Audit Committee

Agenda
Meeting reference: Audit 2020-21/01
Date: Monday 28 September 2020 at 5.00pm
Location: Online
Purpose: Scheduled meeting

* Denotes items for approval or discussion**.**
Members should contact the Secretary in advance of the meeting if they wish to request an item be starred.

	Agenda Items	Author	Led by	Paper
1	Welcome and Apologies		Chair	
2	Additions to the Agenda			
3	Declaration of a Conflict of Interest in any Agenda Item			
4	Minutes of the Meeting of Audit Committee held on 19 May 2020		Chair	Paper 1
5	Actions arising from previous minutes			
6	**Compliance**			
*6.1	Audit Action Plan – progress update	Project & Planning Officer	Vice Principal (External)	Paper 2
*6.2	COVID 19 - Audit Scotland Challenge Response	Vice Principal (External)	Vice Principal (External)	Paper 3
*6.3	COVID-19 – External Auditor Challenge Response	Vice Principal (External)	Vice Principal (External)	Paper 4
*6.2	Code of Good Governance – Compliance Template	Clerk	Clerk	Paper 5
*6.3	Review of Risk Register: Audit Committee & Full Register	Clerk	Clerk	Paper 6
6.4	Health & Safety Annual Report	Health & Safety Adviser	Head of HR & OD	Paper 7

7	**FOI & Data Protection**			
7.1	Freedom of Information & Data Protection quarterly update	Clerk	Clerk	Paper 8
8	**Performance Management**			
8.1	Balanced Scorecard	Project & Planning Officer	Clerk	Paper 9
9	**Audit Plans, Reports & Updates**			
9.1	Internal Audit - Annual Plan progress report	Henderson Loggie	Henderson Loggie	Verbal
9.2	Internal Audit 2019-20 – Health & Safety – Final Report	Henderson Loggie	Henderson Loggie	Paper 10
9.3	Internal Audit 2020-21 – Procurement & Creditors/Purchasing – Draft Report	Henderson Loggie	Henderson Loggie	Paper 11 – **to follow**
9.4	Internal Audit 2020/21 – Budgetary Controls – Draft Report	Henderson Loggie	Henderson Loggie	Paper 12 – **to follow**
9.5	Internal Audit 2019-20 – HR & Payroll - Management Update	Head of HR & OD	Head of HR & OD	Paper 13
9.6	Internal Audit 2018-19 - Payroll & Pensions – Management Update	Head of HR & OD	Head of HR & OD	Paper 14
9.7	Internal Audit 2017-18 – Equalities Mainstreaming Management Update	Head of HR & OD	Head of HR & OD	Paper 15
9.8	Internal Audit 2017-18 – Health & Safety - Management Update	Head of HR & OD	Head of HR & OD	Paper 16
9.9	External Audit – Audit Plan y/e July 2020 update	EY	EY	Paper 17
10	**Committee minutes** (for noting by Committee)			
10.1	Health and Safety Committee: • 27 August 2020		Chair	Paper 18
11	Date and time of next meeting: • Monday 30 November 6:00pm	Clerk		
*12	Review of Meeting (Committee to check against the Terms of Reference to ensure all competent business has been covered)			Paper 19

Audit Committee

DRAFT MINUTES

Meeting reference: Audit 2019-20/04
Date and time: Tuesday 19 May 2020 at 5:30pm
Location: Online

Members present: Ann Irvine, Board Member
Andrew Comrie, Board Member
Debbie Das Chaudhury, Student Board Member

In attendance: Margaret Cook, Principal
Lorenz Cairns, Depute Principal (Academic)
Veronica Lynch, Vice Principal (External)
David Archibald, Henderson Loggie (until Item 10)
Stuart Inglis, Henderson Loggie (until Item 10)
Stephen Reid, Ernst & Young
Graham Little (Interim Head of Finance)
Katy Lees (Head of HR & Organisational Development)
Ian McCartney, Clerk to the Board of Management

Apologies: None

Chair: **Ann Irvine**
Minute Taker: Ian McCartney
Quorum: 3

University of the
Highlands and Islands
Perth College

Summary of Action Items

Ref	Action	Responsibility	Time Line
5	**Business Development Strategy** Vice Principal to provide update to June Board	Vice Principal	June Board
6.1	**Audits Action Plan** Clarity be provided on the difference in definitions between "partial completion" and "progress on track".	Vice Principal	June Board
6.1	**Audits Action Plan** Amend presentational errors on Page 6.	Vice Principal	June Board
6.3	**Review of Risk Register** Clearer cross-referencing to Risk 30 be made throughout document.	Clerk	Next meeting
6.3	**Review of Risk Register** Additional risks associated with COVID-19 to be added, eg academic arrangements, new regulations on assessments, requirement for contingencies for AY 2020/21 if College may not be able to provide some courses, impacts on postponement of REF, and capacity levels in classrooms.	Clerk	Next meeting
6.3	**Review of Risk Register** Board Member suggested references to "Furlough" within document be amended to Government Job Retention Scheme for clarity.	Clerk	Immediate
6.3	**Review of Risk Register** Clerk to review Residual Risk score for Risk 22.	Clerk	Next meeting
12	**Date & Time of Next Meeting** Clerk to circulate scheduled dates of Audit Committee s 2020/21 following Board approval.	Clerk	ASAP

Minutes:

Item		Action
1	**Welcome and Apologies** The Chair welcomed everyone to the meeting.	
2	**Additions to the Agenda** There were no additions to the Agenda.	
3	**Declaration of Interest in any Agenda Item** Henderson Loggie identified a conflict of interest re Procurement Contract Extension for Internal Auditors under Item 10.1.	
4	**Minutes of Meeting held on 17 September 2019** The minutes were accepted as an accurate record.	
5	**Matters Arising from Previous Minutes**	
	7.2 - Combined Audit Action Plan **Action 1**: Clerk to ensure that Action Plan is linked to reporting schedules within future Board cycles **Action Update**: Completed **Action 2:** Principal and Clerk to liaise with EY to arrange date for a Board Development evening to provide training session re financial framework for Board members. **Action Update**: Deferred to future date 7.4 - Review of Risk Register **Action**: Clerk to increase the Risk score for Risk 12 (Global Pandemic); add PREVENT and Compulsory Training to Risk 21; update Impacts/Evidence for Risk 22; and note links to Audit Plan when finalised. **Action Update**: Completed. Refer to Item 6.3 on Agenda. 10.1 - Internal Audit 2019-20 Action Plan **Action:** Head of HR to produce a document which summarised work being carried out in area of skills re HR and Payroll **Action Update:** Presented within Item 9 on Agenda	Principal/ Clerk

	<u>10.2 - Internal Audit 2018-19 – Management Progress Report: HR & Payroll</u> **Action**: Chair to alert Board to dissatisfactions with systems to in order to trigger options appraisals and costings **Action Update**: Completed	
6	**Compliance**	
6.1	**Audits Action Plan**	
	Vice Principal introduced Paper 2 and summarised the main content of the Audit Action Plan, noting that 44% of the Plan had been fully or partially completed, with 6% of actions paused or not yet started. Vice Principal added that the Plan remained largely on track despite impacts of COVID-19 on organisation, particularly where some processes have a manual base. Additional metrics were awaited from Finance which would be reflected in the update being provided at the next Board meeting. Chair noted that the document was comprehensive and easy to follow. Board Member requested that additional clarity be provided on the difference in definitions between "partial completion" and "progress on track". Board Member asked what was being used as the main determining factor for prioritisation. Vice Principal noted that this varied by theme/action. Board Member suggested that higher focus be given to the impact of institutional priorities which can then be reflected within the themes. Board Member queried the <30% completion rate. Vice Principal noted that a number of actions within Finance required a longer lead-in time for completion as they were linked to other actions, hence the longer-term nature of some of these actions. Board Member noted some presentational errors on Page 6. These will be amended.	Vice Principal Vice Principal
6.2	**Code of Governance – Compliance Template**	
	Clerk presented Paper 3, which provided a template for Audit Committee to ensure key compliance documents were recorded prior to annual reporting deadlines.	

	Committee noted the template provided a better understanding of core business for each meeting. Board Member suggested template be linked to full Board meeting cycle.	Clerk	
6.3	**Review or Risk Register**		
	Committee considered latest version of Strategic Risk Register. Clerk summarised the significant areas of review that had taken place, particularly in light of COVID-19. Principal noted that, due to the fast-paced responses required on COVID-19, this might have an impact on how up to date the Register was in this area.		
	Committee noted that a specific Risk Area (Risk 30) had been added for COVID-19, although reference had also been made to COVID-19 in other Risks throughout the document. Committee suggested that clearer cross-referencing to Risk 30 be made.	Clerk	
	Board Member noted that additional risks associated with COVID-19 should also be added, such as academic arrangements, new regulations on assessments, requirement for contingencies for AY 2020/21 if College may not be able to provide some courses, impacts on postponement of REF, and capacity levels in classrooms.	Clerk	
	Board Member suggested references to "Furlough" within document be amended to Government Job Retention Scheme for clarity.	Clerk	
	Board Member queried under Risk 17 whether College was now fully compliant against Equalities and Health & Safety legislation. Head of HR noted that Equalities legislation was complied with but progress against Health & Safety legislation was taking slightly longer. Henderson Loggie noted that they were reviewing progress within their Audit Plan.		
	Board Member noted that Gross Risk was higher than Residual Risk for Risk 22. Clerk noted that, while there had been an impact of Audit Report on score Residual, this would be amended.	Clerk	
	Clerk update Committee on next steps re out of date actions and moves to create a system linked to local risk registers.		
7	**FOI & Data Protection**		
7.1	**Freedom of Information & Data Protection Quarterly Update**		
	Clerk presented Paper 5 for information, noting in addition that guidance had been received from the Information Commissioner re responding to requests under COVID-19.		
	Board Member queried issues related to HR requests. It was noted		

	that a number of identical requests had been made across the sector from Unions. Clerk noted in addition that the College has a very high percentage of requests answered in full, which is a clear indicator of transparency.	
8	**Performance Management**	
8.1	**Balanced Scorecard** Clerk presented Paper 6 for information. Board Member queried impact on missed targets re student numbers Principal noted that recruitment figures do tend to fluctuate within measures however responses to increase recruitment levels are likely to bring numbers back more in line with targets.	
9	**Audit Reports & Updates**	
9.1	**Internal Audit 2019-20 - Annual Plan** Internal Auditor presented Paper 7, which outlined a routine progress report. Internal Auditor noted that COVID-19 had resulted in a slight delay re works on Procurement, however this continued to be progressed. Health & Safety fieldwork had been completed, and Budgetary Controls work was due to commence in June. Internal Auditors reported that work on Credits & Support Funds, which are very paper-driven, will require some access on campus which may have an impact on timelines, but it is hoped to do as much of this work as possible electronically to minimise impacts.	
9.2	**Internal Audit Report 2018-19 – Management Progress Report: HR & Payroll** Head of HR reported on Paper 8, noting that items R1-R5 had been completed and that work on the remaining areas was progressing well.	
9.3	**Internal Audit Report 2018-19 – Management Progress Report: Pensions Contributions** Head of HR reported that all 2019/20 contribution issues had now been rectified, and work was continuing on the historical issues. Chair queried whether November 2020 target date was achievable. Head of HR reported that data will be collated within this timescale, however it was unclear as to whether communications to staff will	

		have been issued by this point. Head of HR to review after summer and report back to next Audit Committee	Head of HR
9.4		**Internal Audit Report 2018-19 – Management Progress Report: Equalities Mainstreaming** Head of HR reported that required reports had been published and available on website at end March 2020. There were still some outstanding actions re Equality & Diversity Champions, which are on hold until staff return to workplace.	
9.5		**Internal Audit Report 2017-18 – Management Progress Report: Health & Safety** Head of HR provided brief update on progress, noting impact on COVID-19 arrangements prioritising workloads in this area. Numbers of staff trained in Mandatory Health & Safety areas had improved significantly, however more work needs done to bring levels fully in line with targets. Committee noted work done to improve compliance in this area, albeit with some areas having outstanding items to be completed.	
9.6		**External Audit – Audit Plan Y/E July 2020** External Auditor presented Paper 12 for consideration, noting that scope of audit practices remained unchanged from previous year. External Auditor noted a lower level of materiality than previous year is scheduled to be applied, however this falls in line with amendment made during 2018/19 process. External Auditor highlighted key risks summarised on Page 6 and the Wider Scope Risks on Page 7, and noted the sector updates provided for context. External Auditor noted the timetable on Page 20 may be subject to change due to external circumstances, and advised that there may be an extension to filing deadlines due to COVID-19, however this awaits confirmation. External Auditor concluded by advising that fees are not possible to determine until wider scope exercise in completed – these would be determined at a future date. Chair asked about College management involvement in discussions re above. Vice Principal noted that positive dialogue had taken place regarding wider context, plan and timings. The Audit Plan was **APPROVED**.	

10	**Procurement**	
10.1	**Procurement Contract Extensions**	

Vice Principal outlined Paper 13, noting that guidelines had been issued by Scottish Government to permit extensions to procurement arrangements due to impacts of COVID-19. Temporary arrangements were therefore sought for procurement contracts for Catering, Finance Systems upgrade, and Internal Auditors.

a) Catering

Vice Principal noted that APUC had advised postponing full procurement despite process being at a fairly advanced stage, particularly as the contract is not purely commercial in nature due to student experience element.

A 12-month extension to the current Catering contract was **RECOMMENDED**.

b) Finance Systems Upgrade

Vice Principal noted ongoing issues with manual processing and the recommendations within the Audit Plan re establishing improved systems for Finance, Payroll and HR.

Vice Principal advised that UHI had tendered for a shared finance system (TechOne) several years ago, however this system will now initially only be installed for UHI Executive Office use, with roll-out to the Partnership at least 12 months away. An upgrade to the current Finance system is therefore recommended to improve reporting functionality and audit processes.

The solution proposed would, in addition, allow College to be in an improved situation to fully assess pros and cons of migrating to TechOne system at the appropriate time.

An upgrade to the current finance system was **RECOMMENDED.**

c) Internal Auditors

Henderson Loggie, having declared in an interest in this Item, departed the meetings at this point.

Vice Principal noted that, while it would be possible to conduct a procurement process in time for the 2020/21 Internal Audit process, extending the current provision of Internal Audit services would be useful in enabling continuity of service during the College's response to COVID-19.

	A 12-month extension to the current Internal Audit contract was **APPROVED.**	
11	**Committee Minutes** Minutes of the Health & Safety Committee meeting of 30 April 2020 were received for information.	
12	**Date & Time of Next Meeting** Meeting date tbc, pending Board approval of the full Committee Schedule for 2020/21	Clerk
13	**Review of Meeting** Committee agreed that the Terms of Reference had been complied with.	

Information recorded in College minutes are 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.

Notes taken to help record minutes are also subject to Freedom of Information requests, and should be destroyed as soon as minutes are approved.

Status of Minutes – 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 about living individuals, under the terms of the Data Protection Act 2018. It is important that fact, rather than opinion, is recorded.

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

Perth College UHI

Paper 2

Committee	Audit Committee
Subject	Audit Action Plan Progress Update
Date of Committee meeting	28/09/2020
Author	Kirsty Campbell, Project & Planning Officer
Date paper prepared	22/09/2020
Executive summary of the paper	The attached paper provides Committee with the Project Status Table for the combined Audit Action Plans and a Progress Update providing an overview of the main points to note. **The following points are to be noted:** • The Table is a working document with the PPO working with teams to capture updates and review timelines for all actions • KPIs/Metrics were added to the table and further work will be carried out to identify baselines and targets in order to track progress and measure the impact of activities on business processes. This will emerge more fully as monitoring of completed actions takes place • The Summary Progress Update provides context and an overview of the activities
Consultation How has consultation with partners been carried out?	Action Leads were consulted to provide information and context where available.

Perth College UHI

Action requested	☒ For information only ☐ For discussion ☐ For recommendation ☐ For approval
Resource implications (If yes, please provide details)	No
Risk implications (If yes, please provide details)	No Click or tap here to enter text.
Link with strategy Please highlight how the paper links to the Strategic Plan, or assist with: • Compliance • National Student Survey • partnership services • risk management • other activity [e.g. new opportunity] – please provide further information	Paper collates areas recognised as risks to the College.
Equality and diversity Yes/ No If yes, please give details:	No
Island communities Does this activity/ proposal have an effect on an island	No If yes, please give details:

Perth College UHI

community which is significantly different from its effect on other communities (including other island communities)?	Click or tap here to enter text.
Data Protection Does this activity/ proposal require a Data Protection Impact Assessment?	No Click or tap here to enter text.
Status (e.g. confidential/non confidential)	Non-Confidential
Freedom of information Can this paper be included in "open" business?*	Open business

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

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

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

Further guidance on application of the exclusions from Freedom of Information legislation is available via:

Perth College UHI

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

Audit Action Plan

Interim Progress Update

22 September 2020

Purpose

The purpose of this progress update is to provide the current view on where the college sits against the completion of all the activities set out within each of the audit action plans we are currently working to.

- **UHI Internal Audit Report 28 February 2020**

- **Perth College Annual Audit Report to the Board of Management and the Auditor General for Scotland – year ended 31 July 2019**

- **Internal Auditor Reports – IT Network Regulations, Health & Safety, Equalities, Payroll & HR**

What information was captured?

The Audit Action Plan Progress Update table contains the following categories of information:

Action Plan – Identifies the key department or college service for each activity

Theme – identifies the area for development that will benefit from the activity

Project – a brief description of the activity

Lead Owner/Accountable – identifies where the responsibility and accountability sits for each activity

Anticipated Completion Date - Understanding of the timelines and working with Leads in order to give a realistic timescale for completion

Priority – an indicator based upon deadline v strategic priority v capacity (**NB** Pending)

Source – reference to the Audit Report the action was captured from

Current Status – the stage the activity is currently at (status categories can be seen in **Appendix 1**)

Percentage complete – an indicator of the amount of work completed on the task to date (**NB** Pending)

**Status Update** – a brief description of progress to date

KPIs/Metrics – how the impact and performance improvement for the activity will be measured
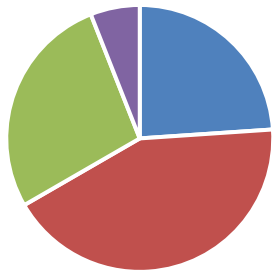
Overview

The Data-set is comprised of actions from the 3 main college audit reports previously mentioned and contains

117 Activities

- 32% of activities are currently on-going
- 66% have already been fully or partially completed
- <0/5% are paused or yet to start

Complete | In progress | Not Yet Started
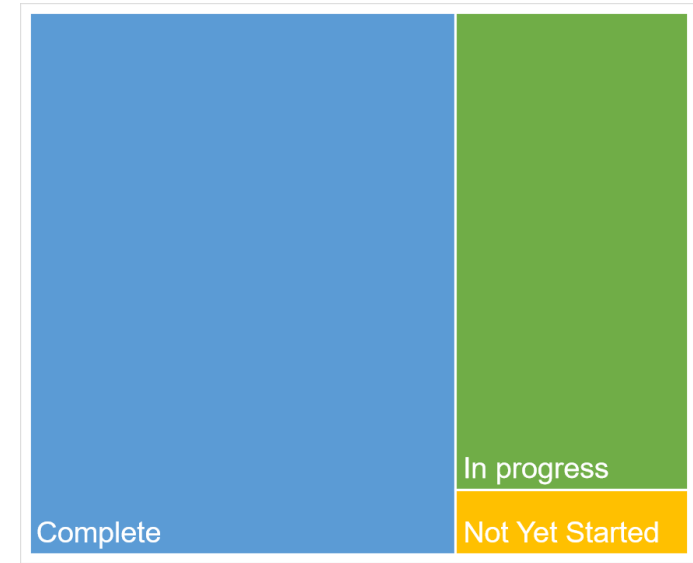
The 117 activities split by theme…

- Future Financial Planning
- Compliance
- Manual processes

The activities by dept/percentage complete

No of actions — Percentage Complete June — Percentage Complete Sept
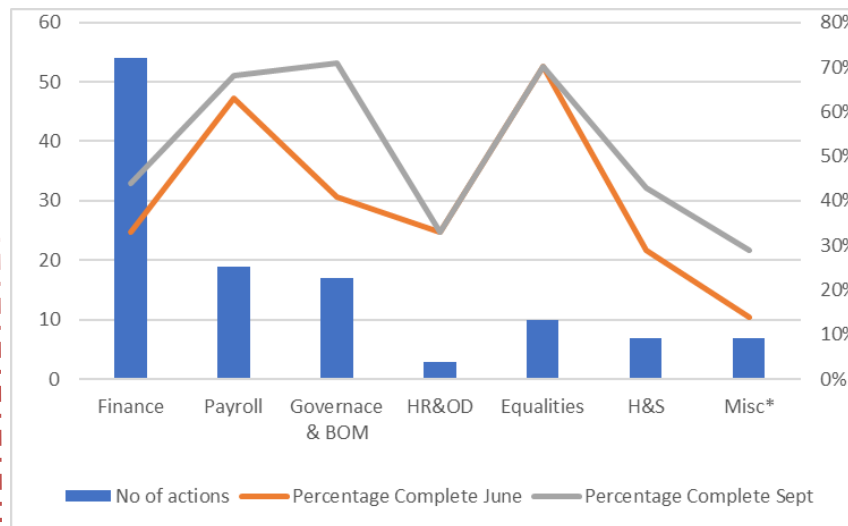
Uplift from June dept/percentage complete

Finance	**11%**
Payroll	**5%**
Governance & BOM	**30%**
HR&OD	**0%**
Equalities	**0%**
H&S	**14%**
Misc*	**15%**

Measuring the impact

KPIs/Metrics

;

By focusing on the tracking of measurements (quantitively or qualitatively), it will be possible to show the progress and impact of progress at any one time.

Priority

To give a clear definition of priority (deadline vs strategic importance vs capacity) –
to be linked to themes

Baseline

A measure of the current position as a starting point for tracking progress and improvement over a period of time

Target

Setting targets to see the progress and improvement that has been made.

Meeting targets is key to evidencing how well the College is doing.

Appendix 1

Complete

The activity is complete, no further action required.

Complete-Monitoring

The activity is complete, and will be monitored for improvement/impact..

Partial Completion

An action comprised of a number of Individual activities where some have been completed

In progress/on track/pending

The activity has started and is in progress/on track to meet deadline/pending completion

Not Yet Started/Paused

The activity will start on completion of dependant actions / paused due to other circumstances eg COVID-19

Stopped

The activity has been superseded .

Audit Action Plan Project Status Table 2020-21

Ref	Action Plan	Theme	Project	Lead	Accountable	Anticipated Completion Date	Source	Current Status	KPIs/Metrics
Finance Action Plan									
	Finance	2. Compliance	Commission internal Audit Action Plan	VPEE/PPO	VPEE	Feb-20	EY Appendix D: 7	Complete	No of Audit recommendations
	Finance	2. Compliance	Utilise the programme of internal and external audits	FD	VPEE	Feb-20	VPEE	Complete	
	Finance	2. Compliance	Positively engage with Auditors (UHI/ Internal/ External)	FD	VPEE	Feb-20	VPEE	Complete	
	Finance	2. Compliance	Relevant staff informed of steps to be taken from Audit Action Plan	P&CE/VPEE	VPEE	Feb-20	EY Appendix D: 7	Complete	No of staff informed
	Finance	2. Compliance	Review Finance staffing structure including Finance Director for SMT	FD	VPEE	Feb-20	EY Appendix D: 1 & 5	Complete	Percentage of staffing structure in place
	Finance	2. Compliance	Secure storage of system logins and passwords	FD	VPEE	Feb-20	UHI Action Plan: 2.71	Complete	No of Audit recommendations
	Finance	2. Compliance	Provide timely financial reports and metrics to Board and Committees	FD	VPEE	Dec-20	EY Appendix D: 6	Complete-Monitoring	Percentage of reports/statements submitted on time
	Finance	2. Compliance	Put APUC contract in place	VPEE	VPEE	Feb-20	EY Appendix D: 14	Complete-Monitoring	No of Audit recommendations
	Finance	2. Compliance	Implement procurement process to ensure the requirements of the Financial Memorandum for non-competitive action are followed	FD	VPEE	Dec-20	UHI Action Plan: 2.89	Complete-Monitoring	Percentage of non-compliant contracts over £25K
	Finance	2. Compliance	Complete transition to Government Bank Service	FD	VPEE	Aug-20	EY Appendix D: 7	Partial completion	No of maintained bank accounts
	Finance	2. Compliance	Effective communication of the Financial Memorandum between College and University to relevant college staff	FD/VPEE	VPEE	May-20	UHI Action Plan: 2.55	In progress	Percentage of relevant college staff communitcated with
	Finance	1. Future financial planning	Utilise the Risk Register as a proactive tool to inform internal and external audit plan	FD/Clerk to BOM	VPEE	Apr-20	VPEE	Complete-Monitoring	No of Audit recommendations
	Finance	3. Manual Processes	Implement a documented set of financial procedures for the Finance Team	FD	VPEE	Dec-20	UHI Action Plan: 2.70	In progress	Percentage of written procedures complete

Finance	1. Future financial planning	Develop a robust 2020/21 budget plan	FD	VPEE	Jun-20	VPEE	Complete	Customer satisfaction
Finance	2. Compliance	Update Fraud Response Plan	FD	VPEE	Nov-20	EY Appendix D: 8	Partial completion	No of Audit recommendations
Finance	1. Future financial planning	Generate £600k savings within 2019/20 budget to achieve a balanced budget - superseded by COVID-19	FD	VPEE	Jun-20	VPEE	Complete	Savings target met
Finance	1. Future financial planning	Proactively engage with UHI as the Regional Strategic Body	FD	VPEE	Oct-20	VPEE	Partial completion	Enhanced working relationship by end of financial year
Finance	1. Future financial planning	Increase engagement with UHI Finance	FD	VPEE	Oct-20	EY Appendix D: 9	In progress	Enhanced working relationship by end of financial year
Finance	1. Future financial planning	Create KPI financial sustainability metrics for the Balanced Scorecard	FD	VPEE	Oct-20	VPEE	Partial completion	Embed KPIs into monthly reporting by end of financial year.
Finance	1. Future financial planning	Review financial risk attached to Business Development Strategy	FD/VPEE/Clerk to BOM	VPEE	Jun-20	EY Appendix D: 9	In progress	
Finance	1. Future financial planning	Review financial risk attached to International Strategy	FD/VPEE/Clerk to BOM	VPEE	Jun-20	EY Appendix D: 9	Complete	Achieve BOM approval of strategy by end of financial year
Finance	1. Future financial planning	Review financial risk attached to Scholarship and Research Strategy	FD/VPEE/Clerk to BOM	VPEE	Jun-20	VPEE	In progress	Robust reporting in place for 2020/21 Management Accounts

Finance	3. Manual Processes	Implement an improved budgeting and contract management process	FD/APUC	VPEE	Jun-20	EY Appendix D: 3	In progress	Supplier performance standards
Finance	4. Culture	Improve communication between College Teams and Finance. Linked to contract process.	FD/CMT	VPEE	Oct-20	EY Appendix D: 3	In progress	Variances in expected income
Finance	2. Compliance	Procurement Policy and Procedure including procedures for awarding contracts without competition are finalised and communicated to all staff	FD/APUC	VPEE	Jun-20	EY Appendix D: 14 UHI Action Plan: 2.88	Complete	Percentage of staff completing cpd
Finance	2. Compliance	Update college Financial Regulations last approved by BOM March 2013	FD/Clerk to BOM	VPEE/Chair to BOM	Dec-20	UHI Action Plan: 2.66	In progress	Financial Regulations agreed at August F&GP
Finance	2. Compliance	Communicate Financial Regulations to all staff	FD	VPEE	Jan-21	UHI Action Plan: 2.66	Not yet started	Percentage of staff completing cpd
Finance	1. Future financial planning	Undertake CMT and BOM development sessions for Financial Forecast Return (FFR)	FD/Clerk to BOM	VPEE	Oct-20	EY Appendix D: 10	In progress	Percentage of staff completing cpd
Finance	4. Culture	Implement combined financial reports	FD/VPEE	VPEE	Nov-20	VPEE	In progress	No of days to produce financial reports/customer satisfaction
Finance	1. Future financial planning	Complete impact assessment on implementation of the revised Statements of Recommended Practice (SORP)		VPEE /HN	Oct-20	EY Appendix D: 4	In progress/on target	No of Audit recommendations
Finance	1. Future financial planning	Create a common costing model across all strands of income	FD/VPEE	FD/VPEE	Dec-20	VPEE	In progress/on target	Customer satisfaction
Finance	1. Future financial planning	Provide financial reports and metrics to support AST Board reporting	FD/VPEE	VPEE	Jul--20	VPEE	Complete-Monitoring	Percentage of reports submitted on time
Finance	1. Future financial planning	Create and implement a financial plan for the Aviation Academy for Scotland	FD	VPEE	Nov-20	VPEE	In progress	Readiness to proceed

Finance	3. Manual Processes	Develop a transition plan to move from manual to electronic processes	FD	VPEE	Sep-20	EY Appendix D : 7	Complete	Percentage of electronic-based procedures
Finance	4. Culture	Develop process for managing cash in short, medium and long term flow models	FD	VPEE	Sep-20	VPEE	In progress	Days cash availability (revisit this as a metric)
Finance	1. Future financial planning	Monitor performance against cash flow forecast	FD	VPEE	Jul-21	VPEE	In progress	Days cash availability (revisit this as a metric - HN)
Finance	2. Compliance	Develop a revised approach and timetable for the production of financial statements/YE processes	FD	VPEE	Jul-21	EY Appendix D: 1 & 7	Partial completion	Time taken to produce financial statements
Finance	2. Compliance	Carry out planned internal audit review of procurement	FD/VPEE/Clerk BOM/APUC	P&CE	Jul-20	UHI Action Plan: 2.87	Complete-Monitoring	No of Audit recommendations
Finance	2. Compliance	Ensure internal working for statutory financial returns to government and funding bodies	FD	VPEE	Jul-21	VPEE	Complete-Monitoring	No of errors
Finance	3. Manual Processes	Implement compulsory PO's across all supplies and services	FD/APUC	VPEE	Jul--20	EY Appendix D: 14	Complete-Monitoring	Percentage of invoices quoting purchase orders
Finance	3. Manual Processes	Implement greater supplier management systems	FD/FinAsst	VPEE	Jul-21	VPEE	Partial completion	No of POs
Finance	2. Compliance	Update procurement contracts register to track 3 year contract values	VPEE/APUC	VPEE	Jul-21	EY Appendix D: 14	Complete-Monitoring	
Finance	2. Compliance	Re-tender non-compliant contracts	VPEE/APUC	VPEE	Jul-21	EY Appendix D: 14	In progress	No of non-compliant contracts
Finance	4. Culture	Implement Fixed Asset Register	FD/HoE	VPEE/DP	Dec-20	EY Appendix D: 7	In progress	No of adjusted differences
Finance	2. Compliance	Tender of PPE evaluation	APUC	VPEE	Jul-20	VPEE	In progress	
Finance	2. Compliance	Prepare audit ready year end accounts in compliance with the Code of Good College Governance	FD/Clerk to BOM	VPEE	Nov-20	VPEE	In progress/on target	No disclosures
Finance	1. Future financial planning	Fincancial Forecast Return (FFR) to be presented in a timely manner to allow Board sufficient scrutiny	FD	VPEE	Sep-20	EY Appendix D: 9	Complete	Completion with time for review

Finance	1. Future financial planning	Revisit assumptions within Financial Forecast Return (FFR) 2019 to 2024	FD	VPEE	Sep-20	VPEE	Complete	No of Audit recommendations
Finance	1. Future financial planning	Develop scenario planning, modelling and fiscal/budget assumptions	FD	VPEE	Oct-20	EY Appendix D: 10	Complete	Delivery of scenario planning exercises for September Board
Finance	1. Future financial planning	Implement scenario planning exercise with College Board	FD/Clerk to BOM	VPEE	Dec-20	EY Appendix D: 10	Complete	Delivery of scenario planning exercises for September Board
Finance	3. Manual Processes	Implement quality control and review processes across all transactions within accrual accounting	FD	VPEE	Dec-20	EY Appendix D: 2	In progress	Number of adjustments to financial statements
Finance	4. Culture	Review and Improve Induction Process for Finance staff	FD	VPEE/DP	Jul-21	VPEE	In progress	Percentage of new staff completing induction
Finance	1. Future financial planning	In consultation with BOM and budget holders implement an information pack for managing the business	FD	VPEE	Dec-20	EY Appendix D: 6	In progress	Customer satisfaction
Finance	2. Compliance	Implement Training Needs Analysis and CPD for Finance Team	FD	VPEE	Dec-20	EY Appendix D: 5	In progress	No of staff completing TNA and CPD
Payroll Systems								
Payroll Systems	3. Manual Processes	Amend payroll user rights to ensure appropriate levels of access/currency/accuracy	Payroll	VPEE	Oct-19	EY Appendix D: 7 Internal Audit 2019/06: R2	Complete	Auditor recommendations
Payroll Systems	3. Manual Processes	Ensure differences between gross salaries on HR & Payroll systems are rectified	Payroll/ HROD	VPEE	Dec-19	Internal Audit 2019/06: R1	Complete	Number of errors highlighted
Payroll Systems	3. Manual Processes	Consider an annual reconciliation between gross salaries on HR & Payroll systems	Payroll/ HROD	VPEE	Dec-19	Internal Audit 2019/06: R1	Complete	All gross salaries match
Payroll Systems	3. Manual Processes	Implement more robust procedures to calculate union/pension employee deduction	Payroll	VPEE	Dec-19	Internal Audit 2019/06: R3	Complete	Number of errors highlighted
Payroll Systems	3. Manual Processes	Consider an independent check of the Payroll Team's own payroll salaries	Payroll/HoF	VPEE	Dec-19	Internal Audit 2019/06: R6	Complete	Number of errors highlighted in payroll reports

Payroll Systems	3. Manual Processes	Implement payroll action plan	Payroll/ HROD	VPEE	Feb-20	Internal Audit 2019/06: R1	Complete	Auditor recommendations
Payroll Systems	3. Manual Processes	Strengthen controls around variations to staff salaries	Payroll/HROD	VPEE	Feb-20	EY Appendix D: 7 Internal Audit 2019/06: R4	Complete	No of payroll adjustments
Payroll Systems	3. Manual Processes	Introduce payroll checklist mechanisms	Payroll	VPEE	Feb-20	EY Appendix D: 7 Internal Audit 2019/06: R7	Complete	No of payroll errors
Payroll Systems	3. Manual Processes	Invest in a managed service for Ciphr	HROD	VPEE	Feb-20	EY Appendix D: 7	Complete	Improvements to Ciphr
Payroll Systems	3. Manual Processes	Carry out internal audit of pensions and tax payments	Payroll/ HROD	VPEE	Feb-20	EY Appendix D: 7	Complete	No of payroll errors
Payroll Systems	2. Compliance	Voluntary disclosure to HMRC on internal control issues eg tax payments & pensions contributions	FD	VPEE	Feb-20	EY Appendix D: 7	Complete	Agreement with HMRC
Payroll Systems	3. Manual Processes	Implement more robust systems to ensure that payroll amounts are correctly calculated	Payroll/HROD	VPEE	Sep-20	Internal Audit 2019/06: R5	In progress/on target	Streamlining of elements
Payroll Systems	3. Manual Processes	Provide formal training to the Payroll Finance Assistant	Payroll/HROD	VPEE	Sept-20	Internal Audit 2019/06: R5	Paused	Completion of cpd
Payroll Systems	3. Manual Processes	Ensure that variance reports have been checked and signed off	Payroll/FD	VPEE	Jul-20	Internal Audit 2019/06: R6	Complete-Monitoring	No of payroll errors
Payroll Systems	3. Manual Processes	Ensure regular reconciliation of payroll accounts	College Financial Accountant	VPEE	Sep-20	Internal Audit 2019/06: R8	Complete-Monitoring	All errors resolved within month
Payroll Systems	3. Manual Processes	Rectify errors in NI	Payroll/ HROD	VPEE	Jun-20	EY Appendix D: 7 Internal Audit 2019/06: R9	Partial completion	No of payroll errors

Payroll & Pension Systems	2. Compliance	Undertake review of the calculation of employee and employer pension contributions over the period 2013/14 to 2019/20	FD	VPEE	Nov-20	Internal Audit 2020/04: R1	Partial completion	No of years to be reviewed
Payroll & Pension Systems	1. Future financial planning	Make 2nd HMRC disclosure and identify value of overpayment of NI and staff clawback	Payroll/HR	HROD/VPEE	Nov-20	Internal Audit 2020/04: R2	Partial completion	No of years to be reviewed
Payroll Systems	2. Compliance	Identify right for employees to enrol on 2 pension schemes	Payroll/ HROD	VPEE	Sep-20	EY Annual Audit Report, p.16; VPEE	Partial completion	No of pension errors
Payroll Systems	3. Manual Processes	Rectify errors of pension overpayments on work over 35 hours	Payroll	VPEE	Sep-20	VPEE	Partial completion	No of years to be reviewed
HR Systems								
HR Systems	4. Culture	Review of high staff turnover in Finance & HR and identify where other departments are at similar risk	HROD	VPEE/DP	Jun-20	UHI Action Plan: 2.23	In progress	Rate of staff turnover
HR Systems	3. Manual Processes	Incorporate formal processes for 'movers' into existing starter/leavers processes	HROD	DP	May-20	Internal Audit 2018/04: R1	Complete	Revised policy/procedure
HR Systems	2. Compliance	Roll out training on Financial Regulations to all staff	FD/HROD	VPEE/DP	Jul--20	UHI Action Plan: 2.66	Not yet started	Percentage of staff completing cpd
Governance and Board of Management								
Governance & BOM	2. Compliance	Provision of timely evidence base demonstrating compliance with Code of Good Governance to Audit Committee and BOM as part of preparation of governance statement and ahead of y/e accounts	Clerk to BOM	Chair BOM	Jun-20	UHI Action Plan: 2.103	Complete	Meeting annual process of providiing evidence base ahead of year end accounts
Governance & BOM	2. Compliance	Compliance with requirements set out by SFC and SPRM re settelement agreements	P&CE	Chair BOM	Feb-20	UHI Action Plan 2.62	Complete	
Governance & BOM	1. Future financial planning	Timely management reporting to relevant committees including Board and its committees	SMT/CMT/Clerk to BOM et al	P&CE	Feb-20	UHI Action Plan: 2.49	Complete-Monitoring	Percentage of reports/statements received on time
Governance & BOM	2. Compliance	Confirm robustness of Cerrtificates of Assurance (provided to SFC/ScGov) through Audit Committee & Board	Clerk to BOM/Chair Audit Comm	Chair BOM	Mar-20	UHI Action Plan: 2.40	Complete	Annual Process to be minuted at Audit Committee

Governance & BOM	1. Future financial planning	Include staff turnover HR report to Finance & General Purposes Agenda	HROD/ Clerk to BOM	DP	Mar-20	UHI Action Plan: 2.24	Complete	Minuting of agenda item at F&GP
Governance & BOM	3. Manual Processes	Review College Risk Register process and include as an agenda item at the Finance & General Purposes committee	P&CE/Clerk to BOM	Chair BOM	Jun-20	EY Appendix D: 11 UHI Action Plan: 2.97. 2.98	Complete	No of college committee recommendations/ monitoring of references from college committees via Minutes
Governance & BOM	3. Manual Processes	Report outcomes of all instances of whistleblowing to Board as per Whistleblowing Procedure	P&CE/Clerk to BOM	P&CE	Jun-20	UHI Action Plan: 2.13	Complete-Monitoring	Publication of Policy
Governance & BOM	3. Manual Processes	Review of Whistleblowing Policy to go to F&GP for approval	HROD/Clerk to BOM	P&CE	Jun-20	UHI Action Plan: 2.13	Complete	Publication of Policy
Governance & BOM	2. Compliance	Ensure control issues, ie material non-compliance are investigated and formally reported to Board & Committees and to the university as per Financial Memorandum	CMT	P&CE	Dec-20	UHI Action Plan: 2.39	In progress	Percentage of out of date policies/procedures
Governance & BOM	1. Future financial planning	Ensure control issues, ie material non-compliance are investigated and formally reported to Board & Committees and to the university as per Financial Memorandum	P&CE	Chair BOM	Dec-20	UHI Action Plan: 2.40	Complete-Monitoring	
Governance & BOM	1. Future financial planning	College Board to regularly review Risk Register and ensure risks are in accord with risk appetite	Clerk to BOM/BOM	Chair BOM	Jun-20	EY Appendix D: 11 UHI Action Plan: 2.99	Complete	No of Board recommendations
Governance & BOM	3. Manual Processes	Review process for reporting and approval of settlement agreements by Board	P&CE/Clerk to BOM	Chair BOM	Jul--20	EY Appendix D: 11	In progress	Audit recommendations/customer satisfaction
Governance & BOM	2. Compliance	Review college Governance Statement	P&CE/Clerk to BOM	Chair BOM	Jul--20	EY Appendix D: 12	Complete	Audit recommendations/customer satisfaction
Governance & BOM	1. Future financial planning	Implement further improvements to Balanced Scorecard	P&CE/Clerk to BOM	P&CE	Jul--20	EY Appendix D: 13	In progress	Customer satisfaction
Governance & BOM	1. Future financial planning	Review College Annual Governance Plan	P&CE/Clerk to BOM	Chair BOM	Jul-20	EY Appendix D: 11	In progress	Percentage of reports/statements received on time
Governance & BOM	3. Manual Processes	Review Business Continuity Plan	SMT/Clerk to BOM	P&CE	Jul-20	VPEE	In progress	Frequency of reporting
Governance & BOM	1. Future financial planning	Include financial monitoring updates on Board agendas	P&CE/Clerk to BOM	Chair BOM	Jul--20	EY Appendix D: 11	Complete	Percentage of reports/statements received on time
Equalities Mainstreaming								
Equalities	2. Compliance	Review and clarify remit of EDIT	HROD, E&D	DP	Nov-19	Internal Audit 2018/06: R6	Complete	Audit recommendations

Equalities	2. Compliance	For staff and students, identify areas with disproportionately low representation by those with protected characteristics	HROD, HoSE, E&D	DP	Feb-20	Internal Audit 2018/06: R4	Complete	No of identified areas for development
Equalities	2. Compliance	Review and check for accuracy calculations for the College's equalities reports	HROD	DP	Mar-20	Internal Audit 2018/06: R9	Complete	Number of calculation errors
Equalities	2. Compliance	Develop an Equality and Diversity Strategy	HROD	DP	Mar-20	Internal Audit 2018/06: R1	Complete	Publication of strategy
Equalities	2. Compliance	Develop an Equality and Diversity operational plan	HROD	DP	Mar-20	Internal Audit 2018/06: R2	Complete	No of actions completed
Equalities	2. Compliance	Benchmarking of college protected characteristics statistics for staff and students	HROD, HoSE, E&D	DP	Mar-20	Internal Audit 2018/06: R4	Complete	No of indicators
Equalities	2. Compliance	Publish a map of equalities documents showing how they relate to one another	HROD, E&D	DP	Mar-20	Internal Audit 2018/06: R5	Complete	Customer satisfaction
Equalities	2. Compliance	Clarify and implement role of Equality Champions	HROD, E&D	DP	Dec-20	Internal Audit 2018/06: R7	Paused	No of Equality Champions
Equalities	2. Compliance	Review the Equality Impact Assessment (EIA) process to ensure all policies and procedures are compliant and all EIAs are published on college website	HROD, E&D, Quality	DP	Dec-20	Internal Audit 2018/06: R8	In progress	Proportion of policies and procedures with current EIA (& published on college website?(
Equalities	2. Compliance	Embed equality actions are built into self-evaluation and operational objectives processes Direct academic team focus to courses with >25% gender gap	SMT/PPO/E&D	DP	Dec-20	Internal Audit 2018/06: R3	In progress	Percentage of courses >25% gender gap
Health and Safety								
Health & Safety	2. Compliance	Implement a workplan for 2020-2023 H&S audits	HROD	DP	Feb-20	Internal Audit 2013/07: R1	Complete	No of audits completed to target
Health & Safety	2. Compliance	Conduct hazard surveys in all areas to identify missing Risk Assessments	HROD	DP	Dec-20	Internal Audit 2013/07: R1	Partial completion	No of missing risk assessments
Health & Safety	2. Compliance	Undertake additional risk assessment training for staff	HROD	DP	Jun-20	Internal Audit 2013/07: R1	Complete	Percentage of staff completing cpd
Health & Safety	2. Compliance	Implement departmental health and safety reporting	HROD	DP	Jun-20	Internal Audit 2013/07: R1	Complete	No of reports submitted

Health & Safety	2. Compliance	Implement training plan for CMT members	HROD	DP	Jul-20	Internal Audit 2013/07: R1/R3	Paused	Completion rate
Health & Safety	2. Compliance	Ensure all staff receive mandatory H&S safety training	HROD	DP	Jul-20	Internal Audit 2013/07: R3	Partial completion	Completion rate
Health & Safety	2. Compliance	Complete migration of mandatory training units - Mental Health and Fire Awareness to Brightspace VLE	HROD	DP	Dec-20	Internal Audit 2013/07: R3	In progress	Completion rate
Policies and Procedures								
Policies & Procedures	3. Manual Processes	Set up SLWG looking at approval process for policies and procedures	Quality Manager/Clerk to BOM	DP	Mar-20	DP/VPEE	Complete	Publication of Policy and Procedure
Policies & Procedures	3. Manual Processes	Review master schedule of policies and procedures	Quality Manager/CMT	DP	Jun-20	DP/VPEE	Partial completion	Percentage of out of date policies and procedures
Policies & Procedures	2. Compliance	Review overall number of college policies and procedures	Quality Manager/CMT	DP	Dec-20	DP/VPEE	In progress	Number of stand-alone policies and procedures
Communications								
Communications	4. Culture	Develop a Communications Strategy for internal and external stakeholders	VPEE/ Marketing	VPEE	Aug-20	VPEE	In progress	
Communications	3. Manual Processes	Take forward staff Intranet Project	PPO	VPEE	Jul-20	VPEE	In progress	Customer satisfaction
Public Sector Reporting Dut								
Public Sector Reporting Duties	2. Compliance	Publish annual gross carbon footprint on college website	Estates/Clerk to BOM	VPEE	Jun-20	VPEE	In progress	
Public Sector Reporting Duties	2. Compliance	Publish Modern Slavery Statement on college website	APUC	VPEE	Apr-20	VPEE	Partial completion	

Committee	Audit Committee
Subject	**Audit Scotland COVID-19 Governance Challenge Questions**
Date of Committee meeting	28/09/2020
Author	Veronica Lynch, Vice Principal External
Date paper prepared	21/09/2020

Executive summary of the paper	This paper provides management responses for consideration by Committee on the Audit Scotland Covid 19 governance challenge questions.
	
	These challenge statements are aimed at ensuring the Board, through the committee maintain effective oversight of spending performance and governance arrangements and to use these as a basis of informing current and future decisions.
	
	It is recommended that the Committee review the challenge statements provided by College Management. Members are requested to:
	
	    a. Confirm the appropriateness of the responses
	    b. Update the information to ensure the effectiveness of the interventions implemented to ensure good college governance.

Consultation How has consultation with partners been carried out?	Perth College Senior Management Team
Action requested	☐ For information only ☒ For discussion ☐ For recommendation ☐ For approval

Resource implications (If yes, please provide details)	Yes/ **No**
Risk implications (If yes, please provide details)	**Yes**/ No Any areas without consideration within these themes can lead to unforeseen risks.
Link with strategy Please highlight how the paper links to the Strategic Plan, or assist with: • Compliance • National Student Survey • partnership services • risk management • other activity [e.g. new opportunity] – please provide further information	Provide a summary of the how the paper links to key College priorities and what they are Financial Sustainability Compliance Risk Management
Equality and diversity Yes/ No If yes, please give details:	There are no Equality and Diversity Implications arising from this paper.
Island communities Does this activity/ proposal have an effect on an island community which is significantly different from its effect on other communities (including other island communities)?	Yes/ **No** If yes, please give details: Click or tap here to enter text.

Data Protection Does this activity/ proposal require a Data Protection Impact Assessment?	Yes/ **No** Click or tap here to enter text.
Status (e.g. confidential/non confidential)	Non Confidential
Freedom of information Can this paper be included in "open" business?*	Yes

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

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

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

AUDIT COMMITTEE

FOR DISCUSSION

28 SEPTEMBER 2020

AUDIT SCOTLAND COVID-19 GOVERNANCE CHALLENGE QUESTIONS

INTRODUCTION

Audit Scotland has produced a guide for governors of public sector organisations to consider and review organisational responses to organisational changes within 4 key themes implemented by college management as a result of COVID-19. This paper provides management responses for consideration by Committee to maintain effective oversight of spending performance and governance arrangements and to inform current and future decisions.

Through these challenge questions, Audit Scotland is encouraging a review on the short-term challenges facing public bodies to understand how the College is responding to the pandemic and managing both the immediate and longer term challenges within the areas of:

- Internal Controls and Assurance
- Financial Management and Reporting
- Governance
- Risk Management

THEME 1 - INTERNAL CONTROLS AND ASSURANCE

What changes to internal controls have been required due to Covid-19?

Has internal audit assessed the design, implementation and operational effectiveness of revised internal controls?

Internal audit has undertaken a review of Budgetary Controls which included the revised operational and budget planning procedures as well as budgetary management and control by budget holders and the new financial control procedures introduced to enable business continuity and effectiveness during lockdown.

What new controls have been established to account for the distribution of any additional funds received?

Have officers identified any weaknesses in new controls and if so, how are these being addressed?

To date, there has been limited additional funds received by the College and none to support core costs. Those funds which have been received are identified below.

- Coronavirus Job Retention Scheme – This UK Government Grant enabled the College to furlough staff who were unable to undertake their role off campus. Many of those roles were commercially funded roles with 80% of salaries claimable. To ensure equity of staff eligibility, the College took the decision to offer ASW bank staff to be furloughed and to top up those salaries back up to 100%. This reduced the net gain able to be drawn down by the College from the fund.
- Supplier Relief Fund – Skills Development Scotland. This was an extremely rigorous application process led by UHI Hub on behalf of academic partners. Should the full grant value be achieved during the contract period to 31 March 2021, the grant value will be netted off against the drawdown. This will be monitored by the Business Engagement Team in conjunction with Finance.

In addition, indicative future allocation of funds which will be expected by the College via the Regional Strategic Body for the following areas are:

- Student support funds and SFC capital funds are able to be utilised to support digital poverty by students. Procedures for monitoring this sit with Student Finance and the College Finance Team.
- Digital Poverty funding will be awarded to Perth College through the RSB. Indications are that this will equate to 50 laptops which will be to a value of £350 per student with evidence against key criteria required before awards made. These are entry level laptops, not suitable for students requiring more advanced software as part of their course. A process has been created by the college's Student Experience and ICT Teams in conjunction with the curriculum to ensure that students can access equipment most suitable for their study requirements. The funding is insufficient for the need resulting in the college investing significantly in laptops and dongles to ensure students can complete their studies.
- Additional capital funds will be allocated through the RSB. Indications are that an award of £165k will be provided for projects that were halted as a result of COVID.

To what extent has your organisation assessed the impact of working remotely on the control environment and working practices?

Senior Management has engaged through the Corporate Management Team (CMT) to determine the impact that working remotely has had in their teams and to ensure that internal controls were adapted to ensure continuity of service. All staff were required to undergo a remote working risk assessment to determine that they had a suitable place to work from that was conducive to efficient working practices.

This has been an extremely difficult time for staff with the volume of work and requirement for immediate responses to adapt to the fast-changing environment since February. Weekly staff communications focussed on health and wellbeing of staff, encouraging all to take regular breaks and to look after their physical and mental health.

As students return to campus, more roles are becoming essential for on-campus delivery. Personal and team risk assessments have identified the risks to inform delivery capacity of those services to support the student experience. Risk mitigations have been implemented to ensure the safety of staff and students on campus.

Has internal audit reviewed their audit plan and assessed which projects might need to be cancelled, postponed or accelerated as your organisation navigates its way through the pandemic?

Internal audit is in progress of reviewing the audit plan in conjunction with management.

How is management supporting internal audit to balance its routine programme of work and that required to respond to COVID-19 related audit work?

Internal audits scheduled to take place during 2019/20 are all either complete or have started. All evidence was able to be audited remotely which worked well. Audits selected remained crucial during lockdown to confirm suitable controls were in place and working during lockdown.

What impact has Covid-19 had on the annual reporting and accounting process?

- Has your organisations timetable for the annual reporting process been considered for 2019/20 and 2020/21? If so, have the timetables been revised and updated accordingly?
  External audit will submit an addendum to the 2019/20 audit timetable. EY have had regular contact with the Director of Finance to advise the potential of a later audit. Finance will accommodate timing requirements to ensure the audit process reaches a satisfactory conclusion.

- Has the external auditor's annual audit plan been updated to assess and address new risks?
  The external auditor requested responses from audit committee members over the new risks that COVID has created. These are included for discussion and endorsement by the committee.

To what extent has your organisation considered work undertaken by other organisations (via professional networks and bodies), or where appropriate, engaged with external experts to inform decision-making around significant areas of change in response to the pandemic?

The College has been actively engaged with colleagues within UHI and across the sector through Colleges Scotland including College Principals Group, Vice Principals Curriculum, Finance Directors, Business Development Directors, MIS Network, HR Network, Health and Safety Network where ongoing engagement with Scottish Government, SFC, SQA, Education Scotland, SDS and industry bodies, along with our internal and external auditors has informed decision making, particularly in relation to financial sustainability, regulatory changes and business continuity.

How have IT services performed during the pandemic?

- To what extent have cyber security controls been considered?
  IT services have continued to evolve during the pandemic with a broadening of platforms to include MS Teams as well as Webex for learning and teaching and student experience services and greater use of Skype for internal and external meetings.

  Bandwidth has been variable at different times during lockdown and with the high levels of digital poverty, engaging learners has been a challenge. Adapting all levels of courses to be accessible online has involved a significant investment of staff time but should prove valuable for 2020/21 student engagement.

  Cyber security has been heightened with UHI LIS Team introducing additional security measures and engaging ICT colleagues to attend additional CPD to ensure each UHI business unit is operating securely.

To what extent has management assessed the impact of Covid-19 on overall staff capacity?

- What areas have been identified as being under resourced and how is this being addressed?
  A high proportion of roles across the College have been stretched during the pandemic. This is being monitored by CMT.

  Increased delivery of online learning and accessibility issues for certain groups of students has put significant pressure on curriculum teams including curriculum management. Vacancies are being progressed where teaching load exceeds capacity.

  The Learning Technologists Team has been particularly stretched with additional resource provided during the holiday period to ensure all materials were able to be adapted for online delivery.

  On campus ICT resource has been stretched due to the volume of students requiring access to a mobile device as well as the level of online and VC delivery requirements. Staff have been recalled from deployment duty and from furlough to resource this activity.

  Health and Safety and Estates teams have had an increased workload due to workplace adaptations required and the volume of Risk Assessments to be created, consulted on and approved for essential on-campus delivery to proceed.

  Finance have had increasing work pressures in addressing a significant level of transformational working approaches while remotely working. A review of the finance service is being undertaken by the Finance Director and recommendations on structure, approach and levels of resource required will be reviewed.

What is your organisation doing to support its staff during the pandemic?

- To what extent have workload and working practices been adjusted to allow for the challenges that people may face when working remotely?
  Staff are encouraged to take breaks and to look after their wellbeing during these different working requirements. Meetings have increased in volume but largely, where possible have reduced in length during this period. Developmental projects have been delayed to ensure more immediate priorities are able to be addressed.

- What guidance, advice or signposting has your organisation put in place to support staff wellbeing?
  Staff weekly communications have promoted health and wellbeing including the Big White Wall and other Apps to support good health.

What opportunities and risks have arisen as staff are deployed across departments?

With a few minor exceptions, the College has not deployed staff across departments. One example is the WEEE Centre Technician who is currently supporting the ICT Team to deploy the additional laptops that students need to progress their course. This is early days but is working well.

How is your organisation capturing the learning and opportunities that arise from new ways of working?

Management propose to seek feedback from staff to identify the learning and opportunities that have arisen over the last 6 months as new ways of working have become more embedded across the organisation.

THEME 2 - FINANCIAL MANAGEMENT AND REPORTING

Is financial (and performance) information received in a timely manner, with sufficient detail, to inform the fast-paced changes that are required due to Covid-19?

How is management assessing the financial impact of Covid-19 on income and expenditure?

- What processes or procedures have been put in place to assess, for example, new demands, new expenditure streams, savings from activity foregone and lost income? The College used the mid year return to assess the impact on existing revenue streams and corresponding savings in non-pay costs relating to that revenue.

  A paper has been produced for the Finance Committee outlining the potential new funding streams that have been announced by UK and Scottish Government and this is being tracked continually for any announcements that could positively impact the College's projected deficit position.

  The Business Development and International Teams are working closely with the curriculum to submit bids for tenders that could generate additional revenue streams. This is reviewed within the Curriculum and Business Planning meeting within the cross college meeting calendar.

What information has been used in determining the value of assets and liabilities?

- To what extent have estimated valuations been impacted by Covid-19, for example, disruption to the revaluation of properties or market volatility impacting on investments? This is being monitored as part of the College's Asset Valuation exercise which is undertaken annually and reported as part of the preparation of Financial Statements.

- What is the likely impact of Covid-19 on pension deficits and what does this mean for your organisation? The college's pension deficit has grown from £(5.7)M last year to £(11.4)M this year. While this is what we would normally use in the accounts, the auditors are requesting if this actually reflects COVID-19 impact values. It is not yet fully clear if this reflects the COVID impact in full and there may be a requirement to undertake a potentially significant piece of work by an actuary.

  The College sector is challenged with this question. The pension values quoted are what we have at the moment, however we may need to verify that this would provide the information required by our External Auditors.

What commitments and guarantees have been made to third parties, and how are these being monitored?

- Where relevant, how is your organisation ensuring that the impacts of the pandemic on its arm's length external organisations (ALEOs) are being appropriately monitored?

The College's commercial subsidiary has been significantly impacted as a result of the downturn in the aviation industry. AST Board have moved to monthly meetings. A going concern analysis was presented to the Board and its external auditors for approval before the 2018/19 Financial Statements were able to be submitted.

What impact has Covid-19 had on savings plans?

- Is your organisation on track to deliver these savings and if not, what plans are your organisation putting in place to help with this?

The College is projecting a deficit of £1.9m for 2020/21. SFC have requested all Colleges to return to a balanced budget by year 3. This will require a number of savings measures/ future growth in income to achieve this. This is being reported to the Finance Committee and to the College Board. SFC feedback on these proposals is awaited.

What impact has Covid-19 had on transformational activity?

- If there has been or will be significant delays to activity or a failure to meet savings targets, what are the financial implications and how is management preparing for this?

The savings proposals have been submitted to Finance Committee as part of the Colleges future financial planning and FFR to SFC. Early discussions have taken place with Trade Unions in relation to the College's deficit position and the potential for savings to be achieved through a number of potential interventions including options for staff to reduce working hours to create a saving as well as seeking approval from the College Board, UHI and SFC to introduce a voluntary severance scheme.

Is there sufficient capacity within the finance team to deal with competing pressures, such as preparing annual accounts, at a time when working practices are having to be adapted due to Covid-19?
The finance team have had a number of competing pressures as a result of an extended external audit to complete the 2018/19 financial statements, the requirement to progress changes identified within the audit action plan and the subsequent lockdown and resulting remote working requirements.

The Head of Finance role has been replaced with a Finance Director and the structure an resourcing requirements for the team are being reviewed overall to manage any competing pressures which exist within the team.

THEME 3 – GOVERNANCE

What impact has Covid-19 had on governance arrangements?

- How is your organisation ensuring that effective oversight and scrutiny of key decisions is maintained as it responds rapidly to the challenges it faces during the pandemic?

All governance arrangements have moved to online meetings. These are minuted and recorded as normal. Where actions have been required more quickly, online decision making has been utilised.

- Have any significant changes been made to governance arrangements due to the pandemic, for example, suspension of committees or increased use of delegated decision-making powers?

No committees have been suspended. There has been an increase in AST Board meetings to monthly to support AST SMT to manage through the pressures of COVID impacting the aviation industry. An additional Board meeting was held in July 2020 to approve the budget and cover increased business generated due to the additional requirements created by the pandemic.

- Where decisions are being made using delegated or emergency powers, how are these being recorded, made public and subjected to scrutiny by the relevant committee(s)?

Any decisions undertaken through delegated or emergency powers are being recorded and noted to at the next available committee where decisions made under this process would be made public during the normal reporting structures.

SMT meetings have continued to take place with minutes recorded and published for staff to be aware of decisions made or passed for recommendation of approval by the relevant committee and college board.

- Have changes to processes and procedures made in response to Covid-19 been reviewed and documented appropriately to comply with overall governance arrangements?

Not applicable.

Are governance arrangements being reviewed regularly to ensure they remain fit for purpose?
Each meeting includes a review of terms of reference. The Governance manual was reviewed by the board at its board of management meeting.

Are non-executive directors providing appropriate levels of support, scrutiny and challenge to your organisation as it responds to the current environment and new risks?
This is continuing well. Particular scrutiny and challenge has been provided to the updated Risk Register to ensure appropriate scrutiny and assessment. Covid specific risks plus a cross reference to other risks throughout the document were implemented.

What barriers, if any, have affected your organisation's ability to continue to provide services for individuals and communities during the pandemic?

Digital poverty is a significant issue for the College sector range of target audiences. This has caused some of the students, particularly those undertaking FE courses to have the appropriate equipment, access to broadband or in some cases the knowledge, experience or motivation to learn online. In addition, practical elements of courses have been unable to be delivered online and have required on campus delivery for completion.

How have these barriers been overcome?
Laptops and support with provision of wifi dongles have been issued to students throughout the lockdown. For students who required to complete practical assessment work before they could pass their course, this was undertaken in mid August as soon as it was practicable to attend classes on campus again within Scottish Government guidelines. This enabled those students to then progress onto their next level of course during this current academic year.

What was the impact on service users?

This has been a challenge for many of our students, however the staff have worked extremely hard to ensure that every student was able to engage in some form of learning and teaching during the pandemic to give them the best possible chance to achieve their course.

Health and wellbeing of many students was impacted detrimentally during that period and student counselling services continued to be offered to ensure there was connectivity with those students and to keep their motivation for the next phase of their education and training.

What impact has Covid-19 had on your organisation achieving its stated objectives?

- Does performance reporting highlight any changes on your organisation's ability to meet its objectives as a consequence of Covid-19?

Student pass rates are still being finalised for 2019/20 as many students are just completing assessments relating to 2019/20 now. This will become clearer over the next few weeks.

Delivery of activity that has required business engagement where those businesses have been furloughed have been significantly impacted, This has included Modern Apprenticeship targets, Flexible Workforce Development Funds, commercial courses etc as well as Nursery and Catering revenues being reduced have resulted in financial projections unable to be achieved. Also, a reduction in international students able to join programmes within Perth due to travel restrictions and different countries lockdown status has impacted new recruitment and potentially progressing students ability to return for the next year of their programmes.

These financial implications have been reported through SFC within the mid year return and the FFR processes.

- Has the pandemic caused new risks to achieving your organisation's objectives? If so, how are these being addressed?

Inequality in relation to equity and access of offer being addressed through a minimum of one day per week on campus classes for each student and access to digital device and dongle where required.

Financial sustainability – savings proposals and broader revenue generation to be implemented throughout the year to create a balanced budget by year 3 in line with SFC requirements.

What impact has Covid-19 had on collaborative working?

Greater engagement of students, staff and stakeholders through digital platforms has worked well. Face to face engagement is always preferable for some discussions and to enhance trust and relationships, however, the ICT has held up well in most instances.

Broader stakeholder engagement for groups of individuals outwith the college has been much more difficult due to staff within many of our regional employers being furloughed, increased volume of work by partner organisations and many business contacts and in some instances increased home caring commitments limiting the opportunities for that type of employer and stakeholder engagement to be undertaken.

Having undertaken a recruitment process for new members, they have not yet met in person as part of their induction process which can make it more difficult for them to feel part of the broader team.

THEME 4 - RISK MANAGEMENT

Are there new expenditure or procurement streams, or delivery methods arising from Covid-19 that introduce new risk?
There has been a significant investment requirement in PPE and Digital equipment. The college has continued to adopt updated procurement processes as laid out in the recently revised Procurement Policy and Strategy.

- What indicators does management have to support informed decisions on risk and is this data available in real time?

Risk Assessments are undertaken for any staff or students returning to campus activity. QR codes identify people in buildings real time for Scottish Government Trace and Protect.

- Is your organisation's risk management strategy up-to-date to include risks associated with Covid-19?

Yes
- What risks have emerged that need to be addressed and what protocols are in place to report and analyse emerging risks as the situation evolves?

Health and Safety protocols for on campus service provision have been extensive and require adaptation as the situation changes.

- Are risks being reported to the relevant committee?

The College's Health and Safety Committee discusses all risks related to on campus COVID impacts and mitigating actions.

Each committee has its own set of risks with the overall risk register reported to the board.

Has your organisation's risk register been updated to reflect the new risks arising from COVID-19?
Yes.

Is there a need for management's risk appetite framework to be reviewed to ensure it is appropriate in this rapidly evolving environment?
Risk appetite was last reviewed in 2018. This created the current Red Amber Green (RAG) framework for each risk and this approach is adopted across UHI. Unless this requires reviewed at UHI level, the College has not deemed this necessary at this time.

- If so, when will the committee be informed of the outcome and any next steps?

Not applicable

How does Covid-19 impact on any financial risks already facing your organisation and how does this affect short, medium and long-term financial plans?
The COVID specific impact on 2020/21 financial projections was £1.4m deficit on an existing projected deficit of £550k. This requires savings to be achieved in order to return the college to a balanced budget over at 3 year period in line with SFC requirements.

What impact does Covid-19 have on any scenario planning that your organisation has in place for events such as EU withdrawal and increasing budget uncertainty?
The College Board has undertaken a number of scenario planning events including one focussing on Brexit uncertainty and another relating to the College sector financial challenges and what options are open to the board in the increasing cost base it faced. The most recent of these sessions was undertaken using MS Teams.

COVID is likely to have in influence on the forthcoming strategic planning process as stakeholder engagement of people outwith the organisation in cross functional groups is harder to achieve through digital platforms.

RECOMMENDATIONS

It is recommended that the Committee review the challenge statements provided by College Management. Members are requested to:

a. Confirm the appropriateness of the responses
b. Update the information to ensure the effectiveness of the interventions implemented to ensure good college governance.

Committee	Audit Committee
Subject	**External Audit Governance Challenge Statements**
Date of Committee meeting	28/09/2020
Author	Veronica Lynch, Vice Principal External
Date paper prepared	21/09/2020
Executive summary of the paper	This paper provides Management responses to challenge questions for governors from the College's External Auditors, EY. Committee members are requested to review and endorse these responses as good practice and to inform the audit of the College's Financial Statements for 2019-20. It is recommended that the Committee review the challenge statements provided by College Management. Members are requested to: a. Confirm the appropriateness of the responses b. Update the information to ensure the effectiveness of the interventions implemented to ensure good college governance.
Consultation How has consultation with partners been carried out?	Perth College Senior Management Team
Action requested	☐ For information only ☒ For discussion ☐ For recommendation ☐ For approval
Resource implications (If yes, please provide details)	Yes/ **No**

Risk implications (If yes, please provide details)	**Yes**/ No Any areas without consideration within these themes can lead to unforeseen risks.
Link with strategy Please highlight how the paper links to the Strategic Plan, or assist with: • Compliance • National Student Survey • partnership services • risk management • other activity [e.g. new opportunity] – please provide further information	Provide a summary of the how the paper links to key College priorities and what they are Financial Sustainability Compliance Risk Management
Equality and diversity Yes/ No If yes, please give details:	There are no Equality and Diversity Implications arising from this paper.
Island communities Does this activity/ proposal have an effect on an island community which is significantly different from its effect on other communities (including other island communities)?	Yes/ **No** If yes, please give details: Click or tap here to enter text.
Data Protection Does this activity/ proposal require a Data Protection Impact Assessment?	Yes/ **No** Click or tap here to enter text.
Status (e.g. confidential/non confidential)	Non Confidential

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

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

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

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

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

Audit Committee Assurance Statement to External Auditors - 2019/20

INTRODUCTION

This paper provides Management responses to challenge questions for governors from the College's External Auditors, EY. Committee members are requested to review and endorse these responses as good practice and to inform the audit of the College's Financial Statements for 2019-20.

RESPONSES TO EXTERNAL AUDIT CHALLENGE QUESTIONS

1. How does the Audit Committee, as 'those charged with governance' at Perth College ("the College"), exercise oversight of management's processes in relation to:

- undertaking an assessment of the risk that the financial statements may be materially misstated due to fraud or error (including the nature, extent and frequency of these assessments);

Financial risk reviews should be part of the internal audit programme and higher risk areas should be included in the risk register. Finance will be required to report on a controls documentation and review process to ensure these risk areas are reviewed and given a higher level of scrutiny.

Misstatement risk will be part of the ongoing controls documentation and review process.

- identifying and responding to risks of fraud in the College, including any specific risks of fraud which management has identified or that have been brought to its attention, or classes of transactions, account balances, or disclosures for which a risk of fraud is likely to exist;

There are many areas that could have fraud risk including the procurement cycle and purchase ledger. We have an approvals process for all invoices which currently operates in addition to the purchase order process. Given the upgrade of the finance system the approvals process is in a period of change which will end up as:

1. Purchase orders to be raised and approved in the College's Purchase Order System (Pecos) for all purchases. Pecos is set up to require purchases to be from agreed suppliers and the whole framework is managed by Association for Procurement of Universities and Colleges (APUC). Segregation of duties and approval limits are built into Pecos.
2. Approval of invoices with purchase orders to be done by receipting of purchase orders in Pecos. This allows a purchase order to be matched to an invoice in the finance system. The evidence for the approval will be the ability to match the purchase order. Where there are discrepancies this is challenged by finance.
3. Invoices received without purchase orders are subject to a higher level of scrutiny. They are separately identifiable in the finance system and the occurrence of these will be challenged and reported on to stop invoices being sent in without purchase orders being raised.
4. Lastly, all suppliers are being requested to send invoices directly to finance and instances of non-compliance are being challenged and suppliers being updated.

We received some requests for change of supplier details. As this is an extremely high risk area, any suppliers from whom requests are received are contacted using the contact details recorded in the finance system to confirm the changes. New suppliers must follow information request procedure with internal approvals.

APUC is undertaking a process to remove old suppliers from Symmetry.

As a further check, the college participates in the bi-annual NFI exercise which uses data sharing to identify instances and risks of fraud in payroll and purchasing.

Other areas of potential risk include expenses, payroll, theft of assets, theft of services, theft of ICT, theft of stationary, selling to a friend or family business at a low price, theft of cash, bribery etc.

- communicating to employees its view on business practice and ethical behaviour, for example by updating, communicating and monitoring against the College`s code of conduct;

The college communicates with staff about expectations of behaviour starting with expectations outlined in job descriptions. Staff are then required to undertake mandatory training on areas such as the Bribery Act, Bullying & Harassment, Data Protection etc to ensure they are aware of College requirements and standards. Many mandatory training themes require annual or biennial renewal, The Staff Governance Standard review is currently underway looking at communication.

- encouraging employees to report their concerns about fraud;

The College's Whistleblowing Policy and Procedure was updated during 2019/20 and this includes guidance to staff on how they can report such concerns

- communicating to you the processes for identifying and responding to fraud or error?

Senior Management present papers to Committee identifying areas where errors have taken place and with recommendation that internal audit should review this activity. Examples of this during 2019/20 were:

- Payroll errors requiring an HMRC disclosure and settlement arrangement – internal audit completed
- Non-compliance of contracts subject to public procurement legislation
- Disclosure relating to operating outwith Code of Good College Governance
- Budgetary controls – internal audit commissioned

2. How does the Audit Committee oversee management processes for identifying and responding to the risk of fraud and possible breaches of internal control?

As above – Finance to report on the controls processes and compliance with/performance against these processes.

3. Have there been any significant changes in the design and/or operating effectiveness of management controls as a result of the Coronavirus outbreak?

The College has been operating a predominantly manual process of financial controls which increased the risk of error and inefficient use of time including wet signatures on supplier orders and invoices; paper journals; manual management reporting systems.

College Management had already planned to implement changes to these controls prior to the Coronavirus outbreak, and these were escalated as a result of COVID-19. Changes have included increased use of PECOS system (% increase) electronic approvals and the removal of cash advances. The introduction of an upgrade to the College Finance system is underway with Finance staff trained. Next phase will be training for budget holders and the provision of real time management reporting.

The college has just appointed a new FD who plans to implement a system of control similar to Sarbanes Oxley.

There have been a number of Health and Safety changes made during period of closure to ensure compliance i.e. weekly testing of fire alarms, security and maintenance checks on college buildings, introduction of social distancing room layouts, signage and sanitisers with weekly staff updates to increase awareness of how the college is dealing with the pandemic to prevent its spread. Risk Assessments are in place for all procedures requiring staff return to work. Individual risk assessments are compulsory through Medigold. Any individual who is deemed as high risk are unable to work on campus. Default position for non-essential work is to remain working from home. All procedures are implemented in line with Scottish Government guidance.

4. How do those charged with governance assure themselves that the furloughing of staff has not adversely impacted the segregation of duties?

The Board Engagement Committee receive updates on staff absence, turnover and well-being. Roles that were furloughed were identified on the basis that these job functions were unable to be undertaken during lockdown as a result of an on-campus requirement that would not have been possible due to lockdown restrictions or due to caring responsibilities. Some staff in AST were not furloughed due to not being able to ensure segregation of duties or legislative requirements. We are also reviewing that the segregation of duties control has not been broken" due to furlough.

5. Is the Audit Committee aware of any:

- breaches of, or deficiencies in internal control;

The Audit Committee received regular updates on the progress to resolve payroll errors that had arisen in previous financial years and were identified during 2018/19. This was the subject of an internal audit and subsequent HMRC disclosure and settlement.

The Committee also commissioned an internal audit into the College's procurement and into the College's budgetary controls. These audits have been completed and reports are scheduled for presentation to Committee in September 2020.

The Health and Safety Executive contacted the College (12/09/20) about a concern raised with them regarding legionella, this was responded to within the required timelines (1 week) with full evidence of both internal activity and external inspection that had taken place to reassure them that we were compliant. This matter was reported to Charlie Shentall as the Board member on the H&S Committee and the Chair of the college board on the first working day following receipt of the request for information. These will be noted at Finance and General Purposes Committee on 21/09/20. The Audit Committee is not aware of the HSE matter at this time,

- actual, suspected or alleged frauds during 2019/20?

There have been no actual, suspected or alleged frauds during 2019/20. The NFI matches that were investigated during that period related to staff with an income additional to their College remuneration. [NFI matches were for 18/19]. There have been no actual, suspected or alleged frauds during 19/20 that finance is aware of.

6. Is the Audit Committee aware of any organisational or management pressure to meet financial or operating targets?

The Audit Committee is aware of the financial pressures experienced by the College sector overall and the specific impact this has for Perth College UHI.

7. How does the Audit Committee gain assurance that all relevant laws and regulations have been complied with? Are you aware of any instances of non-compliance during 2019/20?

The College was late in its compliance against the equalities mainstreaming reporting duties. Reports are provided quarterly to Audit committee. Risk register included risk and associated mitigations with timescales for completion.

8. Is the Audit Committee aware of any actual or potential litigation or claims that would affect the financial statements?

None

9. How does the Audit Committee satisfy itself that it is appropriate to adopt the going concern basis in preparing the financial statements?

This issue has been relevant for the College's commercial subsidiary, AST. COVID had impacted revenue projections with a resulting impact upon AST's liquidity. Reporting was provided to the College's external auditors, EY and this was reported to AST Board, Audit Committee and the College Board. This approach demonstrated the going concern position to enable the 2018/19 financial statements to be submitted at companies house in line with COVID extension of deadlines.

The College's overall going concern status is reported through regular management accounting and cash reports to demonstrate overall liquidity.

10. Has management considered the impact of the coronavirus outbreak as part of their going concern assessment, including:

 - any changes in underlying assumptions

The College's budget has been presented to the College Board outlining the key assumptions on which this is based and the associated reductions relating to COVID impacts.

The College's mid-year return assumptions that were created in April 2020 based on COVID-19 projections have been updated based on a revised landscape.

-    additional or potential financial difficulties, impairments or write-offs

These issues were reported within the College's mid-year return for 2019/20 and within the budget planning for 2020/21

- The College sector financial position is presented to Board outlining the financial pressures across the sector.
- Presentation of contracts that were due for re-tender which required to be postponed and extended for 12 months in line with public sector COVID regulations (examples include Catering, Internal Audit)
- Revenue streams unable to be delivered online during COVID and thereby unable to be released during 2019/20.

11. How does the Audit Committee satisfy itself that the College has arrangements to ensure compliance with the Scottish Funding Council's ("SFC") Accounts Direction and Financial Memorandum?

College Board members induction includes the Accounts Direction and Financial Memorandum.

The financial statements are presented to the Audit Committee and College Board ahead of Board approval. Where any aspects of the college's business have been outwith either the Financial Memorandum or the Code of Good College Governance, these are highlighted as disclosures within the statements and reported within the Audit Committee's annual report to the College Board.

Changes in the Account's Direction from the previous year are highlighted to Audit Committee to ensure these have been addressed within the financial statements.

12. How does the Audit Committee satisfy itself that the College has arrangements to ensure compliance with its requirements as an independent charity as set out by OSCR?

This is included within Board members induction. A fuller session is scheduled for delivery to all Board members by EY.

13. How does the Audit Committee satisfy itself that the College has arrangements to monitor and maintain the regularity of income and expenditure?

The College Finance Committee receives quarterly Management Accounting reports. An internal audit has been commissioned into Financial and Budgetary controls. This will be reported to Audit Committee in September 2020.

14. What does the Audit Committee consider to be the related parties that are significant to the College and what is its understanding of the relationships and transactions with those related parties?

- The Regional Strategic Body acting as the host reporting partner of the Scottish Funding Council
- Audit Scotland – effectiveness of governance, legal and financial reporting controls and management effectiveness
- Education Scotland in providing the assurance of the quality of the education delivered by the College – annual assurance statement
- Students – Key Performance Indicators (recruitment, retention, achievement), NSS student satisfaction reporting
- Scottish Government – compliance with legislation including equalities mainstreaming reporting duties,
- Disclosure Scotland – safeguarding of students, customers and staff

- APUC – supporting compliance against public procurement duties
- UKVI – compliance with immigration requirements from students and staff sponsored to attend College under the College's Tier 4 and Tier 2 licences and the University of the Highlands and Islands Tier 4 licence for HE students attending Perth College UHI. From 5 October 2020, Tier 4 will be replaced by the Student route points-based system.

15. Does the Audit Committee have concerns regarding relationships or transactions with related parties and, if so, what is the substance of those concerns?

- RSB – Internal Audit Investigation report 2019 has actions due for completion

RECOMMENDATIONS

It is recommended that the Committee review the challenge statements provided by College Management. Members are requested to:

a. Confirm the appropriateness of the responses
b. Update the information to ensure the effectiveness of the interventions implemented to ensure good college governance.

Committee	Audit Committee
Subject	Governance Checklist
Date of Committee meeting	28/09/2020
Author	Ian McCartney, Clerk to the Board of Management
Date paper prepared	21/09/2020
Executive summary of the paper	This paper presents the approved checklist of items of assurance required to meet Code of Good Governance, together with summary of current compliance, for discussion and recommendation. Committee are advised that the Checklist is scheduled to submitted annually to 1st Audit Committee of each Board cycle to ensure compliance ahead of annual audit and financial statements being prepared.
Consultation How has consultation with partners been carried out?	Checklist is consistent with work being conducted on the Audits Action Plan
Action requested	☐ For information only ☒ For discussion ☒ For recommendation ☐ For approval
Resource implications (If yes, please provide details)	No
Risk implications (If yes, please provide details)	Items of non- or reducing compliance will inform Risk Register
Link with strategy	No

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Perth College UHI

Please highlight how the paper links to the Strategic Plan, or assist with: • Compliance • National Student Survey • partnership services • risk management • other activity [e.g. new opportunity] – please provide further information	
Equality and diversity Yes/ No If yes, please give details:	No
Data Protection Does this activity/ proposal require a Data Protection Impact Assessment?	No
Status (e.g. confidential/non confidential)	Non-Confidential
Freedom of information Can this paper be included in "open" business?*	Open Business

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

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

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Perth College UHI

and

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REVIEW OF COMPLIANCE WITH THE CODE OF GOOD OF GOVERNANCE FOR SCOTLAND'S COLLEGES

Code Principal	Evidence	Comments	Assurance	Action required
Section A: Leadership and Strategy				
Conduct in Public Life				
A1	Every college and regional strategic body must be governed by an effective board that is collectively responsible for setting, demonstrating and upholding the values and ethos of the organisation.	Perth College has an established Board which works collectively to set, demonstrate and uphold the values and ethos of the organisation. It meets 4 times a year and holds development evenings and strategy days b-annually.			None
A2	Every board member must ensure that they are familiar with and their actions comply with the provisions of their board's Code of Conduct.	New Board Members receive induction on the Code of Conduct and other good practice guidance and attend CDN Board Member induction events.			New Board members recruited over summer to be registered on CDN induction event.
A3	The Nine Principles of Public Life in Scotland, which incorporate the seven Nolan principles, must be the basis for board decisions and behaviour. These key principles, which apply individually and collectively are: • Duty/Public Service • Selflessness • Integrity • Objectivity • Accountability and Stewardship • Openness • Honesty • Leadership • Respect	The Board works collectively and follow the nine principles in its meetings and those of the sub committees. No issues have been raised in the operation of meetings which always start with seeking and declarations of conflicts of interest.			None
Vision and Strategy				
A4	The board is responsible for determining their institution's vision, strategic direction, educational character, values and ethos. Regional strategic bodies must also determine the regional strategy for colleges assigned to them. The board of an assigned college must have regard to the strategy determined by the regional strategic body. Board members have a collective leadership role in fostering an environment that enables the body to fulfil its mission and meet Scottish Government priorities, for the benefit of students and the community it serves.	The Board holds Strategy Events where the vision and strategic direction are discussed. Normally, these comprise of 2 full-day events held on weekends, plus 2 evening sessions. During 2019/20, an all-day event took place in September 2019 discussing Business and International Strategy matters and budget challenges.	Events scheduled to take place during the 2nd semester were not able to take place due to COVID-19		None
A5	The board must develop and articulate a clear vision for the region or college. This should be a formally agreed statement of its aims and desired outcomes which should be used as the basis for its overall strategy and planning processes.	The College's Strategy is outlined in College's Strategic Plan 2016-2021. The Balanced Scorecard reviewed by the Board and a number of Committees provides a framework for the Board to monitor progress against key priorities.	Balanced Scorecard continues to be reviewed based on Board member feedback.		None

A6	The board provides overall strategic leadership of the region or college. The board is responsible for formulating and agreeing strategy by identifying strategic priorities and providing direction within a structured planning framework.	As above			
A7	The board must ensure that a comprehensive performance measurement system is in place which identifies key performance indicators. It must ensure that it scrutinises performance measures and reports these on their website in a manner that is both timely and accessible to stakeholders. This will allow the board to determine whether or not the vision and mission of the region or the college are being fulfilled and that the interests of stakeholders are being met.	Outlined in College's Strategic Plan 2016-2021. The Balanced Scorecard overseen by the Board and a number of Committees provides a framework for the Board to monitor progress against key priorities. Board papers and minutes are available on the College's web site and the Balanced Scorecard outcomes can be seen there. The Audit Committee also oversees the Risk Register quarterly and that too is available on the web site via Committee papers.			None
A8	The board (except in the case of assigned college boards) is responsible for overseeing the negotiation of its outcome agreement with SFC, to meet the needs of the college or region and make best use of available funding, consistent with national strategy. The board must ensure effective engagement with all relevant stakeholders in the development of its outcome agreement and monitor performance in achieving the agreed outcomes.	N/A			
A9	The roles and responsibilities of the boards of assigned colleges should be undertaken in the context of the roles and responsibilities of their regional strategic body. Assigned college boards must contribute constructively to the development of the outcome agreement led in its region by the regional strategic body and support the regional strategic body to monitor performance in achieving the agreed outcomes.	The Chair is a member of UHI Regional Strategy Committee (RSC) and is actively involved in the development of the outcome agreement. Performance of Perth College UHI (and all other Academic Partners) is reviewed regularly at RSC. Academic Affairs Committee receives updates and can make input on the Outcome Agreement as it is developed, and reviews progress against the ROA on a regular basis. The Board is regularly appraised of progress against ROA.			
Corporate Social Responsibility					
A10	The board must demonstrate high levels of corporate social responsibility by ensuring it behaves ethically and contributes to economic development while seeking to improve the quality of life of the local community, society at large and its workforce.	The Engagement Committee receives updates from the Vice Principal External and this includes discussion about business and stakeholder engagement. Opportunities for the local community to make more active use of the Academy for Sport and Wellbeing is promoted to the local community and staff.			
A11	The board must exercise its functions with a view to improving economic, cultural and social wellbeing in the locality of the college or region. It must have regard to social and economic needs and social inclusion.	An active programme of evening classes and classes at the ASW is in place. The Board also supports the wider use of the ASW facility for national and international sport events. ASW worked proactively throughout COVID lockdown to provide a programme of online wellbeing-focused session for members.	ASW was one of earliest gyms in the city to re-open.		
A12	The board must provide leadership in equality and diversity.	An Equality and Diversity Officer is on post and brings equality and diversity matters from the Equality and Diversity Committee to Engagement Committee. The board reviews, suggests modifications and ultimately endorses all College policies related to equality and diversity, and is proactive in encouraging the college to seek enhancement opportunities to further demonstrate our commitment.			

A13	The board must seek to reflect in its membership, the make-up of the community through offering maximum opportunity of membership to a range of potential members and removing potential barriers to membership, in partnership with its regional strategic body, as appropriate.	Recent Board recruitment highlight the fact the College would welcome applications from under-represented groups and the College publicised that through the "Public Appointments Scotland" and "Change the Chemistry" websites.	Board recently convened a Short-Life Working Group to address issues of race equality throughout the organisation.		
A14	The board must appoint one of the non-executive members to be the senior independent member to provide a sounding board for the chair and to serve as an intermediary for the principal, other board members and the board secretary when necessary (see Annex 1 for the definition of 'non-executive'). The senior independent member should also be available where contact through the normal channels of chair, principal or secretary has failed to resolve an issue or for which such contact is inappropriate. Further information on the role of the senior independent member can be found in *The Guide for Board Members in the College Sector*	To date this role has been informally undertaken by the Deputy Chair. The Chair intends to formally appoint a Senior Independent Member as a matter of urgency.	Senior Independent Member appointed August 2020.		None
Section B: Quality of the Student Experience					
Student Engagement					
B1	The board must have close regard to the voice of its students and the quality of the student experience should be central to all board decisions.	The HISA Perth College President and a Vice President attend meetings of the Board, Engagement, Academic Affairs, Finance & General Purposes and Audit Committees and provide updates on student matters to the former 2 of these.			None
B2	The board must lead by example in relation to openness, by ensuring that there is meaningful on-going engagement and dialogue with students, the students' association and as appropriate staff and trade unions in relation to the quality of the student experience. Consultation is essential where significant changes are being proposed.	As above. An annual Partnership Agreement is also agreed and monitored via Engagement Committee.			None
B3	The board must consider the outcome of student surveys and other student engagements, and monitor action plans that could impact on the quality of the student experience.	Engagement Committee and Academic Affairs Committee consider the outcomes from student surveys and recently considered an action plan prepared by the Students about student engagement. Action Plans are developed and monitored for course where outcomes may be a cause for concern.			None
B4	The college board must have regard to the *Framework for the Development of Strong and Effective College Students' Associations in Scotland*. It must put in place robust partnership procedures (e.g. partnership agreement) to work together to achieve change and which are supported by regular and open communications.	A Partnership Agreement is in place and projects are reported on via the Engagement Committee.			
B5	The college board must encourage a strong and autonomous students' association and ensure that the students' association is adequately resourced.	HISA Perth employ 1 full-time and 2 part-time elected officers, plus 1 full time and 1 part-time permanent staff members. In addition, funding has been approved for additional resources where required and budgets have allowed, such as a communications intern.			
B6	The college board must ensure that the students' association operates in a fair and democratic manner and fulfils its responsibilities.	Regular meetings are held between HISA Perth representatives and the Chair and Principal.			
B7	The college board must review the written constitution of its students' association at least every five years.	A strategic review of the Perth College Student Association (PCSA) was undertaken with NUS in 2016-17 and was effective in enabling the Association to further develop as an autonomous and sustainable structure for 2017-18 as HISA Perth. This 5-year cycle will shortly fall for review.			

	Relevant and High-Quality Learning				
B8	The board must seek to secure coherent provision for students, having regard to other provision in the region or college's locality. The board must be aware of external local, national and international bodies and their impact on the quality of the student experience, including community planning partners, employers, skills development and enterprise agencies and employer bodies. The board must seek to foster good relationships and ensure that the body works in partnership with external bodies to enhance the student experience, including employability and the relevance of learning to industry needs.	A full review of the curriculum took place and was implemented during 2018/19 and 2019/20, which was reviewed and endorsed by Academic Affairs Committee, which takes account of the factors mentioned and national and local priorities, ensuring the College curriculum is fit for purpose and meets all stakeholder needs.			
	Quality Monitoring and Oversight				
B9	The board must ensure appropriate mechanisms are in place for the effective oversight of the quality and inclusivity of the learning experience in the college or region. The board must ensure that the college works in partnership with sector quality agencies and other appropriate bodies to support and promote quality enhancement and high-quality services for students.	Quality processes are managed by a dedicated quality team who work with other agencies to promote quality enhancement. The Audit Committee reviews all aspects of the Quality activities and actively promotes a culture of continuous improvement			
	Section C: Accountability				
	Accountability and Delegation				
C1	The board is primarily accountable to its main funder, either SFC or its regional strategic body. Through the chain of funding, the body is ultimately responsible to the Scottish Ministers who are accountable to the Scottish Parliament.	The Board delegates the operational running of the College to the Principal & CEO, who ensures delivery of all agreed funding outcomes. Progress is regularly reviewed at F&GP Committee and at Board level			
C2	The board must ensure delivery of its outcome agreement or in the case of an assigned college, its agreed contribution to the region's outcome agreement.	See Above			
C3	The board must ensure it fulfils its statutory duties and other obligations on it, and that the terms and conditions of its grant are being met.	In addition to the provisions noted above, all statutory duties are fulfilled by the Board directly or through its standing committees. In particular the statuary-required Audit and Remuneration committees are established and meet regularly. The F&GP committee reviews outcomes against commitments at each meeting.			
C4	Scottish Ministers have powers to remove by order any or all board members of an incorporated college (except the principal) or a regional board for serious or repeated breaches of a term and condition of grant.	Through board induction and ongoing development, the Board remain aware of its duties and obligations.			
C5	The board also has a wider accountability to a range of stakeholders including students (both current and prospective), its staff, the wider public, employers and the community it serves, for the provision high quality education that improves people's life chances and social and economic well-being.	All elements mentioned are addressed at the various board standing committees and directly by the board when circumstances require. The board sets the tone and agenda for the College - a central importance is given to "putting the student experience and journey at the heart of everything we do". The board is proactive in encouraging policies that facilitate active engagement and influence with all stakeholders with a view to continuously refining the fitness of the College offers to students and the wider community.			

C6	Incorporated colleges and regional boards must maintain and publicly disclose a current register of interests for all board members. Board members should declare any conflicts of interest in the business of the meeting prior to the commencement of each meeting of the board and its committees and withdraw from meetings as appropriate.	A Register of interests is updated and published on the College's web site. Declaration of interests are sought at the beginning of all Board and subcommittee meetings.			
C7	The board must ensure that its decision-making processes are transparent, properly informed, rigorous and timely, and that appropriate and effective systems of financial and operational control, quality, management of staff, risk assessment and management are established, monitored, continuously improved and appropriately impact assessed. This includes: a) the prompt production, dissemination and online publication of board/committee agendas, minutes and papers to the public b) every board meeting and every committee meeting having a well-structured agenda circulated timeously in advance c) the retention of all key documentation which help justify the decisions made by the board and its committees.	In place and covered in College's Governance Manual. Members of the Board and Committees typically receive papers a week before meetings and papers, and approved minutes are published on the College's website. Electronic and hard copies of all Board papers are retained.			
C8	The board may delegate responsibilities to committees for the effective conduct of board business. As a minimum the committees required are Audit, Remuneration, Finance and Nominations/Appointments. Delegation of responsibilities from and matters reserved to the board and its committees must be set out in a scheme of delegation including the functions delegated by the board to the chair, committees, the principal and the board secretary (and any other members of staff). Incorporated college boards and regional boards have no powers to delegate functions to an individual board member (except the chair who has no authority to act out with their delegated powers).	Delegated responsibilities are published in College Governance Manual, reviewed in June 2020 and available online.			
C9	The board must ensure every board committee has a specified member of the management team to provide objective, specialist advice to support it to discharge its remit, including by explaining in an accessible way the matters under discussion and the possible implications of different options.	All members of the Senior Management Team are in attendance at Board meetings and attend sub-committee meetings for the committees where their portfolio is relevant. Members of the College Management Team are also regularly in attendance when their specific expertise and insight is required.			
C10	The board must consider and have in place procedures to ensure effective working relationships and constructive dialogue amongst the board as a whole and ensure there are effective reporting and two-way communications between committees and the board. The board must ensure that discussions and decisions of every committee are accurately recorded and reported to the board, no later than the next meeting of the board.	In place with regular meeting cycles and standing agenda items. Minutes are prepared and circulated to the Committees between meetings, and formally approved (with any suggested amendments) at the next meeting.			
Risk Management					
C11	The board of a college or a regional body is responsible for the overall management of risk and opportunity. It must set the risk appetite of the body and ensure there is an appropriate balance between risk and opportunity and that this is communicated via the principal to the body's management team.	Audit Committee (AC) oversees the management of risk on behalf of the Board, and the full Risk Register is regularly presented to the Board for information. Board utilises a risk appetite framework shared across the UHI partnership, which is reviewed periodically.			

C12	The board must ensure that sound risk management and internal control systems are in place and maintained. It must ensure there is a formal on-going process for identifying, reporting, evaluating and managing the body's significant risks and review the effectiveness of risk management, business continuity planning and internal control systems.	Each Board Sub-Committee reviews risk in their area of responsibility at each meeting, including the review of residual risk scores and addition of new or developing risk items, and any amendments to risk areas are reported to the Board.			
Audit Committee					
C13	The Audit Committee must support the board and the principal by reviewing the comprehensiveness, reliability and integrity of assurances including the body's governance, risk management and internal control framework.	The Board receives an annual report from the Audit Committee which provide assurances on systems of internal control.			
C14	The scope of the Audit Committee's work must be defined in its terms of reference and encompass all of the assurance needs of the board and the principal. The Audit Committee must have particular engagement with internal and external audit and must work with management and auditors to resolve any issues in relation to financial reporting.	Internal Auditors attend every Audit Committee meeting and report on the internal audit plan; External auditors are routinely invited and attend most Audit Committee meetings. The Audit Committee will see and comment on Internal Audit Reports and recommendations.			
C15	The Audit Committee must promptly pursue recommendations arising from audit reports and must monitor their implementation.	Follow up reviews are taken forward with Internal Auditors and reported to Audit Committee.			
C16	The membership of the Audit Committee cannot include the board chair or the principal. The role of the college executive is to attend meetings at the invitation of the committee chair and to provide information for particular agenda items.	The Principal attend Audits Committee and provide information in their executive management capacity only, not as a member.			
C17	The Audit Committee terms of reference must provide for the committee to sit privately without any non-members present for all or part of a meeting if they so decide. The Audit Committee members should meet with the internal and external auditors without the executive team present at least annually.	The Audit Committee meets the internal and external auditors annually, without the executive team present.			
C18	At least one member of the Audit Committee should have recent relevant financial or audit experience.	A chartered accountant sits on the Audit Committee.			
Remuneration Committee					
C19	It essential that members of the Remuneration Committee understand their role and responsibilities. Members must undertake the online training module for Remuneration Committees provided by College Development Network within one month of appointment.	In place.	New members of Remuneration Committee as at September 2020 have been advised of their requirement to complete the mandatory CDN training.		
C20	The board must have a formal procedure in place for setting the remuneration of the principal by a designated committee of non-executive members. The board may wish to supplement this by taking evidence from a range of sources. In particular, staff and students should have a role in gathering and submitting evidence in relation to the college principal to the relevant committee.	The Remuneration Committee fulfils this role.	Student/staff input processes remain under review.		
C21	The board chair cannot be the chair of the Remuneration Committee (but they can be a member of it).	Remuneration Committee is chaired by the Board of Management Vice Chair.			

	Financial and Institutional Sustainability			
C22	The board is responsible for ensuring the financial and institutional sustainability of the body. The board must ensure compliance with its Financial Memorandum (either with SFC or the regional strategic body, depending on which is funding it), including in relation to incorporated colleges and regional boards, relevant aspects of the Scottish Public Finance Manual.	F&GPC receives regular reports about the College's management accounts and immediate and long-term forecasts.		
C23	The board must ensure that: • funds are used as economically, efficiently and effectively as possible • effective monitoring arrangements are in place • college staff report relevant financial matters to it.	In place via F&GPC. The Committee also receives an annual procurement report.		
C24	For colleges that are charitable organisations, board members are also charity trustees. The board of a college that is a charity must ensure its members are aware of their responsibilities under charity legislation and for complying with relevant provisions as set out by the Office of the Scottish Charity Regulator. See *OSCR Guidance and Good Practice for Charity Trustees*.	This is covered in induction for new Board members both locally and in CDN training. This will be reinforced by circulation of the linked document to all current board members.		
	Staff Governance			
C25	The college board as the employer, is responsible for promoting positive employee relations and for ensuring effective partnership between recognised trade unions and management.	Regular staff updates on HR business are provided to the Engagement Committee.		
C26	The board must have a system of corporate accountability in place for the fair and effective management of all staff, to ensure all legal obligations are met and all policies and agreements are implemented and identify areas that require improvement and to develop action plans to address them.	A range of College policies are available on the College's web site.		
C27	The board must comply with the nationally agreed college sector *Staff Governance Standard*.	Board had been unavailable of this requirement, however steps have been undertaken to address this issue, and Board Members have received a link to the Standards.	A meeting has been scheduled by the Head of HR & Organisational Development for 24 September 2020 to commence this process.	
C28	The college board must comply with collective agreements placed on it through national collective bargaining for colleges.	The Board is apprised of national bargaining matters as appropriate and regular JNC meetings are in place and reported to the Board at F&GPC. The Chair and CEO attend regular Employers Association meetings and workshops at which collective bargaining and other national issues are discussed.		

	Section D: Effectiveness				
	The Board Chair				
D1	The chair is responsible for leadership of the board and ensuring its effectiveness in all aspects of its role. The chair is responsible for setting the board's agenda and ensuring that adequate time is available for discussion of all agenda items, particularly strategic issues. The chair must promote a culture of openness and debate by: • encouraging the effective contribution of all board members • fostering constructive challenge and support to the principal, executive team and fellow board members • effective team-working • positive relations between board members. The chair must engage with the principal and the board secretary in a manner which is both constructive and effective.	Effectiveness of Board (including culture and behaviours exemplified by the Chair) were reviewed in 2020 via an External Effectiveness Review and shown to be positive.			
D2	The board and its committees must have the appropriate balance of skills, experience, independence and knowledge of the body to enable them to discharge their respective duties and responsibilities effectively.	The Board skills matrix is reviewed annually by the Chair via one-to-one meetings with all independent board members. This matrix was utilised during the recruitment of new board members in May/June 2020.			
	Board Members				
D3	Each board member is collectively responsible and accountable for all board decisions. Board members must make decisions in the best interests of the college and/or region as a whole rather than selectively or in the interests of a particular group.	Board members are aware of their responsibilities and this is covered at induction for new Board Members and is reinforced through Board development events and through board members attending CDN workshops.			
D4	Staff and student board members are full board members and bring essential and unique, skills, knowledge and experience to the board. Staff and student board members must not be excluded from board business unless there is a clear conflict of interest, in common with all board members.	HISA Perth President and one VP are nominated by HISA Perth to act as full Board member. Board positions for one teaching and support one staff members are available, however a vacancy currently exists for a teaching staff member.			Recruitment of teaching staff board member required.
D5	Where the college is a charity, all board members, as charity trustees, including staff and student board members, have legal duties and responsibilities under the Charities Act 2005. This includes registering any personal interests that could be seen as conflicting with the interests of the body. The 'objective test' for judging if there is a conflict of interest is: "… *whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice your decision making in your role as a member of a public body*".	Covered in Board Member induction. See also comments above on reinforcing understanding of OSCR requirements.			
	Principal and Chief Executive				
D6	The college board must appoint the principal as chief executive of the college, securing approval for the appointment and terms and conditions of the appointment from the regional strategic body if necessary.	In place			

D7	The college board must ensure there is an open and transparent recruitment process for the appointment. Students and staff must have an opportunity to contribute to the recruitment process.	In place.			
D8	The college board must delegate to the principal, as chief executive, authority for the academic, corporate, financial, estate and human resource management of the college, and must ensure the establishment of such management functions are undertaken by and under the authority of the principal.	In place, and noted within job description.			
D9	The college board must ensure a clear process is in place to set and agree personal performance measures for the principal. This process should seek the views of students and staff. The chair, on behalf of the board, should monitor, review and record the principal's performance, at least annually, against the agreed performance measures.	See C20			
D10	The principal, as a board member, shares responsibility for good governance with the chair and all other members of the board, supported by the board secretary. The principal also enables good governance through supporting effective communication and interaction between the body and the rest of the college including staff and students.	In place			
D11	The board provides strategic direction for the region and/or college, and the chair provides leadership to the board. The principal provides leadership to the staff of the body.	In place			
D12	The board must provide a constructive challenge to the principal and executive team and hold them to account.	In place			
Board Secretary					
D13	The board as a whole must appoint a board secretary who is responsible to it and reports directly to the chair in their board secretary capacity. The board secretary may be a member of the senior management team in their board secretary capacity, but they cannot hold any other senior management team position at the same time. The appointment and removal of the board secretary is a decision of the board as a whole.	In place. The board secretary is not a member of the senior management team and holds no other college posts.			

D14	All board members must have access to the board secretary who has an important governance role in advising the board, the committees and individual board members and supporting good governance. The distinctive board secretary role includes:
	
	• facilitating good governance and advising board members on:
	  - the proper exercise of their powers, including in relation to relevant legislation
	  - the board's compliance with its Financial Memorandum, the Good Governance Code, its Standing Orders and Scheme of Delegation
	  - their behaviour and conduct in relation to the board's Code of Conduct.
		In place. The Chair encourages direct interactions of all board members with the board secretary.
		
		The board secretary is our acknowledged expert and source of guidance on board behaviours.
		
		The board secretary is pro-active in provision of advice on the effective running of board business, and regularly participates in training and workshops to maintain effectiveness.			

	- providing clear advice to the chair and the board/committees on any concerns the board secretary may have that board members have not been given: - sufficient information - information in an appropriate form - sufficient time to monitor, scrutinise or make informed and rigorous decisions in an open and transparent way. - attending and providing support to every board meeting and every meeting of every board committee. Where the board secretary is unable to attend, while the board secretary retains overall responsibility, proper arrangements must be made to cover the role with a person who is fully able to discharge the role effectively. - having an unambiguous right to speak at board and committee meetings to convey any concerns they may have about governance. This extends to someone substituting for the board secretary. - reporting any unresolved concerns about the governance of the body to the relevant funding body (i.e. SFC or the regional strategic body).				
D15	The board must ensure the board secretary: - has suitable skills, knowledge and behaviours to carry out their role effectively - receives appropriate induction, and if new to the role, is mentored by a more experienced board secretary for at least their first year - has adequate time and resources available to undertake their role effectively.	In place.			
D16	The board must ensure arrangements are in place to deal with a board secretary's potential or real conflicts of interest.	In place - requirements on declarations of conflict of interest apply to the Board secretary as well as board members.			
Board Member Appointment, Induction and Training					
D17	For boards with responsibility for board appointments, the board must ensure a formal and open procedure is in place for recruiting and selecting new non-executive board members. Boards must have regard to all relevant Ministerial Guidance on board appointments.	Whilst the College manages the recruitment processes for new Board members, responsibility for appointment lies with the RSB. A successful recruitment process led to the appointment of 4 new Board members and 1 co-opted member in May/June 2020. The recruitment process was open, and adverts were widely placed on key stakeholder websites and Change the Chemistry, amongst others. Interview panel comprised the Board Chair, an independent Perth College Board member, Chair of UHI Court, and the Chief Executive of Colleges Scotland.			
D18	The board is responsible for ensuring appropriate arrangements are in place for the conduct of student elections and nominations, and elections of staff members to the board.	Student elections are managed by HISA and the Board receives regular briefings on the process followed and outcomes.			
D19	The chair must ensure that new board members receive a formal induction on joining the board, tailored in accordance with their individual and collective needs. The board secretary should support the chair in the provision of relevant induction for new board members.	New Board members attend CDN led induction and attend a local induction.			

D20	The board must ensure all board members undertake appropriate training and development in respect of their governance role. The board secretary should support the chair in the provision of relevant training and development opportunities for board members, which should be tailored to meet board members skills and needs. The board secretary must keep records of the development activity of board members, including the chair.	In place.			
D21	The board must ensure that new committee members receive a committee induction and have their specific training needs assessed and met.	In place via new Board member induction and as a follow up to Board member/chair 1:1s.			
Board Evaluation					
D22	Extension of the term of office of board appointments requires evidence and the board must ensure appropriate mechanisms are in place to support this.	In place – a review of the board members attendance and engagement and of the skills matrix would be undertaken before an extension to a Board Member's tenure is made.			
D23	The board must keep its effectiveness under annual review and have in place a robust self-evaluation process. There should also be an externally facilitated evaluation of its effectiveness at least every three years. The board must send its self-evaluation (including an externally facilitated evaluation) and board development plan (including progress on previous year's plan) to its funding body and publish them online.	Informal internal effectiveness takes place annually, led by the Chair. An External Effectiveness Review was conducted between March and June 2020 via the CDN bank of Reviewers, and reported to the Board meeting of June 2020.			
D24	The board must agree a process for evaluating the effectiveness of the board chair and the committee chairs. The evaluation of the board chair should normally be led by the vice-chair/senior independent member.	In place			
D25	The board must ensure all board members are subject to appraisal of their performance, conducted at least annually, normally by the chair of the board.	In place			
D26	The performance of regional college chairs will also be evaluated by the Scottish Government, as regional college chairs are appointed by the Scottish Ministers and are personally accountable to them.	N/A			
D28	The performance of assigned, incorporated college chairs will also be evaluated by the regional strategic body, as they are appointed by the regional strategic body and are personally accountable to them.	Board regularly supplies data to UHI on performance and review matters.			
Section E: Relationships and Collaboration					
Partnership Working					
E1	The board must work in partnership to secure the coherent provision of high quality fundable further and higher education in their localities.	College is in regular contact with community stakeholders to ascertain local priorities, and this is fed to Board via Academic Affairs and Engagement Committees.			
E2	The board must ensure effective consultation, local and regional planning and must follow the principles of effective collaborative working: mutual respect, trust and working towards commonly agreed outcomes.	The Board encourages renewal and reinforcement of college representation at all community levels.			

E3	The board must ensure effective partnership working with local and national bodies including businesses, public and third sector organisations to develop commonly agreed priorities following the principles of effective collaborative working.	E1			E3
E4	The board must encourage and support effective partnership working and collaboration within and across regions to address local needs and meet national priorities and specialisms.	Initiatives and changed circumstances that affect regional and national needs are regularly brought to the board for discussion and action. The Principal/CEO and others are actively engaged at various levels in Colleges Scotland.			E4

Paper 6

Committee	Audit Committee
Subject	Strategic Risk Register – updated to September 2020
Date of Committee meeting	28/09/2020
Author	Ian McCartney, Clerk to the Board of Management
Date paper prepared	21/09/2020
Executive summary of the paper	Perth College UHI's Strategic Risk Register is a live document that is managed, reviewed and updated on a regular basis, and appropriate action taken as required. The Risk Register has been reviewed by allocated sub-Committees during the current Board cycle and updated accordingly.
	Audit Committee members are asked to:
	i) Discuss the appropriateness of each Risk for the Committee;
	ii) Review the currency of the Action Plan;
	iii) Consider any additional areas of Risk not identified within the current Register, in particular any considerations related to COVID-19 impacting on areas related to the remit of Academic Affairs Committee
	with particular focus on those areas falling within the remit of Audit Committee.
	In addition, Audit Committee is invited to consider the current relevance of Risk 27 since the conclusion of the Deferred Income item and subsequent processes established, with a view to recommending a position on this issue to the Board of Management.
	All new updates within the document have been highlighted in **red**. Items in individual Risk Areas linked to COVID-19 are highlighted in **blue.** In addition, these items are cross-referenced again the main COVID-19 Risk Area 30
	There have been minor amendments/additions to actions in Risk References 1, 3, 8, 10 & 23.

Perth College UHI

Consultation How has consultation with partners been carried out?	Board Members and SMT have been consulted via discussions at sub-Committees
Action requested	☒ For information ☒ For discussion ☐ For recommendation ☐ For approval
Resource implications (If yes, please provide details)	No
Risk implications (If yes, please provide details)	Without continual review of the risk register there are potential implications that strategic objectives are not met.
Link with strategy Please highlight how the paper links to the Strategic Plan, or assist with: • Compliance • National Student Survey • partnership services • risk management • other activity [e.g. new opportunity] – please provide further information	The Strategic risk register is the core risk management tool used within Perth College UHI.
Equality and diversity Yes/ No If yes, please give details:	No
Data Protection Does this activity/ proposal require a Data Protection Impact Assessment?	No
Status (e.g. confidential/non confidential)	Non-Confidential

Perth College UHI

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

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

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

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

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

All items in red are where updates were made during the last edition of the risk register

| | | | | | | | | | | | | | CURRENT ACTION PLAN | | |
Ref	Risk Status	Strategic Category	Risk Description & Primary Sub-Committee	Causes	Impacts/ Evidence	Owner	Likeli-hood	Impact	Gross Risk	Actions to minimise risk IN PLACE	Residual Risk	Trend	Actions to minimise risk TO DO	Action Owner	Completion Date
1 *	Active	Working in partnership to meet the needs of our local economy and beyond.\n\nProviding a progressive curriculum which meets economic and social needs and aspirations.	Operations limited due to outcome of central or remote decision making reducing local impact and focus.\n\nLack of understanding or clarity of the academic partnership within our external operating environment.\n\n**Engagement**	• Collective reporting\n• Dilution of local need within decision making\n• Changes to Partnership structures/ organisation.	• Reduced student numbers.\n•Declining performance.\n• Loss of commercial potential.	Principal	4	4	16	• College Board of Management and Chair kept informed of arising issues.\n• UHI Vice Principal Further Education and Chair of Further Education Regional Board made aware of issues.\n• SMT proactive in decision making forums.\n• Perth & Kinross CPP single outcome agreement embedded in ROA.\n• Create positive working relationships with Colleges Scotland and Scottish Government.	16\n\n(4,4)	↔	• Continue to highlight as appropriate.\n• Continue to work on and implement recommendations of current Programme Board\n• Work proactively within partnership and beyond.\n• Be proactive in discussions re. future integration\n• Review metrics for measuring local engagement	Principal\n\nPrincipal\n\nPrincipal\n\nChair	Ongoing\n\nOngoing\n\nOngoing\n\nOngoing
2 *	Active	Working in partnership to meet the needs of our local economy and beyond.	Non-achievement of numbers.\n\nLow allocation of funded Student Numbers from the region.\n\nAdverse impact of Regional funding and allocation\n\nLow allocation of funded student numbers from the region\n\n**Academic Affairs**	• Lack of marketing focus\n• Intra regional competition\n• Curriculum offered does not meet demand\n• Slow conversion of application to acceptance\n• Impact of school profile and jobs market\n• Likely impacts of Brexit\n\n**COVID-19**	• Financial.\n• Reputation.\n• National appetite for increased funded numbers.\n•Reduction in EU students.\n\n**Lack of clarity re student progression**	Depute Principal Academic/ Vice Principal External/ Associate Principal	4	4	16	• Review curriculum to ensure it is up to date and fit for purpose and relevant for the identified market.\n• Maintaining engagement with applicants.\n• Well informed with strong/robust evidence/business case for local demand.\n• Strong representation on PPF for FE and HE and on the Regional FE Committee.\n• Clear understanding and management of criteria within the ROA.\n• Endorsement of Community Planning Partnership.\n• Liaise with adjoining regions, colleges and providers for out of region provision.\n• Strategic discussions with PKC Education Department on Schools/College volume.\n•Ensure student numbers align to strategic plans.\n• Identify courses with highest EU student cohorts.\n• Effective marketing plan in place.\n• Student Number Planning using more robust data\n• EREP Action Plan Implementation	16\n\n(4,4)	↔	• Revised Marketing Strategy\n\n• Curriculum Review - completed\n\n•Involvement with Tay Cities Deal	Depute Principal Academic/ Vice Principal External\n\nVice Principal External	Ongoing\n\nOngoing

Ref	Risk Status	Strategic Category	Risk Description & Primary Sub-Committee	Causes	Impacts/ Evidence	Owner	Likeli-hood	Impact	Gross Risk	Actions to minimise risk IN PLACE	Residual Risk	Trend	Actions to minimise risk TO DO	Action Owner	Completion Date
													CURRENT ACTION PLAN		
3 *	Active	Developing a successful and sustainable organisation.	Lack of International student recruitment. Lack of RUK student recruitment. Sustaining International Partnerships Student recruitment behind targets **Engagement**	• UK Regulation Registration (UKVI) • In country adverse political environment • Availability of suitable product • Marketing and attraction strategy **COVID-19**	• Loss of income. • Bad publicity. •Lack of student diversification **Likely downturn in international recruitment**	Vice Principal External	5	4	20	• Student Testimonials. • Closer links with the curriculum areas. • Working with UHI World/UHI VP International and External Engagement • Explore combined product offering between College and AST. • Delivery of Trans National Education • Protection of Tier 4 UKVI Licence • Review opportunities for employing staff in market • New International Strategy Approved by Board • Strategy is connected to UHI Sustainability Pan	20 (5.4)	↔	• Deepen and establish new relationships • Review delivery models inc commercial subsidiary • Develop exchange opportunities for students and staff • Enhance comms incl Chinese website and social channels	Vice Principal External	July 2020
4 *	Active	Developing a successful and sustainable organisation. UHI Common Risk	The institution has a poor reputation. **F&GP**	• Financial failure. • Consistent poor student experience/ performance • Contentious investment/ divestment • Predatory merger and acquisition • Breakdown in Partner and Staff relations • Confusion of brand identity re. Perth and UHI • Adverse publicity • Negative external perceptions due to internal processes (eg Consultation)	• Loss of income • Increased costs • Staff retention/ recruitment • Student retention/ recruitment. • Loss of accreditations. • Damage to reputation • Evidence of increased FOI requests on sensitive issues • Increase in referrals to ICO related to College activity	Principal	3	4	12	• Heightened awareness of causes of poor reputation. • Heightened reinforcement of the value of Perth College. • Building trust with Partners. • Effective marketing of College and UHI. • Maintain communication via employer engagement. • Annual marketing and PR Plan in place. .	8 (2,4)	↔	•Review, update and implement communications and PR strategy	Principal	Ongoing

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5 *	Active	Inspiring and supporting our students to achieve their potential. Developing a successful and sustainable organisation. UHI Common Risk	College estate not fit for purpose. **F&GP**	• Reduction of Capital Grant. • Backlog of essential maintenance. • Uncertainty of future Governance model. • Lack of available funds. • Age of current campus • Risk aversion & alternative priorities	•Estate poorly maintained • Inability to deliver a new improved estate fast enough. • Availability of classrooms and academic equipment does not match demand.	Depute Principal Academic	4	3	12	• Attracting external investment. • Backlog maintenance risk register has now been developed. • Weekly 'Walk the Campus' and engage staff – Visible Management. • Approval of identified major building projects. • Priority to increase classroom accommodation. • Update estates planning to ensure optimum use of space freed up by completion of ASW • Ensure additional funding allocated by SFC for backlog maintenance is spent appropriately. • Tender process to commission outline plans for campus options re Estates Strategy under way	9 (3,3)	↔	• Identify estates requirements. • Commission tender process for Estates Strategy	Depute Principal Academic Head of Estates	Ongoing December 2020
6 *	Active	Inspiring and supporting our students to achieve their potential.	Technology not fit for purpose. No replacement or upgrade of critical ICT and academic equipment. Heightened risk of cyber attack **F&GP**	• Changes in ICT development and technology. • Changing in Learning and Teaching practices. • Increase in network delivery of teaching. • Increased use of social networking. • Inadequate VC facilities for larger classes. • Additional requirements from curriculum development and growth. • Technological innovation. • Lack of Integrated Information Systems	• Higher investment in resources required. • Need to continually alter accommodation. • Available resources limit delivery options. •Poor student and staff feedback. • Lack of knowledge of system design • Duplication of data and processes	Vice Principal External / Depute Principal Academic	4	3	12	• Developed robust Curriculum Development Plan. • Link ICT changes in L&T practice to Estates Planning. • Review and implement working practices to optimise available space and working times through use of CELCAT Management Reports. • Operational Planning process and resource commitments system in place. • Prioritise investment required for resources for key curriculum areas. • Ongoing evaluation of VC capacity and teaching space in line with curriculum delivery plan. • ICT rolling programme of replacement • Shared licence purchases with UHI • UHI Wi-Fi Service upgrade: Continue existing Wi-Fi network service until the new service has been proved through a pilot • Bright Space implementation -*Staff training sessions ongoing throughout February* • VC Application change to Webex teams. • GDPR Training sessions: Awareness of issues around transferring data • New Operational Planning Process • Change tracker for Payroll Process	9	↔	• Rigorous approach to timetabling and utilisation of rooms. • ICT Budget and replacement. Commission tender process for integrated Finance/Payroll/ HR system	Depute Principal Academic ICT Manager Vice Principal	Ongoing Ongoing June 2021

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													CURRENT ACTION PLAN		
										• Communicate changes to staff and students • Opportunities/impetus presented by Scottish Government Digital Strategy					
7	Active	Developing staff to successfully deliver our Vision. UHI Common Risk	Disruption to services/projects and/or partnership working resulting from loss of a key staff member. **F&GP**	• Poor performance management of competence issues. • Fast pace of curriculum development. • Excessive demand on CPD. • Lack of staff capability. • Poor workforce planning. •Affordability/cost of staff	• Inability to compete. • Loss of business and reputation. • Potential requirement to buy in specialist staff •High staff turnover. •Poor staff satisfaction.	Principal	3	3	9	• CPD reports to SMT re progress against CPD targets for professional reviews, mandatory training etc • Prioritise an appropriate level of CPD investment linked to financial sustainability. • Staff Survey results and IIP Assessment Action Plan in place and monitored • Maintain Healthy Working Lives accreditation • Succession Planning • Minimisation of single-person dependencies • Cross training	9 (3,3)	↔	Improve completion levels for Mandatory Training	Head of HR & OD	Dec 2020

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8 *	Active	Developing a successful and sustainable organisation. UHI Common Risk	Research outputs are sub-standard. **Academic Affairs**	• Lack of experience and reputation •Insufficient staff time available • Not explicit in staff Partnership Contract. • Funding methodology **COVID-19**	• Inability to identify and agree appropriate projects • Research strategy not clear • REF delay = impact on funding feeding through **Postponement of Research Excellent Framework 2021 affects future funding levels**	Principal	4	3	12	• Annual Review of R&KE strategy. • Develop relationships with wider UHI colleagues. • Prioritise R&KE research activities where appropriate for REF income. • Investigate SFC Innovation Funding and maximise • Work with University SMT, Research Clusters and PKC • Tay Cities Deal developments. • Effective and purposeful operation of R&KE Committee and links to UHI structures. • Active & ongoing engagement with research organisations	9	↔	• Link with KE specialists in UHI. •.Vision 2021 and City Development Plan implementation.	Principal	Ongoing
9 *	Active	Working in partnership to meet the needs of our local economy and beyond. Developing a successful and sustainable organisation.	Missing viable opportunities for development and growth **F&GP** Tay Cities Deal: Delay in final deal due to General Election leads to	• Insufficient research. • Lack of horizon scanning. • Lack of ability to invest in opportunities. • Insufficient planning. • Being too risk averse. • Failing to develop at the required pace. • Funding allocations • Resource limitations • Changes to ESIF Funding. **COVID-19**	• Loss of share of potential market/earnings. • Loss of reputation. • Miss the market. • Stagnation of product offering. • Missed opportunities for staff. • Missed opportunities for students. • Funding criteria changes. **Uncertain future for development activities and appetite for external engagement post-Outbreak, including Tay Cities Deal** Tay Cities Deal: • Loss of capital funding	Depute Principal Academic/ Vice Principal External/ Associate Principal	4	4	16	• Effective new product development processes/reviews. • Clear review of product development processes / communication International and Home. • Collaborative UHI Partnership process in place. • Scanning and planning cycles and process communicated. • Collecting staff ideas by their involvement. • Encouraging a staff culture of enterprising behaviour. • Legislative change mapping for new courses. • Tayside RSA + H & I RSA to be used as baseline intelligence. • Flexibility in approval Cycle and proportionate responses. • Liaison with EO & UHI World to identify partnership strengths as they pertain to curriculum. • Liaison with UHI re ESIF and LUPS. • Monitor and review international opportunities and costs. International Strategy. Tay Cities Deal: Proposal passed by Board: 5-year Plan = £320k new revenue (net of allowances for costs)	16 (4,4)	↔	• Curriculum Review FE and HE. • Target international developments towards such areas where product is requested, e.g... Business Degrees • Schools Strategic Group to plan curriculum 2018-19 onwards . • DYW Group implementation. • SDS liaison and key employer contacts and stakeholders. • PPF UHI Curriculum Plan Tay Cities Deal • maintain dialogue with strategic partners	Associate Principal Vice Principal External	Ongoing Ongoing

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			issues re: funding and market value		• Loss of opportunity for developments				(red)		(red)				
10 *	Active	Inspiring and supporting our students to achieve their potential. Providing a progressive curriculum which meets economic and social needs and aspirations. UHI Common Risk	Academic quality is sub standard **Academic Affairs**	• Insufficient tracking of student. • Poor understanding of student requirements. • Product not fit for purpose. • Poor delivery. • Insufficient support for students. • Mis-selling of courses/provision. **COVID-19**	• Loss of students. • Loss of earnings. • Adverse PR and poor reputation. • Poor future recruitment. • Poor achievement and retention. **Potential confusion re approaches to progression across curriculum;** **Future students recruited at inappropriate levels**	Depute Principal Academic/ Associate Principal	3	3	9	• Student tracking programme and reviews by Student Advisers. • Heightened student focus on internal communication and training evidenced by the BRAG reporting system. • Managing student expectations. • Active listening to student voice and acting on evidenced by feedback to students. •Act on Student Survey outcomes evidenced by action planning with quality reviews. • Ensure regular/ constructive formative assessment feedback to students/ customers. • Implement Complaints Procedure in line with new legislation and refresh training. • ASW opportunities roll out. • Student Partnership Project • NSS Action Plans implemented for courses with poor results. • Appointment of Head of Student Experience. • Self-evaluation process redesigned. • Working with HISA to conduct student focus groups. • A Student Experience Committee has been convened • Ensure findings are reported on with regards to the complaints procedure and actions identified and followed up on • Quality review process redesigned (course KPIs by exception) • Identification of protected characteristics and KPIs • Student Support Review • Revamp website with regards to the services available to support learning • Regular discussion of key issues at Student Experience Committee	9 (3,3)	↔	• Complaints Review • Student funding at Regional and National level.	Depute Principal Academic	Ongoing

												CURRENT ACTION PLAN		
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11 *	Active	Providing a progressive curriculum which meets economic and social needs and aspirations. UHI Common Risk	Regional curriculum plan and delivery not aligned to local demand. **Academic Affairs**	• Fragmented ownership. • Lack of planning. • Over ambitious change in delivery methodology. • Wrong blend between online and face to face. • ESIF changes • Not fully within gift of PC UHI, need others/UHI to contribute **COVID-19**	• Lose students. • Financial risk through reallocation. • Students choose another provider. • Poor retention and achievement. • Disputed ownership/ responsibility for failings. **PKC Learner Strategy delayed post-Outbreak**	Associate Principal	3	3	9	• Influence/engage with development. • Meetings arranged with UHI Deans & subject network leaders • Keep in touch/listen to student views. • Active engagement in SMCT, QAEC and PPF. • UHI to commission research on impact of changed delivery methodologies. • Work with UHI, SDS and local stakeholders to enhance demand analysis. • Regional Outcome Agreement development and implementation. • Depute now sits on SMCT. • Vice Principal now sits on EPSC. • Associate Principal now sits on PPF • Curriculum Review under way • In liaison with PKC re Learner Strategy	9 (3.3)	↔	• Proactively engage in implementation of UHI Strategic Plan.	SMT	Ongoing
12 *	Active	Developing a successful and sustainable organisation.	Threat to Business Continuity **Audit**	• Major incident. • Pandemic. • Major fire. • Terrorist Activity. • UHI ICT loss of service. • Radicalisation	• College closure. • Reduced/loss of service.	Principal	5	5	25	• Annual Reviews of Business Continuity Plan. • Fibre ring installed. • ICT Risk Register developed and dynamic review. • Live ICT shutdown test. • Desktop exercise with CMT successfully completed. •UHI wide live exercise concluded • All actively involved in Single Policy Work Environment. • Significant increase in input to the UHI L&T Review documentation. • Business Continuity Plan reviewed around Coronavirus • Resilience team formed and meeting regularly	20 (5,4)	↔	Review non-COVID Business Continuity Plans to absorb learning from recent approaches/ solutions	Clerk	Dec 2020

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13 *	Active	Developing a successful and sustainable organisation.	Lose control of critical processes and systems through Shared Services Shared Service Model controlled by UHI EO and UHI Finance & General Purposes and University Court. **F&GP**	• Insufficient planning. • Inadequate backup. • Poor training and inadequate communications. • Loss of control of direct employees. • Reduced service level. • Additional cost. •Lag in service improvement. • Loss of control over capital investment.	• Disruption to business systems and student learning. • Increased costs.	Principal	3	3	9	• Involved in thorough planning. Members of the LIS Shared Service Board. • Member of the Shared Service Programme Board. • Maintain Perth College input into development of shared services. • Retain DH as nominated director of USSL.	9	↔	• Service Level Agreements – Staffing, Communication, Core Services (operational details to be fleshed out). • Proactive within commissioning board.	SMT SMT	Ongoing Ongoing
14 *	Active	Developing a successful and sustainable organisation.	Failure to ensure sustainability Weaknesses in internal controls/effective management review Financial monitoring reports provide insufficient detail to allow Board to track the delivery of key strategies **F&GP**	•Change in Government control/legislation. •Ongoing Implications of ONS	• Unable to plan longer term. • Unable to save to invest in larger projects. • Capital Expenditure programme halted since depreciation cash equivalent no longer available. • Potential deferral of income out with reporting periods	Principal	3	5	15	• Lobbied Colleges Scotland providing evidence of unintended consequences. • Staff professionally updated in public sector accounting. • Raised issues with SFC and Scottish Government. • Constantly review as clarification of rules continues to roll out Links to Audit Action Plan	15 (3,5)	↔	• Keep abreast of interpretation and updates. • Maintain awareness. •Involvement with sector, Colleges Scotland and SFC working groups.	Vice Principal External	Ongoing Ongoing
15 *	Active	Developing a successful and sustainable organisation. UHI Common Risk	Financial failure/operating loss. Inability to achieve a balanced budget. **F&GP**	• Lack of student numbers. • AST under performance. • Reduction in commercial income. • Relaunch in international recruitment. • Underfunding of student support. •Dilution of unit of resource by increase in fees only students, top-slice etc.	• Increased competition. • Reduced funding available to invest or cover operational costs. • Strategic imperatives not met. •Reduction in quality of delivery/student experience.	Principal	4	5	20	• Excellent internal control systems. • Ongoing dialogue re UKVI (Link to AST Risk Register) • Increased forecasting. • Flexing targets where appropriate. • Close working with sector and UHI partners	16 (4.4)	↔	• Review of International Recruitment Strategy. • Review Business Development Strategy	Principal Vice Principal External	Ongoing July 2020

										CURRENT ACTION PLAN		

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				COVID-19	**Financial impact of reduced student numbers, delayed Consultation process, commercial income, etc**										
16 *	Active	Developing a successful and sustainable organisation. Developing staff to successfully deliver our Vision.	National Pay Bargaining unaffordable **F&GP**	• National bargaining has local consequences. • Agreed pay awards unaffordable for individual college.	• Loss of autonomy. • Risk of national strike. • Lack of sector agreement of mandate for negotiations. • Lack of additional funding for sector pay claims.	Principal	4	4	16	• College membership of national forums via Chair and Principal. • Attend Colleges Scotland HR & OD Group and keeps abreast of national bargaining and workforce of the future developments and how these will affect the College.	16 (4,4)	↔	• Continue to participate in national bargaining. • Contribute to thinking on Workforce of the Future. •Engage fully with Colleges Scotland	Principal	Ongoing
17	Active	Developing a successful and sustainable organisation.	Non-compliance of Statutory Health and Safety Legislation and Equality Legislation **Audit**	• Introduction of amendments to existing legislation or new unforeseen and unplanned legislation. Failure to comply with Equalities Duties and contingent statutory reporting	•Introduces financial and staffing resources to administer. • Legal Action. • Risk to Business Continuity. • Financial fines. • Reputational damage.	Depute Principal Academic	5	4	20	•Produced and implemented a detailed Health and Safety Operational Risk Management Register. Updated quarterly and reviewed by Audit Committee every 6 months. • Produce Annual Report on Health and Safety. • Internal audit actions/recommendations achieved. • Equalities Outcomes and Mainstreaming Report. • Regular review of HSE publications, website and notifications. • Health and Safety Management System annual review • Equality & Diversity lead appointed July 2019, with specific initial focus on statutory reporting requirements • Completed Equalities Mainstreaming action plan	16 (4,4)	↔	• Plans in place to enforce completion of Compulsory H&S training	Head of HR	Dec 2020

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18	Active	Developing a successful and sustainable organisation.	Implication of outcome of EU Referendum Leading to: Loss of EU Funding. Decrease in overseas (EU) students. Loss of EU national staff. **F&GP**	•Lack of numbers. •Students wishing to study within EU •Economic and fiscal uncertainty over EU exit. •Staff uncertainty	•Reduced numbers of students/staff •Loss of commercial potential. •Loss of EU funding	Principal	5	4	20	• Keep up to date with info flow. • Lobby through Colleges Scotland and Universities Scotland to increase funding to compensate. • Understanding the status of EU residents. • Use next two years productively as planning. • Look at opportunities, e.g. Increased fees. • Scottish Government Extension of free tuition for EU students	15 (5,3)	↔	• Scottish Government looking to protect Erasmus + programme		Ongoing
19	Active	UHI Common Risk	College does not achieve allocated HE student number targets **Academic Affairs**	Failure to recruit sufficient students due to various factors such as: over ambitious PPF target, poor marketing, curriculum gaps, poor NNS results etc. **COVID-19**	Reduction of income from UHI, regional student number target at risk resulting in possible claw back to SFC from UHI in year or reduction in future years grant. **Financial impact of reduced student numbers**	Depute Principal Academic/ Associate Principal	5	4	20	•Review curriculum to ensure robust and up to date. •Continue close partnership working within UHI. •Ongoing dialogue with PPF and academic partners. •Plan, monitor and review student numbers/applications.	20 (5,4)	↔	• Implementation of Curriculum Review	Depute Principal Academic	Ongoing
20	Active	UHI Common Risk	College does not achieve allocated FE Credit targets. **Academic Affairs**	Failure to recruit sufficient students due to various factors such as: over ambitious target, curriculum gaps, ineffective marketing and engagement with local schools/ employers. **COVID-19**	Reduction of income from UHI, regional student number target at risk resulting in possible claw back to SFC from UHI in year or reduction in future years grant. **Financial impact of reduced student numbers** **Potential for specific courses to be paused/ Discontinued**	Depute Principal Academic/ Associate Principal	5	4	20	•Review curriculum to ensure robust and up to date. •Develop external partnerships with schools. DYW and employers. •Plan, monitor and review student numbers/applications.	20 (5,4)	↔	• Implementation of Curriculum Review	Depute Principal Academic	Ongoing

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21	Active	UHI Common Risk	Non-compliance with relevant statutory regulations. **Audit**	Lack of awareness of relevant laws and penalties. Management failures. E.g. new General Data Protection Regulation from 25th May 2018, Bribery Act, Health and Safety Regulations, PREVENT legislation etc.	GDPR will provide new rights for individuals and impose additional obligations on data controllers and processors. GDPR will also introduce an increased penalty framework for non-compliance/ data breaches and includes new requirements for authorities to ensure that they maintain evidence to demonstrate compliance with the Law. Potential requirement for disclosure of technical non-compliance discovered via reporting and internal/external audit (eg accounting procedures, data protection, payroll, settlement agreements, pensions, procurement, etc)	Depute Principal Academic	4	3	12	•Robust governance policy. •Robust management policies, procedures and systems in place. •Dedicated Health & Safety officer. •IT/Data Protection staff in place. •Mandatory staff training. •Close working relationship within UHI. •GDPR Implementation Plan • GDPR policies and procedures agreed.	6 (2,3)	↔	• Continuous update and reinforcement of GDPR policies and procedures. Ensure compulsory training is conducted across organisation	Principal Head of HR	Ongoing June Board
22	Active	UHI Common Risk	Governance Failure. **Audit**	Governing body does not have an appropriate balance of skills and experience. Role of a governor/director is onerous and it is difficult to attract a broad range of high calibre individuals to serve for non-remunerated roles. Board members not provided with enough support or	Challenge to recruit new Board Members High turnover of Board Members Action Plans arising from recent Audits are not sufficiently monitored and reported	Chair, BoM	3	3	9	•Recruitment process robust, transparent and open. •Skills matrix approach in place. •Networking/proactively encouraging diversity of applicants • Robust Action Plan falling out of various Audit Reports produced	3 (1,3)	↔	Successful recruitment of new Board Members June 2020 – Induction process to be completed Audit Action Plan in place with robust monitoring system	Clerk Chair, BOM	Aug 2020 Ongoing

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				information to fully discharge their responsibilities	Failure to comply with Code of Good Governance				12		12 (green)				
23	Active	UHI Common Risk	Poor Student Experience **Engagement**	Poor college estate. Dispersed campus with limited facilities for social interaction. Technology failures. Limited teaching/library resources. Societal issues around Digital Poverty **COVID-19**	Poor performance in national student satisfaction surveys. Reputational damage. Impact on ability to recruit future cohorts. Risk to core income streams. **Likely down-turn in Survey scores due to lack of contact time from March 2020**	Depute Principal Academic	4	3	12	•Partnership approach with HISA •Continuous student engagement, feedback and dialogue. •Ongoing Estate Maintenance and minor Refurbishments • Completion of Scottish Government information survey around COVID local outbreak responses	12 (4,3)	↔	• Identify estates requirements. • Commission tender process for Estates Strategy	Depute Principal Academic Head of Estates	Ongoing December 2020
24	Active	UHI Common Risk	Institutional, personal and sensitive data is corrupted, lost, stolen or misused or services are disrupted through malicious and illegal activities by external individuals or bodies. **F&GP**	Poor IT security measures. Equipment with security holes. Poor patching regime. Anti-virus is not up-to-date and comprehensive. Firewalls are configured incorrectly. Coordinated DDOS attack on university infrastructure. Increasing number of security alerts. DDOS attacks on UK academic institutions up to 527 in 2015 - Janet CSIRT. Increase in cyber-attacks such as ransomware	Information Commissioner fine of up to £500k. Adverse press coverage. Loss of confidence by regulators, stakeholders and HE sector. Ransomware encryption has been detected on UHI network.	Principal	4	4	16 (red)	•Firewalls and filters updated regularly. •Anti virus software on all corporate devices. •UHI protocols applied and adhered to. •Passwords changed regularly.	12 (3,4)	↔	• Monitoring of UHI wireless network hardware and process	ICT Manager	Ongoing

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				reported in national media.											
25	Active	Developing a successful and sustainable organisation **F&GP**	Financial failure of commercial subsidiary	Non-compliance with governance, financial and legal processes and procedures. **COVID-19**	Contracts signed without required approvals. Failure to consult with College SMT and AST Board **Poor outlook due to worldwide collapse in aviation market**	Vice Principal External	4	5	20	• AST management structure reviewed. • Interim Manager in place. • Policies identified • Best practice adhered to • College Governance applied. • Advice given to AST Management Team • General Manager appointed • Going Concern work prioritised • Job Retention Scheme/Salary Holidays/Rent Reduction to reduce costs while not trading	20 (4,5)	↔	• 2020/21 Business Plan reviewed once return dates are confirmed	Vice Principal External	31 August 2020
26	Active	Developing a successful and sustainable organisation **Audit**	Failure of payroll systems & procedures results in non-compliance with standards	Lack of integrated HR, Payroll and Finance systems	Recorded instances of erroneous NI payments Incorrect reporting of pensions liabilities and tax payments arising from erroneous NI payments Staff dissatisfaction with issue and/or steps taken to rectify	Vice Principal External	5	3	15	• Internal Audit Action Plan commissioned and partially actioned • Affected staff informed of issue and steps being taken to rectify and recompense • Amended 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 • Strengthened controls around variations to staff salaries on the payroll system to reduce the opportunity for unauthorised entries to be added to the tracker and inadvertently processed • Introduced 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.	12 (4,3)	↔	• Review recruitment & induction processes • Compliance with relevant areas of Audit Action Plan	Head of HR & OD Head of HR & OD	June 2020 Ongoing

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										• Internal Audit commissioned to conduct evaluation of pensions and tax payments • Voluntary HMRC Disclosure made					
27	Active	Developing a successful and sustainable organisation	Deferred Income decision rescinded/ amounts overstated **F&GP**	Processes undertaken to determine level of Deferred Income interpreted by SFC as not permissible	Monies allocated for spend by March 2020 in accordance with SFC guidelines no longer available Rescinding/ downward revision of amounts accounted for could lead to significant shortfall in 2019/20 budget	Principal	2	5	10	• Approach agreed with External Auditor re treatment of deferred income on grounds of non-materiality • Discussions conducted with SFC to carry over 2018/19 surplus into 2019/20 • Board instructed that SFC be informed of intention to utilise fund by exception • Funds invested in College Estate during 2018/19 to ensure maximum utilisation	10 (2,5)	↔	• Review systems to ensure that income released at milestone delivery	Vice Principal External	31 July 2020
28	Active	Developing a successful and sustainable organisation	Procurement processes are not fully compliant with regulations **F&GP**	Internal processes not suitably robust	Contracts register incomplete	Vice Principal External	4	3	12	• APUC provision of remote services from November 2018 • Contracted member of APUC staff engaged by College from July 2019 • Procurement Strategy updated • Procurement Policy updated	6 (2,3)	↔	• Compliance with relevant areas of Audit Action Plan	Head of Finance	Ongoing

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29	Active	Developing a successful and sustainable organisation	Insufficient levels of Asset Management are in place **F&GP**	Lack of systems/controls to record and manage changes to Asset Register	Asset Register not complete Creates difficulty in producing accurate accounts	Vice Principal	4	3	12	• Current Asset Register reviewed and weaknesses identified • Comparative analysis within sector conducted	12 (4,3)	↔	• Update Asset Register • Review Financial Regulations	Head of Finance	June 2020

Ref	Risk Status	Strategic Category	Risk Description & Primary Sub-Committee	Causes	Impacts/ Evidence	Owner	Likeli-hood	Impact	Gross Risk	Actions to minimise risk IN PLACE	Residual Risk	Trend	Actions to minimise risk TO DO	Action Owner	Completion Date
30	Active	Developing a successful and sustainable organisation	Impacts of COVID-19 on Student Experience, Financial Sustainability & Operational Management **Board of Management**	Full student experience not able to be delivered Issues caused re curriculum Reduced income received from student numbers Reduced income received from commercial activities Operational difficulties through extended social distancing measures, including classroom capacity levels and Residences occupancy levels	Lack of clarity re student progression (Ref 2) Likely downturn in international recruitment (Ref 3) Likely downturn in Survey scores due to lack of contact time from March 2020 (Ref 23) Confusion re approaches to progression across curriculum and potential new regulations on assessments (Ref 10) Future students recruited at inappropriate levels (Ref 10) Potential for specific courses to be paused/ Discontinued (Ref 20) Postponement of Research Excellent Framework 2021 affects future funding levels (Ref 8) PKC Learner Strategy delayed post-COVID (Ref 11) Uncertain future for development activities and appetite for external engagement post-Outbreak, including Tay Cities Deal (Ref 9)	Principal	5	4	20	• Principal meeting regularly with UHI/sector • Active lobbying of key agencies re continued sector funding • Use of Government Job Retention Scheme where appropriate • Sector Heads analysing options for teaching & learning in Academic Year 2020/21 • Continued contact with commercial partners • Short Life Working Group established to plan Return To Work arrangements	20 (5,4)		• Continue recruitment online • AST Board meeting regularly to manage cashflow and identify new business • Estates to consider impact of social distancing measures on campus • Exploration of contingencies at SMT/CMT level	Marketing AST Board Estates Principal	Immediate

Ref	Risk Status	Strategic Category	Risk Description & Primary Sub-Committee	Causes	Impacts/ Evidence	Owner	Likeli-hood	Impact	Gross Risk	Actions to minimise risk IN PLACE	Residual Risk	Trend	CURRENT ACTION PLAN		
													Actions to minimise risk TO DO	Action Owner	Completion Date
					Financial impact of reduced student numbers, delayed Consultation process, likely reduction of international income/AST surplus/etc (Ref 15, 19,20) Poor outlook for AST due to worldwide collapse in aviation market (Ref 25)										

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

LIKELIHOOD CRITERIA   TIMESCALE 3 YEARS

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

IMPACT CRITERIA   TIMESCALE 3 YEARS

Score	Descriptor	Financial	Operational	Reputational (need to link to communications process for incident management)
5 - Catastrophic	A **disaster** with the potential to lead to: • loss of a major UHI partner • loss of major funding stream	> £500,000 or lead to likely loss of key partner	• Likely loss of key partner, curriculum area or department • Litigation in progress • Severe student dissatisfaction • Serious quality issues/high failure rates/major delivery problems	• Incident or event that could result in potentially long term damage to UHI's reputation. Strategy needed to manage the incident. • Adverse national media coverage • Credibility in marketplace and with stakeholders significantly undermined.
4 - Major	A **critical** event which threatens to lead to: • **major** reduction in funding • **major** reduction in teaching/research capacity	£250,000 - £500,000 or lead to possible loss of partner	• Possible loss of partner and litigation threatened • Major deterioration in quality/pass rates/delivery • Student dissatisfaction	• Incident/event that could result in limited medium – short term damage to UHI's reputation at local/regional level. • Adverse local media coverage • Credibility in marketplace/with stakeholders is affected.
3 - Significant	A **Significant** event, such as financial/ operational difficulty in a department or academic partner which requires additional management effort to resolve.	£50,000 - £250,000	• General deterioration in quality/delivery but not persistent • Persistence of issue could lead to litigation • Students expressing concern	• An incident/event that could result in limited short term damage to UHI's reputation and limited to a local level. • Criticism in sector or local press • Credibility noted in sector only
2 - Minor	An **adverse** event that can be accommodated with some management effort.	£10,000 - £50,000	• Some quality/delivery issues occurring regularly • Raised by students but not considered major	• Low media profile • Problem commented upon but credibility unaffected
1 - Insignificant	An **adverse** event that can be accommodated through normal operating procedures.	<£10,000	• Quality/delivery issue considered one-off • Raised by students but action in hand	• No adverse publicity • Credibility unaffected and goes un noticed

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

RISK MAP (for Gross risk & residual risk)   **TIMESCALE 3 YEARS**

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

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

Paper No.7

Committee	Audit Committee
Subject	Health and Safety Report 2019/20
Date of Committee meeting	28/09/2020
Author	Ian Bow (Health, Safety & Wellbeing Adviser)
Date paper prepared	21/09/2020
Executive summary of the paper	Report on health and safety performance for the academic year 2019/20
Consultation How has consultation with partners been carried out?	Yet to be seen by H&S Committee
Action requested	☐ For information only ☐ For discussion ☐ For recommendation ☒ For approval
Resource implications (If yes, please provide details)	No
Risk implications (If yes, please provide details)	No Click or tap here to enter text.
Link with strategy Please highlight how the paper links to the Strategic Plan, or assist with:	Annual reporting compliance

Perth College UHI

• Compliance • National Student Survey • partnership services • risk management • other activity [e.g. new opportunity] – please provide further information	
Equality and diversity Yes/ No If yes, please give details:	No
Island communities Does this activity/ proposal have an effect on an island community which is significantly different from its effect on other communities (including other island communities)?	Yes/ **No** If yes, please give details: Click or tap here to enter text.
Data Protection Does this activity/ proposal require a Data Protection Impact Assessment?	No Click or tap here to enter text.
Status (e.g. confidential/non confidential)	Non Confidential
Freedom of information Can this paper be included in "open" business?*	Open

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

Perth College UHI

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

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

Further guidance on application of the exclusions from Freedom of Information legislation is available via:

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

Annual Health, Safety and Wellbeing Report

Academic Year 2019-2020

Contents

Introduction

The purpose of the Annual Health, Safety and Wellbeing report is to give board members, senior management and all stakeholders an understanding of health, safety and wellbeing arrangements and to provide assurances on the adequacy of health, safety and wellbeing measures in place. This report is a statement of Perth College UHI health and safety management for the academic year 2019/20 and its intentions going forward for 2020/21 and beyond.

Perth College employs over 500 staff and more than 8000 students. Campus. We recognise staff as our greatest asset. We are dedicated to investing and developing a skilled and motivated workforce in order to achieve successful health and safety.

This report sets out key health and safety control measures and systems to minimise risk and ensure the health, safety and wellbeing of its staff, students and visitors. Perth College is committed to continual improvement of health and safety. The contents provide a review of management arrangements, health and safety activities and lessons learned in this reporting period.

To achieve the aim, the College Safety Management System follows the principles of Health and Safety Executive document, HSG65. The College endeavours to proactively and effectively:

- Identify safety hazards and risks
- Implement controls and safety measures
- Prevent workplace health and safety incidents
- Respond to, report and document such incidents
- Prevent future incidents from happening

Four Key Stages of HSG65

1. PLANNING - Setting Policy and formulating a Safety Plan
2. DOING - Delivering the Safety Plan
3. CHECKING - Measuring Performance, i.e. monitoring
4. ACTING - Reviewing Performance and acting upon lessons learnt to feed back into Stage 1.
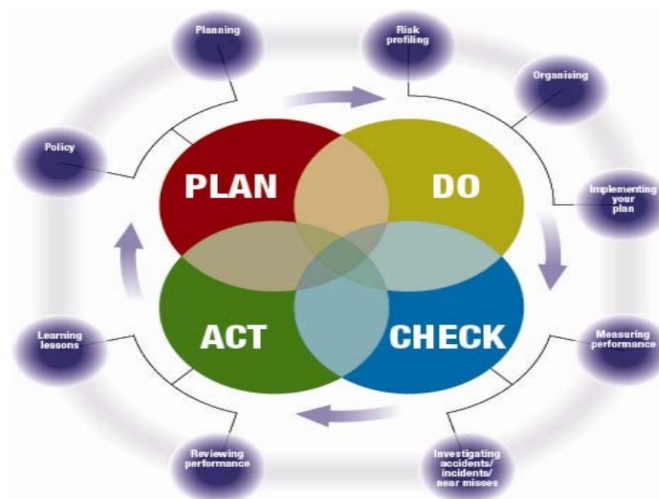
Executive Summary

The 2019-20 year saw unprecedented changes to Perth College UHI with the impact on a pandemic placing significant challenge on the way we deliver our core business and how our staff and students alike reacted to a lockdown and then continued uncertainty.

In the first half of the academic year there was the constant challenge of looking to embed Health and Safety within our daily work, and business as normal meant that a number of internal audits and reviews took place, policies were reviewed and we continued to look to create a culture of Health and Wellbeing within the College. Then from the start of 2020 the focus changed to an evolving situation where Heath, Safety and Wellbeing became a focused priority. There was a rapid shift to home working and the College responded well to these demands, by ensuring staff were equipped as much as possible to work from home. A small number of staff were required to ensure that the closed College buildings were maintained and then the process of planning to reopen started.

The level of communication required to ensure that staff were updated and reassured against an ever-changing backdrop of Scottish Government guidance, along with unprecedented speed necessary to ensure risk assessments were in place cannot go un-noted. Nor can the level of review or support given by the College's Health, Safety and Wellbeing Advisor. The College's Trade Unions have also played a vital role in providing challenge and support to allow us to reopen the essential elements of the College and give both students and staff the confidence to return.

By the end of the 2019-20 academic year we were in the final stages of preparing to welcome our students back who need to complete practical work to conclude their studies and then start to welcome our new and returning students. The expectations for the coming year are still through a blended learning model and so we need to prepare for new and additional challenges that this may bring.

1.   Health and Safety Management

1.1   Policy

The overarching document for Health and Safety is the Health and Safety Policy which is reviewed annually. It is divided into 3 parts. Part 1 is the Statement of Intent which is signed by the Principal and Chief Executive and the Chair of the Board in October each year. It lays out in broad terms the criteria for health and safety management.

Part 2 identifies the responsibilities and organisational structure to implement the policy.

Part 3 contains the arrangements and further identifies guidance and instruction on how health and safety is to be effectively implemented and includes:

- Accident, Incident and Dangerous Occurrences Reporting
- Asbestos
- Control of Contractors
- Display Screen Equipment (DSE)
- Drugs and Alcohol
- Fire and Emergency
- First Aid
- Health and Safety Training
- Health Surveillance
- Inspection and Audit
- Lone Working
- Manual Handling
- New and Expectant Mothers
- Noise at Work
- Permits to Work
- Personal Protective Equipment (PPE)
- Risk Assessment
- Smoking
- Stress
- Substances Hazardous to Health (COSHH)
- Vibration at Work
- Welfare
- Work at Height
- Work Equipment

The Health and Safety Policy is the foundation for addition policies, procedures and guidance which were reviewed this academic year and include:

- Asbestos Policy
- Control of Substances Hazardous to Health Policy
- Driving for Work Policy
- Drug and Alcohol Policy
- Display Screen Equipment Policy (New Document)
- Electrical Safety Policy
- Fire and Emergency Procedure
- Health Surveillance Policy (New Document)
- Lone Working Policy

- Managing Contractors Policy
- Manual Handling Policy
- Noise at Work Policy
- Smoking Policy
- Stress Management Policy
- Vibration at Work Policy
- Water Management Policy
- Work at Height Policy

1.2 Planning and Implementation

Planning for continuous improvement of health and safety is key to prioritising actions. One of the main areas for improvement is developing staff competencies to enable them to fulfil their role. Training needs were identified through audits and inspection of records, action plans developed and an internal training programme drafted to accommodate those requirements. Due to the Covid crisis, the training programme was suspended with limited training conducted online.

Further work continues with the standardisation of health and safety documentation, processes and procedures. Other areas identified for actions were the development of departmental inspections and reporting, increased internal audits and raising awareness of health, safety and wellbeing.

Planning for return to Campus with easing of restrictions and has been ongoing since May. It continues to ensure a Covid safe environment to work and study. The process has been challenging for all staff and students and their endeavours to keep up to date with guidance from various sectors and governments.

1.3 Cooperation and Communication

Cooperation between college management, academic and support staff and students is maintained through the Health and Safety Committee which is chaired by the Head of HR and Organisational Development. The Committee met on 4 occasions during the academic year, twice face to face in College and twice on video conferencing due to Covid-19 restrictions.

Students and staff are represented on the committee by the Trades Unions and HISA. Trade Union representation remains an important part of the management system and the college management support them in their valued contributions toward improving the health, safety and welfare of our staff.

Communication of health, safety and wellbeing is primarily via the college intranet and departmental and team meetings. Work is ongoing to upgrade the intranet and develop the health, safety and wellbeing homepage in order to provide access to additional advice, guidance and resources.

1.4   Training and Competence

Developing staff of all grades to a level commensurate with their role, responsibilities and abilities is an imperative. A training needs analysis was conducted to identify which training differing grades of staff should have.

A member of Senior Management and the Board member on the Health and Safety Committee have completed IOSH Safety for Executives and Directors training programme.

8 members of the management team, including Heads of Departments and Sector Development Directors are enrolled in the IOSH Managing Safely training programme

In house training continues although planned courses have been postponed due to the Covid crisis. Courses postponed included, Accident Investigation, COSHH Assessor, Display Screen Equipment, Manual Handling and Risk Assessor. These events will be rescheduled either face to face or online wherever practicable.

Training conducted in the reporting period is detailed below.

18 staff - First Aid at Work Refresher

5 staff - First Aid at Work Requalification

4 staff - First Aid at Work

7 staff - CPR and AED Refresher

2 staff - Emergency First Aid at Work

5 staff - COSHH Risk Assessor

51 staff – Risk Assessor (from June to July 2020, basic training on video conferencing)

Departments and Curriculum areas have been requested to nominate 2-3 risk assessors from each area for full day certificated risk assessors training course.

Mandatory online training is a continual process. It was identified that uptake of online training was low and a push to promote staff requirement to complete training has been ongoing. Staff were asked to complete a number of mandatory trainings in January 2020 and completion rates are as set out below.

External training providers are utilised for specific training needs that cannot be met in-house.

Course name	29/01/2020	17/02/2020	25/02/2020	18/05/2020	19/08/2020
Bribery Act v.1	28%	56%	58%	78%	88%
Bullying and Harassment Part 1 v.1	20%	50%	53%	74%	85%
Data Protection (GDPR) v.1	32%	58%	61%	80%	88%
Diversity in the Workplace v.1	18%	48%	51%	72%	83%
Health and Safety Part 1 v.1	17%	40%	43%	65%	79%
Health and Safety Part 2 v.1	18%	47%	50%	72%	81%
Safeguarding in FE Colleges v.1	21%	49%	52%	74%	84%
Stress Management for All Staff v.1	23%	51%	53%	74%	84%

2   Audit and Review

2.1   Internal Audits

During this reporting period, 5 internal audits of Curriculum areas have been conducted by the Health, Safety and Wellbeing Adviser (HSWA). Further audits and re-audits were planned but again postponed due to the Covid crisis. Internal audits will be reinstated when the College returns to business.

Compliance is measured against a set of questions relating to Health and Safety Management Arrangements, Health and Safety Information, First Aid, Accident, Incident, Near Miss Reporting, Plant, Equipment and Machinery Safety, Electrical Safety, Personal Protective Equipment, Fire Safety, Housekeeping, Storage and Welfare and Traffic Management.

Internal audits are scored, given a percentage of total available score and graded as indicated below.

Score - Action Response	Score - Ranking Range	
RED: Non compliant with a large number of significant observations.	0%	59%
AMBER: Partially compliant with some major observations.	60%	74%
YELLOW: Mainly compliant with some minor observations	75%	89%
GREEN: Fully compliant with possibly some minor observations	90%	100%

The areas audited have achieved the following grades:

- Nursery, Yellow, 85%
- Auto Engineering, Amber, 70%
- Creative Industries, Amber, 69%
- Music and Music Business, Yellow, 78%
- Audio Engineering and Theatre Arts, Amber, 73%,

Action plans are created from the findings of the audit and each area is responsible for prioritising and resolving any issues identified. Advice and support, and guidance is provided by the HSWA and management.

2.2   External Audit

In May 2020, Henderson Loggie conducted a number of audits within the College and included Health and Safety. This was conducted remotely due to the Covid crisis and a draft report submitted in early July. The final report and agreed action plan is being considered at the first meeting of the Audit Committee in the 20/21 cycle and the October 2020 Health and Safety Committee. Progress is already underway to complete the required actions.

2.3   Departmental Health and Safety Reporting

All departments and curriculum areas are required to report on a monthly basis to the HSWA their performance in respect of health and safety. The reporting form highlights activities taking place within the area during the monthly reporting period. Information

required includes the number of accidents, incidents and near misses reported and investigated, number of risk assessments completed or reviewed in the period, number of internal workplace inspections and audits, staff training, new risks or hazards identified and any accomplishments achieved.

Although there are some reporting issues due to clarity of information sources, most areas were providing the required report. Departmental reporting will also resume on return to campus.

2.4   Departmental Health and Safety Inspections

Each Department and Curriculum area is also required to conduct and record internal inspections on a frequency determined by the level of risk within the area. Where the main activities are administration or classroom learning and teaching, the risk level is low and they submit an inspection report once a year. Where the level of risk is high, workshops, construction etc., the are to submit a report each semester. Where negative issues are raised, the dept/area is required to action any issues.

The inspection reports are copied to the HSWA who then refers to the report when conducting inspections or audits to ensure compliance to College procedures. This is an ongoing process with only a small number of non-reporting.

3   Monitoring Performance

3.1   Proactive and Reactive Monitoring

The College conducts Proactive Monitoring through the use of workplace safety inspections, departmental reporting and internal and external audits. The benefit is we can gather performance data and enable corrective actions to be taken before a failure in the management system.

Reactive Monitoring is conducted by measuring and evaluating what has already happened and taking actions to reduce the likelihood of the event happening again or reduce the consequences. The College monitors accidents, incidents, ill-health, sickness absence rates, number of reported near miss events and property damage incidents, etc.

3.2   Key Performance Indicators

The previous annual report stated the College would gather performance data to form base line figures for the Key Performance Indicators (KPI's) to be reviewed at the Health and Safety Committee. With the advent of the current crisis, some of the data would be for only two thirds of the academic year.

The Health and Safety Committee were requested to consider what KPI's would provide the most meaningful data to determine the health and safety performance. The College would also compare with other establishments in the partnership and across Scotland.

Proposed KPI's and indicative targets are:

Action	2019/20	Target for 20/21
Number of Leaders having completed IOSH Leading Safety training.	2	Higher than 2
Number of CMT members and identified staff having completed IOSH Managing Safely training.	3	More than 6
Number of staff having completed mandatory health and safety training.	Average 84%	90%
Number of departmental safety inspections (target 2 per annum).		2 per annum
Number of Internal Audits conducted against plan.		All planned
Number of Internal Audit actions closed and completed.		90%
Number of Managers' safety inspections against plan.		All planned
Number of staff health and safety suggestions implemented	N/A	75%
Number of false Fire Authority emergency calls avoided.	3	0
College sickness absence within agreed levels (average sick days per head)	7.88	5.9
College turnover levels within agreed levels	26%	20.5% or under
Number of fire drills carried out within agreed timescales	6	10
TRIR (total recordable incident frequency rate) Hrs worked x incidents recorded.	TBC	
Number of near miss reports.	2	Min 20
Number of lost time accidents.	1	0
Total number of working days lost due to accident/injury /ill health	4048.50	10% lower
Number of RIDDOR reportable accidents and ill health.	0	0
Number of contractor accidents on site.	1	0
Number of safety related insurance claims.	0	0
Staff sickness absence due to work related stress.	TBC	
Staff sickness absence due to musculoskeletal disorders.	TBC	
Number of risk assessments outwith review period.	TBC	

Data shall be collected and analysed and presented to the Health and Safety Committee for consideration in October with a view to accepting the available figures as a baseline. A decision shall also be made on an agreed annual improvement or completion target as compared to the target figure set for the following year.

3.3   Accident, Incidents, Near Misses

Reporting of accidents and incidents has improved as noted previously due to raising awareness. The reporting of near misses falls short of what would be expected with anecdotal evidence suggesting may people assume if they are not injured, there is no need to report. Emphasis going forward shall be the requirement and obligation to report such incidents.

Reported Accidents and Incidents are sent electronically to the HSWA who enters the details onto a spreadsheet. The information is reported quarterly to the Health and Safety Committee and the Annual figures are detailed in Appendix 1.

There were 2 reported near misses in this reporting period, one of which was adjusted to a Dangerous Occurrence.

3.4   Sickness Absence

The cumulative sickness absence rates for the College for 2019/2020 have increased compared to 2018/2019. This was identified early on in the 19/20 year and it was felt that the total number of sickness days would be more in line with previous years.

CIPHR	2017/2018 (full year)		2018/2019 (full year)		2019/2020 (full year)	
	Total Sick Days	Average Sick Days per Head	Total Sick Days	Average Sick Days per Head	Total Sick Days	Average Sick Days per Head
Management	118.5	5.38	15	0.6	35	1.95
Support	2385.75	9.21	1908	5.9	3161.5	12.65
Academic	1031.5	5.67	1011	4.5	852	3.46
Total	3538.25	5.51	2934	5.19	4048.5	7.88

2019/20 has been a challenging year for Perth College in relation to sickness absence due to the number of staff who have been off with long term sickness absence and also COVID19 had had an impact.

The College is following the trend seen with an increase of staff reporting mental health absence and we are looking at ways we can support staff further.

A new subgroup of the Health and Safety Committee has been created to look at Health and Well-being and this will start and look specifically at Stress initially.

3.5   Fire Safety

Fire Risk Assessments for the Brahan, Goodlyburn, Webster, Nursery, ASW and Residences were conducted in January 2020. Assessment findings were discussed between the HSWA and Estates Officer where actions plans were put in place. Outstanding issues from the previous assessments have been raised and hastened.

Emergency Fire Fighting Equipment was inspected with replacement equipment replacing out of date or inspection in February. Fire alarm testing, emergency lighting and servicing schedules remain in place and were tested during the lock down period.

Modern fire doors have replaced the older doors of the training kitchens on level 3 in Brahan, meeting the standard required.

There have been 3 recorded visits by the Scottish Fire and Rescue Service Crews this reporting period. 2 visits concerned malicious false alarm where a call point had been activated in Goodlyburn and Webster buildings. 1 visit was in response to an activation of a sensor, thought to be an aerosol in Brahan.

4.   Health and Wellbeing

4.1   Stress

Stress remains a concern within the College as it does in all industries. The Health and Safety Committee are to form Sub-Committee to review the current policy and procedures for support to staff who present with stress, either work related or not and report to the main Committee.

Stress awareness training is provided online and a programme of training events is to be planned for staff and managers to recognise stress, assist with stress risk assessments and procedures.

4.2   Healthy Working Lives Group

The Healthy Working Lives Group have met once in this reporting period. The group is an informal body who meet on an ad-hoc basis to develop and promote the health and wellbeing of staff. A proposal has been made to make this a formal Sub-Committee of the Health and Safety Committee which will feed into the committee as mentioned above.

In January, staff were invited to participate in an Employee Wellbeing Survey. 118 employees took part and the results of this survey were returned in early February. The Group has not yet discussed the report results and shall be part of the remit of the Sub-Committee.

5.   Communication with External Agencies

During this reporting period there has been no communications with the Health and Safety Executive or Perth and Kinross Council from any outside agency requesting information or actions.

The College maintains ties with Health and Safety Professionals through the UHI Health and Safety Practitioners Group and the Tayside Health and Safety Forum where information, best practice and experiences are shared for mutual benefit. These groups are also willing to share their KPI's for benchmarking purposes.

6.   Going Forward into 2020-21

6.1   Training and Competence

Emphasis shall be on the training of staff to enhance competence and confidence whilst improving overall health, safety and wellbeing throughout.

6.2   Internal Audits

There shall be an increase in internal audit and re-audits with staff side representation in order to raise standards and improve performance.

It is to be proposed the College adopt the Health and Safety Management Profile (HASMAP) management standard and auditing tool which can then be benchmarked against other higher and further education establishments.

6.3   Risk Assessment

This is an ongoing area of improvement which will continue to have a priority focus for 2020- 21. Departments and Curriculum areas have been requested to nominate 2-3 risk assessors from each area for full day certificated risk assessors training course.

Appendix 1

Accident and Incident Statistics

Type of Incident	2019-20	2018-19
Sports Injury	33	15
STF	10	10
Violence	0	0
Contact with Static Moving Object	11	8
Manual Handling	0	3
Sharps-Blades	19	28
RTC-RTA	0	0
Exposure to Hazardous Substances	0	0
Fire-Explosion	0	0
Equipment Structural Failure	1	0
Seizure Faint	5	5
Contact with Hot Object	9	6
Other	2	0
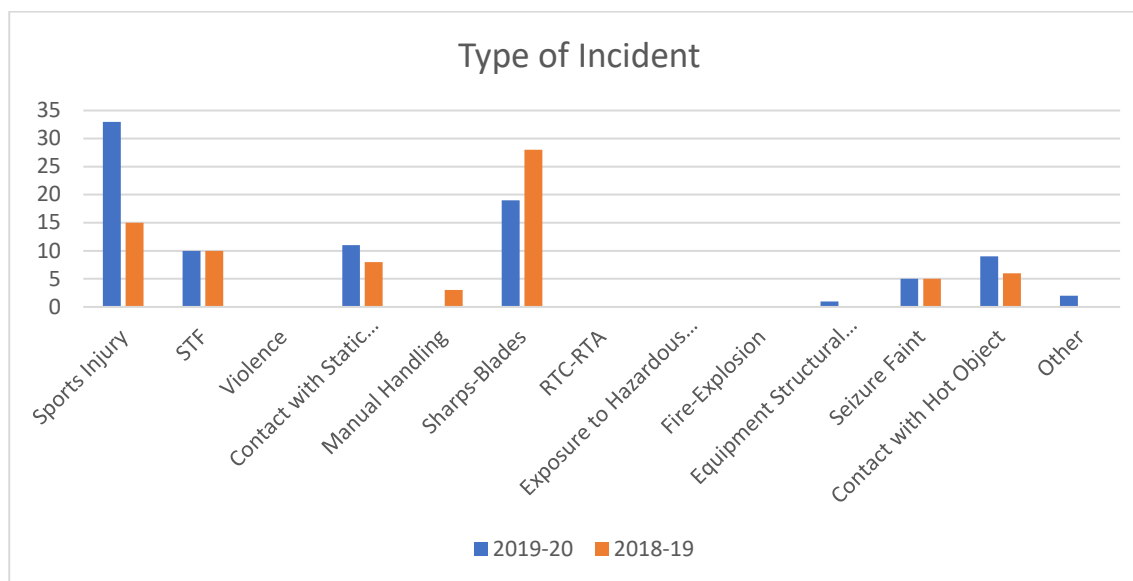
Accident and Incident Statistics

Type of Injury	2019-20	2018-19
Foreign Object	0	4
Bruising	1	6
Cut Laceration	27	31
Abrasion	3	0
Fracture	0	0
Sprain Strain Ligament Injury	31	18
Burn	5	4
Scald	4	2
Concussion	0	1
Trauma	0	0
Occ Disease	0	0
Bump to Head	8	5
No Injury	6	2
Electric Shock	1	0
Other	3	
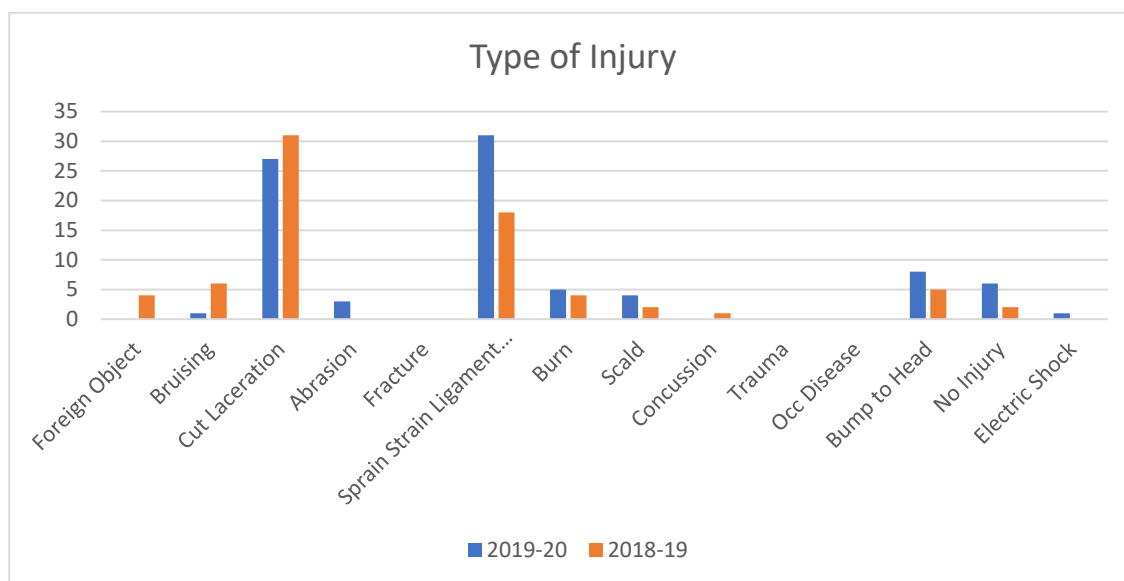
Status	2019-20	2018-19
Staff	8	8
Student	51	49
Member of Public	28	13
Contractor	0	1
School Pupil	4	4
Visitor	0	0

- Members of the Public are all users of the Academy of Sports and Wellbeing (suffering mainly sports injuries)

Committee	Audit Committee
Subject	FOI & Data Protection Quarterly Update
Date of Committee meeting	28/09/2020
Author	Ian McCartney, Clerk to the Board of Management
Date paper prepared	21/09/2020
Executive summary of the paper	Summary of data relating to FOI requests received and data protection issues raised for the Quarter and Full Year to 31 July 2020
Consultation How has consultation with partners been carried out?	
Action requested	☒ For information ☐ For discussion ☐ For recommendation ☐ For approval
Resource implications (If yes, please provide details)	No
Risk implications (If yes, please provide details)	Informs Risk Register
Link with strategy Please highlight how the paper links to the Strategic Plan, or assist with: • Compliance • National Student Survey • partnership services • risk management	Informs Risk Register

Perth College UHI

• other activity [e.g. new opportunity] – please provide further information	
Equality and diversity Yes/ No If yes, please give details:	No
Data Protection Does this activity/ proposal require a Data Protection Impact Assessment?	No
Status (e.g. confidential/non confidential)	Non-Confidential
Freedom of information Can this paper be included in "open" business?*	Open Business

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

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

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

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

Freedom of Information & Data Protection Update

Academic Year 2019/20 | Quarter 4 | May 2020 – July 2020

1.   Executive Summary

Quarter 4 saw a return to FOI request numbers being broadly in line with previous year, which resulted in a significant reduction for requests over the full year.

Other Data Protection requests and Data Breaches remained broadly consistent with previous year, however it should be noted that requests are consistently complex and time-consuming, with few straightforward requests being received.

During the reporting period, temporary legislation that was passed in response to COVID-19, and allowed for extended response periods available for FOI and Data Protection requests, was repealed without notice, which did create time pressures.

The Request To Be Forgotten received during Q3 remains to be concluded.

2.   Freedom of Information

a.   Total Number of Requests – Year to Date

2019/20 Q1	2019/20 Q2	2019/20 Q3	2019/20 Q4	2019/20 Full Year	2018/19 Full Year
11	10	3	4	28	39

b.   Total Number of Requests – Year-on-Year Comparison

2019/20 Q4	2018/19 Q4
4	4

c.   Request Topics

Type	Q4	Full Year
Academic-Related	0	1
Student-Related	1	3
Compliance	0	2
Financial	0	5
Estates	1	3
HR	1	12
Operational Management	1	2
TOTAL	4	28

d.   Request Sources

Type	Q4	Full Year
Legal Representative	0	1
NUS	0	1
Press	0	7
Staff	1	2
Union (National)	2	6
University Research	0	1
Unknown/Anonymous	1	10
TOTAL	4	28

e.   Response Times

	Q4	Full Year
Replied within Statutory Time	2	17
Late	2	11
To be completed	-	-

f.   FOI Narrative

As predicted last quarter, total FOI requests were slightly lower than 2018/19.

HR requests continue to account for just under 50% of FOI requests for the year, which is broadly consistent with 2018/19.

Response times continue to be challenging, not least during the initial period surrounding COVID arrangements, however it should be noted that Requestors are advised as early as possible if their request is likely to be responded to beyond the legal timeframe.

Perth College continues to provide a very high level of Full Disclosure for FOI requests – for the full year 2019/20, Full Disclosure rate was 93%.

3.   Data Protection

a.   Total Number of Requests – Year to Date

	2019/20 Q1	2019/20 Q2	2019/20 Q3	2019/20 Q4	2019/20 Full Year	2018/19 Full Year
Subject Access Requests	1	2	1	2	6	10
Data Breaches	4	3	1	5	13	13

b.   Total Number of Requests – Year-on-Year Comparison

	2019/20 Q4	2018/19 Q4
Subject Access Requests	2	2
Data Breaches	5	2

c.   Subject Access Request Information

Of the 2 SARs submitted during the final quarter, 1 related to the provision of additional information from a Subject with an ongoing complaint against the College/UHI; the other was received from a staff member seeking historic information related to an ongoing internal grievance.

d.   Data Breach Information – Q4

Incident	Action Taken	ICO informed?
Member of staff emailed student from son's personal email account from a shared computer while working from home.	Student contacted; item deleted and confirmed as such within 24 hours. Information re-sent from correct address. Recipient's data cleared the from the sent log, and browser history accessible from son's email account deleted.	No
Member of staff updated personalised information to shared submission during Operational Planning, viewed by subject and another member of same team.	Member of staff instructed to remove personalised information as soon as breach became known, and formally advised of their error. Originator of the document and the identifiable party within the document both be spoken to delete any hard or electronic copies of original document, and confirm by email this document had been deleted.	No
Personal data of unrelated party not redacted during a Subject Access Request disclosure.	Subject and their representative deleted document and confirmed this deletion. Updated document with correct redaction applied distributed within 24 hours of breach being identified.	Yes

Staff member forwarded confidential information prepared on behalf of another staff member to external third party in error.	Third party established as trusted party. Email and associated information deleted and confirmed as deleted within 24 hours.	No
Data breach identified within HR process reported to ICO by Subject, and complaint partially upheld. Subject sought compensation from College.	Discussions held with HR re crossover of HR and GDPR processes with a view to agreeing best practice. Claim for compensation rejected following legal advice.	Yes

e.   Additional Requests – update

As noted previously, the College received a Request To Be Forgotten from a former member of staff. This matter is of a very complex nature, involving a high volume of emails (in excess of 200,000) and documents across the Partnership, and was immediately identified as likely to involve significant time to process appropriately.

While the College was able to comply with some items during the initial 30-day legal period (mainly involving online and social media items) under advisement from the UHI Data Protection Officer, an extension period was been invoked.

This matter has now extended beyond the 90 day limit due to lack of available resources at UHI and is unlikely to be resolved prior to the end of October. The Subject has been advised of these continuing issues from both Perth College and the UHI Head of Governance.

Ian McCartney
21 September 2020

Perth College UHI

Committee	Audit Committee
Subject	Balanced Scorecard
Date of Committee meeting	28/09/2020
Author	Kirsty Campbell, Transitions Project Coordinator
Date paper prepared	15/09/2020
Executive summary of the paper	The attached paper is the Balanced Scorecard, aligned with the aims and measures for the strategic plan Vision 2021, outlining the final measures for AY 2019-20 for Committee discussion.

The data is presented in 2 parts:

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)

Part 2 – Provide more detailed analysis and insight with a trendline giving a pictorial representation of data over the past 3 years.

The following additions have been made for 2019/20 in response to the recommendations made to the College by the External Auditors that metrics should be provided:

Part One

- A column has been added to the master table giving the 2019/20 metric for each measure

Part 2

- The 2019/20 metric has been added, indicated by 'Actual 2019/20'
- The +/- difference in the metric figure from the previous academic year has been provided. |

Perth College UHI

	Work on the Balanced Scorecard to identify tolerances and sector averages where possible and again as picked up by the external auditors, the timing of provision of data, is currently underway and will be reported back to the October Board.
Consultation How has consultation with partners been carried out?	Click or tap here to enter text. For measure 12 the Head of HROD was consulted
Action requested	☒ For information ☐ For discussion ☐ For recommendation ☐ 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.
Link with strategy Please highlight how the paper links to the Strategic Plan, or assist with: • Compliance • National Student Survey • partnership services • risk management • other activity [e.g. new opportunity] – please provide further information	The Balanced Scorecard KPI's stems directly from the Perth College UHI Strategic Plan 2016-21.

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Equality and diversity Yes/ No If yes, please give details:	No
Island communities Does this activity/ proposal have an effect on an island community which is significantly different from its effect on other communities (including other island communities)?	No If yes, please give details: Click or tap here to enter text.
Data Protection Does this activity/ proposal require a Data Protection Impact Assessment?	No Click or tap here to enter text.
Status (e.g. confidential/non confidential)	Non-Confidential
Freedom of information Can this paper be included in "open" business?*	Open business

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

Its disclosure would substantially prejudice a programme of research	☐	Its disclosure would substantially prejudice the effective conduct of public affairs	☐
Its disclosure would substantially prejudice the commercial interests of any person or organisation	☐	Its disclosure would constitute a breach of confidence actionable in court	☐

Perth College UHI

Its disclosure would constitute a breach of the Data Protection Act	☒	Other [please give further details] Click or tap here to enter text.	☐

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Strategic Plan Targets and KPIs: Progress Report 2019-20

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

Key: KPI performance status   **Key: Target performance status**

Improving	↑
Maintaining	↔
Worsening	↓

Target achieved	
Target progress maintained	
Target missed	

Measure	Key Performance Indicator or Target	Metric 2019/20	Performance
	Sustainability		
12	Number of accidents reported to HSE	0	↓

Section 2:   Detail of Performance by Measure

Detail of Performance: Measure 12

Sustainability	

Measure	Key Performance Indicator or Target	Performance	Trend
12	To maintain a healthy and safe working environment		
	Number of accidents reported to HSE:	↓	

Baseline: 3

Target: Improve on previous year and maintain safe working environment

Actual: 2019/20   0

Difference from 2018-19 (+/-):   - 1

Trend: Improving downward trend

Tolerance: **tbc**

Sector Average: (+/-)

Note on performance for measure 12

No accidents were required to be reported to RIDDOR this year. The Health, Safety & Wellbeing Officer is undertaking a review of risk assessments across the college and risk assessment training has been widely rolled out to staff as part of an increased focus on the importance of health and safety in the workplace.

Perth College UHI

Health and Safety

Internal Audit Report No: 2020/05

Draft issued: 29 June 2020

Final issued: 20 August 2020

LEVEL OF ASSURANCE

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Requires improvement

</div>

Now, for tomorrow

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HENDERSON LOGGIE

Contents

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 management and the Audit Committee.
Priority 2	Issue subjecting the organisation 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.

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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 risks on the Perth College UHI ('the College') Strategic Risk Register at May 2020:

Risk 17– Non-compliance of Statutory Health and Safety Legislation and Equality Legislation (current risk rating: high).

Background

As part of the Internal Audit programme at the College for 2019/20 we have carried out a review of the College's Health and Safety (H&S) arrangements. Our Audit Needs Assessment, issued in November 2017, 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.

Within the College it is important to demonstrate full implementation and embedding not only of H&S legislation but demonstrate that H&S issues are considered by all staff, students, and management. This will reduce the risks related to accidents and occupational health. Furthermore, all staff should receive appropriate training - to not only identify risks to themselves but to understand that the H&S of all is their collective responsibility - and not solely the responsibility of management.

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Health and Safety

Scope, Objectives and Overall Findings

The scope of this audit was to review the arrangements in place within the College to identify and manage H&S issues.

The main objective of this audit was to review the College's overall arrangements for dealing with H&S issues and to consider whether these are adequate and operating effectively in practice at each campus site.

The table below notes the specific objectives for this review and records the results:

Objective	Findings				Actions already underway
The specific objectives of this audit were to obtain reasonable assurance the College has:		**1**	**2**	**3**	
1. H&S policy and documented procedures which are communicated to all staff	**Satisfactory**	0	0	2	
2. H&S training programme which includes induction training, refresher training and training for new equipment or legislation	**Requires Improvement**	0	1	0	✓
3. Regular monitoring of H&S systems to ensure that they are functioning effectively	**Requires Improvement**	0	1	0	
4. An incident and accident recording system with follow-up process and implementation of new controls where required	**Requires Improvement**	0	0	1	✓
5. Regular reporting of H&S to senior management and to the Board of Management	**Good**	0	0	0	
Overall Level of Assurance	**Requires Improvement**	0	2	3	
		System has weaknesses that could prevent it achieving control objectives.			

Audit Approach

As part of our audit we held discussions with:

- The Health and Wellbeing Adviser;
- Depute Principal – Academic;
- Head of Human Resources and Organisational Development;
- Sector Development Director - Business Management, Computing and Leisure;
- Sector Manager – Automotive Engineering; and
- Safety Representative – Unison.

In addition, we also reviewed procedural documentation to identify the internal controls in place and compared these with expected controls. A walkthrough of key systems was undertaken to confirm our understanding, and this was followed up with compliance testing to assess the effectiveness of the controls in place. We have reported on any areas where expected controls were absent; not operating effectively; or where controls could be further strengthened.

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Summary of Main Findings

Strengths

- The College has a H&S Policy in place, which is supported by a comprehensive range of H&S procedures;
- In the last 18 months the College has refreshed the H&S team with the appointment of a new Health, Safety and Wellbeing Adviser (who is supported by the Head of HR and the Depute Principal – Academic);
- This new H&S team has provided more impetus into developmental activity on H&S and has commenced work to address the outstanding issues identified in the 2013/14 Internal Audit report;
- Progress was being made to improve the available training offering, with Institution of Occupational Safety and Health (IOSH) courses in Managing Safety being arranged for College managers. However, these courses have now been delayed due to the Covid-19 pandemic;
- The current H&S policies and procedures are being reviewed and updated;
- There are a several Health and Safety improvements and initiatives being progressed, including the development of Key Performance Indicators (KPI's) and a H&S training matrix for staff and managers;
- The College has a Health and Safety Committee which meets four times per year and receives appropriate updates and statistics on all relevant H&S issues across all campuses. The Health and Safety Committee includes members of the College Board of Management; the Senior Leadership Team; and other relevant senior managers who are well placed to respond to the H&S risks identified and to make improvements to the H&S culture within the College.
- It is apparent that there is a collective desire to continually improve the Health and Safety approach and to address the current weaknesses in its application across the College.

Weaknesses

- The audit identified that issues remain around levels of compliance in achieving mandatory training requirements in H&S, with current compliance levels below an acceptable level;
- A review of the risk assessment process identified some instances of non-compliance with the required approach, with risk assessments not reviewed in line with the agreed review schedule;
- The audit also identified that there is currently a lack of effective reporting of near miss incidents;
- Several H&S related policies have not been updated in line with the agreed review schedule; and
- The two issues highlighted above, in relation to training and risk assessments, were also identified in the 2013/14 internal audit review of Health and Safety. The agreed recommendations to address these issues have not yet been fully implemented and this review has restated recommendations in this area. The resolution to these identified weaknesses will now be taken forward as part of the follow up actions arising from this review.

Acknowledgements

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

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Main Findings and Action Plan

Objective 1: A H&S policy and documented procedures which are communicated to all staff

The College has a Health and Safety Policy in place, which was last updated in September 2019 and is supported by a comprehensive range of additional procedures which address key risks and support the effective delivery of health and safety. These policies are made available to staff on both the College website and within the health and safety handbook. All staff are required to undertake induction and mandatory training in health and safety before their probation is successfully completed. Contractors undertaking work within the campus are made aware of the College's health and safety policies and procedures which they are required to comply with.

All H&S policies and procedures are maintained centrally by the Health, Safety and Wellbeing Adviser and are tracked to ensure they are updated in line with their review schedule. As part of our testing we reviewed the following policies in place to ensure they are accessible to all staff and are up to date;

- Staff H&S Handbook (Last updated Apr 16);
- Control of Noise at Work Policy (Last updated Dec 18);
- Control of Substances Hazardous to Health (CoSHH) Policy (Last updated Feb 16);
- Control of Vibration at Work Policy (Last updated Dec 18);
- Driving for Work Policy (Last updated Dec 18);
- Drugs and Alcohol Policy (Last updated Dec 18);
- Electrical Safety Policy (Last updated Dec 18);
- Fire and Emergency Evacuation Procedure (Last updated Dec 18);
- Lone Working Policy (Last updated Dec 18);
- Manual Handling Policy (Last updated Dec 18);
- Managing contractors on site policy, due for an update in November 2019;
- Water Management Policy (Last updated Nov 16); and
- Working at Height Policy (Last updated Dec 18).

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Health and Safety

Objective 1: A H&S policy and documented procedures which are communicated to all staff

Testing confirmed that all policies are made available to all staff, cover the key risks, outline how work tasks should be performed safely ensuring the College complies with its legal requirements. However, testing also identified that not all of these policies have been reviewed in line with the agreed review timetable and therefore some H&S related policies are out of date.

Observation	Risks	Recommendation	Management Response	
Our review of the current Health and Safety policies in place identified that the following policies have not been updated in line with the agreed review schedule: • CoSHH Policy, due for update in February 2020; • Managing contractors on site policy, due for an update in November 2019; and • Water Management Policy, due for update in November 2019.	Health and Safety policies do not reflect current risks and practices in place to effectively manage the health and safety risks	**R1** The College should ensure that all health and safety policies are reviewed and updated in line with the agreed review schedule.	Agreed. **To be actioned by:** Health, Safety and Wellbeing Adviser **No later than:** 10 December 2020	
			Grade	**3**

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Health and Safety

Objective 1 (Continued): A H&S policy and documented procedures which are communicated to all staff

In addition, we noted that four of the policies tested have a review frequency of four years. These are:

- Control of Vibration at Work Policy;
- Electrical Safety Policy;
- Fire and Emergency Evacuation Procedure;
- Lone Working Policy; and
- Manual Handling Policy.

The review period of four years is deemed to be excessive and may result in policies and procedures not being aligned to best practices in health and safety or not being adequately aligned to current working practices in the College.

Observation	Risks	Recommendation	Management Response	
Five of the health and safety policies we tested have a review frequency of 4 years. This appears to be an excessive review period and may not allow changes in either the workplace or best practices in health and safety approaches to be captured and reflected in the policies.	Policies and procedures are not aligned to current working practices or best practice in health and safety.	**R2** The College should reduce the review period for all health and safety policy and procedures to a maximum of two years, to ensure that they remain relevant to both current working practices in the College and to best practices in health and safety approaches.	Agreed. **To be actioned by:** Head of HR & Organisational Development **No later than:** 31 July 2020	
			Grade	**3**

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Health and Safety

Objective 2: H&S training programme which includes induction training, refresher training and training for new equipment or legislation

Our audit reviewed the measures the College has in place to train staff in health and safety. An induction policy is in place for all new staff to provide them with the necessary information on health and safety matters. This policy has been recently updated and now requires all new employees (and their line manager) to confirm that all aspects of the induction approach, including health and safety aspects, have been adequately completed. Confirmation of the completion of this process for all new employees is submitted to HR.

As an integral part of the updated induction policy, mandatory training in health and safety must be undertaken before the probationary period can be successfully completed. This approach ensures that the College has adequate records to confirm that all new employees have received the required health and safety training. As part of audit testing, we reviewed the number of new college employees who commenced work in the College between 1 July 2019 and 31 December 2019. Of the 37 new employees, we confirmed that only 21 had completed the mandatory health and safety training. This is a compliance rate of only 57%.

In addition, there are a number of mandatory health and safety requirements in place, including refresher training for existing members of staff. These are undertaken through the eLearns programme, which are made available to staff via the Marshall platform. Training requirements differentiate between those with specific role requirements around H&S and generic refresher training which is applicable to all other staff. Both elements are mandatory. The use of eLearns enables the College to monitor the completion rates of these training modules to measure the level of compliance.

HR monitor the completion rate and report the level of compliance with these training modules to the Health and Safety Committee at each meeting. The most recent report to the Health and Safety Committee, on 29 April 2020, highlights the compliance rates for training completion as follows:

- Health and Safety Part 1 v.1 - 55%, (this had increased to 65% by May 2020);
- Health and Safety Part 2 v.1 - 62%; (this had increased to 74% by May 2020); and
- Stress Management for All Staff v.1 - 64%.

Maintaining compliance levels with mandatory training has been a recurring issue for the College for some time and was highlighted in the previous internal audit report issued in 2014. While the level of compliance has improved since 2014, there remain significant challenges for the College in ensuring that staff complete the required mandatory training. College management are aware of this issue and have been making attempts to improve the levels of compliance and to develop more effective targeting of training for the relevant staff. The impact of this increased focus is apparent when the level of current compliance is compared with the equivalent figures in January 2020 when the compliance rates were:

- Health and Safety Part 1 v.1 - 17%; and
- Health and Safety Part 2 v.1 - 18%.

This demonstrates that the current drive to improve the mandatory training levels is delivering results. In addition, training courses had been arranged for managers to complete the IOSH Managing Safety course. The initial course had been planned for June 2020 but has been cancelled due to the current Covid-19 pandemic.

Health and Safety

Objective 2: H&S training programme which includes induction training, refresher training and training for new equipment or legislation (Continued)

In addition, training is also provided by the Health and Safety and Wellbeing Adviser on specific issues such as risk assessment completion. A training matrix is also being devised to identify both mandatory and desirable training requirements for job roles within the health and safety process. The matrix is currently being piloted within the Air Services Training (AST) business area. Once complete, the matrix will be evaluated, with a view to rolling this out across the remainder of the College. The issues around the compliance rate with mandatory training levels have been communicated to the Health and Safety Committee within the training report provided at all meetings. This information is also shared with the Senior Management Team and with the Board of Management.

Despite the initiatives underway to improve the training structure and its monitoring within the College, the levels of compliance with the mandatory training levels falls short of acceptable compliance levels and this does weaken the effectiveness of the delivery of an effective health and safety system.

Observation	Risks	Recommendation	Management Response
Current reported levels of compliance on mandatory training varies from 64% to 74%. In addition, only 57% of new staff employed between 1 April 2019 and 31 December 2019 completed the mandatory health and safety training. While the level of compliance has improved in the current calendar year, issues around the completion of mandatory training are still apparent, which continue to weaken the effectiveness of the H&S process.	Staff may not be aware of the required health and safety practices, which may result in incidents where they or others are harmed.	**R3** The College should set annual targets for compliance of mandatory training levels. Initially these should be set at a realistic level to improve compliance, view a view to stretching these targets over a number of years to ensure that as a minimum 95% compliance rates with mandatory training are achieved for existing staff. However, the College should ensure that for all new staff compliance with mandatory health and safety training should be 100%.	Agreed. **To be actioned by:** Head of HR & Organisational Development **No later than:** 30 September 2020
			Grade 2

Health and Safety

Objective 3: Regular monitoring of H&S systems to ensure that they are functioning effectively

The College's Health and Safety Policy sets out a requirement to conduct regular audits and inspections of its health and safety systems to review compliance, with any findings submitted to the relevant Sector Development Director / Head of Department or Sector Manager; the Senior Management Team; and the Board of Management. As part of our audit testing, we reviewed the health and safety inspection programme in place against legal and College policy requirements. The current planned programme in place covers the period 2019 - 2022. There is a detailed approach in place for conducting audits and inspections. These include:

- The person(s) responsible for the area will lead the inspection supported by the Health, Safety and Wellbeing Adviser;
- The Trade Union representatives for the area will in future be contacted to notify them of the inspection in case they wish to attend;
- The inspection would involve a tour of the workplace and may involve talking to members of staff working within the area and talking to students; and
- Reviewing documents and records to support compliance, including training records, risk assessments, induction of staff, students, and contractors.

Within two weeks of the inspection a report would be prepared by the Health, Safety and Wellbeing Adviser and submitted to;

- Sector Manager responsible for the area (if relevant);
- Sector Development Director / Head of Department responsible for the Sector; and
- Senior Management Team member responsible for the area.

Any identified issues would be formatted in to 4 categories:

- Category 1 – Breach of specific statutory obligation;
- Category 2 - Poor implementation of control measures;
- Category 3 - Minor health and safety breach; and
- Category 4 - Satisfactory health and safety measures in place.

Once the inspection is completed, the area reviewed is provided with an overall score and an action response rating of red / amber / yellow / green. The report, as described above, is then submitted and this summarises the findings and recommendations. An Action Plan is also distributed to the individual responsible for the area under review and this is monitored for ongoing completion. Progress against the Action Plan, and any issues emerging from the audit inspections, are reported to the Health and Safety Committee; to the Senior Management Team; to the Audit Committee; and onward to the Board of Management. We reviewed the inspections carried out in 2019; the associated reports; and their action plans. Our review confirmed that these inspections are being completed in line with the documented approach.

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Health and Safety

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Objective 3: Regular monitoring of H&S systems to ensure that they are functioning effectively (Continued)

A key element of the health and safety system in the College is the use of risk assessments to identify hazards and produce a safe system of work to mitigate the identified risks. The importance of these requirements is communicated to staff within their training and is reflected in the health and safety handbook. Within the College, each Sector Area and Professional Services Departments will have their own series of risk assessments. There is a standard approach in place with a requirement to utilise the standard College template for risk assessments. The risk assessments are completed by staff who have received training in their completion, and guidance is also available to support the assessment process. A rolling programme of new and refresher training for risk assessment completion was planned to commence in June 2020, as highlighted under Objective 2 above, but this has been delayed due to the Covid-19 pandemic.

These risk assessment templates are populated by a trained operator and are reviewed and approved by the Sector Manager or Director / Head of Department. All completed assessments contain a future review date for updating. The completed risk assessment is maintained within the relevant academic or professional services area, with a copy submitted to the Health, Safety and Wellbeing Adviser who also reviews the underpinning assessment for completeness. All completed risk assessments should be held on the Perthnet system to enable all staff to access any completed risk assessment.

Training on the completion of risk assessments is provided by the Health, Safety and Wellbeing Adviser, along with the guidance to support their completion. The Health, Safety and Wellbeing Adviser also provides support to aid their completion, where required.

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Health and Safety

Objective 3: Regular monitoring of H&S systems to ensure that they are functioning effectively (Continued)

As part of our audit programme we tested a sample of ten Risk Assessments to confirm these were complete; approved and had been reviewed in line with the review date set. Our testing identified that five of the ten risk assessments reviewed were not signed or dated to confirm that had been approved. In addition, three of the ten risk assessments examined did not have a review date set and a further four were past the set review date and there was no evidence of a review being undertaken).

These issues of non-compliance with the required risk assessment process weakens the overall effectiveness of the health and safety processes in place.

Observation	Risks	Recommendation	Management Response
Our sample testing of ten Risk Assessments - to confirm these were complete, approved and had been reviewed in line with the review date set - identified that: • five risk assessments were not signed and dated; • three did not have a review date set; and • four were past the set review date and there was no evidence of a review being completed.	Health and safety risks are not adequately identified and acted on and may result in incidents where staff or others are injured.	**R4** The College should ensure that risk assessments are completed in accordance with the agreed standard approach, and should also be reviewed and updated on time. The Health and Safety Committee should be provided with regular reports detailing the level of compliance with the cycle of updating of risk assessments and should be informed where there are areas of significant non-compliance with the regular review and updating process.	Agreed. **To be actioned by:** SDD / Head of Department for each area overseen by SMT, supported by Health, Safety and Wellbeing Adviser **No later than:** 31 March 2021

| | | | Grade | 2 |

Health and Safety

Objective 4: An incident and accident recording system with follow-up process and implementation of new controls where required

The College has in place an incident reporting system. Guidance on how to report incidents is held on Perthnet and is also contained within the health and safety policy and the H&S handbook. All incidents should be recorded on the standard incident reporting template, which requests details of the incident and defines whether it is a reportable incident or not. Reportable incidents are defined in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) to the Health and Safety Executive (HSE) under the Health and Safety at Work Act 1974. Should any RIDDOR incidents occur they are reported directly to the HSE by the Health, Safety and Wellbeing Adviser.

All incidents are logged on the incident reporting system by the Health, Safety and Wellbeing Adviser and should be reported within 24 hours of the incident occurring. The Health, Safety and Wellbeing Adviser also decides if any investigation is required and who will undertake any investigation. This investigation will identify the root cause of the incident and review current working practices, including the risk assessment to prevent a recurrence and further injury to staff, visitors, or students.

These incidents are monitored and reported at every Health and Safety Committee meeting with specific information provided on:

- Type of Incident ;
- Type of Injury;
- Status (student, staff contractor etc);
- First Aid Statistics; and
- Incidents of adverse notifications (near miss, hazard, unsafe practice, or dangerous occurrence).

Health and Safety

Objective 4: An incident and accident recording system with follow-up process and implementation of new controls where required (Continued)

However, in reviewing the incidents currently recorded on the monitoring system, it was noticeable that within the health and safety incidents for Q1 and Q2 in 2019/20 which were reported to the Health and Safety Committee, only two of the reported 56 incidents were categorised as near miss incidents. In addition, we noted that the 2018/19 annual Health and Safety Report identified 74 incidents but zero near miss incidents. Therefore, in the last 18 months only two of the 130 recorded incidents have been classified and reported as near miss incidents. It is our view that this indicates that routine under reporting of near miss incidents is occurring within the College. We raised this issue during our review and College management have accepted that there is under reporting in this area and more work needs to be done to identify and report these types of incidents.

This absence of near miss reporting does weaken a process which generally provides good control and assurance.

Observation	Risks	Recommendation	Management Response	
In reviewing the reported health and safety incidents for Q1 and Q2 in 2019/20 and the 2018/19 Annual Health and Safety report only two of the 130 H&S incidents were recorded as near misses. This indicates under reporting of these types of incidents.	Failure to accurately report on near misses may result in failure to take mitigating action resulting in injuries to staff, students and visitors which could have been avoided.	**R5** The College should issue a communication to all staff which defines near misses and clarifies the importance of reporting near miss incidents. In addition, as part of any health and safety training there should be an emphasis on the importance of identifying and reporting near miss incidents. Progress in improving the identification rate of near misses should also be reported to the Health and Safety Committee.	Agreed. **To be actioned by:** Health, Safety and Wellbeing Adviser **No later than:** 30 September 2020	
			Grade	**3**

Health and Safety

Objective 5: Regular reporting of H&S to senior management and to the Board of Management

The College has a Health & Safety Committee in place, which includes all relevant members of the College's Senior Management Team and a member of its Board of Management. An up to date terms of reference is in place outlining the roles, responsibilities, meeting frequency and reporting lines. The Health & Safety Committee meets four times per year. As part of its remit the Health and Safety Committee reviews health and safety performance across the College.

In order to discharge these responsibilities, the standing agenda items for the Health and Safety Committee include;

- Absence statistics;
- Health and Safety Quarterly reporting statistics;
- Departmental Health and Safety Reporting; and
- Health and Safety Policy and organisation;

The Health and Safety Committee is supportive of measures in place to improve the health and safety culture; to strengthen the overall process including monitoring, training provision; and of initiatives such as the development of Health and Safety Key Performance Indicators (KPIs) and a training matrix.

As part of our audit we reviewed the minutes of the four most recent minutes of the Health and Safety Committee meetings. An evaluation of these documents showed adequate reporting and consideration of all relevant health and safety issues as described within the Committee's terms of reference and in our view this provides effective corporate oversight of this process within the College.

Recommendation	Grade	Comments	Agreed Y/N	Responsible Officer For Action	Agreed Completion Date	Prior Progress	Progress as at September 2020
R1 Ensure that all differences noted as part of this audit between gross salaries on the HR and Payroll system are followed up. 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.	2	Neil's notes:- I think the issue here was a timing one of when auditors looked at data as CIPHR can be updated daily but Payrite is only updated once a month when CIPHR paylink is imported. A comparison done immediately after paylink is imported would identify any real time errors.	Yes	Neil McGovern, Payroll Manager and Katy Lees, Head of HR & OD	31 December 2019	**Progress at November 2019** Head of HR and Payroll Manager to conduct this review after the November payroll has run (using the data from November's salaries) *Partially Implemented* **Progress at March 2020** Monthly review takes place following each payroll to review differences between Payroll and HR system. All differences are checked and amendments made and approved by Head of HR & OD. *Fully Implemented*	

Recommendation	Grade	Comments	Agreed Y/N	Responsible Officer For Action	Agreed Completion Date	Prior Progress	Progress as at September 2020
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.	2		Yes	Neil McGovern, Payroll Manager	31 October 2019	Payroll Manager deleted the old user names of staff no longer here. Leaving myself and Claire's log ins plus secondary Supervisor and Assistant log ins. *Fully Implemented*	
R3 Implement more robust procedures over the calculation of union and pension employee deductions.	2		Yes	Neil McGovern, Payroll Manager	31 December 2019	Payroll Manager did a review on pension and union deductions to correct any errors in the bandings as it appeared that bandings hadn't been adjusted for new yearly bandings levels. Now when we receive the CIPHR paylink we are checking and amending these bandings to reflect any salary changes. We still have the issue of incorrect national insurance contributions both employee and employer for staff members with multi posts *Partially Implemented* **Progress as at Mar 2020:** Payroll Manager has implemented processes to ensure all union and pension employee deductions are now correct. *Fully Implemented*	

Recommendation	Grade	Comments	Agreed Y/N	Responsible Officer For Action	Agreed Completion Date	Prior Progress	Progress as at September 2020
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.	2		Yes	Katy Lees, Head of HR & OD	31 March 2020	From November's payroll Head of HR will physically sign a hard copy of the final tracker document, prior to this being scanned and sent to Payroll Manager. Any changes made after the tracker is sent must have the Head of HR authorisation and Payroll Manager should only process any which have this signature ***Fully Implemented***	

Recommendation	Grade	Comments	Agreed Y/N	Responsible Officer For Action	Agreed Completion Date	Prior Progress	Progress as at September 2020
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.	**2**		Yes	Katy Lees, Head of HR & OD and Neil McGovern, Payroll Manager	31 March 2020	HR team will create HR error log for review and sign off by Head of HR to understand any errors and so learnings can update processes/procedures Neil's notes: - the problem payroll have with the zero hour contract rates of pay is that the rate of pay isn't currently held on the payroll system. Something that could be looked at including on an employee's record. The high number of pay elements that are defaulted onto an employee's record also makes it easy for the wrong rate to be entered. This is something to be discussed with payroll provider to enable improvement of this part of system. Now that HR are checking timesheets before they are passed through for payment, HR could enter the rate of pay on the timesheet to prevent wrong rate being used. Katy's comments: This is not a long term solution, as it is a manual process and very time consuming for HR and there is the risk of error. **Partially Implemented** **March 2020 update:** Plans are in place to ensure hourly rates will feed through the paylink from HR system, this will be implemented by May 2020. As interim measure HR are checking all timesheets. **Fully Implemented**	

Recommendation	Grade	Comments	Agreed Y/N	Responsible Officer For Action	Agreed Completion Date	Prior Progress	Progress as at September 2020
R6 Ensure that variance reports have been reviewed and signed off. 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.	**2**		Yes	Graham Little, Interim Head of Finance and Neil McGovern, Payroll Manager	31 December 2019	Neil's notes: - variance report that is currently being reviewed isn't the best report to use as it only shows totals and not the breakdown of an employee's pay. Also gross may be same as last month but net significantly different due to for example a new tax code causing a tax refund. I wouldn't carry on using this report. I would suggest comparing basic salary from one month to next alongside the monthly check between payroll and HR mentioned earlier. This would highlight amendments received via the HR link which would appear on the tracker that had already been authorised. A double check on additional payments to be made that are over a certain amount, before any processing is commenced to make sure properly authorised. E.g. a timesheet claim of more than 100 hours in a month. Using the Payslip Summary report to check input would be a better way than currently checking input via the employee's screen. This would enable a sense check to be made of all employees pay which would help identify anomalies. For payroll staff's own wages there has to be an element of trust that they are not processing overpayments to themselves. The payroll reports used by management accountant would highlight any issues with payroll staff's wages. ***Partially Implemented*** **March 2020 update:** Limited further progress ***Partially Implemented*** **Progress at May 2020** As said previously the current variance report isn't the best to use. Initial gross salaries are now checked and reconciled between payroll and HR at the start of each month's process. For any further payments or deductions added manually Payrite have written a report which can be cross checked by Payroll Manager against timesheets, expenses, etc. which have been entered manually by Payroll Assistant. I used this report for first time in April and it proved a quicker and more efficient report than the variance report. ***Partially Implemented***	I would now say this has been fully implemented. I've been using new report for checking data input since April and between this report and the salary check between HR and Payroll systems all anomalies are now picked up and corrected before the stage that the previous variance report was being run, which was late in process. This gives us more time to make corrections and investigate anything that looks strange. This report has reduced the number of errors from manual input to zero. ***Fully Implemented***

Recommendation	Grade	Comments	Agreed Y/N	Responsible Officer For Action	Agreed Completion Date	Prior Progress	Progress as at September 2020
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.	2		Yes	Graham Little, Interim Head of Finance and Neil McGovern, Payroll Manager	31 December 2019	Neil's notes: - Happy for these to continue to be used, will ensure that going forward they are always completed and signed off for each month. *Fully Implemented*	

Recommendation	Grade	Comments	Agreed Y/N	Responsible Officer For Action	Agreed Completion Date	Prior Progress	Progress as at September 2020
R8 Ensure that payroll accounts are reconciled on a regular basis and where reconciling differences are identified then these are followed up and resolved.	3		Yes	Henry Nicholson, College Financial Accountant	31 December 2019	Neil's notes: - I'm happy to do the reconciliations of payroll accounts as part of closing down payroll period for the month. Was part of my role in previous employment to reconcile these accounts for reporting to Finance Director. Would also enable me to spot any use of wrong payroll elements when paying someone, this will not have affected their pay but if for instance element used was for childcare rather than cyclescheme then the invoice received would not match what the total payroll element is saying. ***Partially Implemented*** **March 2020 update:** Limited further progress ***Partially Implemented*** **Progress at May 2020** Payroll use the nominal report that is produced each month by the payroll system to prepare payments to HMRC, pension providers and other 3rd parties, this ensures that the accounts are reconciled on a monthly basis. ***Partially Implemented***	As in May we are reconciling monthly before payments are made to third parties. Spoken to Henry regarding Payroll Control account which needs reconciled historically, Henry currently doing this I've offered my assistance if required. Going forward I'm going to provide Henry of any items which have caused differences in the Payroll Control Account. From payroll point of view we have fully implemented what is required on a monthly basis. ***Fully Implemented***

Recommendation	Grade	Comments	Agreed Y/N	Responsible Officer For Action	Agreed Completion Date	Prior Progress	Progress as at September 2020
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.	2		Yes	Neil McGovern, Payroll Manager	31 October 2019		**All tax codes are currently correct and we no longer have multiple staff numbers since implementing multi-posts** **Fully implemented.**

Recommendation	Grade	Comments	Agreed Y/N	Responsible Officer For Action	Agreed Completion Date	Progress at March 2020	Progress at September 2020
R1 The College should undertake a full review of the calculation of employee and employer pension contributions made over the period 2013/14 to 2019/20, focussing on gross pensionable pay to ensure that only items eligible under the relevant pension scheme regulations have been included. Where differences in gross pensionable pay are identified the impact on employee and employer pension contributions, as well as any PAYE and National Insurance Contributions, should be quantified.	**2**	Management agrees with the recommendation. The approach that will be taken is to deal with issues in 2019/20 before the end of the tax year. Prior years will be dealt with thereafter.	Yes	Interim Head of Finance	Year 2019/2020 29 Feb 2020. Years 2013/14 - 2018/19 30 November 2020.	Adjustments for 19/20 put through March 2020 payroll, employee informed. Pensions corrected in year in pension returns **Progress at May 2020** Both pension returns will be submitted by required deadlines DCC due 15/05/20 and SPPA by end of May *In progress* *NI not corrected to date*	*19/20 year end returns submitted in May.* *Years 13/14 to 18/19* *2 years reviewed to date* *18/19 no errors* *17/18 2 errors found on 1 employee,* *Employee contribution £265.81* *Employer contribution £471.33* *In progress*

Recommendation	Grade	Comments	Agreed Y/N	Responsible Officer For Action	Agreed Completion Date	Progress at March 2020	Progress at September 2020
R2 Once a full analysis of pension fund contributions has been performed and the financial impact quantified (**R1**), for both current and former employees (including any further tax implications), ensure that a clear strategy and timeframe are developed for addressing and communicating any financial impact that may affect current and former pension scheme members, the pension funds or the College.	**2**	Management agrees with the recommendation. Calculations will be done to identify any overpayments and payroll will work with HR in communicating with affected staff.	Yes	Interim Head of Finance and Head of HR and Organisational Development	**No later than:** Year 2019/2020 by 29 February 2020. Years 2013/14 - 2018/19 by 30 November 2020	2019/20 adjusted in March 2020 salary, HR notified all employees. This will correct in year in pension return ***Fully Implemented*** **May 2020 update** ***NI not corrected to date***	*As above 2 years reviewed to date.* *In progress*

mha
HENDERSON LOGGIE

Appendix I – Updated Action Plan
Internal Audit Report 2018/04 – IT Network Arrangements

Recommendation	Grade	Comments	Agreed Y/N	Responsible Officer For Action	Agreed Completion Date	Progress update at May. 2020
R1 Consider implementing additional controls whereby HR issue monthly reports on joiners, leavers and staff that have changed role to departmental leads and ask them to confirm membership based on departmental composition and job roles. Any amendments would then be notified to HR who would in turn notify IT by raising a Helpdesk ticket.		We are happy to work on this basis. ICT is currently notified on starters and leavers (frequency and timings of this may need scrutiny) but additionally "movers" information is required systematically to ensure that privileged access is either enabled or disabled appropriately when staff change roles.	Yes	~~Susan Hunter, Head of HR~~ ~~Now:~~ ~~Jen McGillivray, HR Team Leader~~ ~~Richard Fyfe~~ ~~HR Advisor~~ Now: Katy Lees Head of HR	1 May 2018	A formal system is in place for staff account creation, suspension and deletion and is controlled by HR. It has been agreed that a formal process for 'movers' is to be incorporated into the existing formal system. *Partially Implemented* **Revised Completion Date:** 30 August 2019 **Update:** November 2019 Process of starters and leavers is fully implemented. Process of movers has not progressed, monthly change report will be implemented from December 2019 but full review needed for current staff to be done in January 2020. Update: March 2020 Changes report will be created by May 2020 as works needs to be done in CIPHR to achieve this. *Partially Implemented* Update: May 2020 Change report in place *Fully Implemented*

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 update at May. 2020

mha
HENDERSON LOGGIE

R1 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~~ ~~Now:~~ ~~Jen McGilvary, HR Team Leader~~ Now: Katy Lees	31 October 2018	The College is currently recruiting for the position of Equality and Diversity Adviser. This position has been vacant for a period of time and the recommendation will be taken forward once the new Equality and Diversity Adviser is in post. *Little or No Progress Made* **Update: November 2019** The priority has been on statutory reporting, this item is partially covered within the Mainstreaming report and will be reviewed once this is completed *Partially Implemented* **Revised Completion Date:** 31 March 2020 **Update: March 2020** This is within the Equality Mainstreaming report and associated action plan which will be published by 31 March 2020. **Update: May 2020** Report published by 31 March 2020 *Fully Implemented*

mha
HENDERSON LOGGIE

R2 Develop an equality and diversity operational plan.	3		Yes	~~Stuart Hall, Richard Ogston, David Gourley and Susan Hunter~~ ~~Now:~~ ~~Richard Ogston, David Gourley and Jen McGilvary~~ Now: Katy Lees and Anna Kaczmarek	31 July 2018	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. The recommendation will be taken forward once the new Equality and Diversity Adviser is in post. *Little or No Progress Made* **November 2019 update:** This is covered within the mapping exercise in the mainstreaming report. Further work needs to be undertaken to identify operational activities. *Partially Implemented* **Revised Completion Date:** 31 March 2020 **Update: March 2020** This is within the Equality Mainstreaming report and associated action plan which will be published by 31 March 2020. *Partially Implemented* **Update: May 2020** Report published by 31 March 2020 *Fully Implemented*

mha
HENDERSON LOGGIE

| R3 Ensure that appropriate equality actions are built into Faculty and Departmental operational plans. | 3 | | Yes | CMT

Now: Jen McGilvary

Now:
Katy Lees and Anna Kaczmarek | 30 September 2018 | The recommendation will be taken forward once the new Equality and Diversity Adviser is in post.

Little or No Progress Made

November 2019 update:
The E&D Advisor has met with all Directors to gather information for the mainstreaming equalities actions. She is now working with the Project and Planning Officer to look at how it can be built into operational plans

Partially Implemented

Revised Completion Date: 29 February 2020

Update: March 2020
This is currently being undertaken through the EREP action plan.

Fully Implemented |

| R4 Compare College protected characteristics statics against a suitable benchmark and from this identify any areas where there is disproportionately low participation by those with protected characteristics. | 3 | | Yes | ~~Stuart Hall and Aishling Fagan (staff) Deborah Lally and Stuart Hall (students)~~

Now:
Katy Lees, Deborah Lally and Anna Kaczmarek | 31 July 2018 | 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.

For staff: The recommendation will be taken forward once the new Equality and Diversity Adviser is in post.

November 2019 update:
This is covered within the mainstreaming report

Partially Implemented

Revised Completion Date: 31 January 2020

Update: March 2020
This is currently being undertaken through the EREP action plan.

Fully Implemented |

| 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. | 3 | | Yes | ~~Stuart Hall~~

~~Now:~~
~~Jen McGilvary~~

Now:
Katy Lees and
Anna Kaczmarek | 30 September 2018 | The recommendation will be taken forward once the new Equality and Diversity Adviser is in post.

Little or No Progress Made

November 2019 update:
This is included within the Mainstreaming report

Partially implemented

Revised Completion Date: 29 February 2020

Update: March 2020
This is within the Equality Mainstreaming report and associated action plan which will be published by 31 March 2020.

Update: May 2020
Report published by 31 March 2020

Fully Implemented |

| 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. | 3 | | Yes | ~~Susan Hunter~~

~~Now:~~
~~Jen McGilvary~~

Now:
Katy Lees and
Anna Kaczmarek | 31 July 2018 | The recommendation will be taken forward once the new Equality and Diversity Adviser is in post.

Little or No Progress Made

November 2019 update:
This review has commenced.

Partially implemented

Revised Completion Date: 31 January 2020

March 2020 Update:

Fully completed |

mha
HENDERSON LOGGIE

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.	3		Yes	~~Stuart Hall~~ Now: Katy Lees and Anna Kaczmarek	31 August 2018	The recommendation will be taken forward once the new Equality and Diversity Adviser is in post. *Little or No Progress Made* **November 2019 update:** E&D champion role outline has been created. It has been discussed at EDIT and also staff conference. Discussions have also taken place with HISA *Partially implemented* **Revised Completion Date:** 31 January 2020 **March 2020 Update:** No further progress made **Update: May 2020** Process on hold until return to College **Revised Completion Date: 31 Dec** 2020

R8 Review the EIA process to ensure: • 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	~~Stuart Hall~~ Now: Katy Lees and Anna Kaczmarek	31 August 2018	The recommendation will be taken forward once the new Equality and Diversity Adviser is in post. *Little or No Progress Made* **November 2019 update:** This review will commence in January 2020 *Little or No Progress Made* **Revised Completion Date:** 31 January 2020 **March 2020 update:** Quality Office has updated full list of policies and procedures. All policies under review will have an EIA. Copies of all EIA will be kept centrally by Quality and held on PerthNet, with a reference of how external people can access them being placed on the website. Where EIA are not currently in place, they will be done when the policy is next reviewed. A new full EIA form is being drafted and will be going through EDIT committee for consideration. **Revised Completion Date:** 30 June 2020 **Update: May 2020** EIA is going to CMT in May **Revised Completion Date: 31 Dec** 2020

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.	**3**		Yes	~~Sarah Macfarlane~~ ~~Now:~~ ~~Jen McGilvary~~ Now: Katy Lees	30 June 2018	The recommendation will be taken forward once the new Equality and Diversity Adviser is in post. *Little or No Progress Made* **November 2019 update:** The E&D Advisor creates the reports, and all elements are checked by the Head of HR & OD to ensure compliance with statutory definitions *Partially implemented* **Revised Completion Date:** 31 January 2020 **March 2020 update:** Reports to be published by end of March 2020 *Partially implemented* **Update: May 2020** Report published by 31 March 2020 *Fully Implemented*

HENDERSON LOGGIE
Chartered Accountants

Recommendation	Grade	Comments	Responsible Officer For Action	Agreed Completion Date	Progress Previously Reported	Progress at May 2020

R1 Risk assessments should be reviewed annually by College managers. The H&S Adviser should also perform an annual review of risk assessments in place to ensure that these have been updated.	B	During 12/13, a centralised risk assessment system was established which, by each College area, identified the Duty Holder, Responsible Person, and Risk Assessor for each area, training requirements, number of risk assessments required / in place and annual review date. From this system, it was identified that there were a number of risk assessments that had passed their review date and over the past 2 – 3 months this has been addressed. Almost all risk assessments have now been reviewed and updated, and will now be monitored using the centralised system to ensure on-going annual review and update. All risk assessments will be reviewed and updated by the end of May 2013.	Lorenz Cairns	31 May 2013 *Revised Completion Date:* 31 December 2016	*At April 2015* A desktop review of risk assessments was carried out by H&S Officer in early 2015 and this identified that some areas needed new Risk Assessments (RAs) and others needed to be improved to ensure they were robust and not all had been reviewed on an annual basis. General H&S Risk Assessment Guidance and College Management Arrangements have been reviewed and a file has been set up on the College's network for all risk assessments to be stored. The H&S Officer plans to further review these to ensure all are uploaded and robust. *At May 2016* The H&S Officer has carried out a significant amount of work in this area including continuing to review and upload College RAs received from departments onto Perth Net. A new RA form has been implemented and RAs are being converted to the new format as they are reviewed. This is an ongoing process. We noted some RAs on Perth Net that were past their stated review date however the H&S Officer advised that they were still relevant. Some departments have still to provide electronic copies of RAs for upload however the H&S Officer is confident that RAs are all in place and reviewed. (Continued on next page)	**At September 2020** The closure of the College site has had an impact on the Colleges ability to meet these targets. 1) Hazard surveys to be carried out within possible areas which have staff working on campus by December 2020 2) A workplan for 2020-2023 to be revisited in January 2021 3) 15 Risk Assessment trainings took place to support COVID19 assessments 4) 9 members of CMT are enrolled on IOSH Managing Safely training (online) 5) 1 member of SMT and a Board member (who sits on H&S committee) have completed their IOSH Safety for Executive and Directors Programme

| R1 | (Continued) | | | | | The recommendation has been left open until all RAs are uploaded onto Perth Net and the H&S Officer will continue to assist departments to convert RAs into an electronic format using the new form. The aim would be to complete this by the end of the calendar year and departments will be advised of this timescale.

The H&S Officer has provided RA training to 65 staff throughout the College to assist them in reviewing and preparing / updating RAs.

At May 2017
The Health and Safety Officer has reviewed where the College is at and is satisfied this action is now 95% complete and will be 100% compete by August 2017.

The 5% outstanding is a mixture of: risk assessments in place but need a review; and risk assessments where some gaps have been identified.

(Continued on next page) | |

R1	(Continued)					**March 2020** Departmental reporting has highlighted that CMT members do not know where gaps in risk assessments exist, and there is a lack of trained risk assessors. Information related to Hazard Surveys was shared at the H&S Committee in February 2020 to facilitate identification of risk assessment needs. This was also discussed at the Sector Manager meeting on the 25/02/20. 1. Hazard surveys need to be done in all areas to identify risk assessments which are missing by end of May 2020 2. A workplan for 2020-2023 to undertake audits in remaining areas is now in place. 3.Additional risk assessment training is taking place in June 4.A paper was accepted by the SMT outlining the base level training for CMT members in relation to H&S and this is currently being implemented with 6 CMT members undertaking IOSH Managing Safely training in May – July 2020 5. All risk assessments for the Caretaking and Cleaning staff (59) have been completed which is an achievement 6.Departmental Health and Safety reporting has commenced **At May 2020** The closure of the College site has had an impact on the Colleges ability to meet these targets.	

					6) Hazard surveys need to be done in all areas to identify risk assessments which are missing will be done when the College reopens 7) A workplan for 2020-2023 to undertake audits in remaining areas is now in place but may need to be amended due to not being on site. 8) Additional risk assessment training is taking place in June (this is still planned to take place virtually) A paper was accepted by the SMT outlining the base level training for CMT members in relation to H&S and this is currently being implemented with 6 CMT members undertaking IOSH Managing Safely training in May – July 2020 – Training is being delayed as it is face to face training	

| **Training**

R3 The College should ensure that all staff with outstanding mandatory H&S training receive this as soon as practical. | B | As noted in the report there was a planned change in on-line training provider which resulted in a number of staff not completing the health & safety module. This is being addressed and outstanding staff have or are in the process of completing the module. | Lorenz Cairns | 31 May 2013
Revised Completion Date: 31 August 2015 | The Vice Principal, Human Resources and Communications has sent reminders to staff and will do so again however, with the current strike action, this may not be a priority therefore a deadline has been set for 100% completion by August 2017.

At May 2018
The e-modules completion rate is reducing. The plan is to report on this regularly and work with managers to achieve completion.

In addition, additional mandatory training has been identified for specific roles. It is proposed that this is formalised in an action plan and then monitored and reported to Health and Safety Committee.

Partially Implemented

Revised Completion Date: 31 January 2019

At May 2019
A review of current staff employed and completion of online Health and Safety related training has indicated a fall from previous years. Figures indicate 44% of current staff have completed modules with 38% not having started any. Reminders have been forwarded to Managers and raised at the Health and Safety Committee to ensure specific training is completed by all staff. | **September 2020 update**

As at 19/08/2020 training completion is at

Stress Management 84%
Health & Safety (1) 79%
Health & Safety (2) 81%

Completion due by:
31 December 2020 |

At November 2019

Although being promoted through the Health and Safety Committee and direction being given to line managers, online Health and Safety Training still remains an issue. A further review took place in October and November using the current staff list and reports from both online training platforms, Blackboard and Marshalls. This review indicated that completed training remains low as indicated below.
Mental Health, 32%
Fire Awareness 34%
Stress Management 45%
Health & Safety (1) 48%
Health & Safety (2) 51%

Although there has been a significant number of new starts, the figures also indicate some employees with over 1 year of service have not started or completed training.

We are working with our training providers to implement automatic reminders, with significant progress to complete all mandatory trainings identified above expected by the end of January 2020 with monthly reporting to the Head of HR & OD.

March 2020 update

In reviewing the data for Marshall's training it is clear that the figures reported in November were incorrect.

They should have been

Stress Management 23%
Health & Safety (1) 17%
Health & Safety (2) 18%

Following the relaunch of the Marshalls training current completion at 25/02/20 is

Stress Management 53%
Health & Safety (1) 43%
Health & Safety (2) 50%

Manager are provided with monthly list of staff who still need to complete the training.

Work needs to be done in relation to Mental Health and Fire Awareness as both of these trainings are currently not available to staff due to the conversion from Blackboard to Brightspace.

Revised Completion: 31 July 20

May 2020 update

As at 29/04/2020 training completion is at

Stress Management 64%
Health & Safety (1) 55%
Health & Safety (2) 62%

Manager are provided with monthly list of staff who still need to complete the training and are

| | | | | | working with individuals to ensure completion but also manage workloads at the current time.

Work is being done to convert Fire Awareness and Fire Marshall training to be used on Brightspace.

Completion due by:
31 July 20 | |

Perth College

**Annual Audit Plan Addendum
Year ended 31 July 2020**

**Audit & Risk Committee –
September 2020**

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Introduction

The Impact of Covid-19 on our audit

Our annual audit plan was agreed with management and presented at the Audit & Risk Committee meeting in May 2020. We provided an overview of our audit scope and approach for the audit of the financial statements and the wider scope audit work. This addendum provides an update to the Audit & Risk Committee on the planned scope and approach to the external audit for 2019/20 in light of the significant impact of the Covid-19 global pandemic on the further education sector, and associated impact on the accounting arrangements and disclosure requirements.

Our audit procedures have been re-assessed to ensure they address the changing risks and issues which have emerged as a result. Our aim is to deliver a high quality audit while supporting the College to prioritise its core services and strategic aims. We outline below the key areas of impact for our audit in 2019/20, while recognising that the College faces significant challenge and uncertainty.

1. Impact on our audit risk assessment

On page 3, we outline the key areas of impact on the risks presented within our annual audit plan, in particular the impact on the valuation of Property, Plant and Equipment and Local Government Pension Scheme assets and liabilities.

We have reviewed our consideration of the overall materiality levels used for the audit and concluded that the levels remain appropriate.

2. Impact on the financial statements

On pages 5-6, we highlight our expectations of the key areas of impact within the financial statements, in particular changes to narrative reporting and disclosures to reflect the impact and uncertainty around the current situation.

3. Wider scope risk assessment

On page 8, we outline proposals to reprioritise wider scope work to focus on key areas of risk during the crisis. As a result we have

- increased our focus on the financial sustainability of the College; and
- focused our consideration around other wider scope dimensions on the impact of Covid-19 during the year.

4. Audit Logistics

The deadlines set by the Scottish Funding Council for the submission of audited financial statements remain the same, with the option for flexibility. On page 9 we set out:

- our current expectation that the timetable will be broadly in line with the original plan;
- the primacy of maintaining audit quality; and
- logistical arrangements to allow us to conduct the audit remotely.

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1. Impact on audit risk assessment

Changes to our risk assessment as a result of Covid-19

We set out below the significant and inherent risks identified for 2019/20. We have highlighted any changes in audit focus or new risks alongside any revisions to the expected audit approach. The risks identified may change further as a result of any significant findings or subsequent issues we identify during the audit.

Significant Risk: Risk of fraud in revenue and expenditure recognition	**No change in risk but additional audit focus around revenue recognised in relation to activities or services delayed by Covid-19.** There remains a significant risk around the recognition of income and expenditure transactions around year end. We will consider the recognition of any grant or tuition fee income for courses which were not completed at the financial year end due to Covid-19. We will also consider the accounting and disclosure of any Covid-19 related income and expenditure.
Fraud Risk: Misstatement due to fraud or error	**No change in risk but additional audit focus around year end provisions and estimates that are related to or impacted by Covid-19.** We recognise that the control environment for the financial statement preparation process is likely to have evolved due to remote working arrangements. We will assess whether this had an impact on the effectiveness of management's controls designed to address the risk of fraud. Our specific focus remains on key areas of judgements and estimates, significant unusual transactions and journal entries made by management.
Significant Risk: Recognition of payroll expenditure	**No change in risk but additional audit focus around year end estimates such as the holiday pay accrual.**
Inherent risk: Valuation of property, plant and equipment	**No change in risk but additional audit focus around application of material uncertainty clause.** The Royal Institute of Chartered Surveyors (RICS) has issued guidance highlighting that the uncertain impact of Covid-19 on markets may cause valuers to conclude that there is a material uncertainty at 31 March 2020. While this guidance may not be in place for 31 July 2020, there remains increased uncertainty around the valuation of assets in the current environment. Caveats may be included within valuation reports highlighting uncertainties which give rise to additional risks relating to financial statement disclosures as well as the valuations themselves. As the College's assets are generally valued using depreciated replacement cost, the valuations are subject to less market volatility. The College are obtaining a desktop valuation from their external valuer which will support the valuation included within the financial statements. We will assess the reasonableness of assumptions and methods used, including compliance with the SORP.

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Inherent risks: Valuation of pension assets and liabilities	**No change in risk, increase in audit focus.** Since our audit planning report there are three areas of increased focus required around the valuation of the College's share of the Tayside Pension Fund assets and liabilities. • A number of local government pension funds have reported material uncertainties around the valuation of its assets at 31 March 2020 and there has been increased volatility in relation to investment returns. This will result in additional consideration being required to accurately assess the roll forward of the College's share of those assets to 31 July 2020. In addition, some local government audits have been delayed due to Covid-19 which may lead to delays in obtaining the assurances we require from the pension fund auditors. • Last year the College accounted for the impact of the McCloud judgement impacting the College's share of future liabilities in the Council Pension Fund as a past service cost. A consultation has now been issued on how these costs may be addressed going forward; the impact of this should be included in the College's actuaries' assessment of its pension liability at 31 July 2020. • Similar to the impact of the McCloud judgement in 2018/19, in July 2020, Scottish Ministers acknowledged that a recent employment tribunal ('the Goodwin tribunal') will require changes to the Local Government Pension Scheme which may impact the College's pension liability. The impact will be considered by the College's and our own actuaries.
Inherent risk: Preparation of financial statements	**Increased risk.** We consider that the changes to working practices, including remote working for the Finance Team, may make the preparation of the financial statements more challenging within normal timescales. While we note that the planned upgrade to the finance system was completed during the financial year, there remains a significant reliance on paper based systems. We would also highlight that minor changes to the 2019 SORP and Accounts Direction must be reflected within the draft financial statements.
Additional area of audit focus: AST Going Concern	**New area of risk.** Significant additional work was required to audit the College's subsidiary, AST, management assessment of going concern in 2018/19. The impact of further travel restrictions in light of a potential second wave of the pandemic, particularly over the winter period, will require significant management and audit focus. As AST is a significant component within the Group financial statements, and may require support from the College, we will be unable to conclude on the College financial statements without the completion of the AST audit.

EY

Changes to our Wider Scope risk assessment

We set out below the key impact on wider scope risks identified for 2019/20.

Financial Sustainability: Continuing financial pressures	**No change in risk but additional focus around the College's medium term financial planning, and linked to management's assessment of going concern.** As we noted within the annual audit plan, the financial environment in which the College operates was already significantly challenging, and the potential impact of a second wave means there will be additional savings and income growth targets.
Financial Management Financial reporting and capacity	**No change in risk.** We note that the College has been able to conduct key governance meetings virtually throughout the lockdown period. The College has also recently appointed a Director of Finance to address concerns about the quality of financial reporting, and the capacity within the Finance Team.
Value for Money: Procurement	**No change in risk, although we note that the ability to address weaknesses may have been impacted by College and contractor remote working arrangements.**
Governance and Transparency: Governance Statement	**No change in risk, although additional focus will be required on the context of the pandemic and the impact on governance arrangements and internal control framework following the lockdown.**

EY

2. Impact on the College's Financial Statements

We remain satisfied that the values reported to you in our Annual Audit Plan for planning materiality, performance materiality and our audit threshold for reporting differences remain appropriate.

Our review and reassessment of materiality

In our annual audit plan, we communicated that our audit procedures would be performed using a materiality of £280,000. We have considered whether any change to our materiality is required in light of Covid-19. Following this consideration we remain satisfied that the overall materiality values reported remain appropriate, however as outlined on the previous page we will focus our work on additional risks in the financial statements more directly impacted by Covid-19.

Our evaluation requires professional judgement and so takes into account qualitative as well as quantitative considerations. Factors which we consider include the perspectives and expectations of users of the financial statements as well as our risk assessment as to the likelihood of material misstatements arising in the financial statements. We will report any changes to our materiality as part of our Annual Audit Report.

Accounting policies

The ongoing disruption to daily life and the economy as a result of the Covid-19 virus has a pervasive impact upon the financial statements.

The financial statements will need to reflect the impact of Covid-19 on the College's financial position and performance.

Covid-19 will have a pervasive impact on the financial statements. We have outlined below the areas where we believe there is the potential for the most material impact on the College's financial position at yearend:

- **Revenue and Expenditure recognition:** Covid-19 specific government support is a new transaction stream and may require development of new accounting policies and treatments. Other policies may need clarified to ensure clarity around how the impact of Covid-19 has been addressed.

- **Property, Plant and Equipment:** PPE may be impaired if future service potential is reduced by the economic impact of Covid-19. The College may also have already incurred capital costs on projects where the economic case for completion has fundamentally changed. There may be material uncertainties recognised in relation to the valuation of PPE.

- **Pensions:** volatility in the financial markets is likely to have a significant impact on the valuation of both pension assets and liabilities, and there is the possibility of significant changes to the underlying actuarial assumptions impacting the valuation of liabilities.

- **Receivables:** there may be an increase in amounts provided for or written off as irrecoverable and impairment of year-end balances due to the increased number of businesses and individuals expected to be under financial stress.

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A number of revised disclosures will be required to reflect the impact of the pandemic, including on the financial position and future financial sustainability.

We will continue to work closely with management to share experience and good practice from other education bodies across the UK.

Key disclosures within the Financial Statements

Front end narrative – performance reporting

An addendum to the Government Financial Reporting Manual 2019-20 ('the FReM') was published and permits entities to omit the performance analysis in order to minimise the reporting burden on public sector entities during the Covid-19 crisis. Colleges may decide to include more comprehensive performance analysis.

It will be important that the impact of Covid-19 is disclosed accurately, completely and that disclosures are relevant and tailored to the College. This includes disclosures around the impact on the College's financial and operational performance, its future plans and risks.

Governance Statement

The College's governance statement will need to capture how the control environment has changed during the period impacted by Covid-19, both up to the balance sheet date and through to the approval of the financial statements, and what steps were taken to maintain a robust control environment during the disruption. This includes how key governance functions are continuing to operate, such as key committee meetings and the delivery of internal audit's programme of work.

Accounting estimates and judgements

Additional disclosures will be required throughout the financial statements to reflect the additional risks facing the College, and how these have impacted the key judgements and estimates made in preparation of the financial statements. In particular, we have referenced the potential material uncertainties around the valuation of property, plant and equipment, pension assets and liabilities, and debtors at the balance sheet date.

Events after the balance sheet date

Significant events after the balance sheet date require to be disclosed within the financial statements, either through the post balance sheet events note or in specific accounting notes or the management commentary and governance statement, as appropriate. The detail required in the disclosures will reflect the specific circumstances of the College, however given ongoing uncertainty and daily changes to key issues impacting the College, there is a greater focus on ensuring these disclosures remain up to date in advance of anticipated approval of the financial statements in January 2021.

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Disclosures on Going Concern

International Auditing Standard 570 Going Concern, as applied by Practice Note 10:
Audit of financial statements of public sector bodies in the United Kingdom, requires
auditors to undertake sufficient and appropriate audit procedures to consider whether
there is a material uncertainty on going concern that requires reporting by management
within the financial statements, and within the auditor's report.

In accordance with the FReM, the College should prepare its financial statements on a
going concern basis unless informed by the relevant national body of the intention for
dissolution without transfer of services or function to another entity. Covid-19 has
created a number of financial pressures throughout the public sector, including further
education. Uncertainty remains about the level of financial support that may become
available from the SFC to reflect the financial consequences of Covid-19. As a result, the
SFC's 2019/20 Accounts Direction requires an explanation of the adoption of the going
concern basis and mitigating actions taken as a result of Covid-19 to be included as part
of the going concern commentary within the College's financial statements, both in the
Performance Overview and Annual Governance Statement.

Management's assessment of its future financial position and the related financial
statement disclosures will be an area of significant focus for our year end audit work.

Management's assessment and associated disclosures will need to cover at least a 12
month period from the date of approval of the financial statements, but should include
consideration throughout the remainder of the College's strategic plan period and
through its medium term financial plan period and beyond. This must also consider the
viability and necessity for any financial or other support for the College's subsidiary, Air
Service Training (Engineering) Ltd.

Disclosures made in the financial statements should include the process that has been
undertaken to revise financial plans and cashflow in the light of Covid-19 as well as the
outcome of this process. Consideration should also be given as appropriate to cash
liquidity forecasts, sensitivities and assumptions in forecasting, and mitigating actions
planned by management to address any worsening financial performance.

We recognise that this is a new area of focus at a challenging time for the finance team
and we will therefore share with management:

• guidance on the detailed requirements for a going concern assessment;

• a template assessment as an example/guide to follow; and

• example disclosures from our experience to date in auditing financial statements
  after the impact of Covid-19.

EY

3. Wider scope risk assessment

We have tailored our wider scope audit work to focus on financial sustainability and the specific impact of Covid-19 on the other wider scope audit dimensions.

Wider Scope Risk Assessment

We have outlined below our assessment of the impact of the pandemic on the work planned under wider scope dimensions.

Financial sustainability

In our annual audit plan, we outlined a significant wider scope risk around the continuing financial pressures faced by the College. The financial environment in which the College operates was already challenging, and the Covid-19 pandemic results in further, significant financial pressures. It is anticipated the impact of Covid 19 will result in the College being unable to fully deliver planned savings or achieve income growth targets due to the global pandemic. This will increase the financial pressures for future years and creates a significant risk that the College will not be able to develop viable and sustainable financial plans due to external factors, including the impact on the Business Development and International strategies.

Financial management

The importance of strong financial management and governance, has never been greater than during the current environment. We recognise that the College's financial management and internal control arrangements will have evolved as part of the response to the pandemic. We also anticipate further changes as a result of changes in the team structure, including appointment of Director of Finance, and the finance system upgrade. As part of our year end audit procedures we will review changes to the financial management arrangements to assess the impact.

Governance and transparency

Our work for the year will focus on the College's arrangements to ensure effective governance was in place through the Covid-19 lockdown period. We will consider:

- How the College ensured the quality of arrangements in place to support good governance during the Covid-19 pandemic including ensuring that there is sufficient transparency around governance and decision making arrangements.

- Is the Governance Statement within the financial statements complete and does it reflect progress impacted by Covid-19, along with any delays in the completion of internal audit work and non-compliance with the code of good governance where actions were not able to be implemented?

Value for money

Our work for the year will consider whether the College used resources effectively to help support students and other stakeholders during the Covid-19 pandemic, and how it has continued to monitor performance and ensure scrutiny around value for money during this time. We will continue to review planned improvements to the College's procurement arrangements.

EY

4. Audit Logistics

Changes to reporting timescales

In line with previous years the SFC Accounts Direction has confirmed that Incorporated and non-incorporated colleges should aim to provide their annual report and financial statements, together with the associated audit reports by 31 December. However, it has been acknowledged that, due to the exceptional circumstances arising from Covid-19, this deadline may not be achievable for some colleges.

The Financial Reporting Council ("FRC") has issued guidance for both auditors and preparers of the financial statements on issues arising from the Covid-19 pandemic. The guidance to date highlights the practical difficulties in preparing financial statements and performing audits in the new way of working. It is clear that auditors will be required to develop alternative audit procedures to gather sufficient and appropriate audit evidence. The guidance is clear that the new way of working should not undermine the delivery of high quality financial statements preparation or quality audits, which should continue to comply fully with international auditing standards. Where additional time is required to complete audits due to ongoing and developing risks, it is important that this is taken to maintain audit quality rather than seeking to conclude early to meet arbitrary or regulatory deadlines.

While the College is currently planning to work to the original timetable for the audit and finalisation of the financial statements in December, we anticipate that the financial statements will be signed in January 2021 as a result of:

- the impact and evidence based required to conclude AST's assessment of going concern;
- the challenges to deliver the audit remotely as a result of historic paper based systems within Finance; and
- our shared focus on an efficient and effective audit to minimise the risk of significant additional fees.

We will continue to work with management assess any impact on timetables and will keep them under review through the audit process.

Information Produced by the Entity (IPE)

There will be an increased focus around the completeness, accuracy, and appropriateness of information produced by management to support our audit work due to the inability of the audit team to verify original documents or re-run reports on-site from the College's systems. To address the risks around this we will consider the following procedures as appropriate:

- use the screen sharing function of Microsoft Teams to evidence re-running of reports used to generate the IPE we audited;
- agree IPE to scanned documents or other system screenshots; and
- should it be necessary, agree limited onsite visits under appropriate arrangements to verify specific requested documentation and reports in person.

EY

Audit Fees

The expected base fee for the College, set out in our annual audit plan, assumes there is no major change in respect of the scope of work in the year, that the College has sound governance arrangements in place and operating effectively throughout the year, prepares comprehensive and accurate draft financial statements and supporting schedules, and meets the agreed timetable for the audit, and an unqualified audit opinion resulting from the audit. Should any of these circumstances change throughout the audit, it is anticipated that additional costs may be incurred through the course of the audit which will be subject to recovery in line with the agreed process and rates set out by Audit Scotland.

In our audit planning report we noted that we had not been able to fully consider and quantify the potential impact of Covid-19 on the financial statements and wider scope audit work. While there remains uncertainty around the quantum of additional time required, the changes impacting the College and the associated risks to the audit outlined in this addendum will have a significant impact on the audit work we need to perform to conclude on the financial statements, in particular:

- The greater use of internal specialists required to support our work on significant and inherent risk areas, in particular the valuation of property, plant and equipment and pension assets and liabilities;

- Additional work required around the appropriateness of going concern and financial sustainability disclosures in the financial statements and the associated wider scope audit consideration required around financial sustainability; and

- The pervasive impact of Covid-19 on the financial statements disclosures required, including the performance reporting, governance statement, key judgements and estimates and post balance sheet events note.

Where further additional work is required, fee variations will be agreed with management and reported to the Audit & Risk Committee in our 2019/20 Annual Audit Report.

EY

EY | Assurance | Tax | Transactions | Advisory

Health and Safety Committee

Paper 1

Minutes

Date and time:	Thursday 27 August 2020, 2.00pm
Location:	VC, Webex Meeting Space

Members present: Katy Lees (KFL), Head of HR and Organisational Development (Chair)
Ian Bow (IB), Health, Safety and Wellbeing Advisor
Andrew Budge (AB), AST
Charlie Collie, Subject Leader, Social & Vocational Studies
Charlie Shentall (CS), Board of Management
Deborah Lally (DL), Head of Student Experience
Jane Edwards (JED), Unison H&S Rep
Jennifer Brickwood (JB), SDD - STEM
Jill Elder (JEL), SDD Business Management, Computing & Leisure
Lorenz Cairns (LC), Depute Principal Academic
Steve Scott (SS), EIS H&S Rep
Stewart Fraser (SF), Sector Manager, Humanities & Social Sciences
Alex Wilson (HISA), HISA Perth President

Apologies: Christiana Margiotti (CM), SDD - CCI
David Gourley (DG), Head of Learning and Teaching Enhancement
Ian Gibb (IG), Sector Manager, Food Studies and Hospitality
Kevin Lynch (KL), Head of Estates

In Attendance: Lorna McWilliam (LM), Kitchen Operations Controller, deputising for Ian Gibb
John Small (JS), Director Language School, deputising for Christiana Margiotti

Note Taker: Carolyn Sweeney-Wilson

Summary of Actions

Ref	Action	Responsibility	Time Line
6.	**COVID-19 Update**		
	6.2 <u>Review of COVID arrangements and first inspection conducted</u> • CSW was asked to create an Action Plan from the inspection reports, which would allow updates/comments to be noted and monitored. The Action Plan to then be circulated to the H&S Committee.	Carolyn Sweeney-Wilson	ASAP

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Summary of Actions

Ref	Action	Responsibility	Time Line
	• AW to check HISA's responsibility on the cleaning of the microwaves and feedback to the Committee. **Addendum:** After receiving feedback from other HISA officers, AW confirmed it was the students' responsibility to clean the microwaves and if they became a hazard, then it would be the College's responsibility. AW said she would look at confirming this for HISA to take that responsibility and will feedback on this.	Alex Wilson, HISA	
	• IB/KL to bring a proposal back to the CRG on Wednesday, next week (2nd September) regarding the Brahan entrance/exit signage.	Ian Bow, Kevin Lynch	CRG mtg – 02/09/20
	• KFL to review the site of isolation rooms with a view to considering whether or not there should be one at Goodlyburn.	Katy Lees	ASAP
6.3	<u>Competent person resource</u> • KFL to discuss further with SMT the College's H&S resource.	Katy Lees	ASAP
6.4	<u>Occupational Health provider and complaints</u> • KFL to feedback to MediGold regarding staff concerns about the OCA process.	Katy Lees	Immediately
6.5	<u>Review of who has been working on campus</u> • KFL to review both the sign-in records with the completed OCAs, to ensure they matched and report her findings to the next H&S meeting.	Katy Lees	22/10/20
9.	**Arrangements – reminding people to review – feedback request** • IB to reinstate the 26 documents in the Dropbox so people could access them again.	Ian Bow	ASAP
10.	**Health and Safety Subgroups:** • KFL to implement the H&S sub-groups and draft ToRs for each.	Katy Lees	22/10/20

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Summary of Actions

Ref	Action	Responsibility	Time Line
11.	**Lessons Learnt Review proposal** • KFL to plan a 'Lessons Learnt Review' for some time in October 2020.	Katy Lees	October 2020

Minutes

Item		Action

1. **Welcome and Apologies**

KFL welcomed all to the meeting

Apologies were noted.

2. **Additions to the Agenda for AOCB**

None.

3. **Minutes of Previous Meeting**

The minutes of the meetings held on 30th April 2020, and 24th July 2020, having been previously circulated, were approved, as a true and accurate record of discussions.

4. **Matters arising not included elsewhere on the agenda/review of actions from previous meeting**

Health & Safety Risk Management Profile
KFL advised this would be reviewed at the October meeting.

Absence Statistics
This action was completed.

Flu Vaccinations
This to be deferred at this time.

H&S Quarterly Report – Reported Accidents
This action was completed.

H&S KPIs
This to be reviewed at the October meeting.

Driving for Work Policy
This to be reviewed at the October meeting.

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Item		Action

Student Lockers

LM advised that PATs had circulated an email to students to gauge who wanted to come in and empty their locker and students had now been advised they would be given an allocated time to do this.

All actions from July meeting had all been actioned.

4.1 Absence statistics

KFL advised that sickness absence, compared with 19-20, had increased. It had been identified early on that absences for 19-20 would likely be higher than 18-20 and this was partly due to data cleansing, which meant there were less head count in the system. KFL then went through the paper, highlighting particular details.

It was confirmed that COVID has had an impact on the stats for 19-20.

4.2 AED proposal - update

KFL advised this process was now complete and training had been provided and appropriate signage and information had gone out.

5. Departmental Health & Safety Reporting

KFL advised that some tweaks were still required on presentation and this would then be submitted to the next meeting. Currently, the expectation was that departmental reporting would not be happening, but all accidents, incidents and near misses should continue to be reported in the usual manner.

6. COVID-19 Update

6.1 Update across H&SPG

IB provided an update from the UHI H&S Practitioners' Group (H&SPG) meeting. This group meets every Tuesday afternoon. One of the items discussed recently was the expectation that Colleges would require staff and students to wear masks, as mandatory, the same as schools do. There was much sharing of information between each other at the moment. IB and KL were expected to update a spreadsheet regarding the College's readiness to open and as of last week the College still sat at 'Amber'; so not fully ready, but almost there.

6.2 Review of COVID arrangements and first inspection conducted

KFL thanked the trade union (TU) reps for conducting the inspections of the campus and for providing the inspection reports. Before reviewing the reports, KFL wanted to advise committee members of the legal role of the TU H&S reps. Reps were

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Item	Action

appointed by their TUs and had 8 key statutory duties to fulfil. KFL read through these duties, so that Committee members understood reps roles:

a) *To investigate potential hazards and dangerous occurrences at the workplace (whether or not they are drawn to his attention by the employees he represents) and to examine the causes of accidents at the workplace;*
b) *To investigate complaints by any employee he represents relating to the employee's health, safety or welfare at work;*
c) *To make representations to the employer on matters arising out of sub-paragraphs (a) and (b) above;*
d) *To make representations to the employer on general matters affecting the health, safety or welfare at work of the employees at the workplace;*
e) *To carry out inspections in accordance with Regulations 5, 6 and 7 below;*
f) *To represent the employees he was appointed to represent in consultations at the workplace with inspectors of the Health and Safety Executive and of any other enforcing authority;*
g) *To receive information from inspectors in accordance with section 28(8) of the 1974 Act; and*
h) *To attend meetings of safety committees where he attends in his capacity as a safety representative in connection with any of the above functions;*

The TU H&S reps were entitled to inspect the workplace and then report back any concerns. They would be continuing these inspections on a regular basis.

SS gave a report on the TU inspection that had taken place today and confirmed a meeting had been set up for Tuesday, to go through the Risk Assessments (RAs), with IB. KFL said it was important to recognise the role the unions were playing and this was about collaborative working, to ensure the workplace was a safe place for all employees to work in.

KFL asked members for their feedback on their experiences regarding the current COVID arrangements.

Charlie Shentall
CS referred to the inspection reports and said there was still quite a lot of work to be done, in quite important areas, particularly Reception. There seemed to be some fundamental issues highlighted and asked how it would be known when these issues were reviewed. KFL said the inspection reports had already been reviewed and actions completed. However, it was felt that there was a need to have an action plan to highlight the actions, then a management response to show when these actions had been

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Item	Action
completed. CS said the Committee would need to know there had been movement behind what was going on. These reports highlighted weaknesses in the operation and it would be important to get the Action Plan and information updated, as soon as possible, so that the Committee had confidence that things were moving forward.	
Action: CSW was asked to create an Action Plan from the inspection reports, which would allow updates/comments to be noted and monitored. The Action Plan to then be circulated to the H&S Committee.	**CSW**

Deborah Lally
DL confirmed that the Reception area work was completed and staff had been given the go ahead to start working. There might be tweaks required once people had settled in, but the RAs were a live document and would be updated as people experience the situation and amendments made as required.

DL confirmed the RAs for the Nursery were complete and they had received valuable input from TUs and IB. PKC had also been sharing their RAs with the Nursery. Nursery staff were now on campus and preparing for re-opening, which was planned for w/c 7 September.

DL advised that the Residences would welcome their first students on Saturday (29th August). The RAs had been shared with TUs and IB. The Residences were run by Hostelling Scotland and they had their own RAs, which DL had asked them to share with her.

DL referred to her other teams and said that because it was not essential these staff return to work at this time, focus had not been on the RAs for their areas. However, staff were aware they were required to complete RAs before they returned to work.

HISA
AW advised that from HISA's point of view there were a couple of items in the reports that may have a negative impact on the students. Firstly, re the microwaves, HISA were concerned that removing them, after the students had fought so hard to get them, would have a detrimental effect on the morale of the students and wondered if it was possible to have cleansing stations next to the microwaves, to assist with the cleaning. The other issue related to the removal of the water coolers which, again, she felt students would not be happy about.

DL said she understood HISA's concern regarding the microwave and would support the proposal for a cleansing station. In regard to the water coolers, DL advised she was aware that the schools

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had removed all coolers and proposed that students be encouraged to bring their own water bottles.

SS said there was a risk with regard to the microwaves in that it couldn't be guaranteed that they would be cleaned as required. KFL said that people could not be forced to clean the microwaves and students would have to make their own choices. SS said that TUs were just highlighting that there was a risk there. AW said that she thought the uproar that would come from taking them away would be much more than those who may not clean it. Because of everything that was going on in relation to COVID, she thought people would be more likely to follow instructions. Otherwise, if the microwaves were removed, then it was suggesting a lack of trust in the students.

JED said there would need to be an RA around the use of the microwaves, where it was recognised that there would be a potential risk of infection. If the level of risk was acceptable then that should be fine, but someone would need to take responsibility to ensure that they were cleaned at least once a day. In relation to the water dispensers, JED indicated that the TU had been asking for an RA for these for some time. She understood that the supplier was going to be contacted for copies of their RAs, but didn't know where Estates were with this.

IB said it was his understanding that the HISA officials were to monitor the microwaves, to ensure they were cleaned. If they wanted to have the microwaves, then the control measures needed to be followed.

Action: AW to check HISA's responsibility on the cleaning of the microwaves and feedback to the Committee.

HISA

Addendum: After receiving feedback from other HISA officers, AW confirmed it was the students' responsibility to clean the microwaves and if they became a hazard, then it would be the College's responsibility. AW said she would look at confirming this for HISA to take that responsibility and will feedback on this.

Ian Bow
IB updated re COVID arrangements and advised that the Caretakers were reformatting rooms; discussions held about the entrance/exit at Brahan, as there was a contradiction regarding coming into the building one way and then immediately having to change direction when inside the building. IB said there continued to be confusion about where people go to order more PPE, but the RAs needed to stipulate, in more detail, what people required for their areas. Most of what had been noted for action in the first inspection report had now been completed.

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JED said she thought the College was almost there in Stage 1 in terms of the physical measures. However, there would likely be further stages, with the next stage being end-user testing of the physical measures in place. Incredible work had been done to get the physical environment to where it was and it was almost complete. JED stressed, however, that none of these measures had really been tested yet, particularly by larger numbers of people and a proper assessment of these measure could not be done until they were viewed in practice by larger volumes of people.	

In terms of the inspections already completed, JE said she hadn't been advised about anything regarding the actions plans. She also had not received any acknowledgement that these reports had been submitted, received and read, which was very disappointing. This meeting was the first time the reports were acknowledged and JED said she had to ask for the reports to be added to the agenda. There needed to be better communication around this.

Jen Brickwood
JB said that in her area, they were testing their RAs as students had now been in College. As a result, some changes had been required, as the RAs weren't perfect, but staff were feeding back the changes they would like to see.

Lorenz Cairns
LC referred to JED's comment regarding acknowledgement of the inspection reports and said that he had acknowledged the reports, and gave thanks for these, at the COVID-19 Response Group (CRG) meeting yesterday (26th August) and this was reflected in the minutes, which would be circulated shortly. They were invaluable, albeit from the time it takes to do the inspection to the report being authored, sometimes some of the changes had already been made. LC said he had publicly thanked JED and SS at the CRG and did do so again now.

LC said there was always new guidance constantly being published and, only today, there was some more from SFC re staff returning to college and so it was a really fast moving situation. LC said he fully expected this would continue to happen which was why the CRG is in place. It should not be viewed that the College did not have measures in place, it was likely that there were measures in place, but that they would need to be changed when updated guidance was received.

LC said there seemed to be quite a lot of contrary practice going on, for example, the school's removal of water coolers and that differing practices across the sector was not necessarily helpful.

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The microwave matter was also a difficult issue and this was not a question of not trusting anyone, but there was a clear risk if they were not cleaned and the biggest mitigation of this risk was to remove them and should not been seen as a punishment to students.	
In regard to the entrance/exit from Brahan, which was to keep to the right. This was quite clearly signed and LC thought it would be more confusing now to change this, given that staff had worked with this for a couple of weeks. However, if this Committee decided it required to be changed then this could be done.	
LC advised that there would be an SMT member in College every day and if changes needed to be made immediately, there would a member of SMT there to make on-the-spot decisions.	
There followed a further discussion about the Brahan entrance/exit and whether or not to change the signs.	
Action: IB/KL to bring a proposal back to the CRG on Wednesday, next week (2nd September) regarding the Brahan entrance/exit signage.	**IB, KL**

Lorna McWilliam
LM advised that the RAs for Hospitality were passed to TUs last Wednesday and were awaiting a response. Some deferred students were in College last week, so this gave the department a rehearsal for the practical classes starting. LM said she had requested more signage for distancing measures, particularly for the 3rd floor as there were lockers in place in the corridor, but she had not heard back yet on this. They were also still waiting on Perspex screens and some PPE. Other than that they were continuing to move forward with arrangements.

Stewart Fraser
SF said that most of the staff from his area would not be back in the College for some time, as their courses could be run wholly on line. However, he had submitted an RA for the staff base, as staff had required to collect things and one person was working from there due to flooding issues at home.

Charlie Collie
CC said staff had been busy trying to get the department up and running. An RA had been completed and passed onto unions and he was awaiting feedback. The department were planning on having a small group of students in for face-to-face inductions the w/c 7th September. Some furniture had still to be moved around for social distancing and CC said he would be happy to have union feedback on this.

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CC queried if there should be an isolation room at Goodlyburn. KFL said the isolation rooms were at Brahan. CC said he was not sure it would be ideal for someone with symptoms to cross the campus. Also, it may be difficult for students with mobility issues to get up to Brahan.	
Action: KFL to review the site of isolation rooms with a view to considering whether or not there should be one at Goodlyburn.	**KFL**

<u>Jill Elder</u>
JEL said BMC were getting things in place and RAs had been submitted. Feedback from IB had been received and she was looking forward to feedback from unions. As much as possible had been done at this point.

Re Sport, the whole curriculum had been taken online at this time, but they would be looking at completing RAs for this area fairly soon, in order to bring students in.

<u>John Small</u>
JS said he had been in College to prepare and the Language School would now have a maximum of 6 people per class; so all was going to be very different.   JS said their RAs had been submitted.

<u>Jane Edwards</u>
JED apologised for not getting through all the RAs and advised that due to work commitments, much of the RAs had been reviewed in her own time. However, arrangements had now been made where the reviewing would be completed in a more joined up way with IB, which should stop double-handling and should be a more seamless process.

JED advised that the inspection today was just to look at some specific areas and TUs would endeavour to visit CCs area next week. JED also suggested visiting the Hospitality corridor, especially as there were lockers there. TUs did visit the Language School today and there were a couple of points to highlight from that visit.

<u>Andy Budge</u>
AB said everything was going well from AST's point of view. Using the challenge/response in the morning was providing solid feedback and emphasised daily messages.

6.3   <u>Competent person resource</u>

JED said that there was only one part-time H&S expert for the whole organisation and this did not seem to be enough resource at

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the moment. There was a lot of work and one person was just not enough.	

KFL said that she had discussed the concerns raised with IB was the College's competent person and had already had his hours increased to full time and that the College was committed to reviewing the resource requirements for H&S. KFL advised that she has had conversations with IB to ensure that he will not carry out some work he had previously been asked to do to ensure he was able to focus on this critical task and this would now be tasked to other people, or deferred. KFL said she recognised JED's concern, but conversations were already being held regarding this resource.

The TU were stating that the resource was not adequate and management regulations were clear on this re size, volume, capacity, as well as the competence element of the resource. KFL said this was being discussed at SMT level, as to what was the right resource for the College. JED reiterated that she felt this was being treated more at a line manager level in terms of someone's workload, where the unions believed the resource needed to be increased. KFL said she noted JED's point.

Action: KFL to discuss further with SMT the College's H&S resource. **KFL**

6.4 Occupational Health provider and complaints

JED said that, across both TUs, reps had received concerns by members around the individual Occupational Health Assessments (OCA). The issue with the OH provider was not new, but the particular concerns re COVID, related to the individual telephone consultations which seemed to be rushed. Also some members, who have had those conversations, felt that MediGold were using their own scoring methods, which was not a medical pathway. As a result, a few members had been told they were low risk, but according to the NHS scoring, they were actually clinically vulnerable.

There followed a discussion relating to instances about particular members of staff, where there was no space on the questionnaire for certain types of situation and the staff were, therefore, being categorised wrongly.

KFL thanked members for their feedback on this. The management referral was a standard form, but the College did include specific questions for where there was a need to have conversations with staff.

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Action: KFL to feedback to MediGold regarding staff concerns about the OCA process.	**KFL**

KFL said that those staff who were high risk should not be on campus, but those on medium risk could return to campus, as long as mitigating factors were in place. However, KFL said she was also getting challenged by staff categorised as high risk, who wanted to be on campus and she was, therefore, not sure how much could be done to address this situation at the moment, due to the volume of OCAs.

AB said that sometimes the time between submitting an OCA and receiving a response was a bit protracted.

6.5   Review of who has been working on campus

JED said that from the beginning TUs had said a record of people coming onto campus needed to be kept. JED was concerned that there were over 300 people that had completed the OCA, which suggested that more than half the workforce was being deemed essential. KFL said this was not correct, as the numbers who had completed an OCA included people who needed to enter College buildings to collect things. Per the discussion at CRG, which JED had initiated, KFL reiterated that she would be reviewing and cross-checking those on campus with those completing OCAs and would be reporting back to both CRG and H&S on this.

Action: KFL to review the QR sign-in records with the completed OCAs, to ensure they matched and report her findings to the next H&S meeting.	**KFL**

JED wanted to reiterate that having some triangulation between people signed in/using QR codes and the completion of OCAs was very important.

KFL advised that the QR code information was only held for 14 days and then was automatically deleted as the data

6.5   Gathering feedback from the workforce on COVID arrangements

KFL advised that there were a number of ways the College was currently receiving feedback on COVID arrangements including, CRG, TUs, HISA and H&S and queried if members felt there were any other ways feedback should be gathered, in terms of how processes were working.

JED said there hadn't been any really clear H&S communication to staff and that much of the information had been included in the weekly updates. The H&S updates were a formal and serious

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communication, while the weekly SMT update was more of a magazine style communication which JED felt the two shouldn't be mixed. The nature of the messaging needed to be worked on. From the top of the organisation there needed to be a clear message that if anyone had a concern about Health, Safety and Wellbeing, then there were appropriate mechanisms to follow. JED was not convinced that the level of instruction was enough for staff.

6.7   Risk assessments – standard, process and training

KFL asked if there was anything else anyone wanted to raise re this item, after much discussion above. Nothing further was added.

7.   HSW Adviser Update
(any other items not included elsewhere on the Agenda)

IB advised that, in the reporting period, there had 'technically' been no accidents recorded with injury, although there had been one report, but this had been mis-recorded and IB would be speaking with Estates to get this changed to a 'near miss'.

Planned training had been impacted by COVID and had not taken place as a result.

In terms of the RA training, this had been condensed to 3 hours, and would normally be a full day's training. However, when things get back to 'normality' IB expected to see people being nominated as the Assessor for their area and they would then complete the full day's training.

8.   Head of Estates Update – for info only

It was noted that KL was on leave this week, but he had provided an update report, which had been circulated prior to the meeting for information and which KFL went through.

AW queried when the road and back car park repairs would be completed. KFL asked AW to speak to KL next week, regarding this.

9.   Arrangements – reminding people to review – feedback request

KFL reminded everyone that they had been asked to read the 26 documents, which had been issued by Dropbox. However, it was pointed out that the Dropbox had a limited lifespan and so KFL asked if anyone needed the documents again.

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	Action: IB to reinstate the 26 documents in the Dropbox so people could access them again.	**IB**

10.   **Health and Safety Subgroups:**

KFL advised that it was her intention that 3 H&S sub-groups be created to help with the H&S monitoring.

10.1   COVID-19 Response Group

KFL proposed this become a sub-group of the H&S Committee, which would put the group on a more formal footing with agendas and appropriate minutes, rather than notes.

10.2   Health and Wellbeing Group

KFL said this group would combine the Healthy Working Lives Group with the SLWG on Stress that was due to be set-up and that this be a sub-group of this committee.

10.3   Policy, Procedures and Arrangements Group

KFL also proposed that a smaller group be formed to review policy, procedures and arrangements.

KFL asked members if they had any thoughts on the proposals for these sub-groups. CS said he thought these 3 groups were important and he would be happy to support it. All members were supportive of the formation of these sub-groups of the H&S Committee.

Action: KFL to implement the H&S sub-groups and draft ToRs for each.   **KFL**

JED asked for it to be noted that it was the TUs that had asked for the CRG to be made a formal meeting, as a sub-group of this committee, so that it could have a more formal format.

11.   **Lessons Learnt Review proposal**

KFL advised that she had added this to the agenda to have a discussion as to when would be the best time to have a 'Lessons Learnt Review'.

As the College was still mid-work, KFL queried whether or not it would be appropriate to have an initial review, or whether or not it would be better to wait for a further term to complete before a review.

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	CS suggested an October date would be a better time for this, rather than wait for a further term.	
	JED agreed that October would be a good time to do this review.	
	Action: KFL to plan a 'Lessons Learnt Review' for some time in October 2020.	**KFL**
12.	**Health and Safety Audit (received 20/08/2020) for discussion at October meeting**	
	KFL indicated that this paper was a copy of the H&S Audit from Henderson Loggie, who had conducted this Audit in May, but due to COVID, the College had only recently received the final version. There was an Action Plan associated with this, which would be submitted to the Audit Committee next month, after which, this Committee would discuss it at its next meeting in October.	
	CS advised that he had made a personal commitment to make sure that the mandatory H&S online training was completed and this would be his focus. The figure for staff completing this training needed to be increased significantly and a 10% target increase year on year was not good enough.	
	KFL congratulated CS and LC on completing their Senior Management IOSH training.	
	As JED had missed the start of the meeting she queried if the role of the H&S TU safety representatives had been formally stated. KFL confirmed this had been done at the beginning of this meeting.	
13.	**AOCB**	
	None.	
14.	**Date of Next Meetings**	
	22 October 2020	
	All meetings are on Thursdays, 2.00-4.00pm	
	Meeting finished at: 15.54	

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Membership

No fewer than 3 members of the Board of Management.
One place reserved by invitation for a Student Member of the Board, as nominated by HISA Perth.
One place reserved by invitation for a Student Member of the Board, to be determined by Staff Members of the Board

- Board members not eligible for appointment are the Chair of the Board, the Principal, the Chair of the Finance and General Purposes Committee, the person elected by the teaching staff and the non-teaching staff of the College and the person nominated by HISA Perth.

- 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.