Audit Committee

Agenda
Meeting reference: Audit 2018-19/03
Date: Tuesday 19 February 2019 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			
2	Additions to the Agenda			
3	Declaration of a Conflict of Interest in any Agenda Item			
4	Minutes of the Meeting of the Audit Committee held on 28 November 2018			Paper 1
5	Actions arising from previous minutes			
6	Balanced Scorecard	Project & Planning Manager	Principal	Paper 2
7	Procurement Strategy and Annual Action Plan	Head of Finance	Head of Finance	Paper 3
8	Risk Management			
*8.1	Strategic Risk Register including ICT Risk Register Update	Project & Planning Manager	Principal	Paper 4
*8.2	Estates Risk	Head of Estates	Depute Principal (Academic)	Paper 5
*8.3	Health and Safety Risk Management Profile	Health and Safety Adviser	Principal	Paper 6
9	Internal Audit Plan			
*9.1	Internal Audit Progress Report 2018/19 Annual Plan	Henderson Loggie	Henderson Loggie	Paper 7

*10	Safeguarding Update	Student Services Manager	Depute Principal (Academic)	Paper 8
11	Freedom of Information and data Protection six monthly report 2018-19	Transitions/ Project Co-ordinator	Principal	Paper 9
12	Committee minutes			
12.1	Health and Safety Committee • Committee Terms of Reference • Minute from meeting on 7 February 2019	Committee Secretary	Chair	Paper 10 Paper 11
13	Date and time of next meeting: • 14 May 2019	Secretary		
*14	Review of meeting (to include check against the Terms of Reference to ensure all competent business has been covered)			Paper 12

Audit Committee

Minutes

Meeting reference: Audit 2018-19/02
Date and time: Wednesday 28 November 2018 at 5.30pm
Location: Room 019

Members present: Andrew Comrie, Ann Irvine, Margaret Cook, Lynn Oswald

In attendance: Lorenz Cairns, Depute Principal (Academic)
Andrea Saunders (standing in for Jackie Mackenzie)
David Archibald, Henderson Loggie
Rob Jones, EY
Maureen Masson, Board Secretary

Apologies: Anna Zvarikova, Jackie Mackenzie, Stuart Inglis, Henderson Loggie,
Stephen Reid, EY

Chair: Jim Crooks
Minute Taker: Maureen Masson, Secretary to the Board of Management
Quorum: 3

Summary of Action Items			
Ref		Responsibility	Time Line
9	**5 Presentation** Check the level of basic training that students receive.	H&S Adviser	next meeting
9	**6.1 H&S reporting** Report back on the sickness absence figures	Principal	next meeting
10.1	**Strategic Risk Register** Draft an estates risk for consideration	COO	next meeting
	Report back on where high level risks related to the protection of children are recorded and how they are mitigated	COO	next meeting
	Include the ICT Risk Register on the next Audit Committee meeting agenda	COO	next meeting
11.2	**Revised Internal Audit Annual 2018-19** Consider whether the procurement audit should go ahead and possible timing	HL/COO	ASAP
	Include a further objective regarding pastoral support provided to students in the international business audit	HL/VP (External)	ASAP
11.3	**Internal Audit Report: 2017/18 Student Activity Data** Implement recommendations contained in	Head of Student	ASAP

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	the report	Experience	
12	**Audit Committee Annual Report to the Board of Management** Forward to the Board for consideration at the December 2018 meeting	Secretary	By 5 December 2018
13.1	**Health and Safety Committee** Feed back to the Health and Safety Adviser the items the Board would expect to see on the Health and Safety Committee agendas standing items	Secretary	ASAP

Item		**Action**

1   Joint Meeting - The Committee joined the Finance and General Purposes Committee at 5.30pm

The Chair of F&GP welcomed the Audit Committee to the joint meeting to review the 2017-18 Financial Statements. Introductions were made and apologies noted. The Chair of F&GP would continue in the role of chair for the joint meeting.

2   Perth College Management Accounts Year to 31 July 2018 – Final Report and Commentary

The Head of Finance reported a positive overall position in the College management accounts to the year ended 31 July 2018. The Committee noted a positive outturn in relation to SFC income and the Committee noted the final figures. Members of both F&GP 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 detail.

The F&GP Committee approved the Perth College Management Accounts for the year to 31 July 2018.

Audit Committee noted the Perth College Management Accounts for the year to 31 July 2018.

3   Draft Perth College Group Report and Financial Statements for the year Ended 31 July 2018

The Head of Finance introduced the draft College Group Report and Financial Statements for the year ended 31 July 2018. F&GP and Audit Committees discussed the Group Accounts and welcomed the positive outturn position and the detailed explanation of the consequences of the fixed asset revaluation and pension liability.

F&GP Committee approved the draft Perth College Group Report

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**and Management Accounts for the year to 31 July 2018 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 2017-18

The External Auditor presented the External Audit Report for 2017-18.
The Committee noted that the scope of the Audit was in line with the
Annual Audit Plan presented to the Audit Committee on 22 May 2018.
As the College's external auditors, EY 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 Auditor provided a summary of the key findings of the report. In
terms of the financial statements audit, an unqualified audit opinion was
provided on the College's consolidated financial risks.

The key messages from wider scope audit were discussed and the
Committee noted the Red/Amber/Green (RAG) status for two items.
Financial sustainability was assessed as 'amber' as the financial
environment continued to be challenging for a number of reasons.
Members discussed the projected financial status for the College in the
Audit work on the Financial Forecast Return and noted that there were
some critical aspects of expenditure that were not absolutely within the
College's control including national bargaining and the Central Costs of
the University. All agreed that it was important for the College to be
aware of how savings could be achieved. Members also expressed
concern over the extent of the control the College had in generating
sufficient levels of commercial and other income. No issues were
identified in terms of governance, which was assessed as 'green', but a
final governance checklist would be completed before the final report is
issued to the Board.

F&GPC and Audit Committee welcomed the report and a number of
questions were raised about plans for income growth in a tight financial
climate. Income diversification would be discussed with budget holders
and a more rigorous approach to business case development would be
put in place. Discussions with budget holders would allow income
centres to set targets levels for non-core funding that they might
reasonably be expected to achieve.

SMT and the Board were aware of the deteriorating financial position but
the auditor recognised that the College had a good track record in
managing its finances in a tightening financial climate, and this provided
some reassurance.

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

The Chair of F&GPC thanked the auditor and colleagues in the Finance

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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 Presentation

The Audit Committee received an informative presentation from Ian Bow, the College's Health and Safety Adviser. Ian reported that the health and safety culture in the College was positive, but that there was scope for improvement in some areas. These included school reports, development of a Health and Safety Manual and additional policies such as Display Screen Equipment and Health Surveillance. Work on these aspects was being taken forward.

In terms of student representation, the Committee noted a student representative was a member of the Health and Safety Committee but there was work to do with class representatives who had some health and safety responsibility. A check on the level of training that students received would be made.

H&S Adviser

The Audit Committee noted its mandate from the Board in ensuring that Health and Safety business was taken forward appropriately.

6. Additions to the Agenda

There were no additions to the agenda.

7 Declaration of Interest in any Agenda Item

There were no declarations of a conflict of interest.

8 Minutes of the Meetings of the Audit Committee held on 18 September 2018

The minutes were accepted as an accurate record.

9 Actions arising from previous minutes

*6.1 Health and Safety Annual Report

Action: Number paragraphs in the Health and Safety Annual Report.

Action Update: Complete

Action: Undertake further analysis of the sickness absence figures.

Action Update: The Principal reported that HR was encountering some issues with the HR system that was preventing the availability of

Principal

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accurate data . A full review was underway and a report would be provided to the next meeting.

*6.2 Revised Health and Safety Policy

Action: For formal signing at the Board's next meeting

Action Update: complete

*7.1 and 7.3 Risk Appetite Health and Safety Risk Management profile as at August 2018

Action: Identify and document the highest priority areas where there is no acceptable level of risk

Action Update: In the absence of the COO an update would be provided at the next meeting

*7.2 Strategic Risk Register

Action: Include the recently emerging AST risk to the Risk Register

Action Update: added risk 25

*8.2 Internal Audit Plan 2018-19

Action: Finalise projects and timescales in the light of the discussion at the Committee

Action Update: a paper was on the agenda for the meeting

12.1 Health and Safety Committee

Action: Make attendance at the Health and Safety Committee mandatory for members and/or their deputies.

Action Update: Complete - message conveyed to the Health and Safety Adviser and Head of HR and OD. This will be monitored via the attendance record.

10	**Risk Management**
10.1	**Strategic Risk Register**

The Principal introduced the paper setting out the updated Risk Register for the second quarter.

The Principal raised a matter that had been discussed at the earlier F&GPC meeting regarding whether an estates maintenance/condition risk against a backdrop of declining funding should be added. A number of Academic Partners had included this as a risk and identified mitigating actions. F&GPC had asked the Audit Committee to make a

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decision.

Audit Committee agreed that it would wish to see a draft first at the next meeting perhaps linking to Risk 5, and a decision would be made once the risk was articulated.	COO
An assurance was provided that the risks referenced in the minutes of the last meeting regarding child protection and safeguarding would be considered and reported at the next meeting.	COO
A further risk was discussed around cyber security and ICT resilience and business continuity. This would also be considered at the next meeting and the ICT Risk Register would be on the agenda. The new Head of ICT would provide input.	COO

11   Internal Audit

*11.1   Draft Internal Audit Annual report 2017-18

David Archibald introduced the paper and provided background information to the work of the internal Auditors. The Auditors reported no significant issues regarding major internal control weaknesses and, as a result, their opinion was that the College had adequate and effective arrangements for risk management, control and governance. Proper arrangements were also in place to promote and secure Value for Money.

The Board noted the report and the outcomes from the internal audit reviews.

*11.2   Revised Internal Audit Annual 2018-19

The Committee noted the final Internal Audit Plan for 2018-19 which had been updated following the last meeting of Audit Committee.	
The Principal informed the Committee that a decision had recently been made to outsource procurement to APUC. The timing of the procurement audit may alter as a result and if it was no longer appropriate to undertake, the audit the days would be held in reserve for another topic.	HL/COO
Following discussion about the scope of the International Business Audit, it was agreed that an objective should be added to tease out what is done in terms of pastoral support and integrating international students.	HL/VP (External)

Proceedings note

Jim Crooks, Audit Chair, had to leave the meeting at this point and the independent members present agreed that Ann Irvine should chair the

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rest of the meeting.

*11.3   Internal Audit Report: 2017-18 Student Activity Data

The Committee noted that the outcome from this Audit had to be reported back to the SFC to provide assurance that the FES return was completed properly. No issues were reported but a couple of recommendations were made in relation to open/flexible/distance learning and the European Computer Driving Licence.

Head of Student Experience

*11.4   Internal Audit Report: Student Support Funds 2017-18 Audit Report
The Committee noted the report

David Archibald reported that this was the first time Henderson Loggie had audited Student Support funds for Perth College. The audit was needed to certify to funding bodies that two fund statements were appropriately managed. The auditors were able to certify both fund statements for the year and submit these without reservation to the funding bodies.

The Audit Committee noted this positive report

12   Audit Committee Annual Report to the Board of Management

The Chair introduced the Annual Report to the Board of Management for consideration at its meeting on 12 December 2018. This is to provide assurance on the adequacy and effectiveness of the College's system of internal control. The Audit Committee approved the report with no changes.

Secretary

13   Committee Minutes

*13.1   Health and Safety Committee Meeting 15 November 2018

Minutes

The Committee noted that the police were to be contacted regarding sessions for staff on drugs identification and misuse. The Committee noted that the police already attended freshers week and provided information to students regarding drugs.

The Committee further disused what items it would expect to see on the Health and Safety Committee agenda as standing items. These included:

-   Departmental risk assessments and sharing of lessons learned
-   Training completion reports
-   Accident reporting
-   Support mechanisms for staff who were witness to self-harm incidents

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It was agreed this would be fed back to the Health and Safety Adviser as possible standing items particularly as the Committee finalised its Terms of Reference.

14   Date and time of next meeting

19 February 2019 at 5.30pm

*15   Review of Meeting

Members agreed the meeting had covered its Terms of Reference.

16   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 leading audits always received good co-operation from colleagues throughout the audit process and closure meetings were usually always positive. Teams were always prepared in advance of the auditors starting work and college staff were willing participants in the audit process and receptive to continuous improvement suggestions.

Rob Jones from EY noted that the external auditors had more limited interactions compared to internal audit. No concerns were raised and discussions with College staff were positive. Staff turnover in the Finance Department could have posed a risk to the successful completion of the audit but new staff engaged positively with the processes and the audit was successfully completed. It was also positive that the Senior Management Team had accepted the comments about financial sustainability openly.

The Chair of Audit would take forward the necessary reports and financial statements to the Board of Management for consideration at its meeting on 12 December 2018.

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

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.

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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 1998.

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

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Perth College UHI

Committee	Audit Committee
Subject	Balanced Scorecard Update
Date of Committee meeting	19/02/2019
Author	Simon Fleming, Project and Planning Manager
Date paper prepared	06/02/2019
Executive summary of the paper	The attached paper is the Balanced Scorecard, aligned with the aims and measures for the strategic plan Vision 2021, outlining where possible, the final measures for AY 2017-18. Baseline data has been obtained from data collected for 2015-16. Where this data is only indicative of progress so far and not finalised this has been highlighted in the comments section. Measures are categorised as Red (worsening), Amber (stable) or Green (improving) based on current performance.
Consultation How has consultation with partners been carried out?	For the attached measures within the Balanced Scorecard both the Head of Finance and the Head of Estates were consulted.
Action requested	☒ For information only ☐ For discussion ☐ For recommendation ☐ For approval
Resource implications (If yes, please provide details)	No
Risk implications (If yes, please provide details)	No

Perth College UHI

Link with strategy Please highlight how the paper links to the Strategic Plan, or assist with: • Compliance • National Student Survey • partnership services • risk management • other activity [e.g. new opportunity] – please provide further information	The Balanced Scorecard KPI's stems directly from the Perth College UHI Strategic Plan 2016-21.
Equality and diversity Yes/ No If yes, please give details:	No
Island communities Does this activity/ proposal have an effect on an island community which is significantly different from its effect on other communities (including other island communities)?	No
Data Protection Does this activity/ proposal require a Data Protection Impact Assessment?	No
Status (e.g. confidential/non confidential)	Non-Confidential
Freedom of information Can this paper be included in "open" business?*	Open Business

* If a paper should **not** be included within 'open' business, please highlight below the reason.

Perth College UHI

Its disclosure would substantially prejudice a programme of research	☐	Its disclosure would substantially prejudice the effective conduct of public affairs	☐
Its disclosure would substantially prejudice the commercial interests of any person or organisation	☐	Its disclosure would constitute a breach of confidence actionable in court	☐
Its disclosure would constitute a breach of the Data Protection Act	☐	Other [please give further details] Click or tap here to enter text.	☐

For how long must the paper be withheld? Click or tap here to enter text.

Further guidance on application of the exclusions from Freedom of Information legislation is available via:
http://www.itspublicknowledge.info/ScottishPublicAuthorities/ScottishPublicAuthorities.asp
and
http://www.itspublicknowledge.info/web/FILES/Public_Interest_Test.pdf

No	Vision 2021 Scorecard Measure	Measure	Baseline 2015-16	2016-17 Target	2016-17 Current RAG	2016-17 Trend	2017-18 Target	2017-18 Current RAG	2017-18 Trend	Comments
Sustainability										
10	Financial:	Record:								
	a) Outturn	Achieve a break-even underlying operating position	-£4,000	Break-even	£2,000	↑	Break-even	-£471,979	↓	Baseline Underlying Operating Position' (2017-18) was a deficit of £-472k.
	b) Gross carbon footprint	Gross carbon footprint	1864 tCO$_2$	↕	1681tCO$_2$	↓	↕	1532tCO$_2$	↓	The Climate Change (Scotland) Act 2009 suggests that annual target reduction figures be 3% over the previous year. A reduction of 9% has been realised for 2017-18, this was down to two main factors; • The Scottish government changed the way electricity generation was done centrally to utilise more wind power • and we specifically chose a waste contractor to ensure that our waste was being incinerated instead of landfill.
	c) Non-core funding income (to include Knowledge Transfer)	% of income from non-SFC sources (inc. KT)	42%	↕	40.40%	↓	↕	39.00%	↓	Non-SFC funding for 2017-18 was 39%. Any non-government grants are recognised in full in the year they are received.
12	To maintain a healthy and safe working environment	Number of accidents reported to HSE	3	↕	7	↓	↕	2	↓	The number of accidents reportable has reduced which is a positive step, we continue to work with departments to educate around safe practice and reporting responsibilities.

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

Perth College UHI

Committee	Audit Committee
Subject	Procurement Strategy & Annual Action Plan 2019
Date of Committee meeting	19/02/2019
Author	Andrea Saunders – Head of Finance & Procurement
Date paper prepared	10/02/2019
Executive summary of the paper	The College Procurement Strategy outlines College regulatory and operational requirements under the Procurement Reform (Scotland) Act as well as the aspirational aims of the Procurement function here at the College. The paper has two parts: a review of procurement activity against the action plan for the year past (calendar year 2018) and the action plan continuing objectives for calendar year 2019.
Consultation How has consultation with partners been carried out?	Set out who has formally reviewed and approved the paper/subject matter and whether any other Committees have considered it or should consider it
Action requested	☐ For information only ☒ For discussion ☐ For recommendation ☐ For approval
Resource implications (If yes, please provide details)	Yes/ No There are no resource implications contained within this paper as all work will be undertaken by staff in post. There is a wider resource implication in the outsourcing of Procurement to APUC and the associated Shared Service cost.
Risk implications (If yes, please provide details)	Yes/ No There are no risk implications with the content of this paper.

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Link with strategy Please highlight how the paper links to the Strategic Plan, or assist with: • Compliance • National Student Survey • partnership services • risk management • other activity [e.g. new opportunity] – please provide further information	This paper is fundamentally linked to the College Strategic Plan and encompasses Regulatory Compliance under the Procurement Reform (Scotland) Act, financial sustainability in competitive tendering processes, risk management in the assessment of suitable business partners and service providers as well as being socially and economically responsible.
Equality and diversity Yes/ No If yes, please give details:	There are no equality and diversity implications of this paper.
Island communities Does this activity/ proposal have an effect on an island community which is significantly different from its effect on other communities (including other island communities)?	Yes/ No If yes, please give details: No
Data Protection Does this activity/ proposal require a Data Protection Impact Assessment?	Yes/ No No
Status (e.g. confidential/non confidential)	Non Confidential
Freedom of information Can this paper be included in "open" business?*	This paper should be considered in open business.

* If a paper should **not** be included within 'open' business, please highlight below the reason.

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Its disclosure would substantially prejudice a programme of research	☐	Its disclosure would substantially prejudice the effective conduct of public affairs	☐
Its disclosure would substantially prejudice the commercial interests of any person or organisation	☐	Its disclosure would constitute a breach of confidence actionable in court	☐
Its disclosure would constitute a breach of the Data Protection Act	☐	Other [please give further details] Click or tap here to enter text.	☐

For how long must the paper be withheld? Click or tap here to enter text.

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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
2018 Review Whilst operating under the requirements of the Procurement Reform (Scotland) Act 2014, the College welcomes procurement collaboration with all potential suppliers. The "Quick Quote" process is utilised where appropriate, allowing us to engage with smaller, local business with whom we have developed strong partnerships. This process is particularly useful with small works contractors, often where immediate service is required.	**2018 Review** The College have positively engaged with the Perth & Kinross Fairer Procurement group and is keen to drive the initiative forward to embed social value in the procurement process. Whilst in its infancy, membership of this group will demonstrate our commitment to fair and transparent procurement practices, local business partnership and promote wider social benefits resulting from the procurement process.			

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 pro-active 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**
2018 Review	**2018 Review**	**2018 Review**		
The College has undertaken a strategic review of its Contract Management processes in the second half of 2018 and as a result, has made procedural improvements using the APUC database "Hunter". We have developed Hunter to include all College group contracts and have created a 2 year procurement plan, facilitating strategic planning of contract management.	During November 2018, we have supported ASW managers through the contract renewal process for their rental of Gym equipment. While not quite concluded, the outcome of this process will mean a significant reduction in the lease costs payable by ASW in the coming year.	During 2018, the College have become a much more proactive partner in the management of procurement contracts, requiring increased "value add" from our suppliers. Our procurement partnerships are now being continually managed to ensure service levels are met and maintained by suppliers.		
	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**
	2018 Review	**2018 Review**		
	Quarterly review meetings take place under this new contract, providing excellent usage and cost information. Highland Office Equipment use this data to manage the College's fleet of printing devices, optimising printing	A cost analysis will be provided at the next meeting.		

Objective	Main Action	KPI	By Whom	By When
	output at the point of demand and also allowing management of printing costs – for example by highlighting areas with high colour printing. User's feedback is very positive.			
We will enhance our efficiency through effective engagement with our partners both in UHI, the wider education sector and the public sector in general. **2018 Review** The college utilise collaborative procurement opportunities where possible and are simultaneously expanding our use of the APUC shared service to maximise value for money. The most recent collaborative exercises include re-tendering mobile phone contracts with UHI partners and a collaborative exercise with P&K Council for Occupational Health provisions.	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. **2018 Review** In collaborating with P&K Council for Occupational Health provisions, the College are harnessing public sector buying power to drive a financially beneficial contract renewal but, most importantly in this service provision,	**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**

Objective	Main Action	KPI	By Whom	By When
		2018 Review We have begun to develop an excellent working relationship with APUC, specifically with Amanda McKenzie who heads up the UHI shared service partnership. Amanda provides invaluable support and direction in all procurement matters and will directly line manage our new Procurement Officer post for APUC.		
	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. **2018 Review** Given the protracted nature of Brexit negotiations, we still await any tangible procurement risks but will raise any such risk as soon as it can be reliably anticipated.	**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 **2018 Review**	**DH/RM/DM**	**30/4/18**

Objective	Main Action	KPI	By Whom	By When
		Initial GDPR scoping works have been completed and data storage requirements will continually be monitored and updated where required. This objective will be one of continuous improvement and is being led by APUC experts.		
		Complete Privacy Impact Assessments in respect of all procurement business processes **2018 Review** As with the GDPR objective above, privacy considerations are subject to continuous improvement and will be focused on in early 2019 with the guidance of APUC.	**RM/TR**	**31/1/18**

Action Plan for Jan-Dec 2019

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.	**AS/AM/TR**	**31/12/2019**

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 pro-active approach to ensure optimum performance and service levels.	Work with all College colleagues 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.	**AS/AM/TR**	**30/06/2019**
	Re-tender and award contracts for Student Residences and Catering Provisions	Capture cost, service and social value savings in the renegotiation process and compare against originals	**AS/AM/TR**	**31/12/2019**

Objective	Main Action	KPI	By Whom	By When
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 out with 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.	**AS/AM/TR**	**31/12/2019**
	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.	**AS/AM/TR**	**31/12/2019**
	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.	**AS/AM/TR**	**31/12/2019**
	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	**AS/AM/TR**	**31/12/19**
		Complete Privacy Impact Assessments in respect of all procurement business processes	**AS/AM/TR**	**31/12/19s**

Perth College UHI

Committee	Audit Committee
Subject	Strategic and ICT Risk Register Update
Date of Committee meeting	19/02/2019
Author	SMT
Date paper prepared	11/02/2019
Executive summary of the paper	The third review of the Strategic Risk Register for the academic year 2018-19 has been carried out and any changes made to the register highlighted in red. The Strategic Risk Register was initially reviewed at the start of the Academic year and adjusted to reflect the executive considerations of the current risks to the College at that time. The register will be reviewed and updated throughout the academic year and presented to the Audit Committee together with a report on any emerging risks. The updated register is shown for the Committee's approval. All ICT Risk register updates have been incorporated into the Strategic Risk register.
Consultation How has consultation with partners been carried out?	Each assigned owner (member of SMT) within the register was consulted for updates, with CMT/Heads of department consulted for areas with specific risks (i.e. IT). All updates were collated centrally via the Project and Planning Manager.
Action requested	☐ For information only ☒ For discussion ☐ For recommendation ☐ For approval
Resource implications (If yes, please provide details)	No

Perth College UHI

Risk implications (If yes, please provide details)	No
Link with strategy Please highlight how the paper links to the Strategic Plan, or assist with: • Compliance • National Student Survey • partnership services • risk management • other activity [e.g. new opportunity] – please provide further information	The Strategic Risk Register is the core document on how Perth College UHI assigns, tracks and manages all strategic risks. All element s of the Perth College UHI Strategic Plan 2016-21 that have associated risks will be reflected within the risk register.
Equality and diversity Yes/ No If yes, please give details:	No
Island communities Does this activity/ proposal have an effect on an island community which is significantly different from its effect on other communities (including other island communities)?	No
Data Protection Does this activity/ proposal require a Data Protection Impact Assessment?	No
Status (e.g. confidential/non confidential)	Non-Confidential
Freedom of information Can this paper be included in "open" business?*	Open Business

Perth College UHI

* If a paper should **not** be included within 'open' business, please highlight below the reason.

Its disclosure would substantially prejudice a programme of research	☐	Its disclosure would substantially prejudice the effective conduct of public affairs	☐
Its disclosure would substantially prejudice the commercial interests of any person or organisation	☐	Its disclosure would constitute a breach of confidence actionable in court	☐
Its disclosure would constitute a breach of the Data Protection Act	☐	Other [please give further details] Click or tap here to enter text.	☐

For how long must the paper be withheld? Click or tap here to enter text.

Further guidance on application of the exclusions from Freedom of Information legislation is available via:
http://www.itspublicknowledge.info/ScottishPublicAuthorities/ScottishPublicAuthorities.asp
and
http://www.itspublicknowledge.info/web/FILES/Public_Interest_Test.pdf

UHI STRATEGIC RISK REGISTER TEMPLATE   **PARTNER: Perth College UHI**   **DATE: November 2018**

													ACTION PLAN		
Ref	Risk Status	Category	Risk Description	Causes	Impacts/ Evidence	Owner	Likely -hood	Impact	Gross Risk	Actions to minimise risk IN PLACE	Residual Risk	Trend	Actions to minimise risk TO DO	Action Owner	Completion Date
1 *	Active	Working in partnership to meet the needs of our local economy and beyond.

Providing a progressive curriculum which meets economic and social needs and aspirations. | Operations limited due to outcome of central or remote decision making reducing local impact and focus.

Lack of understanding or clarity of the academic partnership within our external operating environment. | • Collective reporting • Dilution of local need within decision making • Changes to Partnership structures/ organisation. | • Reduced student numbers. •Declining performance. • Loss of commercial potential. | Principal | 4 | 4 | 16 | • College Board of Management and Chair kept informed of arising issues. • UHI Vice Principal Further Education and Chair of Further Education Regional Board made aware of issues. • SMT proactive in decision making forums. • Perth & Kinross CPP single outcome agreement embedded in ROA. • Create positive working relationships with Colleges Scotland and Scottish Government. | 16

(4,4) | ↔ | • Continue to highlight as appropriate. • Continue to work on and implement recommendations of current Programme Board • Work proactively within partnership and beyond. • Be proactive in discussions re. future integration | Principal

Principal

Principal

Chair | Ongoing

Ongoing

Ongoing

Ongoing |
| 2 * | Active | Working in partnership to meet the needs of our local economy and beyond. | Non achievement of numbers.

Low allocation of funded Student Numbers from the region.

Adverse impact of Regional funding and allocation | • Lack of marketing focus • Intra regional competition • Curriculum offered does not meet demand • Slow conversion of application to acceptance • Impact of school profile and jobs market •BREXIT | • Financial. • Reputation. • National appetite for increased funded numbers. •Reduction in EU students. | Depute Principal Academic/ Vice Principal External | 4 | 3 | 12 | • Review curriculum to ensure it is up to date and fit for purpose and relevant for the identified market. • Maintaining engagement with applicants. • Well informed with strong/robust evidence/business case for local demand. • Strong representation on PPF for FE and HE and on the Regional FE Committee. • Clear understanding and management of criteria within the ROA. • Endorsement of Community Planning Partnership. • Liaise with adjoining regions, colleges and providers for out of region provision. • Strategic discussions with PKC Education Department on Schools/College volume. •Ensure student numbers align to strategic plans. • Identify courses with highest EU student cohorts. • Effective marketing plan in place. • Student Number Planning using more robust data | 9

(3,3) | ↔ | •Model and analyse impact of trends and updates.

• Revised Marketing Strategy

• Curriculum Review

• EREP Action Plan Implementation – now ongoing with Project Manager | Depute Principal Academic/ Vice Principal External

Depute Principal Academic/ Vice Principal External

Depute Principal Academic

Depute Principal Academic | Ongoing Review again Mar 19

Ongoing

April 2019

Semester 2, 2019 |

Ref	Risk Status	Category	Risk Description	Causes	Impacts/ Evidence	Owner	Likely -hood	Impact	Gross Risk	Actions to minimise risk IN PLACE	Residual Risk	Trend	Actions to minimise risk TO DO	Action Owner	Completion Date
													ACTION PLAN		
3 *	Active	Developing a successful and sustainable organisation.	Lack of International student recruitment. Lack of RUK student recruitment. Sustaining International Partnerships	• UK Regulation Registration (UKVI) • In country adverse political environment • Availability of suitable product • Marketing and attraction strategy	• Loss of income. • Bad publicity. •Lack of student diversification	Vice Principal External	5	4	20	• Employing international staff from major markets. • Protection of Highly Trusted Status. • Student Testimonials. • Closer links with the curriculum areas. • Working with UHI World/UHI VP International and External Engagement • Explore combined product offering between College and AST. • Delivery of Trans National Education	16 (4.4)	↔	• Wider product range to be developed. • International strategic approach for 2018/19 to be reviewed and revised. • Use strengths of AST market intelligence. • Develop International Partner Network • Rolling sales and marketing plan re. target markets and potential customers. • Influence UHI to create bespoke marketing and presentation materials. • Create Chinese website	Vice Principal External	July 2019
4 *	Active	Developing a successful and sustainable organisation. UHI Common Risk	The institution has a poor reputation.	• Financial failure. • Consistent poor student experience/ performance • Contentious investment/ divestment • Predatory merger and acquisition • Breakdown in Partner and Staff relations • Confusion of brand identity re. Perth and UHI • Adverse publicity	• Loss of income • Increased costs • Staff retention/ recruitment • Student retention/ recruitment. • Loss of accreditations. • Damage to reputation.	Principal	3	4	12	• Heightened awareness of causes of poor reputation. • Heightened reinforcement of the value of Perth College. • Building trust with Partners. • Effective marketing of College and UHI. • Maintain communication via employer engagement. • Annual marketing and PR Plan in place. .	8 (2,4)	↔	•Review, update and implement communications and PR strategy. •Re-forecast of the 2018-19 Budget	Principal Vice Principal External	July 2019 April 2019

Ref	Risk Status	Category	Risk Description	Causes	Impacts/ Evidence	Owner	Likely-hood	Impact	Gross Risk	Actions to minimise risk IN PLACE	Residual Risk	Trend	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.	• Reduction of Capital Grant. • Backlog of essential maintenance. • Uncertainty of future Governance model. • Lack of available funds. • Age of current campus.	• Estate poorly maintained • Inability to deliver a new improved estate fast enough. • Availability of classrooms and academic equipment does not match demand.	Depute Principal Academic	4	3	12	• 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 • Ensure additional funding allocated by SFC for backlog maintenance is spent appropriately.	9 (3,3)	↔	• Identify estates requirements. • Develop future campus vision.	Depute Principal Academic	Ongoing July 2019
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.	• 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. • Lack of Integrated Information Systems	• Higher investment in resources required. • Need to continually alter accommodation. • Available resources limit delivery options. • Poor student and staff feedback. • Lack of knowledge of system design • Duplication of data and processes	Vice Principal External / Depute Principal Academic	4	3	12	• Developed robust Curriculum Development Plan. • Link ICT 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 • UHI Wi-Fi Service upgrade: Continue existing Wi-Fi network service until the new service has been proved through a pilot • Bright Space implementation -Staff training sessions ongoing throughout February -Data hosed in EU? • VC Application change to Webex teams. -Application available to download on college eqpt. -ICT Staff available to support • Lack of Integrated Systems (IS) -Forced encryption on portable devices -GDPR Training sessions: Awareness of issues around transferring data	9	↔	• Rigorous approach to timetabling and utilisation of rooms. • ICT Budget and replacement. • UHI ICT strategy discussions. • New Learning & Teaching Enhancement Plan – will be part of the Curriculum Review • New Operational Planning Process – launching at February 19 Staff Conference -Lead with Pilot in Webster Building before endo of Easter recess 2019. -Install in parallel with existing equipment -Carry out major works out of term time to reduce impact on student experience.	Depute Principal Academic Vice Principal External Depute Principal Academic Vice Principal External	Ongoing Ongoing July 19 Semester 2, 2019 Starting February 19 Starting Pilot for Easter recess; project completion 31 July 19

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
										-Change tracker for Payroll Process			-Publicise new service by posters: 2019/20 -Info sessions at 2019/20 induction periods -Continue with Staff Training session into and after launch -Promote good data migration procedures and processes. Integrity and copyright checks. -access UHI LIS Risk Register entry. -Staff training and Info sessions -Communicate changes to staff and students -Identify and evaluate replacement IS -Purchase, design and Implement IS Systems including data migration	Vice Principal External\ Depute Principal Academic

Vice Principal External

Vice Principal External | 30 August 2019

Ongoing

HR\Payroll: 04\2020 Ongoing: Continual improvement |

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.	• 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	• 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	• 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. • Staff Survey results and IIP Assessment Action Plan in place and monitored.	9 (3,3)	↔	• 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.	Head of HR & OD	July 2019
8 *	Active	Developing a successful and sustainable organisation. UHI Common Risk	Research outputs are sub standard.	• Lack of experience and reputation •Insufficient staff time available • Not explicit in staff Partnership Contract. • Funding methodology	• Inability to identify and agree appropriate projects • Research strategy not clear	Principal	4	3	12	• 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. • Effective and purposeful operation of R&KE Committee and links to UHI structures.	9	↔	• Link with KE specialists in UHI. •.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
9 *	Active	Working in partnership to meet the needs of our local economy and beyond.

Developing a successful and sustainable organisation. | Missing viable opportunities for development and growth | • Insufficient research.
• Lack of horizon scanning.
• Lack of ability to invest in opportunities.
• Insufficient planning.
• Being too risk averse.
• Failing to develop at the required pace.
• Funding allocations
• Resource limitations
• Changes to ESIF Funding. | • Loss of share of potential market/earnings.
• Loss of reputation.
• Miss the market.
• Stagnation of product offering.
• Missed opportunities for staff.
• Missed opportunities for students.
• Funding criteria changes. | Principal | 3 | 3 | 9 | • Effective new product development processes/reviews.
• Clear review of product development processes / communication International and Home.
• Collaborative UHI Partnership process in place.
• Scanning and planning cycles and process communicated.
• Collecting staff ideas by their involvement.
• Encouraging a staff culture of enterprising behaviour.
• Legislative change mapping for new courses.
• Tayside RSA + H & I RSA to be used as baseline intelligence.
• Flexibility in approval Cycle and proportionate responses.
• Liaison with EO & UHI World to identify partnership strengths as they pertain to curriculum.
• Liaison with UHI re ESIF and LUPS. | 6

(2,3) | ↔ | • Curriculum Review FE and HE.
• Monitor and review international opportunities and costs. International Strategy.
• Target international developments towards such areas where product is requested, e.g... Business Degrees.
• Schools Strategic Group to plan curriculum 2018-19 onwards.
• DYW Group implementation.
• SDS liaison and key employer contacts and stakeholders.
• PPF UHI Curriculum Plan
• MA Development Plan with SDS.
•Involvement with Tay Cities Deal | Depute Principal Academic/ Vice Principal External

Vice Principal External

Depute Principal Academic

Vice Principal External

Depute Principal Academic | Ongoing

Ongoing

Ongoing

Ongoing

Ongoing

July 19

Ongoing

July 2019

July 2019 |

												ACTION PLAN		
Ref	Risk Status	Category	Risk Description	Causes	Impacts/ Evidence	Owner	Likely -hood	Impact	Gross Risk	Actions to minimise risk IN PLACE	Residual Risk	Trend	Actions to minimise risk TO DO	Action Owner	Completion Date
10 *	Active	Inspiring and supporting our students to achieve their potential. Providing a progressive curriculum which meets economic and social needs and aspirations. UHI Common Risk	Academic quality is sub standard .	• Insufficient tracking of student. • Poor understanding of student requirements. • Product not fit for purpose. • Poor delivery. • Insufficient support for students. • Mis-selling of courses/provision..	• Loss of students. • Loss of earnings. • Adverse PR and poor reputation. • Poor future recruitment. • Poor achievement and retention.	Depute Principal Academic	3	3	9	• Student tracking programme and reviews by Student Advisers. • Heightened student focus on internal communication and training evidenced by the BRAG reporting system. • Managing student expectations. • Active listening to student voice and acting on evidenced by feedback to students. •Act on Student Survey outcomes evidenced by action planning with quality reviews. • Ensure regular/ constructive formative assessment feedback to students/ customers. • Implement Complaints Procedure in line with new legislation and refresh training. • ASW opportunities roll out. • Student Partnership Agreement • NSS Action Plans implemented for courses with poor results. • Appointment of Head of Student Experience. • Self-evaluation process redesigned. • Working with HISA to conduct student focus groups. • A Student Experience Committee has been convened	6 (2,3)	↔	• Complaints Review • Student funding at Regional and National level.	Depute Principal Academic (All)	Ongoing
11 *	Active	Providing a progressive curriculum which meets economic and social needs and aspirations. UHI Common Risk	Regional curriculum plan and delivery not aligned to local demand.	• Fragmented ownership. • Lack of planning. • Over ambitious change in delivery methodology. • Wrong blend between online and face to face. • ESIF changes.	• Lose students. • Financial risk through reallocation. • Students choose another provider. • Poor retention and achievement. • Disputed ownership/ responsibility for failings.	Depute Principal Academic	3	3	9	• Influence/engage with development. • Meetings arranged with UHI Deans. • Keep in touch/listen to student views. • Active engagement in SMCT, QAEC and PPF. • UHI to commission research on impact of changed delivery methodologies. • Work with UHI, SDS and local stakeholders to enhance demand analysis. • Regional Outcome Agreement development and implementation. • Depute now sits on SMCT. • Vice Principal now sits on EPSC. • Associate Principal now sits on PPF.	6 (2,3)	↔	• Proactively engage in implementation of UHI Strategic Plan. • Keep abreast of ESIF developments. • Tertiary working groups. • Curriculum Review	SMT Depute Principal Academic	Ongoing July 19 July 19 Semester 2, 2019

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
12 *	Active	Developing a successful and sustainable organisation.	Threat to Business Continuity	• Major incident. • Pandemic. • Major fire. • Terrorist Activity. • UHI ICT loss of service. • Radicalisation	• College closure. • Reduced/loss of service.	Principal	2	4	8	• Annual Reviews of Business Continuity Plan. • Fibre ring installed. • ICT Risk Register developed and dynamic review. • Live ICT shutdown test. • Desktop exercise with CMT successfully completed. •UHI wide live exercise concluded • All actively involved in Single Policy Work Environment. • Significant increase in input to the UHI L&T Review documentation.	6 (2,3)	↔	• Update of Business Continuity Plan the framework for compliance with most recent BSI guidelines.	Principal	Dec 2019
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.	• 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.	• Disruption to business systems and student learning. • Increased costs.	Vice Principal External	3	3	9	• 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	↔	• 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	•Change in Government control/legislation. •Ongoing Implications of ONS	• Unable to plan longer term. • Unable to save to invest in larger projects. • Capital Expenditure programme halted since depreciation cash equivalent no longer available.	Vice Principal External	3	5	15	• 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	↔	• Keep abreast of interpretation and updates. • Maintain awareness. •Involvement with sector, Colleges Scotland and SFC working groups.	Vice Principal External	Ongoing 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
15 *	Active	Developing a successful and sustainable organisation. UHI Common Risk	Financial failure/operating loss. Inability to achieve a balanced budget.	• Lack of student numbers. • AST under 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.	• 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	• 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)	↔	• Review of International Recruitment Strategy. • Develop Business Plan for AST • Create Business Development Strategy	Principal Principal	Ongoing July 2019
16 *	Active	Developing a successful and sustainable organisation. Developing staff to successfully deliver our Vision.	National Pay Bargaining unaffordable	• National bargaining has local consequences. • Agreed pay awards unaffordable for individual college.	• 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	• College membership of national forums via Chair and Principal. • Attend 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)	↔	• Continue to participate in national bargaining. • Contribute to thinking on Workforce of the Future. •Engage fully with Colleges Scotland	Principal	Ongoing
17	Active	Developing a successful and sustainable organisation.	Non-compliance of Statutory Health and Safety Legislation and Equality Legislation	• Introduction of amendments to existing legislation or new unforeseen and unplanned legislation.	•Introduces financial and staffing resources to administer. • Legal Action. • Risk of Business Continuity. • Financial fines. • Reputational damage.	Principal	1	5	5	•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)	↔		Depute Principal Academic	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
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.	•Lack of numbers. •Students wishing to study within EU •Economic and fiscal uncertainty over EU exit. •Staff uncertainty	•Reduced numbers of students/staff •Loss of commercial potential. •Loss of EU funding	Principal	5	4	20	• 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)	↔			
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	•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.	9 (3,3)	↔	• Curriculum Review	Depute Principal Academic	Semester 2, 2019
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	•Review curriculum to ensure robust and up to date. •Develop external partnerships with schools. DYW and employers. •Plan, monitor and review student numbers/applications.	9 (3,3)	↔			
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	Principal	4	3	12	•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. •GDPR Implementation Plan • GDPR policies and procedures agreed.	6 (2,3)	↔	• Continuous update and reinforcement of GDPR policies and procedures.	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	Actions to minimise risk TO DO	Action Owner	Completion Date
										ACTION PLAN					
					to demonstrate compliance with the Law.										
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	•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.	Depute Principal Academic	3	2	6	•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	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.	Vice Principal External	4	4	16	•Firewalls and filters updated regularly. •Anti virus software on all corporate devices. •UHI protocols applied and adhered to. •Passwords changed regularly.	12	↔			

Ref	Risk Status	Category	Risk Description	Causes	Impacts/ Evidence	Owner	Likely -hood	Impact	Gross Risk	Actions to minimise risk IN PLACE	Residual Risk	Trend	Actions to minimise risk TO DO	Action Owner	Completion Date
				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.							(3,4)				
25	Active	Developing a successful and sustainable organisation	Financial failure of commercial subsidiary	Non compliance with governance, financial and legal processes and procedures.	Contracts signed without required approvals. Failure to consult with College SMT and AST Board	Principal	5	5	25	• AST management structure reviewed. • Interim Manager in place. • Policies identified • Best practice adhered to • College Governance applied. • Advice given to AST Management Team.	12 (3,4)		• Continue to review AST policies • Regular meetings held • Procedural Manual review	Vice Principal External	30 April 2019

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: • loss of a major UHI partner • loss of major funding stream	> £500,000 or lead to likely loss of key partner	• Likely loss of key partner, curriculum area or department • Litigation in progress • Severe student dissatisfaction • Serious quality issues/high failure rates/major delivery problems	• 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: • **major** reduction in funding • **major** reduction in teaching/research capacity	£250,000 - £500,000 or lead to possible loss of partner	• Possible loss of partner and litigation threatened • Major deterioration in quality/pass rates/delivery • Student dissatisfaction	• 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	• General deterioration in quality/delivery but not persistent • Persistence of issue could lead to litigation • Students expressing concern	• 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	• Some quality/delivery issues occurring regularly • Raised by students but not considered major	• Low media profile • Problem commented upon but credibility unaffected
1 - Insignificant	An **adverse** event that can be accommodated through normal operating procedures.	<£10,000	• Quality/delivery issue considered one-off • Raised by students but action in hand	• 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.

ICT Risk Register Update

Updates for ICT risks associated with

Perth College UHI

Also available in large print (16pt)

and electronic format.

Ask Student Services for details.

www.perth.uhi.ac.uk

University of the
Highlands and Islands
Perth College

ICT Risk Register

Actions from meeting: November 2017

At the Committee meeting in November 2017 there was one outstanding action:

3. Move one backup repository to ASW building – this new location has given us the opportunity to further improve resilience. June 2017

This outstanding task was completed December 2017

Update January 2019

- Data Recovery tests were successfully tested post-Christmas Recess; this supports the regular data recovery requests from Staff and Students
- The Business Continuity Plan reflects ongoing ICT Infrastructure related risks, to which there are no changes
- Contact and ownership details require updating to reflect new College structure and reporting lines

Ray Crabb

Acting ICT Manager

New Risks

Action: Roll out of new UHI wireless network hardware and wireless network process: UHI are currently rolling out a new Wi-Fi infrastructure across the entire UHI partnership with a change in connection process to encourage Students, staff and visitors to connect to the most relevant network ID.

Category:

1. *Inspiring and supporting our students to achieve their potential*
2. *Developing a successful and sustainable organisation*

Risk:

1. *Loss of wireless network connectivity, reduction in level of service, poor staff and student experience*
2. *Loss of access to college portable computing devices and curriculum materials*

Impacts/Evidence:

- *New wireless network will provide and improved student\staff\visitor experience*

Actions to minimise risk IN PLACE

- *Continue on existing wireless network until the new has been proved through the pilot*

Actions to minimise risk TO DO:

1. *Lead with a pilot in Webster Building; install planned before end of Easter Recess 2019, to test and check configuration in a live environment*
2. *Install new equipment in parallel with existing equipment, allowing old network to be re-instated if issues arise*
3. *Carry out work out of Semester, minimising effect on Student Experience*
4. *Post posters campus wide to advertise new service*
5. *Info sessions on service at student induction and academic staff return to work sessions*

Completion Date

Starting Pilot for Easter recess; project completion 31 July 19

<u>Action:</u> Roll out BrightSpace; migration of data, Owner – Vice Principal, External. Ray Crabb has requested access to the UHI's Risk Register for this project, but currently it is not forthcoming.

Category:

1. *Inspiring and supporting our students to achieve their potential*
2. *Developing a successful and sustainable organisation*

Risk:

1. *Poor student experience*
2. *Loss of or corruption of data*
3. *Interference to data access*
4. *Complete loss of student provision for remote learners*
5. *Data Breach\leak*

Impacts/Evidence:

1. *Improved student\staff experience*
2. *Improved Virtual Leaning Environment*
3. *Poor student and staff feedback*

Actions to minimise risk IN PLACE

1. *Staff training sessions from local Learning & Teaching team*
2. *Data hosted in EU?*

Actions to minimise risk TO DO:

1. *Continue with Staff Training session into and after launch*
2. *Promote good data migration procedures and processes. Integrity and copyright checks*
3. *Access UHI LIS Risk Register entry*

Completion Date

30 August 2019

<u>Action:</u> Video Conference application change to Webex. Owner – Vice Principal, External.

Category: Inspiring and supporting our students to achieve their potential

Risk:

1. *Poor student experience*
2. *Poor staff experience*

Impacts/Evidence:

1. *Improved student\staff experience*
2. *Cisco moved to a Webex Teams platform*
3. *Student and Staff feedback*
4. *Poor performance in national student satisfaction surveys*

Actions to minimise risk IN PLACE:

1. Webex Application has been made available to staff and students on Software Centre, so they can download on college equipment without the need for ICT Support
2. ICT and AV support staff available for support of application

Actions to minimise risk TO DO:

1. Communicate changes to staff and student mailing lists
2. Staff Training and Info sessions: including links to software download for personal device use

Completion Date

Ongoing

<u>Action:</u> Integrated Systems (Payroll, HR etc.). Owner – Vice Principal, External.

Category: Developing a successful and sustainable organisation.

Risk: Personal and sensitive data is corrupted, lost, stolen or misused or services are disrupted through malicious and illegal activities.

Causes:

1. *Manual Data entry*
2. *Manual data processing allows more scope for error*
3. *Lack of knowledge of system design*
4. *Lack of remote access to payroll system*

Impacts/Evidence:

1. *Loss of portable data device*
2. *Data sent to incorrect email address*
3. *Duplicate records*
4. *Staff time to carry out processes: not LEAN*

Actions to minimise risk IN PLACE:

1. *Forced encryption on portable devices*
2. *GDPR training sessions: Awareness of issues around transferring data*
3. *Change tracker for payroll process*

Actions to minimise risk TO DO:

1. *Identify and Evaluate replacement Integrated Systems*
2. *Purchase replacement Integrated Systems*
3. *Design and Implement replacement Integrated Systems, including migration of data*

Completion Date

HR\Payroll: 04\2020

Ongoing: Continual improvement

Perth College UHI

Committee	Audit Committee
Subject	Estate Maintenance Risk
Date of Committee meeting	19/02/2019
Author	Gilbert Valentine, Head of Estates
Date paper prepared	11/02/2019
Executive summary of the paper	This paper presents a review of the backlog maintenance funding requirements identified by SFC in 2017 and highlights the funding profile to address this backlog maintenance over a 5 year period.
Consultation How has consultation with partners been carried out?	The paper has been prepared for consideration by the Senior Management Team.
Action requested	☐ For information only ☒ For discussion ☐ For recommendation ☐ For approval
Resource implications (If yes, please provide details)	Yes There are substantial financial resource implications up to potentially £12m over 5 years.
Risk implications (If yes, please provide details)	Yes There is a risk that increased deterioration and repair will occur, and also a risk to interruption of services in the event of breakdown.

Perth College UHI

Link with strategy Please highlight how the paper links to the Strategic Plan, or assist with: • Compliance • National Student Survey • partnership services • risk management • other activity [e.g. new opportunity] – please provide further information	The College facilities are an integral part of the student experience and play a part in enhancing the students environment whilst studying here. There is also a link to loss of services, or access to buildings, which links to business continuity.
Equality and diversity Yes If yes, please give details:	As with all operational activity there are equality and diversity considerations that will be embedded within any individual elemental plans
Island communities Does this activity/ proposal have an effect on an island community which is significantly different from its effect on other communities (including other island communities)?	No
Data Protection Does this activity/ proposal require a Data Protection Impact Assessment?	No
Status (e.g. confidential/non confidential)	Confidential
Freedom of information Can this paper be included in "open" business?*	Papers should be open unless there is a compelling reason for them to remain closed. If a paper, or parts of a paper, are to remain closed the reason for that exemption must be specified – see reasons below

* If a paper should **not** be included within 'open' business, please highlight below the reason.

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Perth College UHI

Its disclosure would substantially prejudice a programme of research	☐	Its disclosure would substantially prejudice the effective conduct of public affairs	☐
Its disclosure would substantially prejudice the commercial interests of any person or organisation	☒	Its disclosure would constitute a breach of confidence actionable in court	☐
Its disclosure would constitute a breach of the Data Protection Act	☐	Other [please give further details] Click or tap here to enter text.	☐

For how long must the paper be withheld? Click or tap here to enter text.

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http://www.itspublicknowledge.info/ScottishPublicAuthorities/ScottishPublicAuthorities.asp
and
http://www.itspublicknowledge.info/web/FILES/Public_Interest_Test.pdf

Backlog Maintenance February 2019

Introduction

The Scottish Funding Council carried out a Condition Survey at Perth College UHI during 2017. This involved studying the previous College organised condition survey information around 2012 and carrying out a 2-day visit to the College to survey and inspect the various premises. This was conducted by Gardiner & Theobald and the MAMG Consultancy on behalf of SFC.

SFC Condition Survey

The output report was released in December 2017 and the summary of the costs of backlog maintenance over a 5 year period identified in the table below.

Building names	Average Condition	Condition Spread				Budget cost - 5 year outlook : Backlog maintenance and renewals excl decant costs, vat & fees and other overheads etc					
		A	B	C	D	Building Total	£/m2	Year 1 High	Year 2 High	Years 3-4 Medium	Year 5 Low
Brahan	C	26	50	20	5	£4,202,446	234	£70,206	£1,482,856	£2,553,864	£95,520
Goodlyburn	C	19	59	21	1	£1,773,169	298	£140,472	£99,360	£1,530,115	£3,222
Academy Sport & Wellbeing	A	100	0	0	0	£120,936	44				£120,936
Webster & Union	B	35	65	0	0	£39,562	80		£720	£21,562	£17,280
Nursery	B	27	66	4	3	£118,034	118	£2,640	£2,174	£38,940	£74,280
Dunne	A	57	42	0	1	£7,910	30		£150		£7,760
Totals						**£6,262,057**		**£213,318**	**£1,585,260**	**£4,144,481**	**£318,998**

The intention of the report is to provide a guide to the condition of the survey subjects, the general nature and scale of works necessary to bring the building fabric into a well maintained condition. This condition is known as "Condition B", i.e. generally sound, wind and watertight and to a state whereby existing defects are not significantly worsening or compounding, components can deliver a normal life cycle appropriate to long term use, and whereby operation or use of the premises is not being prevented.

The authors note that all costs estimated do not take account of special attributes, e.g. decants, redecorations, asbestos, operational issues necessary to undertake the works, neither do they include for vat and any professional fees. It is expected when

all the detailed estimates are prepared for all individual elements the summary total of £6.2M could approach a figure double this value.

Typical Items.

The SFC make reference to typical elemental items in their accompanying text which is summarised below (and updated to include an ongoing issue with sub-floor water ingress at Goodlyburn 407) amongst others.

Ref	Building	Item	SFC Estimate £ exc vat
1	Brahan	Miscellaneous walling e.g. Food Court	£40,000
2	"	Roofing - waterproofing and thermal upgrading	£520,000
3	"	Study Centre boilers	£100,000
4	"	Electrical upgrading - power and lighting	£1,000,000
5	"	Cooling and mechanical plant	£100,000
6	"	Finishes - decoration, ceiling, flooring	£380,000
7	"	Water services	£587,000
8	Goodlyburn	Miscellaneous walling	£20,000
9	"	Electrical upgrading power and lighting	£500,000
10	"	Cooling and mechanical plant	£100,000
11	"	Finishes - decoration, ceiling, flooring	£458,000
12	"	Water services	£300,000
13	"	Roofing - waterproofing and thermal upgrading	£200,000
14	"	Lift upgrading	£94,000
15	"	Water ingress e.g. 407	£40,000
16	External	Roads, footpaths and boundary walls and fences	£795,000

SFC Report Year 1 works.

The works identified in the SFC report for year 1 are either undertaken in summer 2018 or are scheduled to be carried out in summer 2019. Urgent repairs to boundary walling and roadway repairs were undertaken in summer 2018, as was Nursery external painterwork.

Goodlyburn boiler replacement is scheduled for summer 2019 along with campus CCTV maintenance and extension. Partial works will also be carried out in summer 2019 for flooring renewals and redecoration in Brahan and Goodlyburn.

Forward Planning for Remedial Works

If funding can be identified for some or all of these works identified in the SFC report, it will be necessary to consider how they can be programmed in to the College schedule of operations.

Many of the works are disruptive in terms of noise and interruption to services and may well need to be scheduled to summer recess periods each academic year.

The necessary specification and design of refurbishment or renewal, and the subsequent tendering of contracts and mobilisation of contractors will take several months. It is prudent to allow a period in excess of 6 months prior to each of the summer recesses to have certainty of funding to allow due process to occur.

It would not necessarily be appropriate to undertake the itemised works on an elemental by elemental basis as this would potentially involve disruption to an area on several occasions.

Experience doing refurbishments in the former Hair and Beauty section at Brahan and at Brahan reception in the last 3 years indicates the substantial costs of dealing with any asbestos debris in Brahan ceiling spaces. This asbestos item would be a substantial cost to be added to the base elements identified in the SFC report.

Given the nett SFC total backlog figure of £6.2M, it may be useful to suggest a gross figure in the region of up to £12M over 5 years, once allowances are made for asbestos, decants, operational alterations, other overheads, vat and fees.

This report highlights the scale of the funding required in future years, if it is intended to address the backlog items highlighted by the SFC.

REF :GV/11 February 2019.

Committee	Audit Committee
Subject	Health & Safety Risk Management Profile
Date of Committee meeting	19/02/2019
Author	Ian Bow (Health, Safety & Wellbeing Adviser)
Date paper prepared	01/10/2018
Executive summary of the paper	The profile outlines the Health & Safety Risk Management Profile position as at October 2018. This document provides the perceived risk to Perth College UHI and Control Measures in place and planned. It has again been reviewed February 2019 by the Health and Safety Committee. The revised document shall be available for the next meeting.
Consultation How has consultation with partners been carried out?	Health and Safety Committee provide input.
Action requested	☒ For information only ☐ For discussion ☐ For recommendation ☐ For approval
Resource implications (If yes, please provide details)	Yes There shall be some financial resource required to improve the risk status. Costs incurred shall cover training, equipment and backfill for staff attending training events.
Risk implications (If yes, please provide details)	No Not yet fully evaluated.

Perth College UHI

Link with strategy Please highlight how the paper links to the Strategic Plan, or assist with: • Compliance • National Student Survey • partnership services • risk management • other activity [e.g. new opportunity] – please provide further information	Linked to the Health and Safety Management System
Equality and diversity No	No
Island communities Does this activity/ proposal have an effect on an island community which is significantly different from its effect on other communities (including other island communities)?	No
Data Protection Does this activity/ proposal require a Data Protection Impact Assessment?	**No**
Status (e.g. confidential/non confidential)	Non-Confidential
Freedom of information Can this paper be included in "open" business?*	Yes

* If a paper should **not** be included within 'open' business, please highlight below the reason.

Its disclosure would substantially prejudice a programme of research	☐	Its disclosure would substantially prejudice the effective conduct of public affairs	☐

Its disclosure would substantially prejudice the commercial interests of any person or organisation	☐	Its disclosure would constitute a breach of confidence actionable in court	☐
Its disclosure would constitute a breach of the Data Protection Act	☐	Other [please give further details] Click or tap here to enter text.	☐

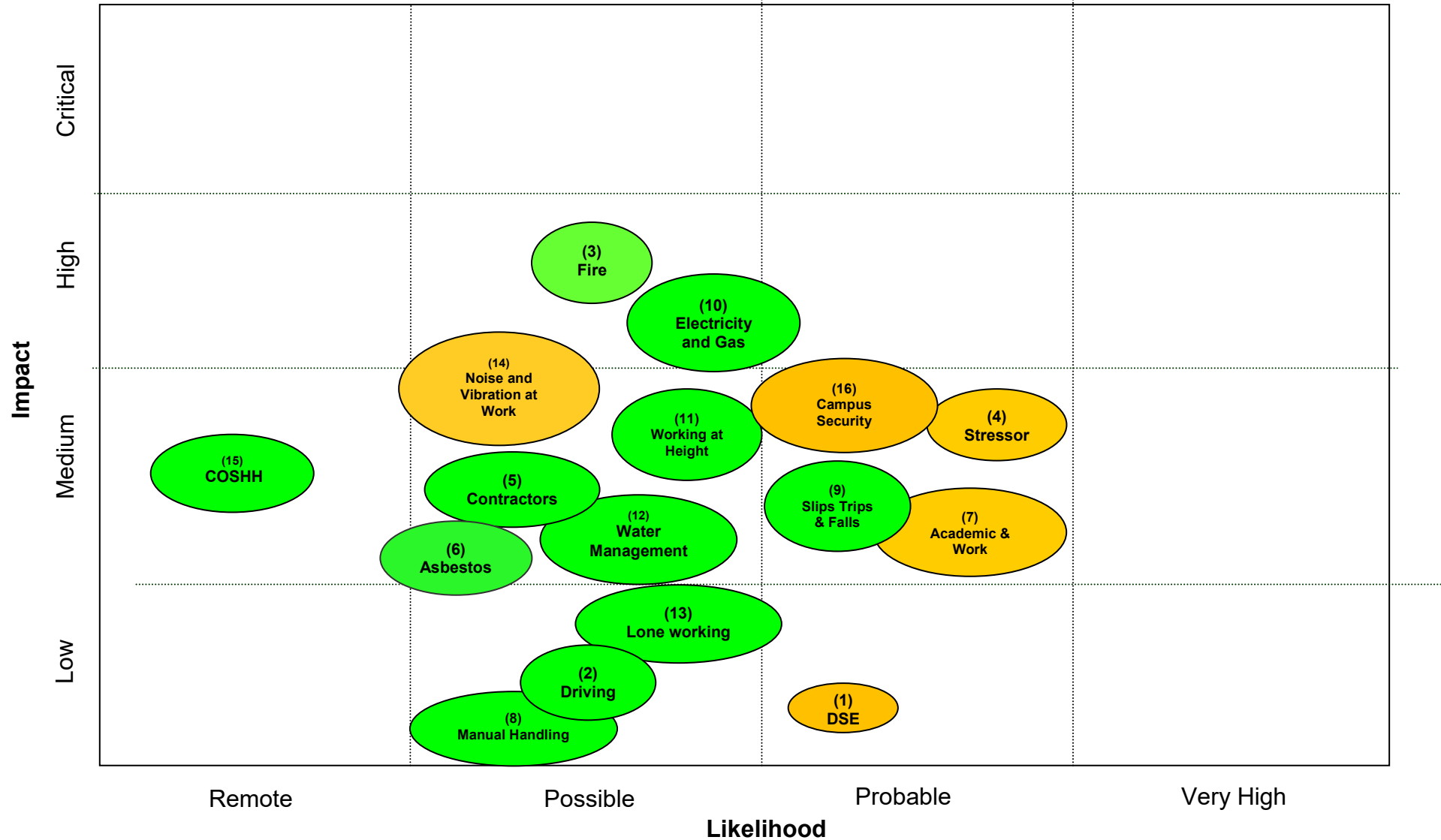For how long must the paper be withheld? Click or tap here to enter text.

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http://www.itspublicknowledge.info/ScottishPublicAuthorities/ScottishPublicAuthorities.asp
and
http://www.itspublicknowledge.info/web/FILES/Public_Interest_Test.pdf

Health and Safety Risk Management Profile: October 2018

Impact (y-axis, bottom to top): Low, Medium, High, Critical

Likelihood (x-axis, left to right): Remote, Possible, Probable, Very High

Risk items plotted:
- (3) Fire
- (10) Electricity and Gas
- (14) Noise and Vibration at Work
- (16) Campus Security
- (4) Stressor
- (11) Working at Height
- (15) COSHH
- (5) Contractors
- (9) Slips Trips & Falls
- (7) Academic & Work
- (6) Asbestos
- (12) Water Management
- (13) Lone working
- (2) Driving
- (8) Manual Handling
- (1) DSE

Legend:

🟢 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 **August 2018** on review of Control Measures/Actions Taken **– change**	
			Impact	Likelihood					Impact	Likelihood
HS1	**Display Screen Equipment (DSE)**	Musculoskeletal disorders. Stress.	Low	Possible	Staff Absence. Claim for compensation. Reported problems to Line Manager/H&S Officer. Litigation. **Lack of DSE Assessments**	**In Place** HS1.1 Health and Safety Policy. HS1.2 DSE Self- Assessment Forms with guidance. HS1.3 Mandatory on-line H&S training. HS1.4 Staff H&S Handbook issued to new staff. 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. HS1.6 H&S included in staff induction session HS1.7 Staff provided with ergonomic equipment as required HS1.8 Annual reminder from H&S Officer to staff and managers re review of DSE Risk Assessment, particularly of changes to work station.	**Planned** DSE awareness, online training via Marshalls (H&S 2) containing DSE package			

Reference	Risk	Risk Level as at Feb 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at **May 17** on review of Control Measures/Actions Taken **– no change**	
		Impact	Likelihood					Impact	Likelihood
HS2	**Driving for Work**	Low	Possible	Accident/Incident Reports. Sickness Absence figures. Insurance claims. Emergency Services Reports. Speeding Fines. Prosecution eg invalid licence	In Place	Planned			
	Inclement weather. Vehicle breakdown. Accident. Insufficient training for vehicle type. Illegal driving. Driver fatigue. Medical condition. Un-road worthy vehicle.				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.				

5

Reference		Risk	Risk Level as at Nov 2015		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at May 17 on review of Control Measures/Actions Taken–no change	
			Impact	Likelihood					Impact	Likelihood
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 HS3.1 Fire Marshals and Duty Fire Officers in place for all locations during standard business hours. HS3.2 Guidance in H&S Staff Handbook issued to new staff and on PerthNet. HS3.3 Fire Drill at least twice per year. HS3.4 Fire Risk Assessment completed for all buildings and reviewed by H&S Officer. HS3.5 Fire/Emergency Evacuation Training completed by Evacu Team. HS3.6 Workplace Inspection. HS3.7 Fire fighting equipment. HS3.8 Relevant staff trained in use of fire -fighting equipment HS3.9 Evening Sign-in Register. Automatic pop-up message reminder on staff PC screen. HS3.10 Visitor sign-in register. HS3.11 Visitor badge provides evacuation information, and visitor information leaflet contains key H&S information. HS3.12 Fire alarm system installed in all College buildings. HS3.13 Fire notices in all rooms and at exits. HS3.14 Safe Fire Assembly points. HS3.15 Written information provided for external lets.	Planned		HS3	

Reference	Risk	Risk Level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at May 17 on review of Control Measures/Actions Taken- no change	
		Impact	Likelihood					Impact	Likelihood
HS3 contd	Fire contd	High	Possible		In Place	Planned			
					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				

Reference	Risk	Risk Level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at May 17 on review of Control Measures/Actions Taken - updated	
		Impact	Likelihood					Impact	Likelihood
HS4	**Stressors in the Workplace**	Medium	Probable	Staff Sickness Absence. Staff Survey. Claim for compensation. Poor performance. Employment Tribunal claim. .	**In Place** HS4.1 Occupational Health referral and confidential independent counselling service. HS4.2 Occupational Health appointments available. 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. HS4.8 Bronze and Silver award for Healthy Working Lives – 3-yearly staff wellbeing survey. 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	**Planned** HS4.8P College working towards Gold Award for Healthy Working Lives. This was achieved December 2017. 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. 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.	December 2017 1st H&S Comm meeting 17/18 1st 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 May 17 on review of Control Measures/Actions Taken – no change	
		Impact	Likelihood					Impact	Likelihood
HS5	**Contractors**	Medium	Possible	Accident/Incident Reported. Sickness Absence. H&S Officer observations/inspections. Litigation.	In Place	Planned			
	Contractors do not comply with College safety measures and cause injury/death to persons or damage to property/equipment.				HS5.1 All contractors must sign Visitors Book and are issued with Visitor Badge.				
					HS5.2 Contractor must have a Certificate of Employer's and Public Liability.				
					HS5.3 Contractors receive a H&S induction to be made aware of College safety rules.				
					HS5.4 All contractors complete a health and safety questionnaire for pre-tender of planned works.				
					HS5.5 Permit to Work issued to contractors when required.				
					HS5.6 Health and Safety Officer attends pre-planning meetings for tendered works.				
					HS5.7 Under CDM Regulations, a CDM Co-ordinator appointed as required.				
					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.				
					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.				
					HS5.10 Management of Contractors Policy – in place				

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Reference		Risk	Risk level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at August 18 on review of Control Measures/Actions Taken – change	
			Impact	Likelihood					Impact	Likelihood
HS6	Asbestos	Risk of employees / contractors coming into contact with and inhalation of asbestos fibres.	Medium	Possible	Asbestos related diseases. Asbestos contamination and resultant disruption. Staff sickness. Claims for compensation.	In Place	Planned		Medium	
						HS6.1 Asbestos Policy in place				
						HS6.2 Asbestos Register held in Estates Office and updated as asbestos is removed.				
						HS6.3 Approved contractors used for asbestos removal.				
						HS6.4 All College staff email to advise when asbestos removal is taking place.				
						HS6.5 All contractors advised of any asbestos at induction.				
						HS6.6 Asbestos removal programme in place to ensure all remaining asbestos is minimised in all College owned premises. Annual review of progress.				
						HS6.7 Full asbestos survey completed in April 2014				
						HS6.8 Permit to Work System as per contractors checklist.				
						H6.9 Asbestos awareness delivered to relevant staff.				

Reference	Risk	Risk level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at Oct 18 on review of Control Measures/Actions Taken – updated	
		Impact	Likelihood					Impact	Likelihood
HS7	**Academic and Work Equipment**	Medium	Probable	Accident/Incident/Near Miss statistics. Maintenance/Service Reports. Breakdown of Equipment. Sickness Absence. Claim for compensation. Enforcing Authority notice.	**In Place** HS7.1 Academic and Work Equipment (including PAT) Register put in place by Head of Estates for effective service/maintenance and legal compliance HS7.2 Head of Estates has rolling programme of works to ensure legal compliance and acceptable standards of maintenance HS7.3 HS7.4 Hazard Report card in place. HS7.5 Risk Assessments in place and reviewed as appropriate. HS7.6 Statutory inspections for pressure systems, gas safety, lifting equipment, local exhaust ventilation. HS7.7 Occupational health checks. HS7.8 PAT testing. HS7.9 Spot Audit/ workplace inspections. HS7.10 All relevant staff complete Risk Assessment training. HS7.11 Accident/Incident investigation by Health and Safety Officer to prevent re-occurrence. HS7.12 Procedure in place for HR to advise Health and Safety Officer any staff off sick due to work related absence. HS7.13	**Planned** 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. 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.	1st H&S Comm meeting 17/18 1st H&S Comm meeting 17/18		

Reference	Risk	Risk level as at Nov 2015		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at May 17 on review of Control Measures/Actions Taken – no change	
		Impact	Likelihood					Impact	Likelihood
HS8	**Manual Handling Operations**	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 May 17 on review of Control Measures /Actions Taken – no change

			Impact	Likelihood					Impact	Likelihood
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 May 17 on review of Control Measures/Actions Taken – no change	
		Impact	Likelihood					Impact	Likelihood
HS10	**Electricity and Gas (Utilities)**	High	Possible	Accident /Incident Reports. Sickness Absence. Insurance claims. Disruption to business continuity.	**In Place**	**Planned**			
	Burns Carbon monoxide poisoning Electrocution Explosion Fire Faulty equipment				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 17th 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	.			

Reference	Risk	Risk level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at **May 17** on review of Control Measures/Actions Taken **– no change**	
		Impact	Likelihood					Impact	Likelihood
HS11	**Working At Height**	Medium	Possible	Accident/Incident Reports. Sickness Absence. Insurance Claim	In Place	Planned			
	Injury from a fall from height, falling objects, and includes injury at below ground level.				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.				

Reference	Risk	Risk level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at May 17 on review of Control Measures/Actions Taken – no change	
		Impact	Likelihood					Impact	Likelihood
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 **May 17** on review of Control Measures/Actions Taken **– no change**	
		Impact	Likelihood					Impact	Likelihood
HS13	**Lone Working**	Low	Possible	Accidents/incidents when staff lone working.	Accident/Incident Report. Insurance claim. Sickness Absence.	In Place	Planned			
						HS13.1 Receptionist/ librarian/Learning Centre staff provided with personal alarms.				
						HS13.2 CCTV monitors at campus reception areas and library				
						HS13.3 Risk assessments in place for campus reception areas and learning centres				
						HS13.4 Staff have pre-arranged check-in time whilst off site eg Work based assessors.				
						HS13.5 Staff working late on-site must sign in at reception.				
						HS13.6 College receptionist informs Line Manager if no text received from Learning Centre staff at Centre closing time.				
						HS13.7 CALM training.				
						HS13.8 Lone Working Policy in place.				
						HS13.9 Lone Working training offered to staff (incorporating managing violence and aggression.)				

Reference	Risk	Risk level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at **May 17** on review of Control Measures/Actions Taken – updated	
		Impact	Likelihood					Impact	Likelihood
HS14	**Noise and Vibration at Work**	Medium	Possible	Sickness absence. Accident/incident reports. Occupational Health Reports. Compensation claims.	In Place	Planned			
	Noise induced hearing loss. Tinnitus. Upper limb disorder.				HS14.1 Students and staff given information on safe noise levels.	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	December 17		
					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.	HS14.10P H&S Officer to introduce Occ Health surveillance system and update at H&S Committee. New appointment will take forward.	December 17		
					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				

Reference	Risk	Risk level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at May 17 on review of Control Measures/Actions Taken – updated	
		Impact	Likelihood					Impact	Likelihood
HS15	**Control of Substances Hazardous to Health (COSHH)**	Medium	Remote	Dermatitis. Respiratory problems. Burns	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		

19

Reference	Risk	Risk level as at Nov 15		Impact/Evidence of Risk	Control Measures		Action Date	Revised Risk level as at May 17 on review of Control Measures/Actions Taken – updated	
		Impact	Likelihood					Impact	Likelihood
HS16	Campus Security	Medium	Probable	Vandalism, graffiti, theft, violence and aggression, arson/ wilful fire raising	• Fire damage • Theft • Graffiti on buildings • Property and equipment vandalised • Reported incidents	In Place	Planned	By end of Semester 1 17/18 1st H&S Comm meeting 17/18	
						HS16.1 Security: alarms & fire alarms HS16.2 CCTV at Reception & Library desks Hs16.3 On-site Caretakers HS16.4 Evening & weekend security patrols HS16.5 Sign in/out system HS16.6 ID badges HS 16.7 Gates/doors locked in evening HS16.8 Lone Working Policy HS16.9 Security Audit HS16.10 CCTV link between Receptions HS17.10 11 internal and 8 external CCTV cameras at ASW HS17.12 Campus Security Policy in place	HS17.12P: - 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 New appointment will take forward.			

HENDERSON LOGGIE
Chartered Accountants

Perth College UHI

**Internal Audit Progress Report
2018/19 Annual Plan**

19 February 2019

Progress with the annual plan for 2018/19, approved in November 2018, is shown below.

Audit Area	Planned reporting date	Report status	Report Number	Overall Conclusion	Audit Committee	Comments
Internal Audit Annual Plan 2018/19	September 2018	Draft 05/09/18 2nd Draft 19/11/18 Final 29/11/18	2019/01	N/A	18/09/18 and 28/11/18	
Credits Audit	November 2018	Draft 08/10/18 Final 10/10/18	2019/02	Audit opinion unqualified	28/11/18	
Student Support Funds	November 2018	Draft 19/11/18 Final 21/11/18	2019/03	Audit opinion unqualified	28/11/18	
Procurement and Creditors / Purchasing	February 2019					Timing of fieldwork deferred until August 2019 at the request of management. The report will be presented to the September 2019 meeting.
Key Financial Controls – AST Ltd	February 2019					Timing of fieldwork deferred until April 2019 at the request of management. The report will be presented to the May 2019 meeting.

HENDERSON LOGGIE
Chartered Accountants

Audit Area	Planned reporting date	Report status	Report Number	Overall Conclusion	Audit Committee	Comments
HR and Payroll Systems	May 2019					Fieldwork timing agreed for March 2019.
International Activity – Products, Partnerships and Student Recruitment	May 2019					Fieldwork timing agreed for March 2019.
Follow Up Reviews	May 2019					Fieldwork will be conducted in April 2019.

Paper 8

Committee	Audit Committee
Subject	Safeguarding update
Date of Committee meeting	19/02/2019
Author	Richard Ogston : Student Services Manager and College Safeguarding Coordinator
Date paper prepared	01/01/2019
Executive summary of the paper	This paper contains a brief summary and overview of the work of the Safeguarding Coordinator and of Safeguarding within Perth College UHI. It highlights the key areas, duties and responsibilities connected to safeguarding work and ensuring we provide a safe learning environment for all our learners. The paper does not contain any data but data is available should the committee request it. Data on Safeguarding work will be included in the Student Services Annual report 2017-18 for the first time.
Consultation How has consultation with partners been carried out?	The paper was copied to the Head of Student Experience and to the Depute Principle (Academic) for information and comment. In my opinion Safeguarding work should be formally discussed through the Health and Safety Committee, EDIT committee and work of the Academic Affairs Committee, and the BOM.
Action requested	☒ For information only ☒ For discussion ☐ For recommendation ☐ For approval
Resource implications (If yes, please provide details)	No

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Risk implications (If yes, please provide details)	No- paper is the first time the college has asked about Safeguarding work and what it involves. There are huge risks with this role anyway- but no additional or new ones at the moment other than the increase in identified vulnerable student groups The risk with Safeguarding work is that it is largely un-noticed and misunderstood, but extremely challenging and stressful at times. It has attracted a low value perception or is under-valued and related work but is s hugely beneficial to those students involved.
Link with strategy Please highlight how the paper links to the Strategic Plan, or assist with: • Compliance • National Student Survey • partnership services • risk management • other activity [e.g. new opportunity] – please provide further information	Provide a summary of the how the paper links to key College priorities and what they are Compliance, Partnership services Risk management Widening access/Access and Inclusion Equality and Diversity
Equality and diversity Yes/ No If yes, please give details:	Set out any E&D implications arising from the business/ proposal in the paper and whether an Equality Impact Assessment is required.
Island communities Does this activity/ proposal have an effect on an island community which is significantly different from its effect on other communities (including other island communities)?	Yes: I have a student at Perth who has a risk action plan in place. However, part of his course includes a two week residential field trip. I am in the process of arranging for a risk assessment plan to be completed for a two week field trip in Orkney. This includes liaising with those who need to know and the student in question. This includes external agencies criminal Justice, offender management unit etc. I use the newly formed UHI safeguarding group to help with this.

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Data Protection Does this activity/ proposal require a Data Protection Impact Assessment?	No
Status (e.g. confidential/non confidential)	Non-confidential
Freedom of information Can this paper be included in "open" business?*	Yes

* If a paper should **not** be included within 'open' business, please highlight below the reason.

Its disclosure would substantially prejudice a programme of research	☐	Its disclosure would substantially prejudice the effective conduct of public affairs	☐
Its disclosure would substantially prejudice the commercial interests of any person or organisation	☐	Its disclosure would constitute a breach of confidence actionable in court	☐
Its disclosure would constitute a breach of the Data Protection Act	☐	Other [please give further details] Click or tap here to enter text.	☐

For how long must the paper be withheld? Click or tap here to enter text.

Further guidance on application of the exclusions from Freedom of Information legislation is available via:
http://www.itspublicknowledge.info/ScottishPublicAuthorities/ScottishPublicAuthorities.asp
and
http://www.itspublicknowledge.info/web/FILES/Public_Interest_Test.pdf

Safeguarding and mitigating risk at Perth College

Update for the Audit Committee:

At Perth College the key role and responsibilities for Safeguarding is within the job remit of the Student Services Manager. The College has an effective Safeguarding Policy and Procedure and a number of robust established internal protocols and processes that support staff in college in raising and dealing with any students a known risk or a concern. This set-up allows us to manage all specific Safeguarding situations and cases: including at pre-entry, the ongoing management of known risk and any ad-hoc situations or concerns that arise. The work of Student Services Manager also includes training and leading the College on broader Safeguarding topics and themes: such as supporting known vulnerable student groups, and areas like Prevent, Gender based Violence, Hate Crime, E-Safety (cyber bullying, grooming, sexting blackmail etc.)

The Student Services Manager works very closely, and in partnership, with a range of local and national agencies, including Social Work, Criminal Justice, Police and Offender Management Units, MAPPA (Multi-Agency Public Protection Agency). Locally, the Student Services Manager is an active member in both the Child and Adult Protection Committees and Corporate Parenting Strategic Group. These groups are part of Perth and Kinross Council's multi-agency approaches. The Student Services Manager also set-up and chairs the UHI Safeguarding Group and is Co-chair of the FE Colleges Safeguarding group. All of this builds up a wealth of knowledge and experience that benefits our own practice and systems at Perth College

List of safeguarding work and tasks- within the remit of the Student Services Manager.

- At Perth College the key role and responsibilities within Safeguarding is part of the job of the Student Services Manager.
- Perth College have a range of robust processes and protocols in place to manage and mitigate risks at all stages and types.
- Our overall approach and duty of care is to provide a safe learning community for all users (staff and students)
- We have an effective Safeguarding Policy and Procedure and these have been regularly reviewed and updated to reflect the changing safeguarding landscape, challenges and the demands placed on the colleges (and University Sector)
- Presently, we have a pressing need to have a consistent approach for safeguarding across the UHI.
- A UHI wide Safeguarding group was formed to introduce pan- UHI approaches to safeguarding.
- An UHI Safeguarding Policy has been drafted and is currently awaiting approval. The group are presently drafting a set of safeguarding procedures that will apply to all UHI partners.
- The UHI Safeguarding Group was set up in 2016: with the aim of having a shared consistent approach and set-up to safeguarding across the partnership. We now have a Safeguarding Lead in each of the 13 UHI partners- that form the UHI safeguarding network.

- The Student Services Manager at Perth- is the chair of the UHI group and worked hard to set this group up.
- The Student Services manager is the named safeguarding Officer at Perth College and responsible for coordinating, leading and managing safeguarding issues and approaches at Perth.
- A small Safeguarding Team was created at Perth in 2016, to assist with a few areas of the work, as safeguarding is an ever increasing, broadening and demanding role.

Applicants and Students

- Any applicant who receives an offer of a place on a program or course that has access to Protected Vulnerable Groups is sent a Criminal Conviction Questionnaire (CCQ) to complete in advance of beginning the course. These students also go through a formal PVG disclosure check. The CCQ is an early intervention tool- that would flag up any concerns in advance of starting the course and is of benefit to the student.
- The Student Services Manager works closely with external local Social Work Criminal Justice Teams, local Police and Offender Management Unit staff, and Multi-Agency Public Protection (MAPPA) teams, in terms of collecting and sharing key information on students/applicants with a known risk.
- The Student Services Manager completes all risk assessment plans for students with a known risk, and manages those students and connecting issues or situations throughout the course year.
- The Student Services Manager attends meetings as part of multi-agency management approaches for those students who are at College under a risk management plan.
- The Student Services Manager is also a key member of both the Child and Adult protection Committees locally that are part of a multi- agency approach, so a wide network of expertise is at hand.
- The Student Services Manager contacted (regularly)   by appropriate agencies about any Perth College applicant or student who is offered a place on a course but has a known risk to the public.
- A small internal Safeguarding Team meet (periodically) to discuss and help make decisions on individual students: mainly to decide if we feel Perth College can manage the risks posed by the individual, while at the same time ensuring the safety of others within the college. The group also meet to provide collective input into a specific safeguarding situation.
- Any decision relating to if an applicant can take up a place at Perth College is made after the course offer is made. This is to avoid any discrimination during the application process.
- If the college accept a student with a known risk, The Student Services Manager carries out a risk assessment (in partnership with external agencies) and completes a risk assessment plan for the student. The student has to sign off on the restrictions and conditions of the plan before they are allowed to study.
- There are on average, between 5-10 students each academic year who have a risk assessment plan in place.
- Any deviation from the agreed the plan would result in a withdrawal form their course and reporting to the appropriate authorities.
- The Student Services Manager monitors students with a risk plan throughout the year. The students are under strict conditions to attend regular meetings with Student Services Manager to review and discuss plan conditions and course implications.

- Regular feedback and meetings between College and external expertise and agencies is normal.
- Out-with individual formal cases of known risk: internal staff regularly use the procedures to refer their internal safeguarding concerns and/or situations for investigation and or help/advice to the safeguarding coordinator, or come directly for help.
- The Safeguarding Coordinator also leads and provides training for the College on key broader initiatives and themes that fall within the Safeguarding umbrella: Such as: Hate crime, E-safety, Prevent, Gender Based Violence, Cyberbullying and online issues like sexting, grooming, blackmail, fraud etc. Wider issues like Honour Based Violence and Slavery are more common than before.
- Part of our duty is to work closely with groups and individuals identified as vulnerable. We have excellent transitions work and partnerships so can identify early those who need our support. E.g. - we also have specific interventions for those who are Care Experienced, Carers, or those identified as form chaotic background.
- There is far more demand to record data, and formalise Safeguarding work than ever before, as such I have included a Safeguarding section in the Student Services Annual Report for the first time in 2018, as formal way to highlight some basic safeguarding information and work to SMT.

Committee	Audit Committee
Subject	FOI and Data Protection
Date of Committee meeting	19/02/2019
Author	Kirsty Campbell, Transitions Project Coordinator
Date paper prepared	31/01/2019
Executive summary of the paper	The paper contains information on: • the number of Freedom of Information requests received during the first six months of Academic Year 2018-19. • Freedom of Information related actions for the second six months of Academic Year 2018-19. • summary information for Data Protection related requests during the first six months of Academic Year 2018-19 . • the number of data breaches handled during the first six months of Academic Year 2018-19 • Data Protection related actions for the second six months of Academic Year 2018-19.
Consultation How has consultation with partners been carried out?	n/a
Action requested	☐ For information only ☒ For discussion ☐ For recommendation ☐ For approval
Resource implications (If yes, please provide details)	No
Risk implications (If yes, please provide details)	Yes Non-compliance with Perth College UHI's legal obligations in respect of:

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	The Data Protection Act 2018 The EU General Data Protection Regulation (GDPR) The Freedom of Information (Scotland) Act 2002
Link with strategy Please highlight how the paper links to the Strategic Plan, or assist with: • Compliance • National Student Survey • partnership services • risk management • other activity [e.g. new opportunity] – please provide further information	In line with Perth College UHI legal obligations as a public authority in respect of compliance with: The Data Protection Act 2018 The EU General Data Protection Regulation (GDPR) The Freedom of Information (Scotland) Act 2002
Equality and diversity If yes, please give details:	No
Island communities Does this activity/ proposal have an effect on an island community which is significantly different from its effect on other communities (including other island communities)?	No
Data Protection Does this activity/ proposal require a Data Protection Impact Assessment?	No
Status (e.g. confidential/non confidential)	Non-confidential

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Freedom of information Can this paper be included in "open" business?*	Open

* If a paper should **not** be included within 'open' business, please highlight below the reason.

Its disclosure would substantially prejudice a programme of research	☐	Its disclosure would substantially prejudice the effective conduct of public affairs	☐
Its disclosure would substantially prejudice the commercial interests of any person or organisation	☐	Its disclosure would constitute a breach of confidence actionable in court	☐
Its disclosure would constitute a breach of the Data Protection Act	☐	Other [please give further details] Click or tap here to enter text.	☐

For how long must the paper be withheld? n/a

Further guidance on application of the exclusions from Freedom of Information legislation is available via:
http://www.itspublicknowledge.info/ScottishPublicAuthorities/ScottishPublicAuthorities.asp
and
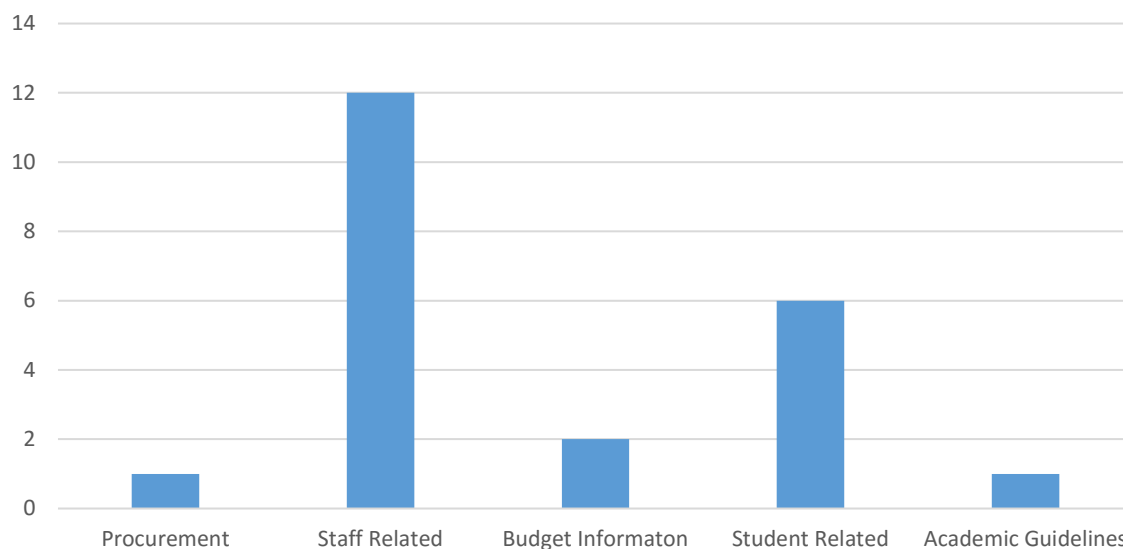http://www.itspublicknowledge.info/web/FILES/Public_Interest_Test.pdf

Board Update: Freedom of Information and Data Protection
Statistics 2018-19 Academic Year
(August 2018 – January 2019)

Academic Year	2017/18	2018/19 (to date)
Number of FOI requests	37	22

## FOI Requests by Type

List of topics:

Catering Service (Procurement)
Systems/IT Queries
Course statistics
Dyslexia tests/costs
Work-related stress
Students-Problem gambling
External speaker guidelines
Support staff breaks
Staff bullying procedure
Zero hours contracts
Annual spend on student desktop PCs
Median annual wage
Senior salaries
Graduation ceremonies
Job evaluation
Marketing budget
Grievance investigation report
Student visas

FOI Requests by Source
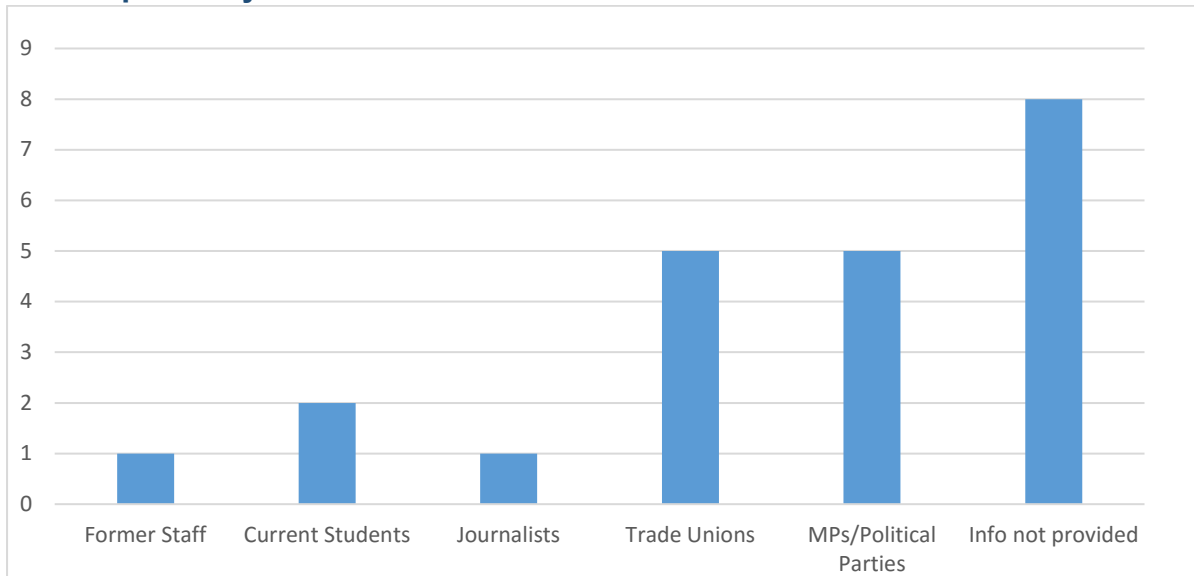
FOI Response Times
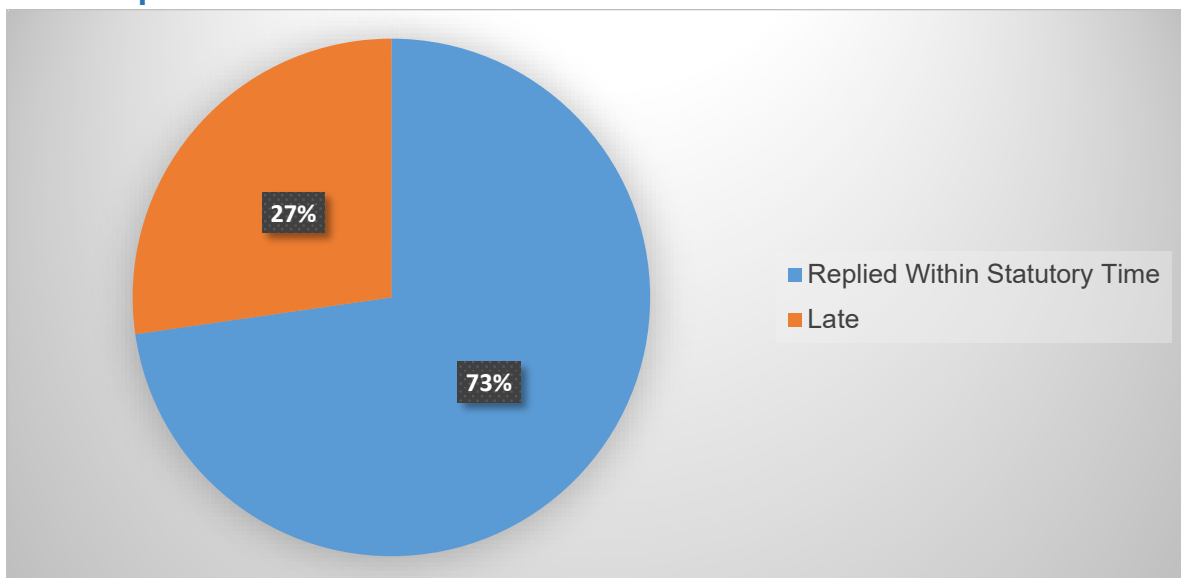
Six responses were late during this period, this was mainly attributable to changes in personnel.

FOI Summary

The trends amongst types of requestors remain fairly constant: the most frequent users of FOI legislation, who disclose their identity remain as: politicians, journalists, and unions. This year has seen a marked increase in the number of requests from users who do not choose to disclose their identity, this is in line with users' rights under FOI legislation. The number of 'business' related requests has remained stable with low numbers: these are often referred to the Public Contracts Scotland website, and the college procurement page, for information about college contracts, and how to tender for business.

There are no apparent changes of theme in terms of topics. Staff levels, pay, redundancy, and financial matters remain constant as the subject of requests. Student issues focus on access and inclusion and equality and diversity related matters. Topics are often centred about issues being discussed in the Scottish Parliament, and can lead to slightly different requests from different sources: the parliament itself, journalists and unions.

There are several potential reasons for late responses: the onerousness of the request, key staff absent (annual leave/illness), work on FOI requests left till deadline is imminent; or a combination of these factors.

The Scottish Information Commissioner's Model Publication Scheme
The SIC Model Publication Scheme (MPS) requires us to be committed to publishing information as well as responding to requests and to ensure that the information is easily accessible.

The following action has been identified for the 6-month period to August 2019:

- Review of FOI on the Perth College website to ensure good practice with respect to the MPS.

Data Protection

Year	2017/18	2018/19 (to date)
No of Subject Access Requests	5*	6
Data Breaches	10	10

* there were no requests recorded for period Jan-June 2018

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.

There are no trends or themes apparent with these type of requests; they mainly relate to external factors, and the requirements of the legal agencies listed.

Data Breaches

Incident	Action Required?
Personal data about a student emailed to student in error	Resolved by confirming that email sent in error was deleted from the recipient's account.
Student sensitive data emailed to other staff member in error	Resolved by confirming that email sent in error was deleted from the recipient's account.
College template in shared drive was overwritten with sensitive student and staff data	Template permissions were updated to give users read access only.
College template on PerthNet was overwritten with personal student data	Template permissions were updated to give users read access only
Student sensitive data shared in error with students and staff through an Outlook Group	Caused by lack of staff awareness of how Outlook Groups worked. Further GDPR and Outlook training was identified for the team concerned.
HR archive cupboard left unlocked and key was not locatable	Lock was changed on door and a User Log put in place to be signed and dated by staff when accessing room.

The majority of data breach incidents were attributable to human error however there is an increased awareness of the importance of data integrity and there is good evidence that staff across the college are following the breach reporting procedure and self-reporting incidents where personal data has been wrongly shared or accessed.

A cultural shift is taking place with respect to personal data protection and ongoing guidance and training will help to implement this shift. A data breach log records each breach and will help to inform College priorities regarding data protection.

Other Data Protection Activity

The UK Government has now published the Data Protection Act 2018 which replaces the DPA 1998 and reflects the requirements of GDPR. Both GDPR and

DPA 2018 came into force on 25 May 2018. We need to be aware of the changes brought in by these new regulations and ensure continuing compliance.

Actions already undertaken to ensure our readiness for GDPR:

- All staff required to undertake mandatory GDPR training via Lynda.com
- All staff required to encrypt any mobile storage devices
- Twelve members of staff from key teams (HR, Student Records, Quality) have achieved Foundation GDPR certification, through a training course run by external training company the Knowledge Academy in June 2018.
- James Nock, UHI Data Protection Officer, is in post and already working closely with the college to ensure GDPR compliance and provide assistance with data breaches and staff awareness and training requirements.
- Data protection quick guides (eg email housekeeping and data breach reporting) have been produced and disseminated to staff

Further actions:

1. Minor revisions made to the college's Data Protection Policy to ensure compliance went to the December CMT for approval. The updated document is now published on the College website under Policies, Regulations and Guidelines.
2. Review of guidance documentation available to staff to ensure their awareness of GDPR compliance. **Action**: Transitions Project Coordinator
3. Review of Data Protection and GDPR information on College website.
4. Review of FOI and Data Protection/GDPR available to staff on the College intranet PerthNet.

Kirsty Campbell
Transitions Project Coordinator
30/01/19

Health and Safety Committee Terms of Reference

Membership / Constitution

- Chair (Head of HR & OD)
- Member of Board of Management
- 5 x Head of Curriculum Area (or deputy)
- Unison Staff Side Representative(s)
- EIS Staff Side Representative(s)
- Head of Estates
- Health, Safety and Wellbeing Advisor
- Student Body Representative

Each committee member is to have a nominated deputy who is prepared to attend the Health and Safety Committee if the principal member is unable to do so. It is the responsibility of each member to ensure that their service or specific interests are represented at each meeting. They should also ensure that the Secretary of the Health and Safety Committee is aware of who the nominated deputy will be.

Quorum

The Quorum shall be 5 members.

Frequency of Meetings

The Committee shall meet no less than 3 times per year.

Objectives

The objectives of the Committee is to implement the principles of consultation and involvement enshrined in both the Safety Representatives and Safety Committees Regulations 1977 and in best practice health and safety management. The Committee's remit extends to all aspects of occupational health and safety arising from College activities and the involvement process is inclusive of students as well as staff.

Terms of Reference

1. To monitor the organisation's health and safety performance against legal and statutory requirements.

2. Delivery of health and safety policy, strategy and plans and in particular, the College Health and Safety Programme and make recommendations.

3. To review annually the College health and safety management system and the relevant parts of the risk register and make recommendations.

4. Provide a consultation forum for management, staff and unions on health and safety matters

5. To promote co-operation between the College and its employees and students in instigating, developing and carrying out measures to ensure health and safety.

6. Ensure accidents and near misses are recorded, fully investigated and commit to reducing work-related injury and ill health and to take all reasonable steps to promote health and well-being at work

7. To review accident, incident, work related absence and occupational ill-health trends and to make recommendations for corrective action.

8. To consider reports on health and safety inspections, audits and other monitoring activities and make recommendations.

9. To consider reports and information provided by inspectors of the enforcing authorities.

10. To consider reports submitted by Trade Union Safety Representatives or other Committee members.

11. To promote and oversee health and safety training in the College at all levels and monitor attendee data.

12. Making recommendations on improvement of health and safety performance and minimisation of occupational injury and ill health as appropriate

Health and Safety Committee

Paper 11

Minutes – without Chair's approval

Date and time: Thursday 7 February 2019, 2.00pm
Location: Room 019, Brahan

Members present: Susan Hunter, Head of HR and OD (Chair)
Charlie Shentall, Board of Management
David Gourley, Head of Learning and Teaching Enhancement
Gilbert Valentine, Head of Estates
Ian Bow, Health, Safety and Wellbeing Advisor
Jennifer Thompson-Young, SDD - STEM
Mike Haufe, AST
Prince Honeysett, Student Representative
Richard Ogston, Student Services Manager
Tony Grant, EIS H&S Rep

Apologies: Charlie Collie, Subject Leader, Social & Vocational Studies
Eleanor Brown, SDD - ALS
Ian Gibb, Sector Manager, Food Studies and Hospitality
Jane Edwards, Unison Rep
Lorenz Cairns, Depute Principal Academic

In Attendance: Lorna McWilliam, Kitchen Operations Controller, Deputy for Ian Gibb
Winston Flynn, Unison Rep

Note Taker: Janette Tosh

Summary of Actions

Ref	Action	Responsibility	Time Line
4a	**Misuse of Drugs – date for Police training of key staff** HR to include in 2 week training plan when staff return after summer holidays.	Susan Hunter	July 2019
4d	**Draft Terms of Reference** Staff member who deals with external employers – SH will confirm with VL.	Susan Hunter	February 2019
5	**Driving for Work** – To ask Insurance Company about someone who may drive without declaring endorsements etc. Reminder should be sent to staff that they must have business insurance if using their own car for College business.	Gilbert Valentine	March 2019

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Summary of Actions

Ref	Action	Responsibility	Time Line
	Fire – Sodexo have agreed that their staff can be trained as Fire Marshalls. Mountain Studies staff member to be asked to be Duty Fire Officer as a contingency plan. IB to conduct Fire Marshall training throughout the campus and ensure a volunteer member of staff is available in each area. IB to consider if the current system is the best going forward.	Ian Bow	March 2019
	Stressors in the Workplace – HS4.13 - Management soft skills training to address stress management standards - requires to be revisited.	Ian Bow	April 2019
	Academic and Work Equipment - Confirmation required on what constitutes academic equipment and fixed equipment. SH to speak to SMT regarding maintenance of equipment.	Susan Hunter	March 2019

Minutes

Item		Action
1.	**Welcome and Apologies** Susan Hunter welcomed everyone to the meeting. Apologies were noted.	
2.	**Additions to the Agenda for AOCB** Top Car Park Joint Tender for Occupational Health with Perth & Kinross Council	
3.	**Minutes of Meeting held on 15 November 2018** The minutes of the meeting held on 15 November 2018, having been previously circulated, were approved, as a true and accurate record of discussions.	

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Item		Action
4.	**Matters arising not included elsewhere on the agenda/review of actions from previous meeting**	
	a) **Misuse of Drugs – date for Police training of key staff**	
	Colin Muir from Police Scotland has agreed to come in during the summer. The date has still to be confirmed.	
	HR to include in 2 week training plan when staff return after summer holidays.	**SH**
	b) **Absence Statistics**	
	SH has circulated the Sickness Absence Statistics and these will now be circulated quarterly. National Statistics will be calculated once per year in the future. A meeting to discuss how this will be calculated is taking place in March.	
	c) **Health and Safety Quarterly Report – Out of hours protocol for First Aid Assistance**	
	Most Caretakers are trained in first aid. Caretakers will arrange for a taxi if required to go to hospital, if ambulance is not required. Will administer first aid and ensure transport to hospital but not accompany to hospital. Should be accompanied by appropriate person – fellow student, Lecturer or other member of staff.	
	d) **Draft Terms of Reference**	
	Staff member who deals with external employers – SH will confirm with VL.	**SH**
	Board of Management Depute – decision made that this was not required.	
	H R Business Partner – Debbie Syme – will Chair in SH's absence.	
	Draft Terms of Reference to be sent to Audit Committee in February for approval.	
5.	**Health and Safety Risk Management Profile – update**	
	Display Screen Equipment – Lack of DSE Assessments – planned DSE awareness online training via Marshalls (H&S 2) containing DSE package.	
	Driving for Work – To ask Insurance Company about someone who may drive without declaring endorsements etc. Should also	**GV**

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Item		Action
	declare if they have business insurance. Reminder should be sent to staff that they must have business insurance if using their own car for College business.	
	Fire – Fire Marshalls and Duty Fire Officers – IB said not always in place in Webster Building. Sodexo have agreed that their staff can be trained as Fire Marshalls. Mountain Studies staff member to be asked to be Duty Fire Officer as a contingency plan.	**IB**
	IB to conduct Fire Marshall training throughout the campus and ensure a volunteer member of staff is available in each area. If no volunteers come forward, management may need to nominate.	
	IB to consider if the current system is the best going forward.	**IB**
	Stressors in the Workplace – HS4.13 - Management soft skills training to address stress management standards - requires to be revisited.	**SH**
	Academic and Work Equipment - Confirmation required on what constitutes academic equipment and fixed equipment. SH to speak to SMT regarding maintenance of equipment.	
	PAT Testing – currently carried out every 3 years.	
	Absolute clarity required regarding moving forward. Current issues require to be taken care of.	
	Electricity and Gas (Utilities) – Distribution Board currently in line with 17th edition. 19th edition due soon.	
	Water Management – Only 2 trained personnel now.	
	Campus Security – Lock down/zoned areas will not be implemented.	
6.	**Health and Safety Quarterly Report**	
	IB confirmed there had been one near miss which was not included in the report.	
	Small rise in incidents since previous year. This may be due to raising awareness of accident/incident reporting.	
	11 incidents of First Aid given where injury happened outwith the College.	
	IB had presented to Audit Committee in November 2018.	
	Departmental Risk Assessments – Audit Committee asked about	

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Item		Action

in house training, health and safety induction.

Accident Reporting – self harming. It was confirmed that Rowan Counselling available to staff who require support.

Basic Training – it was confirmed specific Health and Safety training was given on the shop floor or in classroom. IB to confirm induction training is taking place during Health and Safety Inspections.

7. **Health and Safety 3 Year Plan**

Work on this is ongoing. Progress is in line with expectations.

8. **Health, Safety and Wellbeing Advisor – update**

IB has been carrying out Display Screen Equipment assessments.

Nursery – Risk Assessment – working with them.

IB undertaking First Aid at Work with the intention of registering to do first aid training in-house.

111 staff to be trained in first aid each year so this will save a lot of money.

Closed the Nursery this week due to Boiler failure. Was fixed by the following morning.

Industrial Action – ensuring contingency plan in place for these days.

9. **Health and Safety Inspections**

IB to carry out Health and Safety Inspections starting next week. Sector Managers and Department Heads will be given 6 weeks notice and IB will confirm to them what is required.

10. **Risk Assessment Update**

There is very little evidence that areas have Risk Assessments. It may be that they do exist but haven't been uploaded to PerthNet. IB will check this during Health and Safety Inspections and also check if existing ones are still valid.

11. **DSE Policy**

Committee were asked to review and forward comments, discrepancies and suggestions to IB by 7 March 2019.

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Item		Action

12. Workplace Health Surveillance Policy

Committee were asked to review and forward comments, discrepancies and suggestions to IB by 7 March 2019.

13. Health and Safety Manual

Committee were asked to review and forward comments, discrepancies and suggestions to IB by 7 March 2019.

14. Head of Estates – update

Radio Mast was removed from roof – crane was required.

Water Hygiene – risk assessment has been carried out.

Goodlyburn Boilerhouse – new boilers being installed in the summer – asbestos survey will be carried out before the contractor starts. Removal of existing oil storage tank will also be carried out.

CCTV Tenders – recent incidents - reports of students using drugs on way to College, graffiti incident at ASW, antisocial behaviour at Webster by school age children. Tenders have been received and hopefully approval will be given to extend throughout the College.

Lift Maintenance Contract has been renewed. Telephones will be installed connecting to reception.

Heaters hired for Nursery – these heaters will be available for any other heating breakdowns in February.

Goodlyburn Theatre – storage of equipment outside Theatre. This to be rectified.

Light blew off roof at Goodlyburn. Fixing on all lights will be checked.

Residences – student death before Christmas. Clinical clean carried out in room.

15. AOCB

Top Car Park – TG advised the Committee that the car park is in a very poor state. Lots of staff parking outwith the car park on the street because of the poor state of the car park.

GV advised that hardcore would be laid next Thursday/Friday. A communication will be issued to staff regarding this.

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Item	**Action**

Joint Tender for Occupational Health with Perth & Kinross Council – This should provide a much better service to the College. Will be based at the Council offices.

16.   **Date of Next Meetings**

- 2 May 2019

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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
Chief Operating Officer
Depute Principal (Academic)

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

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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

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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, updated September 2018