

Audit Committee

Agenda

Meeting reference: Audit 2019-20/01

Date: Tuesday 17 September 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.

	Part 1			
	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 14 May 2019			Paper 1
5	Actions arising from previous minutes			
6	Balanced Scorecard	Clerk	Depute Principal (Academic)	Paper 2
8	Health & Safety			
8.1	Health & Safety Policy	Health, Safety & Wellbeing Adviser	Depute Principal (Academic)	Paper 3
8.2	Health & Safety Annual Report	Health, Safety & Wellbeing Adviser	Depute Principal (Academic)	Paper 4
8	Risk Management			
*8.1	Strategic Risk Register	Clerk	Depute Principal (Academic)	Paper 5

9	Internal Audit Plan			
*9.1	Internal Audit Progress Report 2018/19 Annual Plan - update	Henderson Loggie	Henderson Loggie	Paper 6
*9.2	HR and Payroll Systems	Henderson Loggie	Henderson Loggie	Paper 7
*9.3	Follow Up Reviews	Henderson Loggie	Depute Principal (Academic)	Paper 8
9.5	Business Continuity Plan	Clerk	Depute Principal (Academic)	Paper 9
*10	External Audit			
*10.1	Annual Audit Plan		EY	Verbal
11	Committee minutes			
11.1	Health and Safety Committee <ul style="list-style-type: none"> Minutes of meeting, 29 August 2019 	Committee Secretary		Paper 10
12	Date and time of next meeting: <ul style="list-style-type: none"> 25 November 2019 	Clerk		
*13	Review of meeting (to include check against the Terms of Reference to ensure all competent business has been covered)			Paper 11
	Part 2			
14	Deferred Income	Head of Finance	Principal	Paper 12
15	Evaluation of Internal Audit Service		Chair	Paper 13
16	Evaluation of External Audit Service		Chair	Paper 14

Audit Committee

Minutes

Meeting reference: Audit 2018-19/04

Date and time: Tuesday 14 May 2019 at 5.30pm

Location: Room 019

Members present: Jim Crooks, Andrew Comrie, Anna Zvarikova, Lynn Oswald

In attendance: Lorenz Cairns, Depute Principal (Academic)
Veronica Lynch, Vice Principal (External)
Andrea Saunders (Finance)
Richard Ogston (Student Services)
Stephen Reid, Ernst & Young
Grace Scanlin, Ernst & Young
David Archibald, Henderson Loggie
Penny Davis, Interim Board Secretary

Chair: Jim Crooks

Quorum: 3

Summary of Action Items			
Ref		Responsibility	Time Line
5	Actions Arising from Meeting on 19 February 2019		
	Health and Safety Committee - Terms of Reference Confirm introduction of template for common reporting. Minutes from meeting on 7 February 2019 Confirm staff who use their own vehicles for College business have been reminded about terms of business insurance.	Depute Principal Depute Principal	Next Audit Committee meeting Next Audit Committee meeting
6	Safeguarding Provide schematic to show safeguarding management processes.	Head of Student Services	Next Audit Committee meeting
7	Balanced Score Card Pass Committee feedback to Principal	Depute Principal	May/June 2019

8 / 9.4	Risk Management / Internal Audit Follow-up Reviews Appraise Board of Committee's view on compliance risk arising from Equality and Diversity lead vacancy. Assess status and urgency of above risk.	Committee Chair Depute Principal	June Board Meeting June Board Meeting
10	Deferred Income Matter Report on outcome of investigation.	Head of Finance	Next Audit Committee Meeting
15/ 16	Evaluation of Internal Audit Service/ Evaluation of External Audit Service Provide Audit Chair with editable evaluation forms. Circulate draft evaluation responses to Committee Members for comment and agreement.	Secretary Committee Chair	Post meeting May/June

Item	Action
1 Welcome and apologies The Chair introduced those present to the meeting. There were no apologies. It was noted the Principal was on annual leave and would not be in attendance.	
2 Additions to the Agenda There were no additions to the agenda.	
3 Declaration of Interest in any Agenda Item There were no declarations of a conflict of interest.	
4 Minutes of the Meetings of the Audit Committee held on 19 February 2019 The minutes were approved.	
5 Actions arising from the meeting on 19 February 2019 6. Balanced Score Card	

Action: Revise balanced score card.

Action Update: on meeting agenda.

8. Risk Management

Action: Review scoring of risks 10, 17, 23.

Action Update: on meeting agenda.

10. Safeguarding

Action: Invite the Student Services Manager to a future meeting of the Audit Committee to provide an update on the impact of recent legislation

Action Update: on meeting agenda.

12. Committee Minutes

Action: Health and Safety Committee Terms of Reference - Review quorum and introduce a template for common reporting for areas represented on the Committee

Action Update: In progress – confirmation to be brought to next Audit Committee meeting.

Depute
Principal

Action: Minutes from meeting on 7 February 2019 - remind staff who use their own vehicles for College business of business insurance terms.

Action Update: Confirmation to be brought to next Audit Committee meeting.

Depute
Principal

6. Safeguarding Presentation

The Student Services Manager gave a presentation, summarising recent changes to extend and strengthen safeguarding arrangements including the identification of priority groups, improvements in monitoring and recording, and increased legal duties such as those arising from Prevent and gender-based violence legislation. Considering those changes alongside the impact of the widening access agenda and other external factors, the student population was increasingly diverse with a growing range of risk-affected individuals.

The Scottish Government was seeking to streamline provision.

A UHI safeguarding policy was under development, which would identify a named safeguarder at each Academic Partner.

Members noted the challenges presented by an increasingly complex safeguarding landscape, including the potential conflict between enhanced data retention requirements and the recent changes in data protection legislation.

The Committee discussed the challenges to the College including resourcing. The Student Services Manager assured the Committee that college staff were well placed to address evolving safeguarding needs, having a wealth of experience and effective structures in place.

The Vice Principal (External) confirmed that the Senior Management Team retained oversight of safeguarding requirements and resourcing.

It was confirmed that the Academic Affairs Committee received regular monitoring reports on safeguarding. The Committee noted that its role was, through a risk-oriented approach, to ensure adequate structures and processes were in place.

It was agreed that a schematic to show processes for managing safeguarding issues would be beneficial in providing assurance to the Committee.

Head of
Student
Services

7 **Balanced Score Card**

The Depute Principal outlined a review of the College's balanced score card, which included a review of the issues, stakeholder feedback, alignment with UHI strategy and examples of best practice from elsewhere in the sector.

Members discussed the content of the scorecard and sustainability, noting that measures tended to refer to external reporting requirements and should also reflect true drivers for students and staff.

The challenges of producing an effective performance monitoring tool were discussed, including:

- the optimum time-frame for setting targets;
- the relative timescales for the scorecard and the College's/UHI's strategic planning cycle;
- the limitations imposed by the Funding Council's planning cycle.

It was agreed that it would be helpful to be clear about the distinction between the current balanced score card and the strategic plan post 2021.

The Committee discussed two potential designs that had been provided for comment, noting that Education Scotland had recommended improvements in data presentation.

Members were generally supportive of the RAG approach, but felt that there should be scope to consider risk appetite and tolerance within

any such report, so that a red indicator was not necessarily a negative indicator but highlighted an area of accepted risk and/or opportunity.

Members preferred the first model overall, but appreciated the baseline data and clarity of the second model. Some minor criticisms were made of the use of question marks, and it was requested that arrows be included to show the direction of change.

The Depute Principal agreed to provide feedback to the Principal.

Depute
Principal

8 Risk Management

8.1 Strategic Risk Register

The Depute Principal presented the College's strategic risk register, highlighting three risks.

Risk 10 Academic Quality is Sub Standard

A range of mitigating actions had been undertaken, notably a redesign of the self-evaluation process and work with HISA to improve student engagement and experience. As a result, the residual risk had been reduced to a rating of 3 (green).

Risk 17 Non-compliance with Statutory Health & Safety Legislation and Equality Legislation

The gross risk had increased to 8 (amber) but the residual risk rating was 4 (green) as a result of the Annual Review of the Health & Safety Management System and work that was underway to embed good health and safety practice throughout the organisation.

The Committee noted that an Equality and Diversity lead had still to be appointed, which was a compliance concern, and agreed that it would make the Board aware of this position at its June meeting.

Committee
Chair

Risk 23 Poor Student Experience

The Depute Principal announced that since the risk report had been prepared, investment was being made to address estate maintenance requirements, which would result in an improvement on the current residual risk rating of 6 (amber).

9 Internal Audit Plan

9.1 Internal Audit Progress Report 2018/19 Annual Plan

The Internal Auditor presented the report, drawing Members' attention to:

- the deferral of the audit of Procurement and Creditors/Purchasing to 2019-20 and the consequent transfer of four days' work to the audit

- of HR and Payroll Systems;
- the deferral to May 2019 of fieldwork on the audit of Key Financial Controls – AST Ltd, as a result of which the report would be presented to the Committee’s September meeting.

The Committee was content with changes to the plan.

9.2 HR and Payroll Systems

The Internal Auditor advised that the further to the reallocation of days from Procurement and Creditors/Purchasing, additional fieldwork was being scheduled to allow a deep dive into specific control issues. The report would be presented to the September 2019 Committee meeting.

9.3 International Activity – Products, Partnerships and Student Recruitment

The Internal Auditor presented a report that found College International Activity – Products, Partnerships and Student Recruitment to be satisfactory.

Seven strengths were identified in the report including a clear market strategy and a good level of support for overseas students.

Two weaknesses that were identified related to the allocation of staff costs in financial reporting to show involvement in international activity and the need for a formalised strategy for international development. It was noted that a strategy was being developed by the Vice Principal (External) and a draft was due to be presented to the Board’s autumn meeting.

The Committee discussed issues including the impact of Brexit and the need for proactive recruitment from the EU, and received assurances that satisfactory performance monitoring arrangements were in place including the monitoring of overseas student debt.

9.4 Follow-up Reviews

The Internal Auditor reported progress in relation to follow-up reviews of recommendations on IT Network Arrangements, Follow-up Reviews 2017-18, and Equalities Mainstreaming.

Fifteen out of a total of nineteen recommendations had still to be fully implemented. The Committee noted that the majority of outstanding recommendations related to Equalities Mainstreaming and were dependent on the appointment of an Equality and Diversity lead.

With reference to the earlier discussion of Risk 17, the Committee reaffirmed the need for the Board to be apprised of the compliance risk arising from the current vacancy.

It was agreed that the College Executive should look into compliance in this area and assess the urgency prior to the Board meeting.

Depute
Principal

10 **Deferred Income Matter**

The Head of Finance reported that the College had been asked by the External Auditor to undertake a piece of investigative work, which was almost complete. A report would be brought to the next meeting of the Committee. It was noted that the matter was also being monitored by the Chairs' Committee.

Head of
Finance

11 **External Audit** 11.1 **Annual Audit Plan**

The External Auditor presented the plan, setting out the proposed audit approach for the year ending 31 July 2019.

He outlined the two aspects of the plan, ie, the Financial Statement audit and the wider scope audit, advising Members that the College had been assessed as a smaller body for the purposes of the latter.

The Committee was advised that the Scottish Funding Council had issued good practice guidance on governance statements.

The Committee Chair pointed out some minor inconsistencies in the use of the term "colleges" or "universities" in the plan.

The Committee noted the plan.

The Internal and External Auditors left the meeting at this point.

12 **Committee Minutes**

Health and Safety Committee – Minutes May 2019

The Depute Principal advised the Committee that a communication had been sent to all Health and Safety Committee members about attendance at meetings.

The Vice Principal (External) confirmed the establishment of more effective engagement structures and the accessibility of minutes by all parties.

One Member offered to share a reporting template used in his organisation, based on the RIDDOR system.

13 **Date and time of next meeting**

The 2019-20 meetings schedule would be brought to the Board on 12 June 2019.

14 Review of Meeting

Members agreed the meeting had covered its Terms of Reference.

PART TWO

15 Evaluation of Internal Audit Service

16 Evaluation of External Audit Service

The Chair agreed to draft evaluation responses based on the Committee's work and engagement with the Internal Auditor and the External Auditor over the course of the year and share these with Members for comment and agreement by correspondence.

Committee
Chair

An editable copy of the evaluation form would be provided to the Chair for that purpose.

Secretary

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

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

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

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

The College may also be asked for information contained in minutes and papers about living individuals, under the terms of the General Data Protection Act 2018.

Do the papers contain items which may be contentious under the terms of the General Data Protection Act 2018? **Yes** **No**

Committee	Audit Committee
Subject	Balanced Scorecard
Date of Committee meeting	17/09/2019
Author	Ian McCartney, Clerk to the Board of Management
Date paper prepared	10/09/2019
Executive summary of the paper	<p>The attached paper is a copy of the Balanced Scorecard prepared for Engagement Committee, aligned with the aims and measures for the strategic plan Vision 2021, outlining where possible, the final measures for AY 2018-19. This paper is presented for illustrative purposes, as no measures used for Audit Committee Balanced Scorecard are available during this committee cycle.</p> <p>For information:</p> <p>The KPIs represented remain the same as previous years. SMT took the decision that the KPIs should stay the same for the remainder of the period covered by the college's current strategic plan 2016-21 with a view to carrying out a fuller review of the balanced scorecard and it's measures as part of the work for the next strategic plan.</p> <p>The presentation of the data follows on from the proposal recommendations presented to SMT, the Board and its Committees earlier this calendar year and is based upon Design Proposal One.</p> <p>The data is presented in 2 parts:</p> <p>Part One - is a summary of the measures in a simple table layout with measures of current performance categorised as Red (worsening), Amber (stable) and Green (improving)</p> <p>Part 2 – Provide more detailed analysis and insight with a trendline giving a pictorial representation of data over the past 3 years.</p>

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	<p>The following points are to be noted:</p> <p>The new design for the Balanced Scorecard should be seen as a work in progress and feedback from Senior Management and the Board will continue to feed into the final version of the revised Balanced Scorecard. This is also expected to form part of the work due to begin on the College's next Strategic Plan.</p> <p>It has not been possible to build in tolerances for the measures at this time however, the final version of the revised Balanced Scorecard will look to include tolerance levels.</p> <p>Where it has not been possible to give an indication of Sector Averages, work will continue with the business owners of the data on how best to identify and capture these figures to allow for benchmarking/comparison.</p>
<p>Consultation How has consultation with partners been carried out?</p>	<p>Click or tap here to enter text.</p> <p>For measure 3 the HR Interim Lead was consulted For measures 4, 5 and 6 the Quality Manager was consulted</p>
<p>Action requested</p>	<p><input checked="" type="checkbox"/> For information only <input checked="" type="checkbox"/> For discussion <input type="checkbox"/> For recommendation <input type="checkbox"/> For approval</p>
<p>Resource implications (If yes, please provide details)</p>	<p>No</p>
<p>Risk implications (If yes, please provide details)</p>	<p>No Click or tap here to enter text.</p>
<p>Link with strategy</p>	<p>The Balanced Scorecard KPI's stems directly from the Perth College UHI Strategic Plan 2016-21.</p>

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<p>Please highlight how the paper links to the Strategic Plan, or assist with:</p> <ul style="list-style-type: none"> • Compliance • National Student Survey • partnership services • risk management • other activity [e.g. new opportunity] – please provide further information 	
<p><u>Equality and diversity</u> Yes/ No If yes, please give details:</p>	<p>No</p>
<p>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)?</p>	<p>No If yes, please give details: Click or tap here to enter text.</p>
<p><u>Data Protection</u> Does this activity/ proposal require a Data Protection Impact Assessment?</p>	<p>No Click or tap here to enter text.</p>
<p>Status (e.g. confidential/non confidential)</p>	<p>Non-Confidential</p>
<p>Freedom of information Can this paper be included in “open” business?*</p>	<p>Open business</p>

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

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

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




Strategic Plan Targets and KPIs: Progress Report 2018-19
















1. Summary of Performance Status (Red, Amber, Green)

Key: KPI performance status

Improving	
Maintaining	
Worsening	





Key: Target performance status

Target achieved	
Target progress maintained	
Target missed	

Measure	Key Performance Indicator or Target	Performance
	Students and Staff Achieving their Potential	
3	Staff	
	a) Number of staff days spent on CPD/year (average per head)	
	b) Percentage of permanent staff with TQFE or equivalent	
	c) Number of staff: presenting papers of conferences number of publications	 
4	Track FE and HE Student Satisfaction through national student surveys	
	The proportion of students overall satisfied with college experience in: a) Student Satisfaction and Engagement Survey	
	b) National Student Survey	
5	The proportion of classes with a student representative or agreed structure : HE FE	 
6	Proportion of Students that agree or mostly agree with the statements from the End of Year Student Survey Outcomes(SSSES): a) Course / Achievement i. I feel this is the right course for me (prev.The course was what I expected) ii. I feel this is the right course for me (prev. I am achieving what I set out to do)	  
	b) Destination i. My time at college has helped me develop knowledge and skills for the workplace (prev. I am aware what I can do after my course) ii. I have received sufficient advice and guidance in relation to my course (prev. I feel prepared to take my next steps)	 
	c) College i. Overall I am satisfied with my college experience (prev. I would recommend the College to a friend)	

Section 2: Detail of Performance by Measure

Detail of Performance: Measure 3

Students and Staff Achieving their Potential			
Measure	Key Performance Indicator or Target	Performance	Trend
3	Staff		
	a) Number of staff days spent on CPD/year (average per head)	↑	
	b) Percentage of permanent staff with TQFE or equivalent	↓	
	c) Number of staff: presenting papers of conferences number of publications	↑	
		↓	

Baseline: a) 5.3 days b) 84% c) 19 and 8

Target: a) 6.5 days b) and c) improve on previous year's performance

Trend:
a) Improvement from previous year; improved performance overall
b) Marked decrease from previous year and overall, please see notes
c) Decrease from previous year; performance maintained overall



Tolerance: tbc
(+/-)

Sector Average: tbc
(+/-)

Note on performance

- a) This figure represents the 3rd consecutive year where there has been an improvement from the previous year. The target number of staff days spent on CPD/year fell short of target by 1.7, work will continue on in 2019/20 to improve the figure and meet target.
- b) This figure represents the third consecutive year where there has been an improvement from the previous year. The target number of staff days spent on CPD/year fell short of target by 1.7, work will continue on in 2019/20 to improve the figure and meet target.
- d) Values for 2018-19 are indicative of progress and are accurate up to August 2019, based on data received from the college's Research Co-ordinator and from the PURE database. The college have identified 6 staff with significant responsibility for research who are expected to have a research output that will be eligible for the Research Excellence Framework (REF) 2021.

Detail of performance: Measure 4

Measure	Key Performance Indicator or Target	Performance	Trend
4	Track FE and HE Student Satisfaction through national student surveys		
	The proportion of students overall satisfied with college experience in: a) Student Satisfaction and Engagement Survey	↓	
	b) National Student Survey	↓	

Baseline: a) 93% b) 76%

Target: Improve on previous year's performance

Trend: a) Decrease from previous year; slight decrease overall
 b) Decrease from previous year; improved overall

Tolerance: tbc (+/-)





Sector Average: a) b) +1.00%
 (+/-)

Note on performance

- a) An overall satisfaction rate of 91% was achieved. The response rate was 46%; this was a drop from 64% from the Early Student Experience Survey (ESES). This is a concern since the same methodology was used for both surveys and lower feedback rates give less information for identifying actions to improve performance; the College will look to ways to improve the response rate. The overall satisfaction level was also a drop from 97% from ESES.
- b) The 85% overall satisfaction rating was a 3% decrease from 2018 however the benchmark for the institution overall has been achieved with a 9% increase from the baseline. The College also sits above the Scottish and UK average of 84%. The response rate was 80%

The overall UHI response rate was 83% and overall satisfaction rate 85%

Detail of Performance: Measure 5

Measure	Key Performance Indicator or Target	Performance	Trend
5	The proportion of classes with a student representative or agreed structure : a) HE b) FE		
			

Baseline: a) 52% b) 34%

Target: Improve on previous year's performance

Trend: a) Maintaining from previous year; improving overall
 b) Improved on previous year and overall

Tolerance: tbc percentage point (+/-) previous 3-year average

Sector Average: (+/-)

Note on performance

In 2018-19, 79% of eligible HE classes and 65% of FE classes (ie classes with 5 or more students) had a student representative. In total, this equated to 261 Student Reps with some classes preferring to nominate more than one representative. This continues the overall trend of an increase of the number of classes with a student representative.

The overall percentage of Student Reps who received the sparqs (student partnerships in quality scotland) Introductory Course Rep Training was 62%. The Perth Quality and HISA Perth officers delivered the sparqs training jointly.

Detail of Performance: Measure 6

Measure	Key Performance Indicator or Target	Performance	Trend
6a	Proportion of Students that agree or mostly agree with the statements from the End of Year Student Survey Outcomes(SSES):		
	a) Course / Achievement i. I feel this is the right course for me (prev. The course was what I expected) ii. I feel this is the right course for me (prev. I am achieving what I set out to do)		

Baseline: i) 84% ii) 91%

Target: i and ii) Improve on previous year

Trend: i) Improved on previous year and overall
 ii) Maintained from previous year and overall

Tolerance: tbc
 (+/-)

Sector Average: (+/-)

Measure	Key Performance Indicator or Target	Performance	Trend
6b	b) Destination		
	i. My time at college has helped me develop knowledge and skills for the workplace (prev. I am aware what I can do after my course) ii. I have received sufficient advice and guidance in relation to my course (prev. I feel prepared to take my next steps)		

Baseline: i 92% ii 91%

Target: Improve on previous year


Trend: i. and ii. Maintaining from previous year and overall

Tolerance: tbc percentage point (+/-) previous 3-year average

Sector Average: (+/-)

Visions 2021: Strategic Plan 2016-21: Targets and KPIs Progress Report

Year 4: 2018-19

Measure	Key Performance Indicator or Target	Performance	Trend
6c	Proportion of Students that agree or mostly agree with the statements from the End of Year Student Survey Outcomes(SSES): c) College i. Overall I am satisfied with my college experience (prev. I would recommend the College to a friend)	↓	

Baseline: 92%

Target: Improve on previous year

Trend: Slight decrease from previous year; maintaining overall

Tolerance: tbc percentage point (+/-) previous 3-year average

Sector Average: (+/-)

Note on performance for measure 6

This year the SSES (previously Annual Student Survey) was issued to students electronically through JISC Online Surveys (using Bristol Online Surveys (BOS): this had previously been issued as a paper version. The use of electronic survey was first used as a methodology for the Early Student Experience Survey (ESES) in October 2018.

The move to online surveys is a UHI initiative to introduce a single regional approach to sampling methodology and capturing specific qualitative data to enable benchmarking. As such the same question set was used by all Academic Partners, although it is to be noted that the first 10 questions are set by the Scottish Funding Council and a return is made to them for the FE data. The number of questions used in the survey was reduced from 50 used in previous years to 33. Each AP has the option of adding an additional 6 questions but Perth College chose not to use this facility in the first year of change of methodology.

A total of 2621 students were targeted and a total of 1205 students completed the survey, giving an overall response rate of 46%. This is a decrease of 7% on the 2017/18, which was 53%. This is also much lower than the response rate for the Early Student Experience Survey carried out in October 2018, using the same methodology, which received an overall response rate of 64%.

The SSES response rate for 2018-19 can be broken down to level/mode:

FE overall 56% - FE FT 59% FE PT 32%

HE overall 37% - HE FT 44% HE PT 19% HE DL 7%

It is to be noted that the Student Funding Council target response rate was 50%. UHI response target for the SSES, which was endorsed by SMT, was set at 60%. Whilst this was 7% higher than achieved in 2017/18 based on the ESES response rate it was thought a reasonable target to aim for. It is disappointing therefore to see that a large proportion of response rates fell below the agreed SFC target and that very few achieved the agreed Perth College target. We acknowledge that this is the first year that the SSES has been issued electronically to the students however as stated the same methodology used in the ESES gave a more favourable response rate. It is determined that mitigation for poor results may be due to the timing of the release of the survey which spanned the 2 weeks either side of the Easter break, and the recent ASOS although this is speculative as there is no firm evidence of this.

The overall student satisfaction is 91%, which is a combined figure of students that agree and strongly agree. However viewed as a weighted average to take into account students who disagreed and apportioning a different weighting to that of strongly agree and agree the overall satisfaction is reduced to 64%. The same satisfaction question was asked in the Early Student Experience Survey and received an overall student satisfaction of 97%, with a weighted average of 70%. The overall satisfaction figure from the 2017/18 SSES however was 95% overall and 76% weighted average. So there has been a 12% decrease in the overall satisfaction figure from last year, and a 6% decrease from the early experience survey. A course by course comparison analysis of the ESES vs SSES will be completed and available for the next CMT meeting.

The change of methodology also provided the option of using service level satisfactions questions and 9 service level satisfaction questions specific to the Student Experience Department at Perth College were used.

Perth College UHI

Paper No. 3

Committee	Audit Committee
Subject	Health and Safety Policy
Date of Committee meeting	17/09/2019
Author	Ian Bow (Health, Safety & Wellbeing Adviser)
Date paper prepared	05/09/2019
Executive summary of the paper	<p>H&S Policy Statement of Intent, to be signed by Principal and Chief Executive and Chair of the Board of Management.</p> <p>Change of text in final paragraph to indicate the Organisation and Arrangements for the implementation of the Policy</p> <p>Main Policy document remains unchanged</p>
Consultation How has consultation with partners been carried out?	Yet to be seen by H&S Committee
Action requested	<input type="checkbox"/> For information only <input type="checkbox"/> For discussion <input type="checkbox"/> For recommendation <input checked="" type="checkbox"/> For approval
Resource implications (If yes, please provide details)	No
Risk implications (If yes, please provide details)	No Click or tap here to enter text.

Perth College UHI

<p>Link with strategy</p> <p>Please highlight how the paper links to the Strategic Plan, or assist with:</p> <ul style="list-style-type: none"> • Compliance • National Student Survey • partnership services • risk management • other activity [e.g. new opportunity] – please provide further information 	<p>Principal document for the College Safety Management System and legal requirement</p>
<p><u>Equality and diversity</u></p> <p>Yes/ No</p> <p>If yes, please give details:</p>	<p>No</p>
<p>Island communities</p> <p>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)?</p>	<p>Yes/ No</p> <p>If yes, please give details:</p> <p>Click or tap here to enter text.</p>
<p><u>Data Protection</u></p> <p>Does this activity/ proposal require a Data Protection Impact Assessment?</p>	<p>No</p> <p>Click or tap here to enter text.</p>
<p>Status (e.g. confidential/non confidential)</p>	<p>Non Confidential</p>

Perth College UHI

Freedom of information Can this paper be included in "open" business?*	Open
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* If a paper should **not** be included within 'open' business, please highlight below the reason.

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

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Health and Safety Policy

September 2019

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

Ask Student Services for details.

www.perth.uhi.ac.uk

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Version Control History

Version Number	Date of Change	Summary of Revisions Made
8	Aug 15	Revised H and S statement signed by new Chair Grant Myles. Revised purpose and Residences covered all year round; Managers have new responsibility to ensure risk control measures are implemented; H and S office has a new responsibility to link with IOSH and H and S Executive; all staff have responsibility to attend H and S training and report all accidents/incidents to line manager; contractors not to start work until H and S induction completed; students have a responsibility to wear PPE, not introduce equipment without staff authorisation, report accidents; new section on responsibilities of visitors.
8.1	July 2016	Footer updated to reflect new template model.
8.2	August 2016	Dates in footer and Policy updated and new Policies added to the list of Linked/Related Documents. Updated Policy Statement signed and included.
8.3	August 2017	Owner updated to reflect it is now the Principal and Chief Executive. Section 6: 2 Policies added: <ul style="list-style-type: none"> • Control of Noise at Work Policy. • Control of Vibration at Work Policy.
8.4	October 2017	The Principal and CEO has overall accountability as opposed to responsibility.
8.4	October 2017	The role of the Board of Management was to 'champion' H and S and that should be re-instated in the policy.
8.4	October 2017	Drafting changes to language as recommended by the Board of Management to encourage a more positive/inclusive health and safety culture.
8.5	September 2018	Insert at para 5.4 under "Managers shall", new bullet point: Change bullet point "Appoint a member of staff in their area as Risk Assessor" to read "Appoint a competent member of staff in their area as Risk Assessor" Amend para 5.6 to read: - The Health, Safety and Wellbeing Adviser is the appointed competent person for the College on matters of Health and Safety whose main responsibilities include..
9	September 2019	H&S Policy Statement of Intent, to be signed by Principal and Chief Executive and Chair of the Board of Management. Change of text in final paragraph to indicate the Organisation and Arrangements for the implementation of the Policy Main Policy document remains unchanged.

Title: Health and Safety Policy
Version/Status: 9, Final

Owner: Principal and Chief Executive
Lead Author: Head of Human Resources and Organisational Development

Approved By/Date: Board of Management/Oct 2019
Effective Publication Date: October 2019

Lead Editor: Health, Safety and Wellbeing Adviser
Review Timing/Date: 1 Year, 2020/21

Perth College UHI

Health and Safety Policy Statement

The Board of Management of Perth College UHI attaches the greatest importance to safeguarding the health, safety and welfare of all staff, students, visitors and others who use the premises, and regards the promotion of health and safety measures as a mutual objective for management and employees at all levels.

It is the commitment of Perth College UHI, hereinafter referred to as "the College", to act within the requirements of the Health And Safety at Work etc, Act 1974, and subsequent legislation, and to ensure that the health, safety and welfare of all staff, students, visitors and others who may be affected by our undertakings is safeguarded, so far as is reasonably practicable.

To meet these criteria, the College will:

- Regard legal compliance as the lowest acceptable standard of management with regard to health and safety.
- Identify hazards, assess risks and manage those risks.
- Provide appropriate information, instruction, training and supervision.
- Provide and maintain equipment and a working environment that are, so far as is reasonably practicable, without risks to health and safety.
- Consult with employee's representatives on health and safety matters.
- Provide adequate funding and resources to meet Policy needs.

In order to effectively manage Health and Safety, the College Board of Management devolves policies and procedures through the Principal and Chief Executive to the Senior Management Team, to the Heads of Curriculum and Support Area Managers, and their staff, all of whom are responsible for managing Health and Safety as set out in further sections of this Policy.

The College requires that all staff, students, visitors and others co- operate in regarding safe working as a prime objective, by working within established procedures.

Overall responsibility for the practical implementation of this Policy lies with the College Principal and Chief Executive.

The Organisation for implementation of this Policy are set out in the attached document, which is to be read as part of this statement. Arrangements for Policy implementation are contained in a separate document and are to be read alongside associated Health and Safety related Policies and Procedures. All of the aforementioned will be reviewed and updated, as required to ensure best practice methods of managing Health and Safety are achieved.

Signature:

Date:

Margaret Cook, Principal and Chief Executive

Signature:

Date:

Brian Crichton, Chair of the Board of Management

Title: Health and Safety Policy

Version/Status: 9, Final

Owner: Principal and Chief Executive

Lead Author: Head of Human Resources and Organisational Development

Approved By/Date: Board of Management/Oct 2019

Lead Editor: Health, Safety and Wellbeing Adviser

Effective Publication Date: October 2019

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Health and Safety Policy

1 Purpose

Perth College UHI recognises its responsibility under the provisions of the Health and Safety at Work etc Act 1974 to ensure, so far as is reasonably practicable, the health, safety and welfare of all employees, students, visitors and members of the public using the College premises and services. This Policy details roles and responsibilities to enable the College to fulfil these duties.

2 Scope

All staff, students and persons visiting all college premises: for example contractors or members of the public.

Air Service Training (Engineering) Limited (AST). All AST staff, students and visitors are covered by this policy when they are located within the Perth College UHI premises. However, AST have their own Health and Safety Policy for its operations elsewhere in the UK and overseas.

The Perth College UHI Student Residences are covered by this Policy during the Academic Year (August to June). In the summer recess, the Residences are leased to the Scottish Youth Hostel Association and are covered by their Health and Safety Policy during that period.

3 Definitions

So far as is reasonably practicable: It is a balance between injury/harm, the chances of it happening, the numbers of people affected and the overall risk reduction balanced between time, inconvenience, money and effort.

4 Key Principles

The Board of Management and Senior Management Team (SMT) of Perth College UHI attaches the greatest importance to safeguarding the health and safety of all staff, students, visitors and others who use the premises, and regards the promotion of health and safety measures as a mutual objective for management and staff at all levels.

5 Responsibilities

5.1 The Board of Management

The Board of Management champions Health and Safety within the College and has overall responsibility for ensuring the effective implementation of the Colleges' Health and Safety Policy.

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5.2 The Principal and Chief Executive

The Principal and Chief Executive has overall accountability for the practical operation of and compliance with the Health and Safety Policy. The responsibility for day to day running of health and safety related activities is delegated to competent persons within the college.

5.3 The Senior Management Team (SMT)

The Senior Management Team is responsible for achieving the objectives of the Health and Safety Policy within the College.

The Senior Management Team will ensure that employees within their area of responsibility that are designated as having responsibilities for health and safety matters are trained and competent and are provided with the resources necessary to ensure the implementation of this Policy.

The Senior Management Team review and monitor the recommendations and findings of the Health and Safety Committee, and forward these to the Board of Management for their consideration. Health and safety matters are line management responsibilities. Responsibilities can be delegated, however accountability cannot.

The Head of Human Resources and Organisational Development chairs the Health and Safety committee. This post holder is also the member of SMT responsible for College compliance with all those Health and Safety legal requirements that apply to the use of College premises, facilities and grounds.

In the absence of the Head of Human Resources and Organisational Development, another member of the Senior Management Team will assume those health and safety responsibilities.

5.4 Managers

The key to effective Health and Safety management in the College is the control exercised by Managers.

Where responsibilities for health and safety are delegated to team members, accountability for health and safety still remains with Managers.

Managers shall:

- Bring this policy to the attention of their staff.
- Implement the Health and Safety Policy in relation to their area of responsibility.
- Appoint a competent member of staff in their area as Risk Assessor.

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- Ensure, so far as is reasonably practicable, that conditions within their work area are safe and without risk to health, by ensuring that risk assessments are conducted and completed by a competent person trained in risk assessment and that control measures are implemented.
- Ensure staff receive the necessary training to enable them to work safely. Training needs should be identified as a part of the risk assessment process.
- Ensure all accidents are reported using the accident report form as soon as possible after the accident, regardless of whether an employee, student, volunteer, contractor or visitor has been affected.
- Investigate, or ensure investigation of accidents and unsafe work practices.
- Make health and safety a standing item on the agenda of team meetings.
- Raise any matters arising at team meetings on Health and Safety, in the first instance, with the Health and Safety Officer, who will highlight these to the Health and Safety Committee as appropriate.

5.5 Head of Estates

The Head of Estates is responsible for:

- Providing College premises with building fabric and services which are safe working environments.
- Ensuring that the fabric and services of College premises remain safe through appropriate repair, maintenance, inspection, examination and testing regimes.
- Ensuring that risks relating to building design, building fabric and building services in College premises are managed. These include (but are not limited to):
 - Fire;
 - Asbestos;
 - Legionella;
 - Statutory inspection, testing and maintenance of plant and equipment;
 - Control of contractors.

5.6 The Health, Safety and Wellbeing Adviser

The Health, Safety and Wellbeing Adviser is the appointed competent person for the College on matters of Health and Safety whose main responsibilities include:

- Keeping up to date with health and safety legislation and new best practice developments and advise affected parties as appropriate.

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- Advising the Board of Management, SMT, CMT and the Health and Safety Committee on all matters of health and safety as appropriate.
- Facilitating and give practical support to staff completing risk assessments, CoSHH assessments, DSE assessments etc.
- Develop, implement and review health and safety policies and procedures.
- Conducting regular audits/inspections of the College's health and safety systems and then submit findings to the relevant Head of Curriculum or Support Area Manager/Senior Management Team and Board of Management. (These audits/inspections will at times be in conjunction with safety representatives).
- Develop and deliver health and safety training for the College; and externally to employers on behalf of the College eg REHIS.
- Contribute to team meetings to provide health and safety advice.
- Liaise with Managers on health and safety matters and then raise them with the Health and Safety Committee as appropriate.
- Co-ordinate with the Head of Estates on the effective implementation of all relevant Health and Safety Legislation, Codes of Practice, Guidance Notes etc.
- Stop unsafe working practices when deemed necessary, whether this be College employees or non-employees eg contractors.
- Report accidents, ill health and dangerous occurrences to the Health and Safety Executive when appropriate.
- Liaise with other groups including: Tayside Integrated Safety Association, UHI health and safety committee, College Development Network (Scotland), Healthy Working Lives, Scottish Fire and Rescue service, Health and Safety Executive, Institute of Occupational Safety and Health (IOSH).
- Carry out Health and Safety inductions to staff, students and contractors when requested.

5.7 The Health and Safety Committee

- 5.7.1 Composition and Membership of the Health and Safety Committee is identified within the Health and Safety Committee Terms of Reference.
- 5.7.2 The Health and Safety Committee will provide consultation, direction and support to College-wide activities which meet our commitment to the provision of a safe environment and enable compliance with health and safety legislation in the interests of staff, students and service users. Activities are identified within the Health and Safety Committee Terms of Reference.

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5.8 Human Resources

Human resources will:

- Refer staff to the College Occupational Health Provider when necessary.
- Develop employee health services by promoting health screening and surveillance and preventative medical services.
- Develop health promotion and education initiatives as appropriate.
- Advise and support managers on disciplinary proceedings when required.

5.9 Occupational Health Provider

The College Occupational Health Provider will:

- Carry out health surveillance/health checks to employees who are referred by HR.

5.10 All College Staff

All College staff must take reasonable care of themselves and of any other persons who may be affected by their actions, or what they fail to do at work.

All College staff must:

- Co-operate with the College in its efforts to comply with the Health and Safety at Work etc Act, 1974 and related Regulations.
- Use correctly and safely all work items/equipment provided by the College in accordance with the information, instructions, and training given.
- Inform their immediate line manager of any work situation where they believe they or any other person is at risk of serious or immediate danger.
- Inform their immediate line manager of any work situation where they consider there to be the potential for harm to employee or others as a result of work activities.
- Familiarise themselves with health and safety policies, risk assessments, safe systems of work and arrangements as detailed in this and other Health and Safety documents relevant to their work activities.
- Where an employee believes they or another person's health or safety is in imminent danger, must temporarily suspend the dangerous activity and report this to their immediate line manager.
- Attend Health and Safety training as required.
- Report all accidents to their Line Manager as per current College procedures.

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5.11 Contractors and their Staff

All contractors and their staff must take reasonable care of themselves and of any other persons who may be affected by their actions, or what they fail to do at work.

Contractors and their staff must:

- Comply with this Policy.
- Report any accidents to the Head of Estates in the first instance.
- Have risk assessments and method statements for work activities, however they can use their own format, but they must meet legal requirements.
- Not start any works until they have received a College Health and Safety induction.

5.12 Students

- Are expected to act in a responsible manner and not endanger any other persons by an act or omission on their part.
- Inform a College employee of any situation where they consider there to be the potential for harm to employees or others as a result of work activities.
- Shall use protective or specialist clothing as required and shall use all safety equipment available.
- Shall **not**, without the consent of the member of staff in charge of the areas or activity, introduce any equipment for use on College premises.
- Shall report all accidents, whether or not injury is sustained, to the member of staff in charge of the activity or facility.

5.13 Visitors

- Are expected to act in a responsible manner and not endanger any other persons by an act or omission on their part.
- Inform a College employee of any situation where they consider there to be the potential for harm to employees or others as a result of work activities.

5.14 Head of Quality

Quality approval check of this Policy is the responsibility of the Head of Quality who will arrange for the Policy to be posted on the web.

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As well as the above responsibilities, persons will have specific duties detailed in other policies eg First Aid policy, Stress Management policy, Smoking policy etc.

6 **Linked/Related Documents**

The Procedures and Guidance documents listed below can be found on the College Website (Policies and Procedures), PerthNet (guidance and forms) or are available by contacting the Health, Safety and Wellbeing Adviser.

Fire and Emergency Evacuation Procedure
Accident Report Form
First Aid Policy
Smoking Policy
Stress Management Policy
Control of Substances Hazardous To Health Policy (CoSHH)
Drugs and Alcohol Policy
Electrical Safety Policy
Risk Assessment form and guidance
Employee Health and Safety Induction Booklet
Display Screen Equipment form c/w guidance
Safeguarding Policy and Procedure
AST Health and Safety Policy
Control of Noise at Work Policy
Control of Vibration at Work Policy

7 **Relevant Legislation**

Health and Safety at Work etc Act 1974
Management of Health and Safety at Work Regulations 1999

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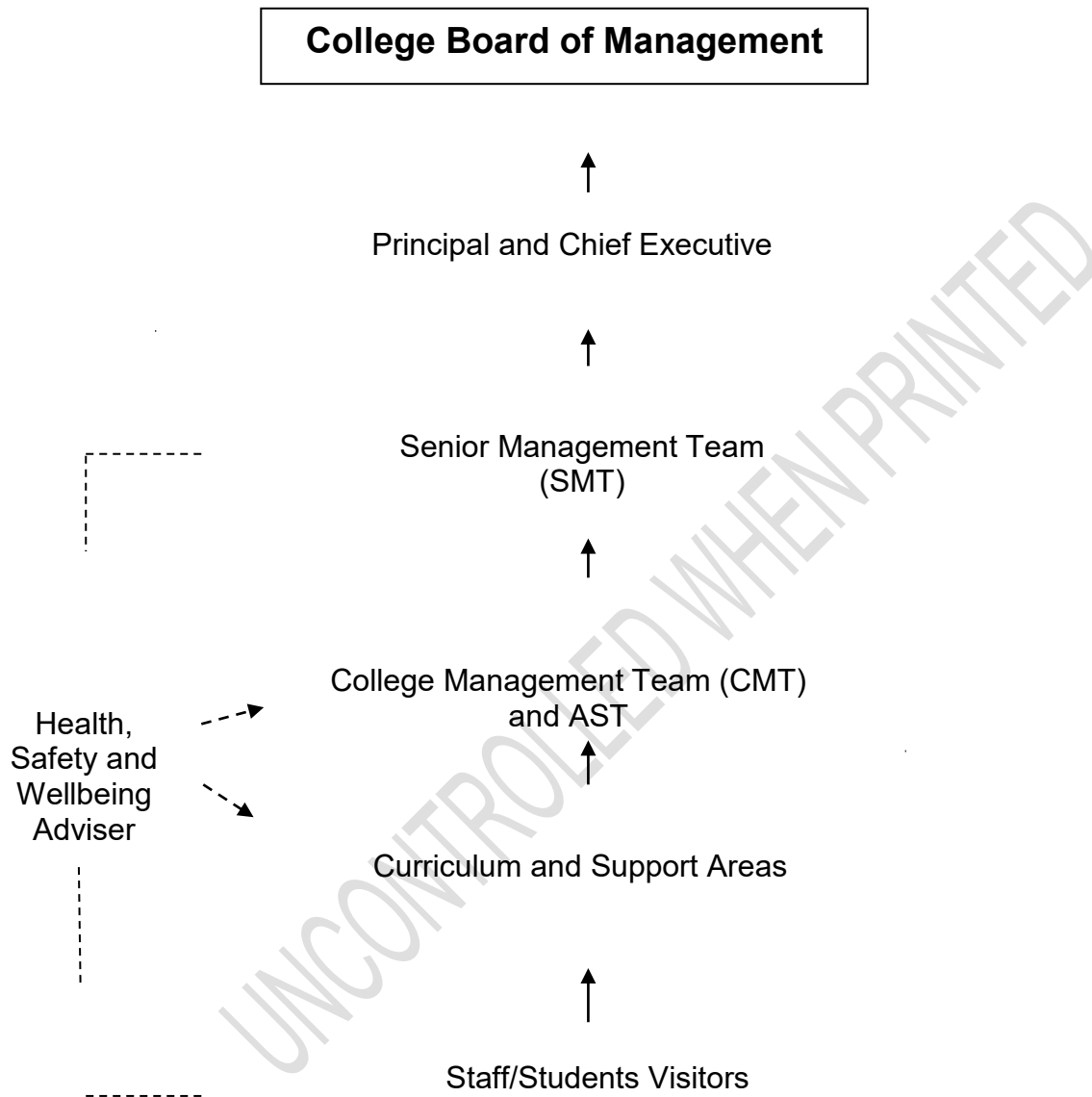
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Appendix 1

The Health and Safety Institutional Responsibility Structure



Title: Health and Safety Policy

Version/Status: 9, Final

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Lead Author: Head of Human Resources and Organisational Development

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Appendix 2

The Health and Safety Functional Communication Structure



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Lead Author: Head of Human Resources and Organisational Development

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Perth College UHI

Paper No.4

Committee	Audit Committee
Subject	Health and Safety Report 2018-19
Date of Committee meeting	17/09/2019
Author	Ian Bow (Health, Safety & Wellbeing Adviser)
Date paper prepared	10/09/2019
Executive summary of the paper	Report on health and safety performance for the academic year 2018-19
Consultation How has consultation with partners been carried out?	Yet to be seen by H&S Committee
Action requested	<input type="checkbox"/> For information only <input type="checkbox"/> For discussion <input type="checkbox"/> For recommendation <input checked="" type="checkbox"/> For approval
Resource implications (If yes, please provide details)	No
Risk implications (If yes, please provide details)	No <small>Click or tap here to enter text.</small>
Link with strategy Please highlight how the paper links to the Strategic Plan, or assist with:	Annual reporting compliance

Perth College UHI

<ul style="list-style-type: none"> • Compliance • National Student Survey • partnership services • risk management • other activity [e.g. new opportunity] – please provide further information 	
<p><u>Equality and diversity</u></p> <p>Yes/ No</p> <p>If yes, please give details:</p>	<p>No</p>
<p>Island communities</p> <p>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)?</p>	<p>Yes/ No</p> <p>If yes, please give details:</p> <p>Click or tap here to enter text.</p>
<p><u>Data Protection</u></p> <p>Does this activity/ proposal require a Data Protection Impact Assessment?</p>	<p>No</p> <p>Click or tap here to enter text.</p>
<p>Status (e.g. confidential/non confidential)</p>	<p>Non Confidential</p>
<p>Freedom of information</p> <p>Can this paper be included in “open” business?*</p>	<p>Open</p>

* 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	<input type="checkbox"/>	Its disclosure would substantially prejudice the effective conduct of public affairs	<input type="checkbox"/>
Its disclosure would substantially prejudice the commercial interests of any person or organisation	<input type="checkbox"/>	Its disclosure would constitute a breach of confidence actionable in court	<input type="checkbox"/>
Its disclosure would constitute a breach of the Data Protection Act	<input type="checkbox"/>	Other [please give further details] Click or tap here to enter text.	<input type="checkbox"/>

For how long must the paper be withheld? [Click or tap here to enter text.](#)

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DRAFT HEALTH AND SAFETY REPORT 2018/19

Introduction

This Health, Safety and Wellbeing report provides a summary of the College's health and safety performance for the 2018/19 academic year. The purpose of the report is to update the College Board of Management, staff, students and other stakeholders on health and safety matters and provide confidence that Perth College UHI, is managing health and safety appropriately.

This report identifies activities relating to health and safety management within the College. It summarises statistical information where appropriate and provides explanatory information on THE College Safety Management System.

Executive Summary

Health and Safety performance within the College is continuing to improve. This is borne out by results of internal audit/inspections, departmental workplace inspections and stakeholder involvement with health and safety. There are some areas of weakness where the management system is not as robust, but efforts are continuing to raise the standards.

In-house training continues to increase with requests from Curriculum Areas and Support Services for support, advice and training. Training events have been arranged or are in the process of being planned. There has been a perceived improvement in safety culture at all levels but this needs to be confirmed by a survey.

Online training statistics show a decrease in uptake against the current staff numbers but may be due to staff turnover and workload. Classroom based training is increasing and courses delivered to address the shortfalls in competencies.

A review of the Health and Safety Policy has identified a need for formal arrangements for the management of health and safety which has been addressed and soon to be published as the Health and Safety Arrangements document.

Audits of departmental Health and Safety have been conducted in higher risk areas with more planned for early 2020. Overall ratings are good with observations noted and actioned.

Recording of risk assessments is on the increase with work in many departments continuing to review and re-draft assessments as required. Efforts are also continuing to have all assessments held in a central registry on the staff Intranet. Fire risk assessments of all buildings will remain as an annual event following a review of procedures.

Accident reporting statistics have increased in number due to promotion of the reporting system and requirement to report all accidents, incidents and near misses.

Co-operation and Communication

The Health & Safety Committee, chaired by the Head of Human Resources and Organisational Development met four times during this reporting period. Members are required to attend the committee meetings and if unavailable, are to send a nominated deputy. Attendance has been sporadic and noted by the Chair of the Committee and Board of Management. The Depute Principal has sent an email reminder to all Committee members on the importance of representing their area and the requirement for a deputy in their absence.

Staff and student views, concerns and issues are raised in and out of Committee by Trades Unions Safety and Students Union Representatives. These representatives are important for the generation and continuation of open communication channels with management and the Health and Safety Committee.

Building and enhancing good relationships with staff and students has been one of the main priorities for the Health, Safety and Wellbeing Adviser (HSWA), building trust and assurance that matters raised will be followed through. The HSWA has an open door policy and a visible presence throughout the campus.

Health and Safety Planning

The Health and Safety Strategy covers five key areas, Engagement with stakeholders, Training requirements and delivery, Identification of Risk, Performance Monitoring with Key Performance Indicators and the Inspection and Audit. The strategy is a live document and identifies where we are now in terms of the above headings and where we wish to be. The document has been reviewed and updated and shall be taken to the next Health and Safety Committee for additional scrutiny and actions.

Planning for continuous improvement in health and safety is key to establishing what the College needs to prioritise. Following the Inspections and Audits, training needs were identified and the requirement to standardise health and safety documentation. Currently, planned training for staff includes COSHH Risk Assessor, Risk Assessor, Manual Handling, First Aid at Work and Health and Safety for Managers. Further training needs shall be identified and actioned as required.

Health and Safety Management System

The Health and Safety Policy consists of a Statement of Intent, Health and Safety Organisation and Health and Safety Arrangements. These documents and associated policies and procedures form the Safety Management System, which is robust and is improving.

The Policy Statement of Intent is the main document signed by the Principal and Chief Executive and the Chair of the Board. Within this policy document is the Organisation of Health and Safety, identifying the roles and responsibilities different staff and student groups have. The Health and Safety Manual produced last year is designed to assist all staff in the health and safety management structure who have specific duties and responsibilities to undertake their role effectively. This document has been approved and shall become the Health and Safety Arrangements section of the Health and Safety Policy.

Following a policy review, it was identified there was a need for procedures to be formally written for Display Screen Equipment and Health Surveillance. Two new policies have been drafted, approved by the Health and Safety Committee and are going through the further approval process.

Health and Safety Workplace Inspection Checklists were introduced to all areas of the College last year. The checklists are for curriculum/sector areas and departments to complete as part of their in-house inspection and assurance procedures and are required as evidence to support independent inspections and audits. Higher risk areas are required to complete one each semester, where lower risk areas, one per year. This does negate the standard visual checks of workplaces as required by line management.

Following the introduction of GDPR, a restricted area was created within PerthNet, Health and Safety. This area is to hold all confidential documentation such as accident and incident reports, accident and incident investigations, RIDDOR reports to the HSE, individual personal risk assessments and the accident and incident spreadsheets. Access is limited to the HSWA, Head of HR&OD and the ICT Systems Supervisor.

Advice and Support

The HSWA has been proactive in developing relationships within curriculum areas and support departments. Assistance and advice is provided in compiling risk assessments for estates caretakers and cleaners, nursery staff, reprographics to name some. Following the inspections and audits of areas, advice and assistance is also provided in the creation of action plans, prioritising of actions and identification of areas for improvement.

Training

Training needs continue to be identified and/or requested. The requirement for COSHH risk assessors has been noted and training has been arranged.

The College previously used an external training provider for First Aid Training. First Aid training is now being delivered in-house reducing the financial costs whilst utilising College resources.

Online Health and Safety related training remains an issue where uptake has been low. Analysis of uptake against the current staff list and reports from Blackboard and Marshalls, the two online providers, shows there is a need to promote further in order to ensure staff are complying with policy. This should be effected through line management.

N.B. The figures below have been adjusted and reflect a fairer view. The information used last year was out of date and has since been corrected.

	2018		2019	
	543 Employees		633 Employees	
Course Title	No and % of employee uptake		No and % of employee uptake	
Mental Health	218	40.15%	217	34.28%
Fire Awareness	244	44.94%	242	38.23%
Stress Management for All Staff v.1	332	61.14%	302	47.71%
Health and Safety Part 1 v.1	349	64.27%	263	41.55%
Health and Safety Part 2 v.1	370	68.14%	344	54.34%
Completed 5 Courses	163	30.02%	127	20.06%
Completed 4 Courses	44	8.10%	69	10.90%
Completed 3 Courses	118	21.73%	85	13.43%
Completed 2 Courses	68	12.52%	88	13.90%
Completed 1 Course	23	4.24%	26	4.11%
Not Started Courses	126	23.20%	239	37.76%
Leavers			51	
Joiners			141	

The above figures show a need for robust management and monitoring of compulsory health and safety training, which has been highlighted at the Health and Safety Committee.

Classroom based training records show the following courses were conducted:

- Manual Handling Refresher, 15 staff
- Fire Marshall, 46 staff
- First Aid at Work Refresher, 18 staff
- Evacuation Chair, 17 staff
- First Aid at Work Requalification, 4 staff

During Staff Conferences, the following presentations were delivered

- Health and Safety Induction
- Accident and Incident Reporting
- Health and Safety Responsibilities of all Staff

Risk Management

The control of risk within the College is a shared responsibility, all staff play a part in the identification, control and monitoring of hazards and risks.

External contractors have been heavily involved yet again during the summer break in refurbishment of the premises and general works. The Estates Department have ensured that Risk Assessments and Method Statements were received from contractors and scrutinised prior to any works commencing.

Departmental workplace health and safety inspections are now carried out where high risk areas conduct and record an inspection each semester where lower risk areas conduct one per year. Workplace Inspection Checklists are a valuable tool in identifying concerns which may be overlooked during an “unofficial” inspection. This is a definite improvement from previous years where there was no documented evidence of inspections.

Each inspection leads to an Action Plan and identifies the negative finding, who is responsible for taking it forward and resolve, the expected timescale in which resolution is expected and progress towards the target.

The College's Health and Safety Risk Management Profile details the broad key organisational health and safety risks, it rates these risks in terms of their impact and likelihood, and an action plan is in place to implement controls that will remove or reduce these risks. The action plan is monitored by the Health and Safety Committee and Audit Committee and risks are re-evaluated accordingly as control measures are implemented and take effect. The Committee have recently requested named responsible persons to be identified on the action plan.

Curriculum Areas and Support Departments have risk assessment folders within the Health and Safety section of the staff intranet site, these folders contain completed risk assessments for most areas but not all. This is a repeat observation but there is an improvement on last year. The Health and Safety Committee have raised this issue with Curriculum Area and Support Departmental management.

Fire Safety

Fire Risk Assessments for the Brahan, Goodlyburn, Webster, Nursery, ASW and Residences were conducted in October and November 2018. They shall all be reviewed within the same timelines this year. Having considered the risk, the HSWA has determined an annual assessment is required for all buildings.

Assessment findings were discussed between the HSWA, Head of Estates and Estates Officer where actions plans were put in place. Outstanding issues from the previous assessments have been raised and hastened.

Fire evacuation drills have been carried out in Brahan, Goodlyburn, Webster, ASW, Residences and Nursery. Fire drills are scheduled for September/October 2019 and January 2020. There are designated Fire Marshals to assist the College in meeting its responsibilities in respect of current fire legislation. Fire Marshall training has been conducted and included current and new Marshalls.

The College has eleven evacuation chairs, four in the Brahan, four in the Goodlyburn, two in the Webster and one in the ASW. Training has been conducted with ASW staff in the use of evacuation chairs and further sessions are planned for the Evacuation Teams

There have been 6 visits by the Scottish Fire and Rescue Service Crews this reporting period.

- 1 Smoke Testing of Gas Equipment triggered smoke detector
- 1 Dust contamination of smoke detector
- 2 Aerosol in female changing area activated smoke detector
- 1 Theatrical Smoke activated smoke detector
- 1 Smoke detector activated by smoke outside Goodlyburn Food Court

There was also a request for a Staff Side Safety Representative for a visit by a Fire Officer to inspect level 2 corridor of Brahan which was partially obstructed by tables and chairs during the summer upgrade works. The issue was resolved that day.

The management of Fire Safety requires a review regarding the fire safety measures in place.

Accident, Incident and Near Miss Reporting

There has been an increase in the number of reported accidents in this reporting period from 53 to 74 (Appendix 1). This increase is attributed to the awareness campaign and the importance of reporting all accidents and incidents. There have been many accident forms being submitted from areas where none were reported before.

Accident and incident reports, statistics spreadsheets, investigations and HSE reporting are now stored electronically in a secure area on PerthNet where access is available to only three personnel.

Health and Wellbeing

The Health & Wellbeing Group has met twice in this reporting period but would have benefited from more frequent meetings. Many initiatives are taken forward at departmental and team level and there is a will to co-ordinate activities and initiatives. Meetings are planned for this semester.

The College received the Healthy Working Lives Gold Award at a presentation which took place in Dundee in February. The group shall work to maintaining the award and raising the profile of health and wellbeing.

Monitoring Performance

Current performance monitoring includes accident, incident statistics as well as sickness absence (see appendices). Baseline Key Performance Indicators (KPI's) are to be established from data recorded in the year 2018-2019. These figures are currently not fully prepared. Discussions are to be held with UHI Safety Practitioners in order to benchmark against similar organisations.

Workplace inspections and audits have taken place in 5 high risk areas. The results are encouraging with no single area obtaining significantly low scores (see below).

Air Service Training (Score) – 97%
Construction Workshops – 90%
Joinery Workshops – 91%
Aeronautical Engineering (Dunne) – 82%
Engineering Workshops – 92%

Each inspected/audited area shall complete an action plan to remedy weak areas and areas for general improvement.

Communication with External Agencies

During this reporting period there has been no communications from any outside agency requesting information or actions.

Audit and Review

Perth College UHI pledges commitment to continuous improvement of Health, safety and Wellbeing of all its' staff and students. Verification of achieving this shall be internal inspection and audit. Leading to this shall be the collation of health and safety performance data from across the College as detailed above through KPI's.

Feedback and action plans shall be developed with each action point having a named responsible person and a timescale for achievement. Action plans shall be monitored by the Health and Safety Committee.

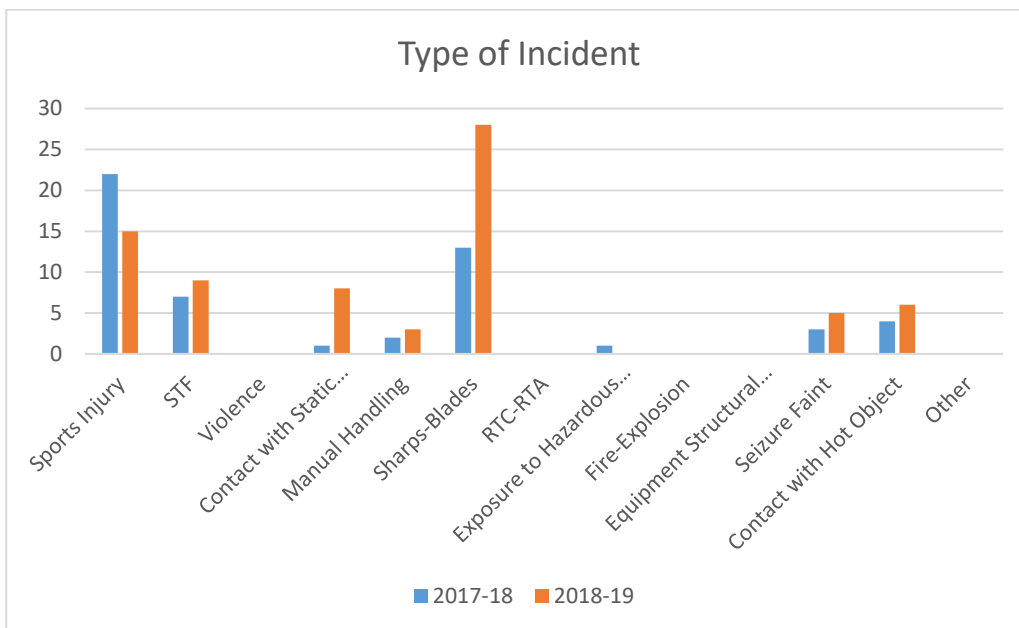
Appendices:

Appendix 1 - Accident and Incident Statistics 2018-19

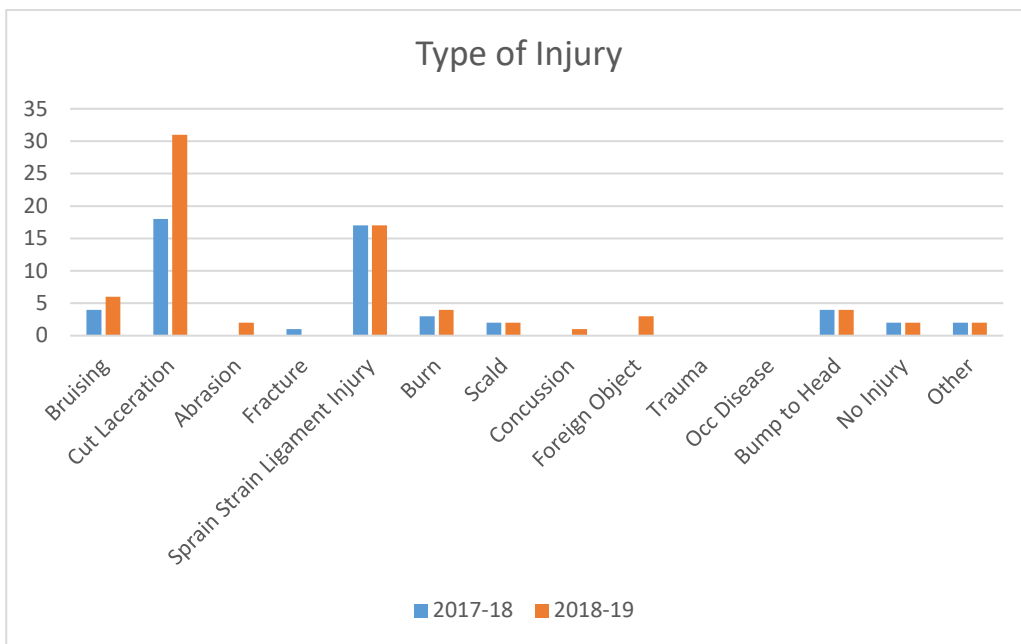
Appendix 2 – Sickness Absence Statistics

Appendix 1 – Accident and Incident Statistics 2018-19

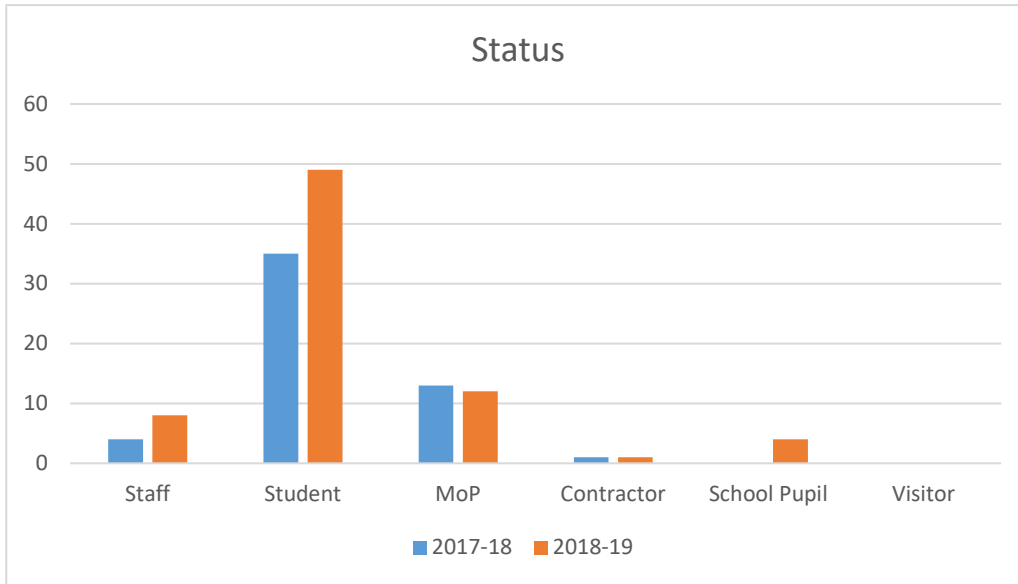
Type of Incident	2017-18	2018-19
Sports Injury	22	15
STF	7	9
Violence	0	0
Contact with Static Moving Object	1	8
Manual Handling	2	3
Sharps-Blades	13	28
RTC-RTA	0	0
Exposure to Hazardous Substances	1	0
Fire-Explosion	0	0
Equipment Structural Failure	0	0
Seizure Faint	3	5
Contact with Hot Object	4	6
Other	0	0
Total	53	74



Type of Injury	2017-18	2018-19
Bruising	4	6
Cut Laceration	18	31
Abrasion	0	2
Fracture	1	0
Sprain Strain Ligament Injury	17	17
Burn	3	4
Scald	2	2
Concussion	0	1
Foreign Object	0	3
Trauma	0	0
Occ Disease	0	0
Bump to Head	4	4
No Injury	2	2
Other	2	2
Total	53	74



Status	2017-18	2018-19
Staff	4	8
Student	35	49
MoP	13	12
Contractor	1	1
School Pupil	0	4
Visitor	0	0
Total	53	74



Appendix 2 – Sickness Absence Statistics

Health, Safety and Wellbeing

Sickness Absence Statistics

Please find below college sickness absence information for the last two academic years.

CIPHR	2017/2018 (full year)		2018/2019 (full year)	
	Total Sick Days	Average Sick Days per Head	Total Sick Days	Average Sick Days per Head
Management	118.5	5.38	15	0.6
Support	2385.75	9.21	1908	5.9
Academic	1031.5	5.67	1011	4.5
Total	3538.25	5.51	2934	5.19

Work-Related Stress

In 2018/2019, 25.8% of our sickness absence days are due to work related stress.

Perth College UHI

Paper No.5

Committee	Audit Committee
Subject	Strategic Risk Register - Update
Date of Committee meeting	17/09/2019
Author	Ian McCartney, Clerk to the Board of Management
Date paper prepared	11/09/2019
Executive summary of the paper	<p>This paper provides Committee with an overview of outstanding actions with an action date falling before December 2019.</p> <p>The paper is an excerpt from the full Strategic Risk Register, last reviewed May 2019</p>
Consultation How has consultation with partners been carried out?	n/a
Action requested	<input type="checkbox"/> For information only <input checked="" type="checkbox"/> For discussion <input type="checkbox"/> For recommendation <input type="checkbox"/> For approval
Resource implications (If yes, please provide details)	No
Risk implications (If yes, please provide details)	Yes

Perth College UHI

	Without continual review of the risk register and outstanding actions there are potential implications that strategic objectives are not met
<p>Link with strategy</p> <p>Please highlight how the paper links to the Strategic Plan, or assist with:</p> <ul style="list-style-type: none"> • 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 risk management tool used within Perth College UHI
<p><u>Equality and diversity</u></p> <p>Yes/ No</p> <p>If yes, please give details:</p>	No
<p>Island communities</p> <p>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)?</p>	<p>No</p> <p>If yes, please give details:</p> <p>Click or tap here to enter text.</p>
<p><u>Data Protection</u></p> <p>Does this activity/ proposal require a Data Protection Impact Assessment?</p>	<p>No</p> <p>Click or tap here to enter text.</p>
<p>Status (e.g. confidential/non confidential)</p>	Non Confidential

Perth College UHI

Freedom of information Can this paper be included in "open" business?*	Yes
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* If a paper should **not** be included within 'open' business, please highlight below the reason.

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

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

Risk Register Update September 2019 – Time-Sensitive Actions (up to December 2019)

Risk Ref	Risk Area	Outstanding Actions	Owner	Target Date
3	International Student Recruitment	<ul style="list-style-type: none"> • 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 	VP External	July 2019
4	Institutional Reputation	<ul style="list-style-type: none"> • Review, update and implement communications and PR strategy 	Principal	July 2019
5	College Estate	<ul style="list-style-type: none"> • Develop future campus vision. • Development of estates strategy 	DP Academic	Sep 2019
6	Technology	<ul style="list-style-type: none"> • Roll out of new UHI wireless network hardware and process • Creation of new digital lab to enhance digital learning and teaching approaches 	ICT Manager Head of L&T Enhancement	July 2019 July 2019
7	Service Disruption	<ul style="list-style-type: none"> • Develop HRIS to provide robust workforce intelligence and implement effective workforce planning model. <p>Capability Policy and procedure in updated and implemented.</p> <ul style="list-style-type: none"> • 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

Risk Ref	Risk Area	Outstanding Actions	Owner	Target Date
9	Development Opportunities	<ul style="list-style-type: none"> • SDS liaison and key employer contacts and stakeholders. • MA Development Plan with SDS. • Continuing to work with local communities to provide Leisure provision 	DP Academic Head of Student Experience	July 2019 Aug 2019
11	Curriculum Alignment	<ul style="list-style-type: none"> • Keep abreast of ESIF developments. • Tertiary working groups. 	SMT	July 2019
12	Business Continuity	<ul style="list-style-type: none"> • Update of Business Continuity Plan framework for compliance with most recent BSI guidelines. 	Principal	Dec 2019
15	Finance	<ul style="list-style-type: none"> • Develop Business Plan for AST 	Principal	July 2019
17	Statutory Compliance	<ul style="list-style-type: none"> • Internal inspection and audit actions/recommendations actioned 	HoD, Estates Manager, HSWA	Nov 2019
23	Student Experience	<ul style="list-style-type: none"> • Goodlyburn Boilerhouse refurbishment • CCTV installation around Perth Campus • Various minor building works during summer recess 2019 	Head of Estates	Sep 2019
24	Data Protection	<ul style="list-style-type: none"> • Roll out of new UHI wireless network hardware and process 	ICT Manager	Jul 2019
25	AST	<ul style="list-style-type: none"> • Appointment of Permanent General Manager • Continue to review AST policies • Regular meetings held • Procedural Manual review 	VP External	May 2019 July 2019



Perth College UHI
Internal Audit Progress Report
2018/19 Annual Plan

14 May 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 2 nd 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					This review has now been deferred until 2019/20 at the request of management, with the four days added to the budget for the HR and Payroll Systems review to allow the scope to be widened.

Audit Area	Planned reporting date	Report status	Report Number	Overall Conclusion	Audit Committee	Comments
Key Financial Controls – AST Ltd	February 2019					Timing of fieldwork deferred until 8 May 2019 at the request of management. The report will be presented to the September 2019 meeting.
HR and Payroll Systems	May 2019					Fieldwork has commenced to examine key controls and further fieldwork will now be scheduled to allow a deep dive into specific control issues. As highlighted above the four days previously allocated to Procurement and Creditors / Purchasing have been redeployed. The report will now be presented to the September 2019 meeting.
International Activity – Products, Partnerships and Student Recruitment	May 2019	Draft 28/04/19 Final 06/05/19	2019/04	Satisfactory	14 May 2019	

Audit Area	Planned reporting date	Report status	Report Number	Overall Conclusion	Audit Committee	Comments
Follow Up Reviews	May 2019		2019/05		14 May 2019	Fieldwork is ongoing. Some management responses have been provided but some are still awaited. As a result, this report will be 'to follow'

Perth College UHI

Paper No.7

Committee	Audit Committee
Subject	Audit Report – HR & Payroll Systems
Date of Committee meeting	17/09/2019
Author	Henderson Loggie
Date paper prepared	06/09/2019
Executive summary of the paper	Final Internal Audit review report on HR & Payroll Systems
Consultation How has consultation with partners been carried out?	Previous version circulated to Audit Committee, final additions prepared by Perth College UHI Head of Finance
Action requested	<input type="checkbox"/> For information only <input checked="" type="checkbox"/> For discussion <input type="checkbox"/> For recommendation <input type="checkbox"/> For approval
Resource implications (If yes, please provide details)	No
Risk implications (If yes, please provide details)	No <small>Click or tap here to enter text.</small>
Link with strategy Please highlight how the paper links to the Strategic Plan, or assist with:	Audit compliance

Perth College UHI

<ul style="list-style-type: none"> • Compliance • National Student Survey • partnership services • risk management • other activity [e.g. new opportunity] – please provide further information 	
<p><u>Equality and diversity</u></p> <p>Yes/ No</p> <p>If yes, please give details:</p>	<p>No</p>
<p>Island communities</p> <p>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)?</p>	<p>No</p> <p>If yes, please give details:</p> <p>Click or tap here to enter text.</p>
<p><u>Data Protection</u></p> <p>Does this activity/ proposal require a Data Protection Impact Assessment?</p>	<p>No</p> <p>Click or tap here to enter text.</p>
<p>Status (e.g. confidential/non confidential)</p>	<p>Non Confidential</p>
<p>Freedom of information</p> <p>Can this paper be included in “open” business?*</p>	<p>Open</p>

* 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	<input type="checkbox"/>	Its disclosure would substantially prejudice the effective conduct of public affairs	<input type="checkbox"/>
Its disclosure would substantially prejudice the commercial interests of any person or organisation	<input type="checkbox"/>	Its disclosure would constitute a breach of confidence actionable in court	<input type="checkbox"/>
Its disclosure would constitute a breach of the Data Protection Act	<input type="checkbox"/>	Other [please give further details] Click or tap here to enter text.	<input type="checkbox"/>

For how long must the paper be withheld? [Click or tap here to enter text.](#)

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Perth College UHI

**HR and Payroll Systems
2018/19**

Internal Audit Report No: 2019/05

Draft issued: 12 August 2019

Final issued: 6 September 2019

LEVEL OF ASSURANCE

Requires improvement

Contents

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	• Risk Assessment	1
	• Background	1
	• Scope and Objectives	2
	• Audit Approach	3
	• Summary of Main Findings	3
	• Acknowledgements	3
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Level of Assurance

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

Gradings are defined as follows:

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

Action Grades

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



Management Summary

Overall Level of Assurance

Requires improvement

System has weaknesses that could prevent it achieving control objectives.

Risk Assessment

This review focused on the controls in place to mitigate the following risk on the Perth College UHI ('the College') Risk Register:

- Non-compliance with relevant statutory regulations (risk rating: medium).

Background

As part of the Internal Audit programme at the College for 2018/19 we carried out a review of the College's payroll systems, including related HR processes which have an impact on payroll payments and deductions. The Audit Needs Assessment, completed in September 2016, identified this as an area where risk can arise and where Internal Audit can assist in providing assurances to the Board of Management and the Principal that the related control environment is operating effectively, ensuring risk is maintained at an acceptable level.

HR staff process payroll changes, including pay awards, and record the required changes on spreadsheets or directly on to the HR system. Some specific information from the HR system interfaces through to the payroll system, while other information is directly input into the payroll system by the payroll team. Staff expenses are also processed through the payroll system.

Scope, Objectives and Overall Findings

This audit considered the key internal controls in place over the College's spend on staff costs of approximately £16m per annum. Our audit covered the procedures in place within both Human Resources (HR) and Finance and how systems interfaced with each other.

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

Objective	Findings			Recommendations covered elsewhere	
	1	2	3		
The objective of our audit was to:	No. of Agreed Actions				
1. Correct calculation of gross pay and deductions	Requires Improvement	0	3	0	
2. Correct calculation of employer national insurance and superannuation contributions	Requires Improvement	0	0	0	✓
3. Part-time lecturers, overtime and travel & subsistence payments are properly authorised	Requires Improvement	0	2	0	
4. Approval and checking of changes to employee standing data	Good	0	0	0	
5. Starters and leavers are properly treated and enter and leave the system at the correct dates	Good	0	0	0	
6. Proper authorisation, processing and recording of payments	Requires Improvement	0	2	1	✓
7. Conduct a recalculation of payroll transactions in order to quantify potential errors	Requires Improvement	0	1	0	✓
Overall Level of Assurance	Requirements Improvement	0	8	1	
System has weaknesses that could prevent it achieving control objectives					

As part of this audit we also provided some additional consultancy activity around known issues in the payroll system. This activity is reported under Objective 7 below.

Audit Approach

From discussion with HR and Finance staff, and review of procedures documentation, we identified the key internal controls in place within the College's HR / Payroll systems and compared these with expected controls. We have reported on any areas where expected controls were found to be absent or where controls could be further strengthened. Compliance testing was then carried out to ensure that the controls in place were operating effectively, concentrating on starters, leavers and variations to pay.

Summary of Main Findings

Strengths

- The College has dedicated payroll and HR teams which are physically located close to each other which allows a two way flow of information;
- The College HR system interfaces with the Payroll system for many transactions, which reduces the chance of input errors, and allows Payroll staff to check whether the input undertaken by HR staff was correct;
- There is an input tracker spreadsheet which is used to document changes and to calculate certain payroll amendments; and
- There are systems in place to ensure that starters are approved, and that starters and leavers have the correct initial or final pay.

Weaknesses

- A large number of issues have been noted regarding payroll transactions tested, with some staff being underpaid and others being overpaid. We note that these errors can partly be attributed to issues arising from systems change, and also to changes in HR and payroll staffing. We also noted that the Payroll Finance Assistant has had no formal payroll training. We have recommended that processes are improved, and that training is provided to the Payroll Finance Assistant;
- From our testing we noted that there were:
 - Differences in gross pay for some staff between the values recorded on the HR system and the amounts recorded on the Payroll system. We have recommended that these differences are followed up and that in future there are periodic reconciliations of gross pay for each staff member to identify any variances between the HR and Payroll systems;
 - Some incorrectly calculated / paid deductions;
 - Some incorrectly paid part-time lecturer amounts; and
 - Payroll control account reconciliations had not been undertaken for all accounts, although we noted that the Financial Accountant who commenced work at the College in January 2019 had re-introduced such reconciliations;
- We noted there were a range of weaknesses in existing processes including:
 - The user access on the Payroll system required to be reviewed to ensure that permissions were appropriate for current roles;
 - There were weaknesses that could allow HR and Payroll staff to generate unauthorised payments, although we noted that this would require collusion with other staff members which was, in practice, difficult to achieve; and
 - Payroll variance reports and monthly payroll checklists were not always held on file or were not signed as evidence of formal review. These are key controls to ensure that the payroll payments are correct.

Acknowledgment

We would like to take this opportunity to thank the staff at the College who helped us during our audit visit.



Action Plan

Objective 1: Correct calculation of gross pay and deductions					
Observation	Risk	Recommendation	Management Response		
<p>Gross pay The gross pay details on the HR and Payroll systems were compared using spreadsheet formulae and from this testing we noted there were a number of variations, including some which were due to processing errors.</p>	<p>Staff are being incorrectly paid.</p>	<p>R1 Ensure that all differences noted as part of this audit between gross salaries on the HR and Payroll system are followed up.</p> <p>In addition, a periodic (possibly annual) reconciliation between the gross salaries by staff member on the HR and Payroll systems should be undertaken. The Excel VLOOKUP formula (using staff references) is an efficient way to achieve this.</p>	<p>Agreed</p> <p>To be actioned by: Payroll Manager/HR Business Partner</p> <p>No later than: 31 December 2019</p>		
			<table border="1"> <tr> <td>Grade</td> <td>2</td> </tr> </table>	Grade	2
Grade	2				

Objective 1: Correct calculation of gross pay and deductions (Continued)

Annual Pay Rise

We reviewed the process for updating academic, support and management staff salaries in April 2019 and noted no issues with academic pay scales being updated on the HR system and being applied to the payroll system.

Objective 1: Correct calculation of gross pay and deductions (Continued)

Observation	Risk	Recommendation	Management Response	
<p>Payroll System Access Rights The payroll system has two system levels - s Supervisor and Assistant. We noted that the system user access rights required to be amended because some staff members who only required read only access had editing rights on the payroll system. The payroll system also has a number of generic users, which is not good practice.</p>	<p>Unauthorised payroll amounts may be processed through the payroll system.</p>	<p>R2 Amend the payroll system user access rights to ensure that that these are appropriate for user roles and remove all generic users from the payroll system.</p>	<p>Agreed</p> <p>To be actioned by: Payroll Manager</p> <p>No later than: 31 October 2019</p>	
			<p>Grade</p>	<p>2</p>

**Objective 1: Correct calculation of gross pay and deductions (Continued) AND
Objective 2: Correct calculation of employer national insurance and superannuation contributions**

Observation	Risk	Recommendation	Management Response	
<p>Deductions We noted from our deductions testing on a sample of five staff members with union, parking and gym deductions that one union deduction was incorrectly calculated.</p> <p>In addition, two staff (one from the SPPA and one from the LGPS) had employee pension deductions incorrectly calculated. This is due to the application of the wrong salary band, and hence the wrong deduction percentage. We were advised by the Payroll Manager that more robust systems for pension contributions had been introduced recently.</p> <p>From our testing of PAYE and employer and employee national insurance contributions for these staff members we confirmed that these were correctly calculated.</p>	<p>Staff are being incorrectly paid.</p>	<p>R3 Implement more robust procedures over the calculation of union and pension employee deductions.</p>	<p>Agreed</p> <p>To be actioned by: Payroll Manager</p> <p>No later than: 31 December 2019</p>	
			<p>Grade</p>	<p>2</p>

Objective 3: Part-time lecturers, overtime and travel & subsistence payments are properly authorised

Observation	Risk	Recommendation	Management Response	
<p>Additional Payments - Systems We reviewed the processes for inputting additional variations to pay into the payroll system (including overtime and contract amendments). We noted that any HR staff member had the ability to insert information onto the HR tracker. This could lead to unauthorised changes being made in payroll. However, we noted that there is a compensating control in that a range of HR staff review the tracker and would be in a position to identify any unauthorised change made. However, we noted that there was still a residual risk that a late unauthorised change could be made which other HR staff may not identify as unauthorised.</p>	<p>Unauthorised payroll amounts might be processed on the Payroll system.</p>	<p>R4 Consider ways to strengthen the controls around variations to staff salaries on the payroll system. This could include HR printing out the list of all proposed changes listed on the tracker; having two HR staff review this list of changes; and then signing the list of changes as being correct. The signed list could then be scanned before being sent to Payroll for processing. This would reduce the opportunity for unauthorised entries to be added to the tracker and inadvertently processed.</p>	<p>Agreed</p> <p>To be actioned by: Head of Human Resources</p> <p>No later than: 31 March 2020</p>	
			<p>Grade</p>	<p>2</p>

Objective 3: Part-time lecturers, overtime and travel & subsistence payments are properly authorised

Observation	Risk	Recommendation	Management Response	
<p>Additional Payments - Testing We reviewed a sample of</p> <ul style="list-style-type: none"> • Two expense claims; • Two lump sum pension payments; • Two overtime claims (covering both 1.5x and 2x overtime rates); and • Three part-time lecturer or fractional rate payments. <p>From the testing conducted we noted one error in a part-time lecturer payment which was paid at the incorrect hourly rate.</p> <p>Contract Variations We tested a sample of five staff with contract variations to ensure that these were correctly authorised, including changes made to salary grades. From the testing carried out we identified three variations that were incorrectly processed due to incorrect hours being input by HR staff.</p> <p>Payroll Errors We noted that there have been a higher than expected number of errors in payroll, with some staff being underpaid and others overpaid. We noted that some of this is related to recent changes in HR and payroll processes, and also due to recent changes in HR and payroll staff. Staff are considering making further changes to systems to mitigate these issues. We were also advised that the Payroll Manager is planning to create a payroll manual.</p> <p>We identified that the Payroll Finance Assistant, who assists the Payroll Manager in processing the payroll, has not previously had any formal payroll training.</p>	<p>Incorrect payroll amounts might be processed on the Payroll system.</p>	<p>R5 Put in place more robust systems to ensure that payroll amounts are correctly calculated, processed and paid. This should include the provision of formal training to the Payroll Finance Assistant.</p>	<p>Agreed</p> <p>To be actioned by: Head of HR/Payroll Manager</p> <p>No later than: 31 March 2020</p>	
			Grade	2

Objective 4: Approval and checking of changes to employee standing data

We reviewed the processes in place for staff to amend their bank account details or to change other standing information, such as their address. We noted no issues from this work.

Objective 5: Starters and leavers are properly treated and enter and leave the system at the correct dates

All new posts and staff recruited to existing posts require a Recruitment Request Form to be completed and approved. We selected a sample of five new starts and checked to confirm that appropriate Recruitment Request Forms were held on file and that the first payment was correctly calculated. We noted no issues from this testing. We also checked final leavers and noted that the final pay was correctly calculated and processed.

Objective 6 - Proper authorisation, processing and recording of payments

Observation	Risk	Recommendation	Management Response	
<p>Variance Report Review We noted that prior to making payroll payments a variance report was reviewed and any unusual amounts were investigated to explore any unauthorised amendments or errors. We checked whether variance reports had been reviewed and we noted that for two months (September 2018 and February 2019) the variance reports were not held on file to demonstrate review. For two additional months (November 2018 and March 2019) there was a variance report on file but no evidence of the variance reports having been reviewed as there were no formal sign off.</p> <p>We also noted that Payroll staff completing these reviews were also checking their own salaries. So, any unauthorised payments made to their own salaries could potentially be signed off as correct.</p>	<p>Unauthorised payroll payments could be made</p>	<p>R6 Ensure that variance reports have been reviewed and signed off.</p> <p>Also have someone independent of the payroll team check the payroll details of payroll staff to ensure that payroll staff have not amended their own payroll salaries.</p>	<p>Agreed</p> <p>To be actioned by: Head of Finance/Payroll Manager</p> <p>No later than: 31 December 2019</p>	
			<p>Grade</p>	<p>2</p>

Objective 6 - Proper authorisation, processing and recording of payments (Continued)

Observation	Risk	Recommendation	Management Response	
<p>Payroll Checklists The list of required payroll checks is set out on a monthly payroll checklist. Ensuring that this checklist is completed, which includes ensuring that variance reports have been reviewed by appropriate staff, is a key payroll control. We noted that checklists could not be located for the month of February 2019 and March 2019. In addition, there were no signed versions of the checklists held on file to confirm independent review of the monthly payroll checklist for November 2018, December 2018 and January 2019.</p>	<p>Unauthorised payroll payments could be made</p>	<p>R7 Introduce mechanisms to ensure that payroll checklists are always completed and held on file and that these checklists are always checked and signed off by someone independent of the payroll team prior to processing of the payroll.</p>	<p>Agreed</p> <p>To be actioned by: Head of Finance/Payroll Manager</p> <p>No later than: 31 December 2019</p>	
			<p>Grade</p>	<p>2</p>

Objective 6 - Proper authorisation, processing and recording of payments (Continued)

Observation	Risk	Recommendation	Management Response	
<p>Payroll Control Accounts We reviewed the payroll control accounts and noted that some of these control accounts had been inactive for some time, and that two control accounts had significant reconciling differences. We noted that the Financial Accountant who commenced work in the College in January 2019 had re-introduced the reconciliation of these accounts. The Financial Accountant advised that one of the reconciling differences was due to a mis-posting, and the other significant variation appears to have been a missed deduction payment to a third party which is now being followed up.</p>	<p>Incorrect payroll payments could be made.</p>	<p>R8 Ensure that payroll accounts are reconciled on a regular basis and where reconciling differences are identified then these are followed up and resolved.</p>	<p>Agreed</p> <p>To be actioned by: Financial Accountant</p> <p>No later than: 31 December 2019</p>	
			<p>Grade</p>	<p>3</p>

Additional Testing

At the specific request of management, we conducted additional testing in areas where issues were already suspected within the payroll system including:

- Some staff not having S in front of their tax codes
- Some staff having multiple payroll numbers (where they held more than one post) which has potential implications for pension deductions, national insurance contributions and income tax payable.

We took advice from our internal MHA payroll department, who are experienced in providing outsourced payroll services to a variety of bodies. They advised us that:

- For any staff member without an S code the onus is on the individual staff member to establish whether they have paid the correct the correct amount of income tax;
- For staff members with multiple payroll numbers the tax code for these staff members should have been amended by HMRC at the end of the tax year if incorrect PAYE had not been remitted by the College.

We undertook recalculations of employer and employee national insurance contributions from 2014/15 to 2018/19 as part of our additional work and have provided the detailed calculations to the College payroll staff for their use in liaising with HMRC.

Observation	Risk	Recommendation	Management Response
<p>Scottish Rate of Income Tax All Scottish domiciled staff should have an S at the start of their tax code. We noted that there were a number of staff with no S prefix on their tax code. There is a possibility that HMRC has identified this issue and taken steps to rectify it, but we are of the view that the College should advise employees affected that they should contact HMRC direct to verify that their income tax payments are correct.</p> <p>Staff with Multiple Staff numbers - PAYE Similar to those staff without an S code, the College should consider contacting those staff with multiple codes to advise them of the issue and to advise employees affected that they should contact HMRC to check that they have paid the correct amount of income tax.</p>	Staff may have paid the incorrect amount of income tax	R9 Write to all members of staff who a) did not have a correct S tax code and/or b) who have multiple staff numbers, to advise them that they should contact HMRC directly to verify that they have paid the correct amount of income tax.	<p>Agreed</p> <p>To be actioned by: Payroll Manager</p> <p>No later than: 31 October 2019</p>
			<p>Grade</p> <p>2</p>

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Perth College UHI

Paper No.8

Committee	Audit Committee
Subject	Audit Follow-Up Reviews – Equalities Mainstreaming
Date of Committee meeting	17/09/2019
Author	Anna Maria Kaczmarek
Date paper prepared	05/09/2019
Executive summary of the paper	Report on progress and actions on Equalities Mainstreaming arising from the Internal Audit report
Consultation How has consultation with partners been carried out?	Approved at EDIT Committee, 5/09/2019
Action requested	<input type="checkbox"/> For information only <input checked="" type="checkbox"/> For discussion <input type="checkbox"/> For recommendation <input type="checkbox"/> For approval
Resource implications (If yes, please provide details)	No
Risk implications (If yes, please provide details)	No <small>Click or tap here to enter text.</small>
Link with strategy Please highlight how the paper links to the Strategic Plan, or assist with:	Audit compliance

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<ul style="list-style-type: none"> • Compliance • National Student Survey • partnership services • risk management • other activity [e.g. new opportunity] – please provide further information 	
<p><u>Equality and diversity</u></p> <p>Yes/ No</p> <p>If yes, please give details:</p>	<p>No</p>
<p>Island communities</p> <p>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)?</p>	<p>No</p> <p>If yes, please give details:</p> <p>Click or tap here to enter text.</p>
<p><u>Data Protection</u></p> <p>Does this activity/ proposal require a Data Protection Impact Assessment?</p>	<p>No</p> <p>Click or tap here to enter text.</p>
<p>Status (e.g. confidential/non confidential)</p>	<p>Non Confidential</p>
<p>Freedom of information</p> <p>Can this paper be included in “open” business?*</p>	<p>Open</p>

* 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	<input type="checkbox"/>	Its disclosure would substantially prejudice the effective conduct of public affairs	<input type="checkbox"/>
Its disclosure would substantially prejudice the commercial interests of any person or organisation	<input type="checkbox"/>	Its disclosure would constitute a breach of confidence actionable in court	<input type="checkbox"/>
Its disclosure would constitute a breach of the Data Protection Act	<input type="checkbox"/>	Other [please give further details] Click or tap here to enter text.	<input type="checkbox"/>

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



Perth College UHI

**Follow-Up Reviews
2018/19**

Internal Audit Report No: 2019/05

Issued: 10 May 2019



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Appendix III – Updated Action Plan

Internal Audit Report 2018/06 – Equalities Mainstreaming

Recommendation	Grade	Comments	Agreed Y/N	Responsible Officer For Action	Agreed Completion Date	Progress at August 2019
RI Develop an equality and diversity strategy. This may be included within existing equalities documents, or as a separate document.	3		Yes	Stuart Hall and Susan Hunter Jen McGilvary, HR Team Leader Now: Anna Maria Kaczmarek and Katy Harrington	31 October 2018	<p>The College has successfully recruited to the position of Equality, Diversity and Inclusion Adviser who's been in post for few weeks now as well as a new Head of HR & Organisational Development. We are identifying priorities for work which will be brought to the next EDIT group.</p> <p>Medium Progress Made Partially Implemented (implemented or in the planning/consultation stage)</p> <p>Revised Completion Date: 31 March 2020</p>

Perth College UHI – Follow-Up Reviews 2018/19

Recommendation	Grade	Comments	Agreed Y/N	Responsible Officer For Action	Agreed Completion Date	Progress at August 2019
R2 Develop an equality and diversity operational plan.	3		Yes	<p>Stuart Hall, Richard Ogston, David Gourley and Susan Hunter</p> <p>Now: Richard Ogston, David Gourley and Jen McGilvary Anna Maria Kaczmarek and Katy Harrington</p>	31 July 2018	<p>An Equality and Diversity Action Plan was agreed and actioned via the EDIT Committee in April 2019. Progress on an operational plan is still to begin.</p> <p>The recommendation been taken forward with the newly appointed Equality and Diversity Adviser.</p> <p>Little or No Progress Made</p> <p>Revised Completion Date: 31 December 2019</p>
R3 Ensure that appropriate equality actions are built into Faculty and Departmental operational plans.	3		Yes	<p>CMT</p> <p>Now: Jen McGilvary</p> <p>Now: Anna Maria Kaczmarek and Katy Harrington</p>	30 September 2018	<p>The recommendation will be taken forward once the new Equality and Diversity Adviser is in post. This will be actioned as part of the agreed priority list.</p> <p>Little or No Progress Made</p> <p>Revised Completion Date: 29 February 2020</p>

Perth College UHI – Follow-Up Reviews 2018/19

Recommendation	Grade	Comments	Agreed Y/N	Responsible Officer For Action	Agreed Completion Date	Progress at August 2019
<p>R4 Compare College protected characteristics statistics against a suitable benchmark and from this identify any areas where there is disproportionately low participation by those with protected characteristics.</p>	3		Yes	<p>Stuart Hall and Aishling Fagan (staff) Deborah Lally and Stuart Hall (students)</p> <p>Now: Jen McGilvary and Deborah Lally and Anna Maria Kaczmarek and Katy Harrington</p>	31 July 2018	<p>For students: KPI data has been identified and compared against the sector where available. Actions have been identified in the College’s EREP action plan and these are ongoing – the impact will not be known until the end of academic year 2018/19 and KPI data is finalised.</p> <p>For staff: The recommendation will be taken forward once as part of the E&D priority list for the new Equality and Diversity Adviser is in post.</p> <p><i>Partially Implemented</i></p> <p>Revised Completion Date: 31 December 2019</p>
<p>R5 Prepare a summary of the equality documents and how they relate to one another. This should be published on the College website. In addition, ensure that all equalities documents are easy for readers to identify what is planned, what has been achieved, and what the key issues are.</p>	3		Yes	<p>Stuart Hall</p> <p>Now: Jen McGilvary and Anna Maria Kaczmarek and Katy Harrington</p>	30 September 2018	<p>The recommendations are yet to be taken forward by the new post holder: A mapping is currently being planned alongside a single E, D & I Action Plan incorporating all actions compiled throughout different reports and presented in a relational manner.</p> <p><i>Little or No Progress Made</i></p> <p>Revised Completion Date: 29 February 2020</p>

Perth College UHI – Follow-Up Reviews 2018/19

Recommendation	Grade	Comments	Agreed Y/N	Responsible Officer For Action	Agreed Completion Date	Progress at August 2019
<p>R6 Review the remit of EDIT (including ensuring this makes it clear how it fits into the College’s equality work), its membership, who EDIT reports upwards to and what is reported upwards.</p>	3		Yes	<p>Susan Hunter</p> <p>Now: Jen McGilvary</p> <p>Now: Jen McGilvary</p> <p>Anna Maria Kaczmarek and Katy Harrington</p>	31 July 2018	<p>This will be identified within the priority list for the new Equality and Diversity Adviser.</p> <p>Little or No Progress Made</p> <p>Revised Completion Date: 31 December 2019</p>
<p>R7 Clearly set out the role of the Equality and Diversity Champions, how often they will meet, what they will discuss, and who they will report up to. Ensure the role of the Equality and Diversity Champions is communicated to all staff and students.</p>	3		Yes	<p>Stuart Hall</p> <p>Now: Jen McGilvary</p> <p>and Anna Maria Kaczmarek and Katy Harrington</p>	31 August 2018	<p>The recommendation will be taken forward once the new Equality and Diversity Adviser is in post. The Champions’ remit will be discussed the EDIT’s meeting in September and will be followed by a further consultation with the volunteer Champions currently being recruited from staff via i.e. staff conference, staff survey, College day-to-day marketing of the role and Departmental feedback forms (re: Mainstreaming Equalities). This will result in a final role outline being approved by the EDIT and submitted to the SMT. The recruitment of student Champions will take place later in 2019. It is yet to be agreed whether the training</p>

Perth College UHI – Follow-Up Reviews 2018/19

Recommendation	Grade	Comments	Agreed Y/N	Responsible Officer For Action	Agreed Completion Date	Progress at May 2019
<p>R8 Review the EIA process to ensure:</p> <ul style="list-style-type: none"> all policies and practices are identified; where an EIA has not been undertaken for a policy or procedure, ensure that there is a formal justification for this; all EIAs are on the College website; as part of the process for reviewing policies and practices undertaken by the Quality department ensure that this includes the requirement for an EIA or justification for not requiring an EIA to be done; and all EIAs are kept centrally. 	3		Yes	<p>Stuart Hall</p> <p>Now: Jen McGilvary</p> <p>Anna Maria Kaczmarek and Katy Harrington</p>	31 August 2018	<p>The recommendation will be taken forward once the new Equality and Diversity Adviser is in post. This is currently taken forward by the newly recruited Adviser. In addition, the Information Governance/Review Group is being proposed and will likely discuss the development of an equalities evidence base to ensure an evidence-based approach to EQIAs and to support policy leads in EIA completion.</p> <p>Little or No Progress Made</p> <p>Revised Completion Date: 31 January 2020</p>
<p>R9 Once the calculations for the College's equalities reports are prepared, have a second person review the calculations for accuracy of compilation, and to ensure that all required data has been included in compliance with statutory definitions.</p>	3		Yes	<p>Sarah Macfarlane</p> <p>Now: Jen McGilvary</p> <p>Anna Maria Kaczmarek and Katy Harrington</p>	30 June 2018	<p>The recommendation will be taken forward once the new Equality and Diversity Adviser is in post.</p> <p>The Head of HR & Organisational Development will be checking all of the data and consideration will be given to further checking requirements.</p>

Perth College UHI – Follow-Up Reviews 2018/19

						<p><i>Little or No Progress Made</i></p> <p>Revised Completion Date: 31 December 2019</p>
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Perth College UHI

Paper No. 9

Committee	Audit Committee
Subject	Business Continuity Management - update
Date of Committee meeting	17/09/2019
Author	Ian McCartney
Date paper prepared	10/09/2019
Executive summary of the paper	<p>Paper shows an updated version of Section 1 of the Business Continuity Management (BCM) Strategy & Policy, previously reviewed September 2018.</p> <p>Update reflects the change in Definition of BCM from the British Standards Institute BS25999 (now withdrawn) to the International Organisation of Standardisation (ISO) ISO22301</p>
Consultation How has consultation with partners been carried out?	n/a – technical upgrade
Action requested	<input checked="" type="checkbox"/> For information only <input type="checkbox"/> For discussion <input type="checkbox"/> For recommendation <input type="checkbox"/> For approval
Resource implications (If yes, please provide details)	Yes / No
Risk implications (If yes, please provide details)	Yes / No Click or tap here to enter text.

Perth College UHI

<p>Link with strategy</p> <p>Please highlight how the paper links to the Strategic Plan, or assist with:</p> <ul style="list-style-type: none"> • Compliance • National Student Survey • partnership services • risk management • other activity [e.g. new opportunity] – please provide further information 	<p>Click or tap here to enter text.</p>
<p><u>Equality and diversity</u></p> <p>Yes/ No</p> <p>If yes, please give details:</p>	<p>Yes/ No</p>
<p>Island communities</p> <p>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)?</p>	<p>Yes/ No</p> <p>If yes, please give details:</p> <p>Click or tap here to enter text.</p>
<p><u>Data Protection</u></p> <p>Does this activity/ proposal require a Data Protection Impact Assessment?</p>	<p>Yes/ No</p> <p>Click or tap here to enter text.</p>
<p>Status (e.g. confidential/non confidential)</p>	<p>Non Confidential</p>

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Freedom of information	Yes/No
Can this paper be included in "open" business?*	

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

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

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

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and

http://www.itspublicknowledge.info/web/FILES/Public_Interest_Test.pdf

Perth College UHI

SECTION 1: BUSINESS CONTINUITY MANAGEMENT STRATEGY & POLICY

Reference: ISO 22301:2012

UPDATED	September 2019
AUTHOR	Clerk to the Board of Management
DOCUMENT OWNER	Principal
VERSION No	8.0
NEXT REVIEW	March 2019

BACKGROUND

Perth College UHI's overall Business Continuity Management Programme is described in sections as follows. This section (1) details the BCM (Business Continuity Management) Policy and Strategy.

Section 1: Business Continuity Management Policy & Strategy

Section 2: Business Impact Analysis

Section 3: Work Area Recovery Strategy

Section 4: Business Continuity Management Incident Management Plan

Section 5: Business Continuity Management – Risk Specific Plans:

- Part 1 : Key Specialist Staff Unavailable
- Part 2 : Industrial Action by Support Staff
- Part 3 : Industrial Action by Teaching Staff
- Part 4 : Global Incident (eg Pandemic Flu, Volcanic Ash)
- Part 5 : ICT Infrastructure Failure
- Part 6 : Failure of UHI Executive Office
- Part 7 : ICT Server Room Failure
- Part 8 : Loss of Access to Individual Buildings
- Part 9 : Random Act of Extreme Violence
- Part 10 : Key Partner Failure
- Part 11 : Loss of Utilities
- Part 12: Adverse Weather Closure

The BCM Strategy and Policy documents set the framework for the College's BCM Programme.

The main elements and purpose of the BCM Strategy & Policy is to;

1. appoint an executive with overall responsibility and accountability for BCM
2. gain buy-in to and get a strategic statement of support for BCM
3. identify other key roles & responsibilities
4. gain assurance that the BCM programme is aligned with the College's strategic objectives

The key outcome

- gain strategic, top level management support for the whole BCM programme; signed off by the Principal and endorsed by the Board of Management
- set the framework for compliance with best practice guidelines, produced by the International Organisation for Standardisation (ISO 22301)

This document is structured as follows

Section 1: Business Continuity Management Strategy

Appendix A: Business Continuity Management Policy Statement

Section 1: BUSINESS CONTINUITY MANAGEMENT STRATEGY

Introduction

1. This Business Continuity Strategy provides the framework within which Perth College UHI will comply with best practice guidelines, produced by the International Organisation for Standardisation (ISO 22301), and which is consistent with corporate governance best practice. Business Continuity plans will ensure that the organisation can continue to deliver a minimum level of service in its critical functions in the event of any disruption.
2. The strategy requires Senior Managers to demonstrate that they have considered the need for business continuity planning to cover each functional process within their area of responsibility. The focal point for the production, coordination, validation and review of the College's business continuity activity strategy will be the Principal.
3. Business continuity is closely linked to corporate risk management and this Strategy should be read in conjunction with the College's Risk Management Policy.
4. The basic principles of the Business Continuity Strategy have already been accepted by the Senior Management Team (SMT) and College Management Team (CMT).

Scope

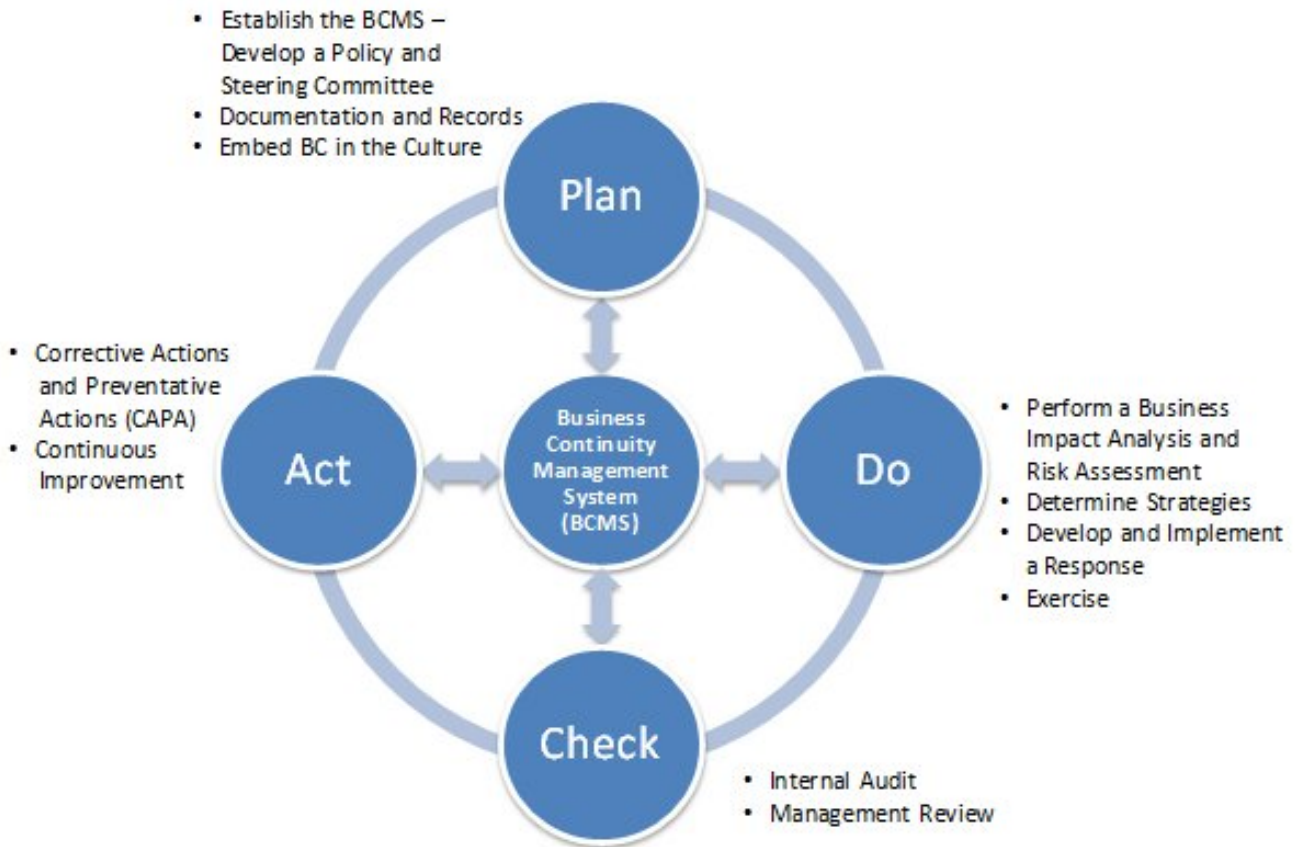
5. This strategy applies to all parts of the organisation as all areas play a key role in maintaining service delivery. The requirement to plan applies to activities identified as critical through the college's business continuity methodology and agreed by the SMT and CMT. This includes the management of major outsourced contracts, and requires those responsible for negotiating and managing them to ensure appropriate business continuity standards are included in contracts so that the service provider is able to deliver acceptable standards of service following a disruption to the college or the supplying company.

Definition of Business Continuity Management (BCM)

- 6 Business Continuity Management (BCM), as defined by the International Organisation for Standardisation, specifies requirements to plan, establish, implement, operate, monitor, review, maintain and continually improve a documented management system to protect against, reduce the likelihood of occurrence, prepare for, respond to, and recover from disruptive incidents when they arise.

BCM assists the College in preparing for a disaster, incident or event that could affect the delivery of services. The aim being that at all times key elements of service are maintained at an emergency level, and brought back up to an acceptable level as soon as possible.

ISO 22301 applies the "Plan-Do-Check-Act" (PDCA) model to planning, implementing, operating, monitoring, reviewing, maintaining and continuously improving the effectiveness of an organisation's BCM, highlighted in the diagram, below:



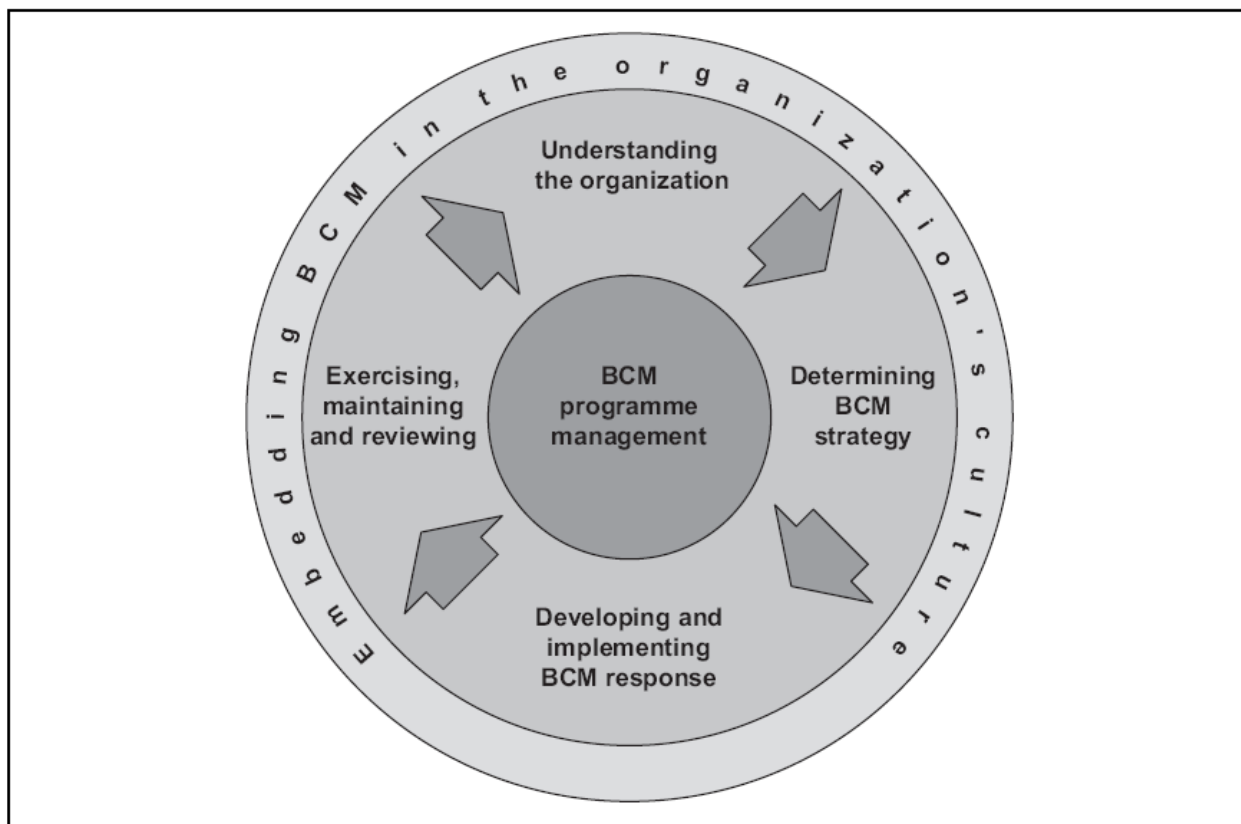
Benefits of Business Continuity Management (BCM)

7. Effective Business Continuity Management delivers a number of tangible and intangible benefits to individual services and to the College as a whole, including:
 - a. Develops a clearer understanding of how the college works (business process analysis).
 - b. Protects the college, ensuring that it can help others in an emergency (facilitated by the Business Continuity Plan)
 - c. Protects the reputation of the College (facilitated by the Business Continuity Plan).
 - d. Produces clear cost benefits (business impact analysis).
 - e. Facilitates legislative compliance and good corporate governance (implementation of Business Continuity Plan and subsequent management).

Delivering the Strategy – Methodology

8. The process being used within the College is based on the BCM model outlined the Code of Practice published by the British Standards Institute, per the diagram below.

Figure 1 The business continuity management lifecycle



This process involves the following activities:

- a. BCM programme management, which involves:
 - Assigning responsibilities for implementing and maintaining the BCM programme within the college
 - Implementing business continuity in the college – including the design, build and implementation of the programme
 - The ongoing management of business continuity – including regular review and updates of business continuity arrangements and plans.
- b. Understanding the College

The use of business impact and risk assessments (see below) to identify critical deliverables, evaluate priorities and assess risks to service delivery.

- Business Impact Analysis (BIA) – identifying the critical processes and functions and assessing the impacts on the organisation if these were disrupted or lost. BIA is the crucial first stage in implementing BCM, and helps measure the impact of disruptions on the organisation.
- Risk assessment – once those critical processes and functions have been identified, a risk assessment can be conducted to identify the potential threats to these processes.

c. Determining BCM strategy

The identification of alternative strategies to mitigate loss, and assessment of their potential effectiveness in maintaining the College's ability to deliver critical service functions.

The College's approach to determining BCM strategies involves:

- Implementing appropriate measures to reduce the likelihood of incidents occurring and/or reduce the potential effects of those incidents
- Taking account of mitigation measures in place
- Providing continuity for critical services during and following an incident
- Taking account of services that have not been identified as critical

d. Developing and implementing a BCM Response

Developing individual service responses to business continuity challenges and overarching Business Continuity Plan (BCP) to underpin this.

This Business Continuity Plan ensures that actions are considered for:

- The immediate response to the incident
- Interim solutions or maintaining an emergency level of service, leading on to
- Reinstating full services

e. Exercising, maintaining and reviewing

Ensuring that the Business Continuity Plan is fit for purpose, kept up to date and quality assured. An exercise programme will enable the organisation to:

- Demonstrate the extent to which strategies and plans are complete, current and accurate and
- Identify opportunities for involvement

f. Embedding BCM in the College's culture

The embedding of a continuity culture by raising awareness throughout the College and offering training to key staff on BCM issues.

Roles and Responsibilities

9. Responsibility for the business continuity management within the College rests as follows:
 - a. The College is responsible for maintaining plans to ensure that it can continue to perform its critical functions in the event of an emergency so far as reasonably practicable.
 - b. Responsibility for the effective delivery of services remains with the respective managers who appoint a staff member to carry out regular and systematic reviews of their respective Business Continuity Plans. Such reviews will be included as part of the Risk Management periodic review process.
 - c. The Principal is the lead for business continuity within the organisation and is responsible for:
 - (1) Review and development of the College's Business Continuity Policy in line with industry best practice and the College's priorities.
 - (2) Monitoring standards and compliance with policy.
 - (3) Provision of support and guidance to senior managers.
 - (4) Production of the College's overarching BCP using analysis and assessment work completed within individual service level Business Continuity Plans.
10. In line with the ethos of the Business Continuity Management Programme policy & strategy, it has been proposed that:
 - a. Normally no more than two SMT members should travel together.
 - b. Membership of the strategic direction and tactical management teams is reviewed regularly to minimise risk and spread the load of responsibility equitably

APPENDIX A: BUSINESS CONTINUITY MANAGEMENT POLICY STATEMENT

- 1 The College is committed to ensuring robust and effective Business Continuity Management (BCM) as a key mechanism to restore and deliver continuity of key services in the event of a disruption or emergency.
2. The Business Continuity Plan is based upon the following standards:
 - a) ISO 22301 – Requirements for Business Continuity Management Systems;
 - b) Business Standards Institute - Code of Practice for Business Continuity Management; and
 - c) Recognised standards of corporate governance.
3. Each service delivery process within the College is owned by a respective manager who will ensure that their part of the overall BCM meets a minimum acceptable standard of service delivery for critical processes.
4. Each senior manager will contribute to an annual review of the BCM led by the Principal.
5. Contracts for goods and/or services deemed critical to business continuity will include a requirement for each nominated supplier to provide, for evaluation, a business continuity plan covering the goods and/or services provided. Every tender for business continuity critical goods and/or services will include business continuity as an element of the tender evaluation model.
6. All staff must be made aware of the plans that affect their service delivery areas and their role following invocation.
7. The College will implement a programme of BCM testing exercises including crisis management and workspace recovery tests.

Signed

(name)
Principal and Chief
Executive

Health and Safety Committee

Minutes

Date and time: Thursday 29 August 2019, 2.00pm
Location: Room 019, Brahan

Members present: Katy Harrington, Head of HR & OD (Chair)
Ian Bow, Health, Safety and Wellbeing Advisor
Charlie Collie, Subject Leader, Social & Vocational Studies
Charlie Shentall, Board of Management
Gilbert Valentine, Head of Estates
Jennifer Thompson-Young, SDD - STEM
Lorenz Cairns, Depute Principal Academic
Mike Haufe, AST
Tony Grant, EIS H&S Rep

Apologies: David Gourley, Head of Learning and Teaching Enhancement
Amy Studders, HISA Perth President
Jane Edwards, UNISON H&S Rep
Ian Gibb, Sector Manager, Food Studies and Hospitality
Eleanor Brown, SDD – ALS
Richard Ogston, Student Services Manager

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

Note Taker: Carolyn Sweeney-Wilson

Summary of Actions

Ref	Action	Responsibility	Time Line
4.	Matters arising not included elsewhere on the agenda/review of actions from previous meeting		
	a) Maintenance of Academic/Work Equipment – update: GV to bring a list of anything on the asset register where he had not had a response, to the next meeting.	Gilbert Valentine	14/11/19
	b) DSE Policy/Workplace Health Surveillance Policy/H&S: The H&S Manual update to be added to the agenda for the next H&S Committee meeting.	Carolyn Sweeney-Wilson	14/11/19
	c) H&S ToR/Quorum – update: LC to follow-up with today's non-attendees to ascertain why they were not able to attend the meeting.	Lorenz Cairns	14/11/19

Summary of Actions

Ref	Action	Responsibility	Time Line
	d) Driving to Work – update: GV to forward a copy of his Driving to Work ‘all staff email’ to KH.	Gilbert Valentine	ASAP
	e) Safety Culture Survey - update: IB to review the Safety Culture Survey to reduce the number of questions to 10 and re-circulate the paper to committee members when done.	Ian Bow	ASAP
5.	Absence Statistics		
	KH to bring new absence statistics back to the next committee meeting with the data split into short and long term statistics.	Katy Harrington	14/11/19
6.	Health and Safety Risk Management Profile – update		
	IB to add in an additional column to the Health and Safety Risk Management Profile to indicate the person with overall responsibility for the action.	Ian Bow	14/11/19
7.	Fire Marshall Training – update		
	<ul style="list-style-type: none"> IB to produce a brief paper on Fire Marshall responsibilities/ General Fire Evacuation procedures to go to the next CMT meeting. 	Ian Bow	25/09/19
	<ul style="list-style-type: none"> IB to email all staff before next week reminder staff of the fire evacuation responsibilities and procedures. Also advising staff that fire drills would be run this term. 	Ian Bow	Immediately
	<ul style="list-style-type: none"> IB to run a session at the next Staff Conference for Fire Marshall training. 	Ian Bow	15/11/19
10.	Work-related Stress Management Policy		
	KH to read and check through the Work-related Stress Management Policy before sending to Quality.	Katy Harrington	ASAP
11.	Health and Safety 3 Year Plan – 2018/19		
	IB and KH to discuss and agree how this document, noting responsibilities/deadlines, will be rolled out to CMT.	Katy Harrington / Ian Bow	14/11/19

Summary of Actions

Ref	Action	Responsibility	Time Line
13.	Departmental Health & Safety Reporting		
	KH/IB to bring this document and a template form to next CMT.	Katy Harrington / Ian Bow	25/09/19

Minutes

Item	Action
<p>1. Welcome and Apologies</p> <p>Katy Harrington (KH) introduced herself as the new Head of HR and OD and welcomed everyone to the first H&S meeting for the 2019-20 academic year.</p> <p>Apologies were noted.</p>	
<p>2. Additions to the Agenda for AOCB</p> <p>None.</p>	
<p>3. Minutes of Meeting held on 2 May 2019</p> <p>The minutes of the meeting held on 2 May 2019, having been previously circulated, were approved, as a true and accurate record of discussions.</p>	
<p>4. Matters arising not included elsewhere on the agenda/review of actions from previous meeting</p> <p>a) Maintenance of Academic/Work Equipment - update GV updated re asset register and advised that he had received responses from the majority of staff but was waiting on some more.</p> <p>GV</p> <p>Acton: GV to bring a list of anything on the asset register where he had not had a response, to the next meeting.</p> <p>b) DSE Policy/Workplace Health Surveillance Policy/H&S Manual – update IB highlighted that there was still some updating to be done on the H&S Manual which he aimed to bring to the next H&S Committee Meeting. IB said he had to complete an EIA to go with DSW policy.</p> <p>CSW</p> <p>Action: The H&S Manual update to be added to the agenda for the next H&S Committee meeting.</p>	

Item	Action
<p>c) H&S ToR/Quorum – update</p> <p>LC advised that he had circulated an email to attendees, predominantly about attendance, as it numbers attending were becoming low. LC said he would follow-up as to why HISA and other staff were non-attendees at this meeting.</p> <p>Action: LC to follow-up with today’s non-attendees to ascertain why they were not able to attend the meeting.</p>	LC
<p>d) Driving to Work – update</p> <p>GV advised that he had sent out a reminder to staff, in May, regarding their obligations to inform the College, for insurance purposes, regarding any points on their licence, medical conditions etc.</p> <p>Action: GV to forward a copy of his Driving to Work ‘all staff email’ to KH.</p>	GV
<p>e) Safety Culture Survey - update</p> <p>IB had circulated a paper with a number of questions on for review. LC advised that he and IB had intended to condense the questions down to 10 questions. IB said he would review the questions, reduced the number and then circulate the amended list of questions to committee members.</p> <p>Action: IB to review the Safety Culture Survey to reduce the number of questions to 10 and re-circulate the paper to committee members when done.</p>	IB
<p>5. Absence Statistics</p> <p>KH advised that overall staff absence had reduced compared to 2017/18, though there was a worryingly high percentage of staff off due to work related stress. KH indicated that, moving forward, she intended to split the data into short and long term statistics and this would be brought to the next meeting.</p> <p>Action: KH to bring new absence statistics to the next committee meeting with the data split into short and long term statistics.</p>	KH
<p>6. Health and Safety Risk Management Profile – update</p> <p>IB indicated that he had updated this risk management profile since the last meeting. IB said that he could not confirm at the moment that some of the ‘planned’ controls were in place until he</p>	

Item

had fully checked. However, these items would not take the Risk Profile into any high/critical risk areas.

KH said she would like to see an action plan looking at the planned activity and who the owner was of the activity as there was no named persons against the actions, nor up-to-date dates. There was a discussion on the best format for this information and GV suggested keeping the document, but adding a column to it to show the responsible people, rather than have a complete new document. The committee agreed with that format.

Action: IB to add in an additional column to the Health and Safety Risk Management Profile to indicate the person with overall responsibility for the action.

Action

IB

7. Fire Marshall Training – update

IB circulated a document on the status of the Fire Marshall Training. He indicated that the names in red were member of staff who had not attended training. IB also noted that some staff on the list had not been aware they had been nominated as Fire Marshalls. IB said he would like line managers to indicate which of their staff should be Fire Marshalls and ensure these staff were are informed and that they attended training.

CS asked if the Sodexo staff were trained as Fire Marshalls. IB said Sodexo staff in all 3 buildings had attended the training. CS asked about the Lecturers. IB said not all had attended training. Lecturers move around classrooms so it was difficult to specify particular Lecturers with responsibility for specific areas. LC said this needed to be rectified as having appropriately trained Fire Marshalls was crucial for the safety of students and staff – the College was responsible.

LC suggested the way forward was to produce a brief paper for CMT and this would then feedback to curriculum areas. CS this is a requirement for the College and Lecturers need to know this is not a choice. TG said there was a difference between general responsibility for evacuation and Fire Marshalls who liaise with fire service.

There followed a lengthy discussion about responsibilities for the different roles, along with the process and procedures that should be followed by those with different roles. A key concern was if there were no members of staff in a particular area to advise that they had been checked.

GV suggested that Fire Officers (Receptionists) should let the Fire Brigade know which areas had not been checked, due to no staff/classes being in that area. CS said there was a need to have

Item		Action
	<p>robust procedures and that we should do everything we can to mitigate any issues/concerns.</p> <p>LC suggested an email to all staff regarding fire evacuation, reminding staff of procedures and their responsibilities. Then a separate email to the Fire Marshalls identifying their responsibilities. LC said the email should be sent to staff before the students come in next week.</p>	
	<p>Action:</p>	
	<ul style="list-style-type: none"> • IB to produce a brief paper on Fire Marshall responsibilities/ General Fire Evacuation procedures to go to the next CMT meeting. 	IB
	<ul style="list-style-type: none"> • IB to email all staff before next week reminder staff of the fire evacuation responsibilities and procedures. Also advising staff that fire drills would be run this term. 	IB
	<ul style="list-style-type: none"> • IB to run a session at the next Staff Conference for Fire Marshall training. 	IB
	<p>JTY pointed out that the majority of class registers were now electronic. MH suggested that there only needs to be a head count, so that numbers match with numbers Lecturers have on their register.</p>	
8.	<p>Working Time Regulations</p>	
	<p>This item to be moved to the next Committee meeting agenda.</p>	
9.	<p>Health and Safety Quarterly Report</p>	
	<p>A paper was issued for information, which IB spoke to.</p>	
	<p>Key points noted were:</p>	
	<p>The Hazard report was in reference to lighting in a female changing area. IB asked the electrician to attend and this was fixed straight away.</p>	
	<p>IB said a number of silly calls to first aiders had been received and he felt that staff should have checked first before a first aider was called.</p>	
	<p>A total of 15 reported injuries in this quarter.</p>	
	<p>Total injuries for this year had increased since last year, but it may well be that there was under-reporting in 2017-18, whereas IB had insisted on full reports of all incidents, no matter how small/big and these were being included in the statistics. CS said that on the surface this seemed a big increase, but if it was due to the change</p>	

Item		Action
10.	<p data-bbox="268 226 1225 293">in reporting, that would explain the increase. However, CS felt that a careful watch should be taken to see if the statistics levels out.</p> <p data-bbox="268 338 884 378">Work-related Stress Management Policy</p> <p data-bbox="268 416 1225 483">IB said that CS had requested that he bring this back to Committee to see it was fit for purpose.</p> <p data-bbox="268 521 1177 667">CS referred to the 'managing change' section as a stressor. IB said that the HSE standards were used and this was within that. CS said he thought this now seemed up-to-date and straight forward.</p> <p data-bbox="268 705 1203 772">LC pointed out the review timing date needs checking. KH will do a quick read through and take back to Quality.</p> <p data-bbox="268 810 1193 929">LC advised that UHI were looking to have a 'single policy environment' and ultimately we will need to make sure staff know where to access these policies and when they are reviewed.</p>	KH
11.	<p data-bbox="268 1081 874 1122">Health and Safety 3 Year Plan – 2018/19</p> <p data-bbox="268 1160 1161 1227">IB spoke to this report, previously circulated. He indicated that there was a great deal of work being done on this.</p> <p data-bbox="268 1265 1214 1444">However, there was not much information within the document indicating dates and deadlines. CS agreed and said there needed to be some way of measuring progress on the items. IB said he thought it was up to the action owner it to report in if they have completed their actions.</p> <p data-bbox="268 1482 1222 1662">There followed a detailed discussion about the process for actioning these items and responsibilities. LC said staff need to be consulted to make sure they were aware of their responsibility with deadlines given to complete their actions. The document needs to be a 'living document'.</p> <p data-bbox="268 1700 1174 1812">JTY suggested that IB takes this document to CMT and that it should be CMT members that have responsibility for their areas and they would report back.</p>	KH / IB
12.	Health and Safety Inspections:	

Item	Action
<p>IB advised that all the reports were good. CS thought Occupational Health & H&S Management arrangements were the two areas that were the weakest.</p> <p>IB indicated that he had now discussed with other areas when he could do their inspections.</p> <p>JTY pointed out that some items being raised in the action plans would need investment, especially if there was an H&S aspect to them and that works would be required to be done.</p> <p>KH said that these inspections would show what would need to be completed and that if items were a requirement, that they were done.</p>	
<p>13. Departmental Health & Safety Reporting</p> <p>LC referred to the document example circulated and said that this was a format provided examples of how to report and would also give staff a good visual aid on incidents.</p> <p>IB said he was not sure that individual areas/line managers would know everything as most reports go direct to him. LC said he thought it was appropriate for individual line manager/teams to raise awareness to IB. Increasing teams' awareness increases their reporting. TG pointed out that the College currently uses hazard reporting cards and these were instant, whereas this would be quarterly reporting. This might delay any action on the hazard.</p> <p>KH felt it was a useful tool. LC suggested IB send out to areas and ask them to complete 4 times a year.</p> <p>Action: KH/IB to bring this document and a template form to next CMT.</p>	<p>KH / IB</p>
<p>14. Health, Safety and Wellbeing Advisor – update</p> <p>IB reported to the Committee on other items:</p> <p>Training: IB gave an update on training for staff in first aid. Looking at dates for further training, including refresher training.</p> <p>Policies and Procedures: As already mentioned, IB will go through the H&S Manual to check if the document meets the criteria with the one he received from Quality.</p> <p>Risk Assessments: IB said he was still identifying this in some areas. Some were in the old format and he was looking to try and find a date for Risk Assessor training. COSH training coming up.</p>	

Item	Action
<p>AEB: IB said he was looking to site a defibrillator at Brahan. There was one in ASW, which would cover Goodlyburn, but he felt there should also be one in Brahan.</p>	
<p>Newsletters/Communication: These were going up on a monthly basis on H&S noticeboards.</p>	
<p>15. Head of Estates – update</p>	
<p>Summer works: completed including safety items.</p>	
<p>Boiler house in GB: upgraded and new controls. Oil tanks in boiler house have now been removed. Asbestos pipes had also been removed.</p>	
<p>CCTV installation: currently progressing this work. Cameras to be fitted tomorrow. Will become operational in next couple of weeks. There will be further signage re CCTV on campus.</p>	
<p>KH queried whether the College had a CCTV Policy. GV said there was a Privacy Impact Assessment completed and controls were in place in relation to GDPR. The cameras were only used for safety and security, no-one else would have access to the systems.</p>	
<p>ASW: there is a recess behind ASW and this doorway had been moved as there were increasing numbers of incidents with people congregating in this recess drinking etc.</p>	
<p>Fireworks: A quantity of fireworks were discovered inside the new HISA office and Estates were asked to remove these and they were made safe.</p>	
<p>Cleaners' Scrubber Washer Incident: This had received a modification, but one of the cleaners tried to rectify this without switching the machine off. Use of this equipment was suspended until it was investigated as to the detail of the modification and when this took place.</p>	
<p>16. AOCB</p>	
<p>CS noted that this was Mike Haufe's last committee meeting. CS, on behalf of the committee, thanked MH for all his work with H&S at AST and within this committee. Everyone wished MH well for his retirement.</p>	
<p>17. Date of Next Meetings</p>	
<ul style="list-style-type: none">• 14th November 2019	

Audit Committee

Membership

No fewer than 4 members of the Board of Management.

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

In attendance

Vice Principal (External)

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

Internal Control

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

Internal Audit

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

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

External Audit

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

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

Value for Money

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

Advice to the Board of Management

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

Perth College UHI

Paper No.12

Committee	Audit Committee
Subject	Deferred Income
Date of Committee meeting	17/09/2019
Author	Principal & Chief Executive
Date paper prepared	12/09/2019
Executive summary of the paper	The attached detail is to advise the Committee of the amount of deferred income the College has, the source of the income along with the year in which the income was deferred.
Consultation How has consultation with partners been carried out?	Click or tap here to enter text.
Action requested	<input type="checkbox"/> For information only <input checked="" type="checkbox"/> For discussion <input type="checkbox"/> For recommendation <input type="checkbox"/> For approval
Resource implications (If yes, please provide details)	<p>Yes</p> <p>This is to advise the Committee of the intention to spend the deferred income before 31 March 2020</p>
Risk implications (If yes, please provide details)	<p>No</p> <p>Click or tap here to enter text.</p>
Link with strategy	This is a compliance issue

Perth College UHI

<p>Please highlight how the paper links to the Strategic Plan, or assist with:</p> <ul style="list-style-type: none"> • Compliance • National Student Survey • partnership services • risk management • other activity [e.g. new opportunity] – please provide further information 	
<p><u>Equality and diversity</u> Yes/ No If yes, please give details:</p>	<p>No</p>
<p>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)?</p>	<p>No If yes, please give details: Click or tap here to enter text.</p>
<p><u>Data Protection</u> Does this activity/ proposal require a Data Protection Impact Assessment?</p>	<p>No Click or tap here to enter text.</p>
<p>Status (e.g. confidential/non confidential)</p>	<p>Confidential</p>
<p>Freedom of information Can this paper be included in “open” business?*</p>	<p>No</p>

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	<input type="checkbox"/>	Its disclosure would substantially prejudice the effective conduct of public affairs	<input checked="" type="checkbox"/>
Its disclosure would substantially prejudice the commercial interests of any person or organisation	<input type="checkbox"/>	Its disclosure would constitute a breach of confidence actionable in court	<input type="checkbox"/>
Its disclosure would constitute a breach of the Data Protection Act	<input type="checkbox"/>	Other [please give further details] Click or tap here to enter text.	<input type="checkbox"/>

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