceptable level of compliance with GDPR by May 2018, if CMT managers engage in their relevant areas, and SMT support the compliance efforts, including resource allocation where required.

Donald Maclean
FOI and Data Protection Officer
19th February 2018

Health and Safety Committee

Minutes

Date and time: Thursday 1 February 2018, 2.00pm
Location: Room 019, Brahan

Members present: Susan Hunter, Head of HR (Chair)
Charles Shentall, Board of Management
David Gourley, Curriculum and Business Engagement Director
Gilbert Valentine, Head of Estates
Jen Thompson-Young, SDD – STEM
Mike Haufe, AST
Richard Ogston, Head of Student Services
Tony Grant, EIS H&S Rep
Winston Flynn, Unison Rep

Apologies: Charlie Collie, Subject Leader, Social & Vocational Studies
Eleanor Brown, SDD – ALS
Ian Gibb, Sector Manager, Food Studies and Hospitality
Jane Edwards, Unison representative
Lorenz Cairns, SDD – CCI
Student VP Welfare & Activities

In Attendance: Lorna McWilliam, Kitchen Operations Controller, Deputy for Ian Gibb

Note Taker: Carolyn Sweeney-Wilson

Summary of Actions

Ref	Action	Responsibility	Time Line
6.	Health & Safety Risk Management Profile – Quarterly Review <ul style="list-style-type: none">CSW to ensure this item remains on the Agenda, moving forward.GV to bring an update to the next meeting on the CCTV survey.	Carolyn Sweeney-Wilson Gilbert Valentine	03/05/18 03/05/18
11.	AOCB		
	Taxis and cars: GV to re-circulate his previous communication to taxi firms and include a map of the drop-off points.	Gilbert Valentine	ASAP
	Steps from the Brahan car park: GV to ask Caretakers to check the steps from the Brahan car park, that lead to the main entrance, for debris etc and ensure that they are clean.	Gilbert Valentine	ASAP

Summary of Actions

Ref	Action	Responsibility	Time Line
	Gate valve/stopcock: GV to check the gate valve/stopcock outside the carpentry/joinery workshop to ensure that it wasn't a health and safety risk.	Gilbert Valentine	ASAP
	Heating in the Gas Training Area: GV to check the heating in the gas training area.	Gilbert Valentine	03/05/18

Minutes

Item	Action
<p>1. Welcome and Apologies</p> <p>Susan Hunter (SH) welcomed everyone to the meeting. It was noted that Lorna McWilliam was in attendance as Ian Gibb's deputy.</p> <p>Apologies were noted.</p>	
<p>2. Additions to the Agenda for AOCB</p> <p>TG advised that he had some points of concern received from members, which he would bring up under AOCB.</p>	
<p>3. Minutes of Meeting Held on 16 November 2017</p> <p>The minutes of 16 November 2017, having been previously circulated, were approved, as a true and accurate record of discussions.</p>	
<p>4. Matters arising not included elsewhere on the agenda/review of actions from previous meeting</p> <p>a) Working Time Regulations – College statistics Per the action from the last meeting, SH said she had now met with JE to discuss the staffing issue relating to overtime being undertaken. Unison were now happy that this matter had now been resolved</p> <p>b) Misuse of Drugs – staff awareness – update For those who were not aware of the background to this item being on the agenda, RO reviewed the reasons from previous meetings. RO said that he and LR, the former Health and Safety Officer (HSO), had previously met to look at how the misuse of drugs</p>	

Item

Action

could be managed on campus. RO had produced a flowchart, which was then sent to CMT, who approved it. RO said he would circulate the flowchart to members after the meeting, but went through what was on the flowchart for the benefit of all those at the meeting.

RO advised that there had not been any training offered to wider staff regarding what process to follow, or where to go for information, or where to hand in items. RO said there was also a need for a log to be kept of where/when these items were found. RO said that if there was a log, he would then be able to report to this committee on a regular basis. RO said that at the moment there was no record kept of any of this information.

GV advised that the Security Incident Report has a form, which includes a section specifically for drug abuse. RO was happy for this form to be used, rather than him drawing up another one.

GV said that they had previously discussed the suggestion of police dog patrols at certain times of the year, particularly at the beginning of semesters, to reinforce the College's policy. RO said that the police were happy to do this and also to run awareness sessions.

CS also suggested that RO speak with HISA regarding this.

SH thought police inductions/talks would be a good idea. HR could also work with community police officers, with regard to them running awareness sessions.

RO advised that the police have said they would be happy to come in and advise staff on how to identify the drugs and how to potentially identify users.

WF suggested police come in on a Staff Conference Day to do the awareness session. SH this could be kept in mind for the June conference day, as February one finalised.

c) Committee Membership – update

SH said that at the last meeting she had indicated she would speak to JTY regarding another member from her area to attend this committee. This was because LR had thought that there should be someone from JTY's area on the committee. However, SH noted that both JTY and TG were from same area and felt that STEM was well represented on the committee. SH said she would now look at other areas for membership.

Item

Action

5. Healthy Working Lives - update

SH said she was delighted to announce that the HWL Gold Award had been achieved and had planned on waiting on receipt of the plaque before announcing this formally. However, it was taking some time for the plaque to arrive, so SH will now organise an announcement and photos with the certificate. SH indicated that LR had led on this, so she had made him aware that the Gold Award had been achieved.

The HWL group will be meeting soon to plan their work for the rest of 2018. However, they were already looking at holding 3 mental health awareness days. RO suggested that this could be linked in with the student mental health days. SH said the dates had come out of the Health and Wellbeing Group organised by Allie Scott.

6. Health & Safety Risk Management Profile – Quarterly Review

SH advised that she and GV had now updated this risk profile. It had also been updated to include details of the recent gas leak. As a result, 'Gas' had now been added in as a stand-alone section, rather be included as part of the 'Electricity' section.

CS wondered if the 'Gas' risk should come under the fire risk or whether it should be kept separate. SH said there was also a need to consider other factors relating to gas, for example carbon monoxide and dioxide poisoning. GV said there was some cross-over with other risks, but felt that it was better to have gas as a separate risk, so that all risks related to it, can be evaluated under that one section.

SH reviewed the other factors where there was planned work and advised that these were on hold until all the new HR staff were in place and could be taken forward at that time.

HS14 – MH asked if AST could be included in any investigations relating to noise and dust.

HS16 – SH advised that the new HR staff will work with GV on these planned actions. GV said he was organising a CCTV survey, whereby the survey would look at where the College should have cameras, what the options were and provide recommendations. TG said an EIS member had asked about a review of the coverage provided by CCTV and wondered when this would happen. GV said he was meeting the surveyor on Friday (2nd Feb) and they would provide a report with their recommendations and suggestions. GV said he would bring an update on this to the next meeting.

Item	Action
<p>SH said this it should remain on the Agenda for meetings, moving forward.</p>	
<p>Action: CSW to ensure this item remains on the Agenda, moving forward. GV to bring an update to the next meeting on the CCTV survey.</p>	CSW GV
<p>7. Handwashing and Hand Gels</p>	
<p>GV referred to the handwash gel dispensers that were sited around the college. When staff went to re-fill these many were found to be broken and leaking.</p>	
<p>GV had then made some enquiries with NHS Tayside (NHT) and the Care Inspectorate as to whether the College had any responsibilities to provide these.</p>	
<p>NHT advised that it would be good to have the dispensers, as they see this as an important way to reduce the spread of infections. Whereas, while the Care Inspectorate agrees on the importance of washing hands, they have advised against using antibacterial hand wash routinely, as this can lead to antibiotic resistance.</p>	
<p>After a brief discussion, committee members agreed not to replace these dispensers.</p>	
<p>8. Health and Safety Officer Update</p>	
<p>Other than matters already reported on, SH updated the Committee on the following:</p>	
<p>SH had reviewed the HSO job description. This was due to have been Job Evaluated to be graded but, unfortunately, due to sickness, this had not yet been completed. The College currently only have 3 evaluators. However, those previous evaluators, who were still with the College, were to be undergoing re-fresher training, in order that the team of evaluators was strengthened.</p>	
<p>Also, SH said she was waiting on updates from National Bargaining regarding job evaluation dates. As a result, SH did not know if National Bargaining would have their own evaluators, or whether evaluators at each College would be re-trained.</p>	
<p>CS queried what cover there was at the moment with regard to Health and Safety. SH said that this was sitting with GV just now. However, it was being looked at to see where this post would sit in future, as it was felt it shouldn't be under GV. It was felt it would be more helpful to have a degree of separation between Estates and Health & Safety.</p>	

Item

Action

CS queried what the FTE was for this post and SH advised that it was 0.8 FTE. CS said that the previous HSO provided a lot of training and queried where this would sit. SH said that much of the training carried out by the previous HSO should have been carried out by HR, but there had not been the staff to do this. However, once the new HR staff were in place, then HR would carry out any necessary training required. SH said that the HSO was a technical specialist role, so would be a stand-alone role.

JTY queried that changes relating to responsibilities for health and safety would be communicated to all members of staff. JTY noted that some responsibilities had been transferred to managers and JTY thought it was important to ensure that staff were informed of what was expected of them. SH asked if there was anything in particular that JTY was referring to and JTY gave the example of the risk assessments for pregnant women, whereby managers didn't have specialist training to carry out these risk assessments. JTY said that managers needed to be communicated with about these changes and provided with training for any areas where they don't have the specialist knowledge to carry out the function.

9. Head of Estates Update

GV gave his update, as follows:

Gas Leak: Scottish Gas Networks had identified that the gas leak problem was on the College's side, so GV had brought in the College's contractors. The leak was found at the little house at the bottom of the drive, however, the cause of the leak had not yet been fully identified. GV said that it could potentially be tree roots, or ground movement. Since then, GV said he had brought in consultants to consider what further work was required. Their recommendation was that trial holes be dug as well as checking the condition of the subsoil and pipes etc. The consultants have recommended that some works will need to be carried out in the next 5 years, unless, when the digging is carried out, the pipes are then found to be in a worse condition than expected. This would likely mean that any replacement works would then need to take place as soon as possible.

GV said he had also looked at Goodlyburn and he found that the same type of piping was not in use there.

Webster wall-tie issue: GV said that it had been decided to get reassurance on the Webster wall-ties and so had brought in surveyors to look at this. So far, they had found no major issues, but the survey was not yet complete.

Lightning Conductors: GV advised that some of the mats had to be reinstated, in order that there was a good earth connection.

Item	Action
<p>GV advised that there was an electrical switch incoming to Brahan which was quite old. As a result, there was a vulnerability risk to the College, should this fail. GV said he was in discussion with SSE about a replacement.</p>	
<p>Fire doors at Pathways: GV advised that these doors had now been upgraded to 1 hour doors.</p>	
<p>Goodlyburn Room 407: The timber floor in this room had now been repaired.</p>	
<p>Footsteps between Brahan and Webster: GV said there was a proposal to re-lay this flight of steps and this was currently out to tender.</p>	
<p>Back Car Park: A bulk load of stone chips had now been laid down in the back car park.</p>	
<p>Roadway Repairs: GV advised that a number of roadway repairs had been carried out around the campus.</p>	
<p>Fire Alarm Contractor: GV indicated that the College now had a new fire alarm contractor – Chubb. Their staff had been reviewing the campus this week.</p>	
<p>Water Hygiene Contractor: GV also advised that the College had a new water hygiene contractor.</p>	
<p>10. Accident Reports</p>	
<p>These reports were circulated with the papers for this meeting and discussed.</p>	
<p>GV advised that the report covered the period up to 19th January. However, since then there has been one further accident under 'slips, trips and falls'.</p>	
<p>GV said that he had reported twice to HSE, under RIDDOR, since the previous HSO had left, and they had not requested any further information.</p>	
<p>11. AOCB</p>	
<p>TG, EIS-FELA H&S Rep, had received a number of queries from members:</p>	
<p>Taxis and cars: These vehicles stop on the double yellow lines at Goodlyburn (GB). CS advised that this item had come up before. GV said they should drive round to Webster, as there was a drop-</p>	

Item	Action	Action
	<p>off space there and that it was laziness on the part of the drivers, to stop just at GB. GV said he had previously contacted taxi firms to explain that there was a correct drop-off space. CS noted that this would, however, be difficult to police. TG requested that the communication to taxi drivers was re-sent and perhaps include a map of the drop off points. GV said he would do this.</p>	
	<p>Action: GV to re-circulate his previous communication to taxi firms and include a map of the drop-off points.</p>	GV
	<p>Steps from the Brahan car park: A member had advised TG that they felt these were not being cleared properly and leaves were making the steps slippery. Also, the yellow paint needed to be replaced. Could the steps be pressure washed? GV said that the caretakers go out regularly with leaf blowers etc, but would ask them to do a check of the steps.</p>	
	<p>Action: GV to ask Caretakers to check the steps from the Brahan car park, that lead to the main entrance, for debris etc and ensure that they are clean.</p>	GV
	<p>Metal debris in main car park: A member had expressed concern about this, but no more details were given. TG said he would contact the member for more detail to pass on to GV.</p>	
	<p>Fire door – 1st Floor leading to refectory: It was noted this door was being propped open with wooden wedge. GV said this door was scheduled for imminent repair and Chubb had been notified. The ‘hold open’ device was not working.</p>	
	<p>Cycle to Work Scheme: A member had asked if the College was associated with any ‘cycle to work’ scheme. SH said that the College has a ‘cycle to work’ scheme and the member of staff should contact Sheila Sturrock, in Payroll, for details.</p>	
	<p>Gate valve/stopcock: This was sited outside the front door of the carpentry/joinery workshop and a member noted that the wheel was off the valve, so the point was sticking out. It was felt that it would be easy for someone to be pushed into it and it was at eye level.</p>	
	<p>Action: GV to check the gate valve/stopcock outside the carpentry/joinery workshop to ensure that it wasn’t a health and safety risk.</p>	GV
	<p>Heating in the Gas Training Area: A member has complained that this area suffers from insufficient heating.</p>	
	<p>Action: GV to check the heating in the gas training area.</p>	GV

Item

GV advised TG that these type of items, mentioned above, should be noted through the Helpdesk and asked TG to remind his members that this was the correct process for maintenance and repairs issues. GV said he would happily follow up any items that were not then dealt with through the Helpdesk.

CCTV: WF suggested that there might be funds from HISA to link the CCTV to police, for after-hours monitoring. GV said this was a difficult issue in moving cameras around, particularly with the advent of GDPR. GV said there had been complaints received when cameras had previously been moved, which had only been for a short term problem. GV said he was consulting with IT, re sourcing more cameras.

Action

12. Date of Next Meetings

- 3rd May 2018

All meetings are on Thursdays, 2.00-4.00pm, in Room 019.

DRAFT

Membership

No fewer than 4 members of the Board of Management.

- Board members not eligible for appointment are the Chair of the Board, the Principal, the Chair of the Finance and General Purposes Committee, the persons elected by the teaching staff and the non teaching staff of the College and the persons appointed by the Perth College Students' Association.
- No member of the Finance and General Purposes Committee shall also be a member of the Audit Committee.
- The Chair of the Board, the Principal and the Chair of the Finance and General Purposes Committee shall be invited to attend meetings.
- The Committee may sit privately without any non-members present for all or part of a meeting if they so decide.
- The College Executive will attend meetings at the invitation of the Committee Chair and provide information for Agenda items

In attendance

Vice Principal, Finance and Estates

Vice Principal, Academic

Vice Principal, Human Resources and Communications

Quorum

The Quorum shall be 3 members.

Frequency of Meetings

The Committee shall meet no less than three times per year.

Objectives

The Audit Committee's main responsibilities include advising the Board on whether:

- There are systems in place to ensure that the College's activities are managed in accordance with legislation and regulations governing the sector.
- A system of governance, internal control and risk management has been established and is being maintained, which provides reasonable assurance of effective and efficient operations and produces reliable financial information.
- There are systems in place to ensure the Committee engages with financial reporting issues

Terms of Reference

Internal Control

1. Reviewing and advising the Board of Management of the internal and the external auditor's assessment of the effectiveness of the college's financial and other internal control systems, including controls specifically to prevent or detect fraud or other irregularities as well as those for securing economy, efficiency and effectiveness; and
2. Reviewing and advising the Board of Management on its compliance with corporate governance requirements and good practice guidance including a strategic overview of risk management.
3. Strategic oversight of Health and Safety, Freedom of Information and Data Protection on behalf of the Board.

Internal Audit

1. Advising the Board of Management on the selection, appointment or reappointment and remuneration, or removal of the internal audit provider.
2. Advising the Board of Management on the terms of reference for the internal audit service.
3. Reviewing the scope, efficiency and effectiveness of the work of internal audit, considering the adequacy of the resourcing of internal audit and advising the Board of Management on these matters.
4. Advising the Board of Management of the Audit Committee's approval of the basis for and the results of the internal audit needs assessment and the strategic and operational planning processes.
5. Approving the criteria for grading recommendations in assignment reports as proposed by the internal auditors.
6. Reviewing the internal auditor's monitoring of management action on the implementation of agreed recommendations reported in internal audit assignment reports and internal audit annual reports.
7. Considering salient issues arising from internal audit assignment reports, progress reports, annual reports and management's response thereto and informing the Board of Management thereof.
8. Informing the Board of Management of the Audit Committee's approval of the internal auditor's annual report.
9. Ensuring establishment of appropriate performance measures and indicators to monitor the effectiveness of the internal audit service.

10. Securing and monitoring appropriate liaison and co-ordination between internal and external audit.
11. Ensuring good communication between the Committee and the internal auditors.
12. Responding appropriately to notification of fraud or other improprieties received from the internal auditors or other persons.
13. Reviewing the Risk Management Register.

External Audit

The appointment of external auditors to the College is directed by Audit Scotland.

1. Considering the college's annual financial statements and the external auditor's report prior to submission to the Board of Management by the Finance Committee. Care should be taken, however, to avoid undertaking work that properly belongs to the Finance and General Purposes Committee. If within its terms of reference, the Committee should consider the external audit opinion, the Statement of Members' Responsibilities and any relevant issue raised in the external auditor's management letter.
2. Reviewing the external auditor's annual Management Letter and monitoring management action on the implementation of the agreed recommendations contained therein.
3. Advising the Board of Management of salient issues arising from the external auditor's management letter and any other external audit reports, and of management's response thereto.
4. Reviewing the statement of corporate governance.
5. Establishing appropriate performance measures and indicators to monitor the effectiveness of the external audit provision.
6. Reviewing the external audit strategy and plan.
7. Holding discussions with external auditors and ensuring their attendance at Audit Committee and Board of Management meetings as required.
8. Considering the objectives and scope of any non-statutory audit work undertaken or to be undertaken, by the external auditor's firm and advising the Board of Management of any potential conflict of interest.
9. Securing appropriate liaison and co-ordination between external and internal audit.

Value for Money

1. Establishing and overseeing a review process for evaluating the effectiveness of the college's arrangements for securing the economical, efficient and effective management of the college's resources and the promotion of best practice and protocols, and reporting to the Board of Management thereon.
2. Advising the Board of Management on potential topics for inclusion in a programme of value for money reviews and providing a view on the party most appropriate to undertake individual assignments considering the required expertise and experience.
3. Advising the Board of Management of action that it may wish to consider in the light of national value for money studies in the further education sector.

Advice to the Board of Management

1. Reviewing the college's compliance with the Code of Audit Practice and advising the Board of Management on this.
2. Producing an annual report for the Board of Management.
3. Advising the Board of Management of significant, relevant reports from the Scottish Funding Council and National Audit Office and successor bodies and, where appropriate, management's response thereto.
4. Reviewing reported cases of impropriety to establish whether they have been appropriately handled.

Version 1 - Approved by BOM 13 December 2013

Version 2 – Approved by Audit Committee and BOM December 2015