Audit Committee

Agenda
Meeting reference: Audit 2021-22/01
Date: Monday 4 October 2021 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 31 May 2021		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	Code of Good Governance – Compliance Template	Clerk	Chair	Paper 3
*6.3	Review of Risk Register: Audit Committee & Full Register	Clerk	CHair	Paper 4
6.4	Health & Safety Annual Report	Health & Safety Adviser	Head of HR & OD	Paper 5
7	**FOI & Data Protection**			
7.1	Freedom of Information & Data Protection quarterly update	Clerk	Clerk	To be c/f to next mtg
	NOTE: Due to not having access to the files, it has not been possible to pull together the accurate information and statistics for item 7.1.			

	Agenda Items	Author	Led by	Paper
8	**Performance Management**			
8.1	Balanced Scorecard	Project & Planning Officer	Chair	Paper 6
9	**Audit Plans, Reports & Updates**			
	None for this meeting			
10	**Committee minutes** (for noting by Committee)			
10.1	Health and Safety Committee: • 26 August 2021		Chair	Paper 7
11	Date and time of next meeting: • Monday 29 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 8

Audit Committee

DRAFT Minutes

Meeting reference: Audit2020-21/04
Date and time: Monday 31 May 2021 at 5.00pm
Location: Online

Members present: Jim Crooks (Chair, Audit)
Ann Irvine, Board Member
Fiona Martin, Board Member
Graham Watson, Board Member
Michaela Asisten, Student Board Member

In attendance: Margaret Cook, Principal
Lorenz Cairns, Depute Principal (Academic)
Veronica Lynch, Vice Principal (External)
Iain Wishart, Director of Finance
Stephen Reid, Ernst & Young (except Item 7.1)
Rachel Wynne, Ernst & Young (except Item 7.1)
David Archibald, Henderson Loggie (except Item 7.1)
Ian McCartney, Clerk to the Board of Management
John Maher, Director of Learning & Information Services, UHI
(Item 6)

Apologies: Grace Scanlin, Ernst & Young
Katy Lees, Head of HR & Organisational Development

Chair: **Jim Crooks**
Minute Taker: Ian McCartney
Quorum: 3

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Summary of Historic Action Items			
Ref	Action	Responsibility	Time Line
	Carried Forward from Meeting of 11 March 2021		
5	**Matters Arising** Head of HR to compare KPIs in H&S Annual Report with other Academic Partners	Head of HR	Next Audit meeting (Oct 2021)
5	**Matters Arising** Issues surrounding safe use of personal devices to be raised at next H&S Committee meeting	Head of HR	Next H&S Committee Meeting
12	**Review of Meeting** Clerk to update Terms of Reference to clarify that membership of F&GP Committee precludes membership of Audit Committee, and vice versa.	Clerk	Next Audit meeting (Sep 2021)

Summary of Current Action Items			
Ref	Action	Responsibility	Time Line
8.1	**Audit Action Plan** Director of Finance to compose a paper outlining proposals for circulation and approval by F&GP and Audit Committees.	Director of Finance	June 2021
8.1	**Audit Action Plan** Chair would inform joint Audit Chairs Committee re proposal reference above.	Chair	Next Audit Chairs Committee
8.2	**Review of Risk Register** Clerk to liaise with HR Manager re mandatory training around Health & Safety (Risk 17) and update accordingly.	Clerk	Board Meeting (June 2021)
8.2	**Review of Risk Register** Clerk to update Risk 26 based on discussion around integrated HR/Finance/Payroll systems.	Clerk	Next Audit meeting (Oct 2021)
8.2	**Review of Risk Register** Clerk to revise risks around Asset Management (Risk 29) based on Audit Report.	Clerk	Next Audit meeting (Oct 2021)

Item		Action
1.	**Welcome and Apologies** Chair welcomed everyone to the meeting, in particular John Maher from UHI, and noted apologies.	
2.	**Additions to the Agenda** There were no additions to the Agenda.	
3.	**Declaration of Interest in any Agenda Item** Henderson Loggie noted conflict around Item 7.1	
4.	**Minutes of Meeting of Audit Committee, Thursday 11 March 2021** The minutes were approved as a true and accurate record of the meeting.	
5.	**Matters arising from previous minutes**	
	Matters arising from 11 March 2021 Ref 5 – Matters Arising **Action 1:** Head of HR to compare KPIs in H&S Annual Report with other Academic Partners **Action Update:** Under review, carry forward to next meeting **Action 2:** Issues surrounding safe use of personal devices to be raised at next H&S Committee meeting **Action Update:** To be raised at next Health & Safety Committee meeting, report back to next Audit Committee. Ref 6.1 Audit Action Plan **Action:** Vice Principal to investigate provision of information on Gross Carbon Footprint to the public domain **Action Update:** Return complete, item removed from outstanding items on Action Plan Ref 6.3 – Health & Safety Risk Register **Action:** Clerk to liaise with author of paper to ensure target dates had are provided against tasks. **Action Update:** Completed	Head of HR Head of HR Complete Complete

	Ref 10 – Committee Minutes **Action:** Head of HR to ensure that targeted dates are provided for action points. **Action Update:** Noted and in hand Ref 12 – Review of Meeting **Action:** Clerk to update Terms of Reference to clarify that membership of F&GP Committee precludes membership of Audit Committee, and vice versa. **Action Update:** Unable to be completed due to access to original files (cyber security incident). Defer to next meeting.	Complete Clerk
6	**UHI Cyber Security Attack – RESERVED BUSINESS** ███ ███████████████ ███ ███████████	
7	**Internal Audit Procurement – RESERVED BUSINESS** ███ ██████████████	
8.1	**Audit Action Plan** Vice Principal presented Paper 3, which had been provided to Committee for information. Vice Principal noted that 109 of 115 items were now fully or partially complete, with 4 in progress and 2 paused. Detail was provided on status of 22 remaining actions, and Committee were advised that completion of all outstanding actions was predate by September 2021. Committee **NOTED** the report and expressed appreciation at the rate of progress towards completion. Vice Principal raised matter of outstanding item relating to implementation of a documented set of financial procedures for the Finance Team, noting that this item related to previous procedures when an exercise to review and streamline current finance processes is ongoing, however this action relates back to the	

	original UHI Audit therefore there requires to be some formal signing off of any proposed changes. Director of Finance agreed that documentation of processes is important, however expressed concern that time spent documenting processes that may be replaced seem counter-productive.		
	Committee, with input from External Auditors, **AGREED** that some intervention is required, and requested Director of Finance to compose a paper outlining proposals for circulation and approval by F&GP and Audit Committees. Chair would also inform joint Audit Chairs Committee.	Director of Finance Chair	
8.2	**Review of Risk Register** Clerk presented Paper 4 for dicussion, noting the addition of various actions around cyber security as requested at last meeting. Board Member queried the achievement of mandatory training around Health & Safety training (Risk 17) due to risk of asking staff to undertake activity they haven't been trained for. Clerk to liaise with HR Manager and update accordingly. Board Member queried the progress re integrated HR/Finance/Payroll systems (Risk 26). Director of Finance advised that lack of progress was a resource issue, and full implementation would take around 18 months from purchase. Chair queried reasons for slippage, which were summarised as COVID, cost and capacity. Principal advised that the Tech 1 route promoted by the university was not currently suitable for Perth College's needs. Board Member queried what Plan B was. Principal advised that improvements to current system were ongoing but more needs done. Clerk to update Risk 26 based on discussion. Vice Principal noted that risks around Asset Management would also need revised based on Audit Report in Paper 6.	Clerk Clerk Clerk	
9.1	**External Audit 2021/21 – draft Annual Plan** External Auditor presented Paper 5, highlighting the sections around scope of work, key timelines and materiality levels. External Auditor noted that the Wider Scope section refers to 2018/19, however the College has clearly been able to demonstrate significant ongoing development in governance. Board Member queried whether anything had been built into the programme with regards to transition should another auditor be appointed at the end of the contract. External Auditor advised that the current contract had been extended to a 6th year due to COVID, and that Audit Scotland assures protocols are followed		

	around key areas. Committee NOTED the Plan.	
9.2	**Internal Audit 2020-21/04 – Asset Management Report** Internal Auditor presented Paper 6, noting that all Priority 2 recommendations were interconnected, whilst the Priority 3 recommendation was a relatively short-term piece of work. Internal Auditor reported that the £5k base limit for inclusion on the Asset Register had not been fully complied with due to lack of proper processes being in place, and work was required to connect this area within the IT network. In the short-term, it was proposed to use Procurement processes to verify purchases. Director of Finance noted the scale of improvements required would mean that exercise would not be completed this calendar year, and conversations have been taking place with other Colleges to adopt best practices. Board Member suggested that Risk 29 on the Risk Register be amended to take account of the heightened risk. Director of Finance advised that part of the exercise will be to quantify risk, particularly around security and business continuity. Internal Auditor noted that work also needs to be done to recognise the value of certain items to the College even though these may not be of significant value from an accounting viewpoint. Committee **NOTED** the Report.	
9.3	**Internal Audit 2020-21/05 – Corporate Planning & ROA Report** Internal Auditor presented Paper 7, noting the positivity of the Report and advising that local plans were now more in focus with financial sustainability and contained differing layers of monitoring inputs. Internal Auditor noted the recommendation around use of SMART objectives within operational planning, and concerns around the restrictions on planning due to external influences. Committee **NOTED** the Report.	
9.4	**Internal Audit 2020-21/06 – Student Recruitment & Retention Report** Internal Auditor noted that Paper 8 had not yet been issued as this is a complex report requiring input from a number of stakeholders to agree the final management actions.	

	Clerk advised Committee that, once the College had completed its review, this would be returned to Internal Auditors and then issued. It is hoped that this can be achieved in advance of the Board of Management meeting on 10th June to enable the Chair to record successful progress within the Committee Reports.	
10	**Freedom of Information & Data Protection – Update** Clerk presented Paper 9 for information, highlighting the sections relating to Scottish Information Commissioner investigations and arrangements around the Request To Be Forgotten work.	
11.1	**Balanced Scorecard** Clerk advised that Paper 10 was not available due to accessibility issues caused be the recent cyber security incident. This paper would be issued to Committee as soon as available.	
11.2	**In-Year KPIs** Clerk advised that Paper 11 was not available due to accessibility issues caused be the recent cyber security incident. This paper would be issued to Committee as soon as available.	
12	**Committee Meetings** Clerk advised that Paper 12 was not available due to accessibility issues caused be the recent cyber security incident. This paper would be issued to Committee as soon as available.	
13	**Date & Time of Next Meeting** • Monday 04 October @ 5:00pm (provisional)	
14	**Review of Meeting** Committee confirmed that the meeting had been conducted in line with the Terms of Reference.	

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 ☑ (Except Items 6 & 7)

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

Committee	Audit Committee
Subject	Audit Action Plan/By Exception Progress Update
Date of Committee meeting	04/10/2021
Author	Kirsty Campbell, Project & Planning Officer
Date paper prepared	24/09/2021
Executive summary of the paper	The attached paper provides Committee with a By Exception Status Table for the Audit Action Plan and a Progress Update providing an overview of the main points to note. Carrying out the actions identified by the college's external and internal auditors ensures the college processes and systems are compliant and effective. The outstanding actions will continue to be monitored for progress and the current timeline for completion is December 2022. **NB** This extended timeline for completion is factoring in the change in approach to the action "Implement a documented set of financial procedures for the Finance Team" as outlined in the update provided in the By Exception Progress Table September 2021.
Consultation Please note which related parties, stakeholders and/or Committees have been consulted	Action Leads were consulted to provide information and context where available.
Action requested	☒ For information ☐ For discussion

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	☐ For endorsement ☐ Strongly recommended for approval ☐ Recommended with guidance (please provide further information, below)
Resource implications Does this activity/proposal require the use of College resources to implement? If yes, please provide details.	The majority of actions sit with the Finance team and although implementing the actions has put extra pressure on the resources of this team they should see the benefit in increased efficiency and effectiveness.
Risk implications Does this activity/proposal come with any associated risk to the College, or mitigate against existing risk? (If yes, please provide details)	The college is at risk of non-compliance or poor performance in the areas where actions have been identified. Implementing the actions mitigates against this risk. 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	Compliance
Equality and diversity Does this activity/proposal require an Equality Impact Assessment? If yes, please give details:	No

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Data Protection Does this activity/proposal require a Data Protection Impact Assessment? If yes, please give details:	No Click or tap here to enter text.
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.
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

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

Audit Action Plan By Exception Status Table 2021-22

Action Plan	Theme	Activity	Lead	Accountable	Expected Completion Date	Source	Current Status	September 2021 Progress Update
Finance Action Plan								
Finance	3. Manual Processes	Implement a documented set of financial procedures for the Finance Team	FD	VPEE	Dec-22	UHI Action Plan: 2.70	Paused	Approval recived from EO to replace this with recommendation with a review of processes and once the processes are effective and efficient then document procedures. A new appointment within the Finance team will focus on implementing appropriate control measures to take forward and complete this action in a timely manner.
Procurement								
Procurement	3. Manual Processes	Implement greater supplier management systems	FD/FinAsst	VPEE	Dec-21	VPEE	Partial completion	Finance Director meeting with Procurement to review processes and communicate with staff making it easier and ensuring compliance.

Payroll Systems

Payroll Systems	3. Manual Processes	Provide formal training to the Payroll Finance Assistant	Payroll/ HROD	VPEE	Jun-22	Internal Audit 2019/06: R5	Pending	A training plan has been drafted with the Payroll Assistant as part of the 2020/21 Professional Review process and the FD has written to Henderson Loggie to confirm what form the formal training at Assistant level should take
Payroll & Pension Systems	2. Compliance	Undertake review of the calculation of employee and employer pension contributions over the period 2013/14 to	FD	VPEE	Nov-21	Internal Audit 2020/04: R1	Partial completion	FD wrote to Henderson Loggie on 16/9/21 requesting clarification on this action. A 4yr review has benn carried out with only £1k of error found ie a lack of materiality that would indicate no need to go back any further.

Payroll Systems	3. Manual Processes	Rectify errors of pension overpayments on work over 35 hours	Payroll	VPEE	Nov-21	VPEE	Partial completion	FD wrote to Henderson Loggie on 16/9/21 requesting clarification on this action. A 4yr review has benn carried out with only £1k of error found ie a lack of materiality that would indicate no need to go back any further.
Governance and Board of Management								
Governance & BOM	3. Manual Processes	Review Business Continuity Plan	SMT/ Clerk to BOM	P&CE	Mar-20	VPEE	Partial completion	Review and updating currently being undertaken by Clerk to BOM and sits with SMT. Recent events impacting on business continuity include Covid19 and the cyber security incident and there is an awareness of current development regarding the global energy crises

Equalities Mainstreaming

Equalities	2. Compliance	Clarify and implement role of Equality Champions	HROD, EDI Adviser	DP	Jun-22	Internal Audit 2018/06: R7	Paused		Paper setting out Equality Champion role/purpose presented to SMT and EDIT autumn 2019. Discussions have taken place at staff conference, at EDIT and with HISA. This action remains on hold pending the recruitment of a new Equality, Diversity & Inclusion Adviser.
Equalities	2. Compliance	Embed equality actions are built into self-evaluation and operational objectives processes	SMT/PPO/ EDI Adviser	DP	Jun-22	Internal Audit 2018/06: R3	Paused		This action remains on hold pending the recruitment of a new Equality, Diversity & Inclusion Adviser.

Health and Safety

Health & Safety	2. Compliance	Conduct hazard surveys in all areas to identify missing Risk Assessments	HROD	DP	Dec-21	Internal Audit 2013/07: R1	Partial completion	The Health, Safety & Wellbeing Adviser has delivered online Risk Assessment training sessions throughout academic year 2020-21. Risk Assessments are in place for safe return to campus and related to specific areas for COVID purposes. Action re hazard surveys delayed until physical return of the majority of staff to campus.

Policies and Procedures

Policies & Procedures	2. Compliance	Rationalise and combine the number of college policies and procedures	Quality Manager/CMT	APC	Apr-22	APC/VPEE	Partial completion	This will form part of the Phase 2 work of the Policy & Procedure SLWG which is scheduled to restart in November 2021.

Communications

Communications	4. Culture	Develop a Communications Strategy for internal and external stakeholders	VPEE/ Marketing	VPEE	Dec-21	VPEE	In progress	This is a key objective for VPEE and is being taken forward together with other key college ICT and Digital strategies through the ICT Strategy Group. The KPIs built into the draft ICT Strategy include completion of the aligned Communications Strategy by December 2021.
Communications	3. Manual Processes	Take forward staff Intranet Project	PPO	VPEE	Jun-22	VPEE	In progress	Cyber incident has emphasised and accelerated UHI wide is the need to move away from shared drives and should be using the Sharepoint/Cloud. Paper to review options for platforms went to September ICT Strategy Group with decision made to move away from PerthNet to using Sharepoint as the college's Staff Intranet platform.

Audit Action Plan

Progress Update

23 September 2021

Audit Action Plan Overview

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 the audit action plan and a by exception overview of outstanding actions.

- **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**

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

115 Activities

- 109 or 95% of actions are fully or partially complete

- 2 or 2% are in progress

- 4 or 3% are paused

Complete | Partial | In Progress | Paused

By Exception Overview

The Data-set is comprised of by-exception actions *

12 Actions

* The actions still to be completed in September 2021

- 8 or 67% of the 12 actions partially complete

- 1 or 8% in progress

- 3 or 25% paused

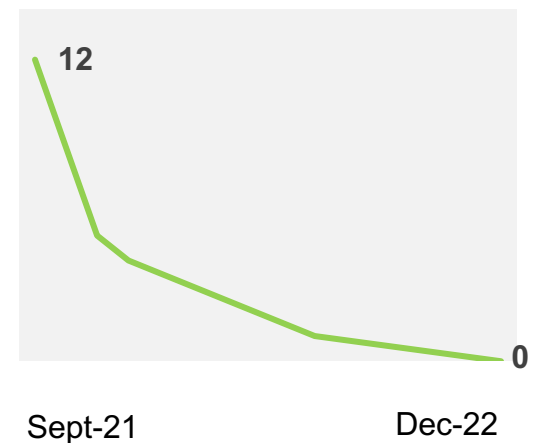Partially Complete | Paused | In Progress

The actions in progress..

| Payroll | 1 |
| Comms | 1 |

The paused actions ..

| Finance | 1 |
| Equalities | 2* |

*Currently recruiting for Equality, Diversity & Inclusion Adviser who once in post will take these actions forward

Expected Completion Timeline..

12

0

Sept-21   Dec-22

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

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

Paused

The activity will start on completion of dependant actions / paused due to circumstances

Committee	Audit Committee
Subject	Documenting Finance Processes
Date of Committee meeting	04/10/2021
Author	Iain Wishart, Finance Director
Date paper prepared	27/09/2021
Executive summary of the paper	Replace audit point for finance to document their processes with alternative actions (rather than audit points).
Consultation How has consultation with partners been carried out?	Audit Committee asked for a paper
Action requested	☐ For information only ☐ For discussion ☐ For recommendation ☒ For approval
Resource implications (If yes, please provide details)	**Yes**/ No This outlines the use of college resources.
Risk implications (If yes, please provide details)	**Yes**/ No Would bring significant value to financial risk management.
Link with strategy Please highlight how the paper links to the Strategic Plan, or assist with: • Compliance	Helps protect the college against financial risk.

• 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:	Click or tap here to enter text.
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** Set out any data protection aspects and whether a data protection impact assessment is needed
Status (e.g. confidential/non confidential)	Non Confidential
Freedom of information Can this paper be included in "open" business?* -**Yes**	Papers should be open unless there is a compelling reason for them to remain closed. If a paper, or parts of a paper, are to remain closed the reason for that exemption must be specified – see reasons below

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

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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? Until the OBC and FBC are approved and funding awarded to begin the project. This would be for an estimated 12 months.

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

Documenting Finance Processes

The documenting of processes in not unique to the finance function and should be carried out by all functions, including audit. While documenting processes can have many benefits it can also create many issues e.g.

1. If you document processes that are not effective, and staff follow these processes then you will have ineffective outputs.

2. If you start down the path of documenting processes, how do you keep up with process changes, how do you know what is up to date and what requires to be updated?

3. Documenting processes takes a significant amount of time and effort by staff. However, the day job does not go away so all your development time as a function is taken up documenting processes (much of which could be point 1 above).

There is an Internal Audit point for the finance function at Perth to document their processes. However, we would like to avoid getting into the cycle of 1-3 above and replace this audit point with two actions that will happen in parallel but with a focus on option 1:

1. Set up a System of Control: Finance believe that there will be more benefit in focusing "development" time in this area.

   - We will review our end-to-end business processes and identify where there could be significant financial risk (fraud, misstatement, strategy fail etc).

   - Introduce controls to manage these risks (detection, prevention, mitigation etc).

   - These controls will be built into college processes (they won't all be finance processes) to ensure the effectiveness of controls on a continual basis.

2. Create a System of Effective Processes

   - Training will be provided to the processing staff in finance on what a process is and how do we know if it is effective.

   - Processing staff will review their processes and adjust as necessary to ensure that we have effective processes.

   - Processing staff will document their processes, incorporating controls to ensure that processes remain effective.

   - Once our processes are effective, we will start on the efficiency of our processes to speed up delivery while maintaining effectiveness.

Perth College UHI

Paper No. 3

Committee	Audit Committee
Subject	Governance Checklist
Date of Committee meeting	04/10/2021
Author	Ian McCartney, Clerk to the Board of Management
Date paper prepared	21/09/2021
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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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

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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

Perth College UHI

Committee	Audit Committee
Subject	Strategic Risk Register – updated to August 2021
Date of Committee meeting	04/10/2021
Author	Ian McCartney, Clerk to the Board of Management
Date paper prepared	21/09/2021
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 Audit 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 12, given the emerging potential energy crises in terms of problems with gas supply and prices.
	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
Consultation How has consultation with partners been carried out?	Board Members and SMT have been consulted via discussions at sub-Committees

Perth College UHI

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

Perth College UHI

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

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

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

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

UHI STRATEGIC RISK REGISTER TEMPLATE   **PARTNER: Perth College UHI**   **DATE: August 2021**

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

Ref	Risk Status	Strategic Category	RISK AREA, 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
1 *	Active	Working in partnership to meet the needs of our local economy and beyond. Providing a progressive curriculum which meets economic and social needs and aspirations.	*Control over strategic environment* Operations limited due to outcome of central or remote decision making reducing local impact and focus. Lack of understanding or clarity of the academic partnership within our external operating environment. **Engagement**	• Collective reporting • Dilution of local need within decision making • Changes to Partnership structures/ organisation.	• Reduced student numbers. •Declining performance. • Loss of commercial potential. •SFC Phase 1 Review of Colleges & Universities •UHI Academic Partner discussions re internal structures	Principal	4	4	16	• College Board of Management and Chair kept informed of arising issues. • UHI Vice Principal Further Education and Chair of Regional Strategy Committee made aware of issues. • SMT proactive in decision making forums. • Perth & Kinross CPP single outcome agreement embedded in ROA. • Create positive working relationships with Colleges Scotland and Scottish Government. Engagement with Board members on key issues with regular discussions in appropriate Committees	16 (4,4)	↔	• Continue to highlight as appropriate. • Continue to work on and implement recommendations of current Programme Board • Work proactively within partnership and beyond. • Be proactive in discussions re. future integration • Review metrics for measuring local engagement	Principal Principal Principal Chair	Ongoing Ongoing Ongoing Ongoing
2 *	Active	Working in partnership to meet the needs of our local economy and beyond.	*Achievement of Student Numbers* Non-achievement of numbers. Low allocation of funded Student Numbers from the region. Adverse impact of Regional funding and allocation Low allocation of funded student numbers from the region **Academic Affairs**	• Lack of marketing focus • Intra regional competition • Curriculum offered does not meet demand • Slow conversion of application to acceptance • Impact of school profile and jobs market • Likely impacts of Brexit, eg ESIF, reduction in FTE funding **COVID-19**	• Financial. • Reputation. • National appetite for increased funded numbers. •Reduction in EU students. • £3m funding not guaranteed • Implications for students without settled/pre-settled student status **Lack of clarity re student progression**	Depute Principal Academic/ Vice Principal External/ Associate Principal	4	4	16	•Curriculum Review completed. • Maintaining engagement with applicants. • Well informed with strong/robust evidence/business case for local demand. • Strong representation on PPF for FE and HE and on the Regional FE Strategy Committee. • Clear understanding and management of criteria within the ROA. • Endorsement of Community Planning Partnership. • Liaise with adjoining regions, colleges and providers for out of region provision. • Strategic discussions with PKC Education Department on Schools/College volume. •Ensure student numbers align to strategic plans. • Effective marketing plan in place. • Student Number Planning using more robust data • EREP Action Plan Implementation – in suspension due to COVID	16 (4,4)	↔	• Revised Marketing Strategy – transitioning to digital • Curriculum Review – complete and now ongoing on a continuous basis •Involvement with Tay Cities Deal (24 additional HE FTE places) Implementation of effective messaging system Identify courses with highest EU student cohorts. Learner Journey Strategic Group implementation	Depute Principal Academic/ Vice Principal External Vice Principal External Associate Principal Associate Principal Associate Principal	Ongoing Ongoing Dec 20 Dec 20 Dec 20

										CURRENT ACTION PLAN		
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3 *	Active	Developing a successful and sustainable organisation.	*International Student recruitment* 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 VP International and External Engagement • Explore combined product offering between College and AST. • Delivery of Trans National Education • Protection of UKVI Student Licence • Review opportunities for employing staff in market • New International Strategy Approved by Board • Strategy is connected to UHI Sustainability Pan • Recruitment data resulting from Chinese website being monitored within International Strategy • Growth in new markets, eg Icelandic MBA	20 (5.4)	↔	• Deepen and establish new relationships • Review delivery models inc commercial subsidiary • Develop exchange opportunities for students and staff • Enhance comms and social channels • Review of EU fee policy • Engage with UHI re development of UHI International Strategy • Collaborate with rest of Scottish College sector re bidding for vocational education options • Capitalise on opportunities arising from Chinese website	Vice Principal External	July 2020 Jan 21 July 21 July 21 Ongoing
4 *	Active	Developing a successful and sustainable organisation. UHI Common Risk	*Institutional reputation* The institution has a poor reputation. **F&GP**	• Inequitable distribution of income across Partnership • Consistent poor student experience/ performance • Breakdown in Partner and Staff relations • Confusion of brand identity re. Perth and UHI • Adverse publicity • Negative external perceptions due to internal	• 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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				processes (eg Consultation)									CURRENT ACTION PLAN		
5 *	Active	Inspiring and supporting our students to achieve their potential. Developing a successful and sustainable organisation. UHI Common Risk	College Estate 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 • Priority to increase classroom accommodation.	•Estate poorly maintained • Inability to deliver a new improved estate fast enough. • Availability of classrooms and academic equipment does not match demand. • Immediate and recurring costs associated with COVID, eg PPE	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. • 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 • Average £650k pa ring-fenced for spring & summer works	9 (3,3)	↔	• Commission of Conditions Survey & prioritisation of required work • Commission tender process for Estates Strategy - deferred	Head of Estates Head of Estates	Ongoing TBC (deferred re COVID)

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6 *	Active	Inspiring and supporting our students to achieve their potential.	**IT infrastructure & implementation** Technology not fit for purpose. No replacement or upgrade of critical ICT and academic equipment. Heightened risk of cyber attack Licenses for specialist software classroom-based rather than individual **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/ digital platforms to support larger classes. • Additional requirements from curriculum development and growth. In-equitable digital access for students (equipment and connectivity) • Technological innovation. • Lack of Integrated Information Systems	• Higher investment in resources required. • Need to continually alter accommodation. • Available resources limit delivery options. Digital/ cloud-based services inadequate for curriculum and professional needs. •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.-complete • ICT rolling programme of replacement – focus changed from classroom-based PCs to provision of laptops and BYOD for students • 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 consolidation -*Staff training sessions available on demand* • VC Application change to Webex and MS teams. • GDPR Training sessions: Awareness of issues around transferring data • New Operational Planning Process • Change tracker for Payroll Process • Communicate changes to staff and students • Opportunities/impetus presented by Scottish Government Digital Strategy • Digital Poverty transition project • ICT rolling programme transitioning from desktop renewal to RAM upgrade and staff laptop allocation.	9	↔	• Rigorous approach to timetabling and utilisation of rooms. • ICT Budget and replacement influenced by curriculum needs. Commission tender process for integrated Finance/Payroll/HR system Migration of online training to ~~Webex~~ MS Teams/ Sharepoint/ OneDrive ICT Strategy Group to develop ICT Strategy Updated ICT Asset Register Implement Common UHI Information Security Framework Policy Implement agreed priorities from College Sector Digital Ambition	Depute Principal Academic ICT Manager Vice Principal Associate Principal Vice Principal ICT Manager Vice Principal Vice Principal	Ongoing Ongoing June 2022 Dec 2020 July 2021 July 2021 September 2021 September 2021
7	Active	Developing staff to successfully deliver our Vision. UHI Common Risk	**(Senior) staffing levels** Disruption to services/projects and/or partnership	• Poor performance management of competence issues. • Fast pace of curriculum	• Inability to compete. • Loss of business and reputation. • Potential requirement to buy in specialist staff	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.	4	↔	Improve completion levels for Mandatory Training ~~Conduct Staff Survey~~	Head of HR & OD ~~Principal/ Head of HR & OD~~	Dec 2020 ~~April 2021~~

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			working resulting from loss of a key staff member. **F&GP**	development. • Excessive demand on CPD. • Lack of staff capability. • Poor workforce planning. •Affordability/cost of staff	•High staff turnover. •Poor staff satisfaction.					• Assessment Action Plan in place and monitored • Maintain Healthy Working Lives accreditation • Succession Planning • Minimisation of single-person dependencies • Cross training Recruitment of Director of Finance provides additional resilience on SMT ● Staff Survey completed and results distributed	(2,2)				
8 *	Active	Developing a successful and sustainable organisation. UHI Common Risk	*Research outputs* Research outputs are sub-standard. Overall number of Research activities/outputs are small. Insufficient momentum to build capacity in most curriculum areas. **Academic Affairs**	• Low numbers of staff with relevant skill-set to conduct research • Lack of time permitted/ incentives provided for research activities • Research not integral part of staff contracts Inadequate support for bidding for research contracts • Funding methodology **COVID-19**	• Inability to identify and agree appropriate projects • Research strategy not clear ● REF delay = impact on funding feeding through ● Small number Perth college staff contributing to UHI Education Unit of Assessment in REF **Delay 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 ● Research Strategy updated and approved	9	↔	Link with KE specialists in UHI. Vision 2021 and City Development Plan implementation. Review EO funding streams for fostering and supporting research at AP	Principal	Ongoing
9 *	Active	Working in partnership to meet the needs of our local economy and beyond. Developing a successful and sustainable organisation.	*Growth opportunities* Missing viable opportunities for development and growth **F&GP**	• 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.	• 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.	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.	16	↔	• Curriculum Review FE and HE - completed • Target international developments towards such areas where product is requested, e.g... Business Degrees • Schools Strategic Group to plan curriculum 2018-19 onwards .	Associate Principal	Ongoing

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				• Funding allocations • Resource limitations • Changes to ESIF Funding. **COVID-19**	**Uncertain future for development activities and appetite for external engagement post-Outbreak, including Tay Cities Deal** **Reduced opportunities due to post-COVID climate**					• Tayside RSA + H & I RSA to be used as baseline intelligence. • Flexibility in approval Cycle and proportionate responses. • Liaison with UHI re ESIF and LUPS. • Monitor and review international opportunities and costs. International Strategy. • Continuous collaboration with Learner Journey Strategic Group re school/college curriculum to achieve objectives re apprenticeships & employability • Contracting of Associates to overcome shortage of lecturing staff	(4,4)		• DYW Strategy Group implementation (Associate Principal on group, no longer separate SDS group) • PPF UHI Curriculum Plan Enact Business Development Strategy following Board approval Review presentation of financial reporting to reflect margins rather than revenues	Vice Principal External Finance Director	Dec 2020 Jan 2020
			Tay Cities Deal: Delay in final deal due to General Election leads to issues re: funding and market value Funds withdrawn elsewhere may result in rationalisation of local project		Tay Cities Deal: • Loss of capital funding • Loss of opportunity for developments					Tay Cities Deal: Proposal passed by Board: 5-year Plan = £320k new revenue (net of allowances for costs)			Tay Cities Deal • maintain dialogue with strategic partners Final OBC submitted for approval Financial plan to ensure sustainability of AAS including levering of £1.2m donor contributions	Vice Principal External Vice Principal External	Ongoing Feb 2021 Ongoing

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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* 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. • Delivery impacted by ongoing industrial action **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** **Impact of COVID on student survey performance based on delivery (-ve and +ve)**	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 • Attainment & Retention KPIs	9 (3,3)	↔	• Complaints Review • Student funding at Regional and National level.	Depute Principal Academic	Ongoing

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11 *	Active	Providing a progressive curriculum which meets economic and social needs and aspirations. UHI Common Risk	*Regional curriculum plan* 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 • UHI curriculum strategy proposals **COVID-19**	• Lose students. • Financial risk through reallocation. • Students choose another provider. • Poor retention and achievement. • Disputed ownership/ responsibility for failings. **PKC Learner Strategy now recommenced**	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 complete • In liaison with PKC re Learner Strategy • Continuous review of FE Curriculum • Associate Principal on UHI HE/FE Curriculum Review groups	9 (3.3)	↔	• Proactively engage in implementation of UHI Strategic Plan. UHI Curriculum Review	SMT UHI	Ongoing March 2021
12 *	Active	Developing a successful and sustainable organisation.	*Business Continuity* Threat to Business Continuity **Audit**	• Major incident. • Pandemic. • Major fire. • Terrorist Activity. • Cyber Incident UHI ICT loss of service. • Radicalisation	• College closure. • Reduced/loss of service. • Potential financial implications, eg fines imposed by ICO	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 • Regular Partnership-wide crises management meetings	20 (5,4)	↔	Review non-COVID Business Continuity Plans to absorb learning from recent approaches/ Solutions and cyber incident Review protocols re back-up systems utilised to identify at-risk non-Cloud systems following cyber incident Complete transition of data from network to cloud platforms Encourage staff to identify and report cyber risk incidents	Clerk ICT Manager ICT Manager SMT	July 2021 Apr 2021 May 2021 July 2021

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13 *	Active	Developing a successful and sustainable organisation.	**Shared services** 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.	9	↔	• Agree principle of Service Level Agreements with UHI Access SLA from LIS to ensure clarity of central functions and local ICT responsibilities • Proactive within commissioning board.	SMT Vice Principal SMT	Ongoing June 2021 Ongoing
14 *	Active	Developing a successful and sustainable organisation.	**Financial sustainability** Unable to achieve a breakeven Adjusted Operating Profit (AOP) on a sustainable basis. **F&GP**	• Significant fall in income. • Staff costs + non-staff costs are higher than income. • Local consequences of National bargaining • Occurrence of event on disaster recovery plan.	• College does not have enough cash to operate and or grow. • Accounts show a deficit AOP for more than one year.	Director of Finance	4	5	15	Continued development of cashflow forecasting model	15 (3,5)	↔	• Development of Management Accounting Information. • Development of financial forecasting models. • Development of cash flow forecasting. • Development of budget process.	Director of Finance	Ongoing – will evolve and develop over next 9 months. Ongoing – in place from September 2021 Ongoing – in place from Jan 2021 Ongoing – new process from Jan 2021, live from Aug 2021
15 *	Active	Developing a successful and sustainable organisation. UHI Common Risk	**Internal controls** Internal controls do not exist or are not effective in preventing a significant issue/event. **F&GP**	No ERM strategy in place. Existing controls not tested regularly. Risk not identified, therefore controls not in place.	Significant events occur where no controls are in place. Significant events occur where controls are in place. **Financial impact of reduced student numbers, delayed Consultation process,**	Director of Finance	3	5	15	Number of relevant polices in place. Regular Internal Audit programs. Annual External Audit.	15 (3,5)	↔	Design an ERM strategy and implement a system of control e.g. SOX 404 or ISO31000	Director of Finance	Dec 2021

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				Staff have not been trained in risk identification and control development. **COVID-19**	**commercial income, etc** **Additional COVID-related costs (IT, PPE, etc)**										
17	Active	Developing a successful and sustainable organisation.	*Statutory compliance* 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. • Equalities Outcomes and Mainstreaming Report – Action Plan completed. • 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 • Improvement in Mandatory Training stats – 90% Completion Rate target established • New reporting mechanisms for Health & Safety • Increase in prevalence of risk assessments across organisation • COVID Response Group codified as sub-committee of H&S Committee	16 (4,4)	↔	• Plans in place to enforce completion of Compulsory H&S training	Head of HR	Annually December

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18	Active	Developing a successful and sustainable organisation.	**Brexit** 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 •Withdrawal of EASA accreditation for pre-Brexit AST qualifications	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 • Trend analysis for student targets • AST lobbying appropriate bodies within UK/EU to seek legislative change	15 (5,3)	↔	• Scottish Government looking to protect Erasmus + programme		Ongoing
19	Active	UHI Common Risk	**HE student numbers** 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 complete •Continue close partnership working within UHI. •Ongoing dialogue with PPF and academic partners. •Plan, monitor and review student numbers/applications. • Improved marketing has reduced curriculum gap • Improved NSS scores • Trend analysis for student targets	20 (5,4)	↔	• Implementation of Curriculum Review complete and continuous review in process UHI Curriculum Review	~~Depute Principal Academic~~ Associate Principal UHI, Depute and Associate Principal	~~Ongoing~~ Complete ~~March 2021~~ 1st phase September 2021
20	Active	UHI Common Risk	**FE student numbers** 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 complete •Develop external partnerships with schools. DYW and employers – Associate Principal sits on DYW Strategy Group. •Plan, monitor and review student numbers/applications.	20 (5,4)	↔	• Implementation of Curriculum Review Continue progress made with partnerships developed through Learner Journey Strategy Group Focus marketing activities on p/t FE courses Ensure curriculum meets demand linked to increased unemployment rates	Depute Principal Academic Associate Principal	~~Ongoing~~ Complete Ongoing Jan 2021 Jan 2021

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21	Active	UHI Common Risk	*Statutory Compliance* Non-compliance with relevant statutory regulations. **Audit**	Lack of awareness of relevant laws and penalties. Management failures. E.g. UK GRPR (Data and Information Security), Health and Safety Regulations, PREVENT legislation etc.	Failure to meet appropriate legislative standards likely to result in significant reputational damage and/or possible legal action. Additional scrutiny from statutory bodies such as Auditor General, HSE, OSCR, Information Commissioner, 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. ✦ Policies & procedures produced and published, including Model Publication Scheme and Privacy Notices • Work with/respond to ICO and OSIC to minimise risk of breaches where appropriate	9 (3,3)	↑	• Continuous update and reinforcement of GDPR policies and procedures. Ensure compulsory training is conducted across organisation Introduce mandatory cyber and information security training to increase awareness of cyber risks Information security embedded in all job roles Review Work From Home practices around remote access of sensitive data Review protocols re back-up systems utilised to identify at-risk non-Cloud systems following cyber incident	Principal Head of HR Head of HR SMT Head of ICT Head of ICT	Ongoing June Board December 2021 December 2021 Aug 2021 Apr 2021
22	Active	UHI Common Risk	*Governance* Governance Failure. **Audit**	Governing body does not have an appropriate balance of skills and experience. Role of a governor/direct or 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 information to fully discharge their responsibilities	Challenge to recruit new Board Members High turnover of Board Members Action Plans arising from recent Audits are not sufficiently monitored and reported Failure to comply with Code of Good Governance	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 • Board External Effectiveness Review completed June 2020 • Successful recruitment & induction of new Board Members summer 2020 • Review of Committee membership summer 2020 • Code of Good Governance Compliance Checklist reviewed Oct 2020	3 (1,3)	↔	Audit Action Plan in place with robust monitoring system Board Effectiveness Review Action Plan	Chair BoM Clerk	Ongoing Dec 2020

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23	Active	UHI Common Risk	*Student Experience* 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 Cyber-Security Incident Poor recruitment & development of student-facing staff COVID-19	Poor performance in national student satisfaction surveys. Reputational damage. Impact on ability to recruit future cohorts. Risk to core income streams. Impact on students of Cyber-Security response measures on risk minimisation of systems, eg restrictions on availability of hardware and software affected 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 • Student Survey re VLE/Brightspace conducted and shared with SDDs • Significant investment re availability of laptops and WiFi access for students during COVID (versus potential limitations caused by Cyber-Security incident response measures) • Improved CPD (Per Risk 7)	12 (4,3)	↔		• Commission of Conditions Survey & prioritisation of required work • Commission tender process for Estates Strategy - deferred • Action Plan re outcomes of VLE/Brightspace Survey to be devised	Head of Estates Head of Estates Head of L&T	Ongoing tbc Aug 2021
24	Active	UHI Common Risk	*Data protection* Institutional, personal and sensitive data is corrupted, lost,	Poor IT security measures. Equipment with security holes. Poor patching regime. Anti-	Information Commissioner fine of up to £500k. Adverse press coverage. Loss of confidence by	Principal	3	4	12	•Firewalls and filters updated regularly. •Anti-virus software on all corporate devices. •UHI protocols applied and adhered to.	12	↔		• Monitoring of UHI wireless network hardware and process Review Work From Home practices	ICT Manager ICT Manager	Ongoing Aug 2021

Ref	Risk Status	Strategic Category	RISK AREA, 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
			stolen or misused or services are disrupted through malicious and illegal activities by external individuals or bodies. **F&GP**	virus is not up-to-date/ comprehensive. Firewalls are configured incorrectly. Coordinated DDOS attack on university infrastructure. Increasing number of security alerts. DDOS attacks on UK academic institutions up to 527 in 2015 - Janet CSIRT. Increase in cyber-attacks such as ransomware reported in national media.	regulators, stakeholders and HE sector. Ransomware encryption has been detected on UHI network.					•Passwords changed regularly. • Dual authentication processes rolled out	(3,4)		around remote access of sensitive data Review protocols re back-up systems utilised to identify at-risk non-Cloud systems following cyber incident Embed data and information security within all job roles	ICT Manager SMT	April 2021 December 2021
25	Active	Developing a successful and sustainable organisation	***Commercial subsidiary*** Financial failure of commercial subsidiary **F&GP**	Deterioration in economic viability of subsidiary **COVID-19**	**Poor outlook due to worldwide collapse in aviation market**	Vice Principal External	4	5	20	• AST management structure reviewed. • Policies identified • Best practice adhered to • College Governance applied. • Advice given to AST Management Team • General Manager appointed • Going Concern work prioritised leading to increased focus on cash management & projections • Job Retention Scheme/Salary Holidays/Rent Reduction to reduce costs while not trading • Growth Plan agreed	20 (4,5)	↔	• 2020/21 Business Plan reviewed once return dates are confirmed	Vice Principal External	Dec 2020

Ref	Risk Status	Strategic Category	RISK AREA, 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
26	Active	Developing a successful and sustainable organisation	*Payroll* Failure of payroll systems & procedures results in non-compliance with standards **Audit**	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	Director of Finance	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. • 19 of 20 Audit actions completed • Internal Audit commissioned to conduct evaluation of pensions and tax payments • Voluntary HMRC Disclosure made	3 (1,3)	↔	• Review recruitment & induction processes • Compliance with relevant areas of Audit Action Plan	Head of HR & OD Head of HR & OD	June 2020 Ongoing
28	Active	Developing a successful and sustainable organisation	*Procurement* Procurement processes are not fully compliant with regulations **F&GP**	Internal processes not suitably robust	Contracts register incomplete Historic contracts contain higher level of risk than anticipated upon review (eg catering)	Director of Finance	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 Roll out training to budget holders and other affected staff	Director of Finance Director of Finance	Ongoing April 2021

Ref	Risk Status	Strategic Category	RISK AREA, 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
29	Active	Developing a successful and sustainable organisation	*Asset Management* 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	Director of Finance	4	3	12	• Current Asset Register reviewed and weaknesses identified • Comparative analysis within sector conducted • Standard capitalisation levels reviewed	12 (4,3)	↔	• Update Asset Register • Review Financial Regulations Codification & approval of Land & Buildings valuation calculation Independent valuation of key assets for External Audit	Director of Finance Director of Finance	June 2020 Feb 2021 June 2021

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	*COVID-19* 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 • Estates implemented social distancing measure on campus • COVID Response Group established, codified and meeting weekly – sub-Committee of H&S	20 (5,4)		• Continue recruitment online • AST Board meeting regularly to manage cashflow and identify new business • Continued exploration of contingencies at SMT/CMT level	Marketing AST Board 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.

Committee	Audit Committee
Subject	Annual Health and Safety Report
Date of Committee meeting	04/10/2021
Author	Ian Bow, Health, Safety and Wellbeing Adviser
Date paper prepared	23/09/2021
Executive summary of the paper	Please outline the follow elements of this paper: i) Purpose – what is it for ii) Impact – what are the intended outcomes iii) Course of Action – what happens next & by whom 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 in place within the College, and to provide assurances on the adequacy of these measures. This report is a statement of Perth College UHI health and safety management for the academic year 2020/21 and its intentions going forward for 2021/22 and beyond. This report highlights the key health and safety measures and systems within our Safety Management System to minimise risk and ensure the health, safety and wellbeing of our 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. .
Consultation Please note which related parties, stakeholders and/or Committees have been consulted	Health and Safety Committee

Perth College UHI

Action requested	☒ For information
	☒ For discussion
	☐ For endorsement
	☐ Strongly recommended for approval
	☐ Recommended with guidance (please provide further information, below)
Resource implications Does this activity/proposal require the use of College resources to implement? If yes, please provide details.	No
Risk implications Does this activity/proposal come with any associated risk to the College, or mitigate against existing risk? (If yes, please provide details)	Yes Outline of actions taken by the college
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	Click or tap here to enter text.
Equality and diversity Does this activity/proposal require an Equality Impact Assessment? If yes, please give details:	No

Perth College is a registered Scottish charity, number SC021209

Perth College UHI

Data Protection Does this activity/proposal require a Data Protection Impact Assessment? If yes, please give details:	No Click or tap here to enter text.
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.
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.

Perth College UHI

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

University of the Highlands and Islands
Perth College

Annual Health, Safety and Wellbeing Report

Academic Year 2020-2021

Contents Page Number

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 in place within the College, and to provide assurances on the adequacy of these measures. This report is a statement of Perth College UHI health and safety management for the academic year 2020/21 and its intentions going forward for 2021/22 and beyond.

Perth College employs over 500 staff and has more than 8000 students. We recognise staff as our greatest asset, never more so than during the past academic year. We are committed to ensuring we have a skilled and motivated workforce in order to achieve and maintain a healthy and safe work environment.

This report highlights the key health and safety measures and systems within our Safety Management System to minimise risk and ensure the health, safety and wellbeing of our 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.

Executive Summary

The Academic Year 2020-2021 has been a challenging period for our staff and students. Where we envisaged short term disruption to our services, we find ourselves over 16 months later still living with uncertainty.

One of the key challenges this year has been to remain engaged with our staff and students. With no face-to face activity on campus for a significant number of months and then only limited face-to-face since then, our focus has been on dealing with a pandemic and learning and working through alternative means such as Microsoft Teams meetings, Brightspace etc. This has proved to be successful in raising awareness and competence for many staff, but also highlighted a need to upskill in many areas.

Due to the cyber incident, difficulties were encountered in maintaining currency with our electronic documentation and the loss of some data.

Our priority has and remains to provide and maintain a safe work environment. We have provided training to enhance our number of competent risk assessors, given direction and support for undertaking or refreshing our mandatory related online training and provided some of our management with accredited Health and Safety qualifications.

Accident and Incident occurrences have fallen compared to previous years, mainly due to the effect the pandemic has had on Campus activity. Sickness absence has also fallen and our hope is that this pattern of improvement shall remain going forward into the next academic year.

Health and Wellbeing has been a major focus where we have provide numerous articles and guidance on resilience, mindfulness and general health. Following our Staff Stress Survey, we have now begun building on our actions to alleviate stress in the workplace through our action plan.

1.   Health and Safety Management

1.1   Policy

The Health and Safety Policy (Statement of Intent) was signed by the Principal and Chief Executive and the Chair of the Board in October 2020. This document states the commitment to managing Health, Safety and Wellbeing and the aim for continual improvements.

In September 2020, a Sub-Group of the Health and Safety Committee was formed to review all Health and Safety related Policies and Procedures. This was in part was due to observations made during the external audit conducted by Henderson Loggie in May 2020 regarding the timeframes set for document review. The Policies and Procedures Group has so far reviewed 26 Health and Safety Arrangements and 9 Policies and Procedures with a further 12 Policies yet to be reviewed.

There has been a re-write of the main Health and Safety Policy parts 2 (Organisation) and part 3 (Arrangements) bringing the document up to current best practice and standard. A new policy, Fire Safety Management Policy and Procedures, has also been developed and approved.

All Policies and Procedures follow the College Policy on creating Policies and Procedures including conducting Equality Impact Assessments (EQIA) on the documents and all policies and associated EQIA's are published on our website.

1.2   Planning and Implementation

Due to the Covid pandemic, the plans for enhancing staff and student competences and skills were curtailed with a limited programme of training provided (further detail at 1.4 below). The proposed programme of training has been redrafted for the next academic year. Our endeavour is to implement our plan in full which will raise health, safety and wellbeing awareness and competence of staff and students to effect culture change and future improvements.

Progress towards standardising our procedures is ongoing. This in part is due to a raised awareness of the common-sense approach in addressing current issues where often a standardised approach and methodology is best suited. This is evidenced by the corporate approach to risk assessment and mitigation controls put in place for Covid-19. Providing a standardised template and training individuals to consider additional factors in their individual workplaces has eased the workload for themselves and those who monitor and approve the activities.

Within this document, further mention is made of action plans and reinstatement of practices.

1.3   Cooperation and Communication

The Health and Safety Committee consists of representatives from curriculum areas, support services departments, Trades Unions and Students and is the forum for discussion, information and consultation. The Committee has met on 5 occasions in this reporting period where meetings were conducted remotely and attendance was good on

all occasions. The Committee forum is the main focal point for improvement and communication of Health, Safety and Wellbeing for our staff and students.

Trade Union consultation, participation and cooperation in the formulation of Covid Safe Risk Assessments and procedures has played a vital part in our ability to provide a safe working environment. Each Curriculum area and department operating on Campus during the pandemic had to provide formal written Covid Safe assessments and plans to the Health, Safety and Wellbeing Advisor and Trades Unions Safety Representatives for scrutiny and approval.

Communication, and training to a certain decree, throughout the pandemic has been via email and MS Teams meetings. This has meant learning a new way of working where information is not always passed in face-to-face meetings. Our Organisational Covid Safe Assessments and Return to Campus Guidance have been placed on the College website. These documents are reviewed on a regular basis following Government Guidance and best practice. Staff updates and information have been sent out via email and student updates by social media.

1.4   Training and Competence

As mentioned previously, the provision of training to build on staff competence and confidence has been curtailed due to the pandemic. Further to this, staff have been required to adjust to remote or home working. This in itself has been challenging, but achievable.

In-House training has been conducted online where practicable with those training events which require face-to-face attendance having been postponed until such times as we can conduct practical training safely.

7 members of the College Management Team have now completed the Institute of Occupational Safety and Health (IOSH) Managing Safety and 2 have completed the IOSH Safety Course for Executives and Directors.

A total of 130 staff have attended a College run Introduction to Risk Assessment and Covid Safe Measures. A further 46 staff have completed the General Risk Assessor training increasing the capability of Curriculum Areas and Departments to conduct their risk assessments with suitably competent assessors.

7 staff have requalified as competent First Aiders following a resumption of face-to-face training with British Red Cross.

During this period, we have sought to focus the attention of staff on the requirement to undertake and complete Health and Safety training online utilising the platforms we use. It was identified that this training also needs to be refreshed periodically and staff were to register and complete these courses in order to maintain their knowledge and skills.

Compliance with Online Mandatory Health and Safety Training has improved, (see table below).

Course name	2019-20	2020-21
Bribery Act v.1	88%	91%
Bullying and Harassment Part 1 v.1	85%	90%
Data Protection (GDPR) v.1	88%	91%
Diversity in the Workplace v.1	83%	90%
Health and Safety Part 1 v.1	79%	87%
Health and Safety Part 2 v.1	81%	88%
Safeguarding in FE Colleges v.1	84%	91%
Stress Management for All Staff v.1	84%	89%

1.5 Risk Management

The Management of Health and Safety at Work Regulations 1999, Regulation 3 states the employer must:

- identify hazards that could cause injury or illness in the workplace
- decide how likely it is that someone could be harmed and how seriously by evaluating the risk
- take actions to eliminate the hazard, or if this isn't possible, controls the risk by reducing it to as low as reasonably practicable.

Assessing risk is just one part of the overall process used to control risks in your workplace. Following the principles of Health and Safety Executive document HSG65 of Plan, Do, Check, Act (PDCA), we will:
- 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

We achieve this by:
   Planning, setting out our Policies and Safety Plans
   Doing, delivering our plans
   Checking, measuring our performance, and,
   Acting, reviewing our performance and acting on lessons learned.

This is a cyclical process.

During this reporting period, contractors have been employed to conduct refurbishments and general works. All approved contractors must provide the Estates Department copies of their risk assessments and method statements which are examined and commented upon as required prior to any works commencing.

Departmental workplace health and safety inspections are a simple but effective method of examining a work area and raising safety or housekeeping issues where appropriate. The recording of these inspections on a standardised format and a subsequent action plan

provides evidence of good practice and availability for scrutiny during inspections and audits.

The Health and Safety Risk Management Profile is reviewed and amended on a regular basis and discussed at the Health and Safety Committee. Key impact to this document is the inclusion of Coronavirus as an organisational health and safety risk.

Due to the pandemic, Curriculum Area and Support Department risk assessments for general tasks, processes and activities have been reviewed to address new ways of working. Alongside the Covid-Safe assessments, practical solutions have been found to continue to deliver services and teaching. An increase in Risk Assessors will provide additional resources for the full review of risk management at departmental level. Progress towards the electronic filing of risk assessments is slow but shall gain momentum on return to work and study.

1.6   Advice and Support

The Health, Safety and Wellbeing Adviser (HSWA) is the appointed "Competent Person" as per the Management of Health and Safety at Work Regulations 1999, Regulation 7 and continues to provide support and advice to management and staff. During this reporting period, the main focus has been on training, advice and assistance in the compilation of departmental risk assessments, Covid-Safe assessments and measures for all areas.

2.   Audit and Review

2.1   Internal Audits

There were no Internal Audits during this reporting period due to Covid restrictions. These shall resume in Semester 1 of the Academic year 2021-22. A revised Audit Schedule shall be shared at the August Health and Safety Committee. The draft plan includes an internal audit for all areas to be completes in the next academic year. This shall be reported upon to the Health and Safety Committee and Audit Committee.

2.2   External Audit

There were no External Audits during this reporting period. The Health and Safety Committee shall monitor progress of the Audit Action Plan relating to the observations and findings raised in the Henderson Loggie Health and Safety Audit of May 2020. Progress has been made taking these actions forward with more staff and managers undertaking Health and Safety training, Policy Reviews and promotion of the requirement to report all accidents, incidents and near misses.

With the increase in competent risk assessors, there shall be an increased level of policy and legal compliance in the compilation and review of risk assessments.

2.3   Departmental Health and Safety Reporting

The format for Departmental Health and Safety Reporting has been reviewed but is yet untried for practical reporting. The Health, Safety and Wellbeing Adviser shall be briefing relevant managers and staff on the requirements and content of the reporting form. Reporting will resume in Semester 1.

2.4   Departmental Health and Safety Inspections

The completion of Departmental Health and Safety Inspections using the Workplace Inspection Checklist document has drifted due to low activity within the College. Those areas that conducted practical training were expected to provide assurance their specific areas were safe for resumption of work and study. 7 such inspection checklists were received during this reporting period. A communication has been sent to managers informing them of the requirement to inspect areas which will see a return of staff and students for Semester 1.

3.   Monitoring Performance

3.1   Proactive and Reactive Monitoring

One of the proactive measures for the monitoring of work and study spaces during periods where the College was permitted to have staff and students on Campus for essential purposes only, consisted of the HSWA and Estates staff touring Campus to ensure staff and students were following the Covid-safe measures identified in the organisational and departmental risk assessments. Compliance with the assessments was in general good, with only a few "reminders" given. Observations were made of staff and students following social distancing, keeping to the left on access routes, one-way systems, hand and respiratory hygiene and the limiting of staff and students permitted to attend work and study on Campus.

As previously mentioned, Departmental Workplace Inspections have not been fully completed for this reporting period. This was in part due to the closure and limited opening of the premises and minimal activity on site.

Where an incident, accident was reported, investigations were conducted where applicable in line with current procedures. Near misses and any dangerous occurrences were investigated in all cases with corrective actions identified where practicable.

Sickness absence monitoring continues by the HR&OD Department who provide support and guidance to staff and managers.

With the relaxation of Covid restrictions and the anticipated return to an almost "normal" work routine, we shall be able to reinstate and re-enforce our monitoring activities.

3.2   Key Performance Indicators (KPI's)

The aspiration to have quantitative data from this academic year to form baseline figures to gauge our Health and Safety performance and benchmark against other institutions has not transpired due do the pandemic and the lack of activity on Campus. However, we are comparing previous years data.

We have been in discussions with our UHI academic partners as to what we all would find of value when comparing our KPI's as well as other further and higher education institutions. The table below provides comparative information for Perth College from previous years where we were able to analyse historical data.

The table shall be our start point and baseline figures for moving forward. It shall be used to identify areas for improvement and monitor our performance.

Action	Actual 17/18	Actual 18/19	Actual 19/20	Target for 20/21	Actual 20/21	Target 21/22
Number of Leaders having completed IOSH Leading Safety training.	Info not available	Info not available	2	2 or more	2	2 or more
Number of CMT members and identified staff having completed IOSH Managing Safely training.	Info not available	Info not available	3	More than 6	7	10
Number of staff having completed mandatory health and safety training.	61%	55.6%	Average 84%	90%	88%	90%
Number of departmental safety inspections.	Info not available	Info not available	Info not available	6-8	7	6-8
Number of Internal Audits conducted against plan.	3/3	5/5	5/8	10	0/10	20
Number of Internal Audit actions closed and completed.	Info not available	Info not available	Info not available	90%	Info not available	
College sickness absence within agreed levels (average sick days per head)	5.51	5.19	7.88	5.9	4.5	Under
College turnover levels within agreed levels			26%	20.5% or under	13%	20.5% or under
Number of accidents/incidents (all)	53	75	91	<90	22	<90
Number of near miss reports.	Info not available	7	6	Min 20	4	Min 20
Number of lost time accidents.	Info not available	Info not available	1	0	0	0
Total number of working days lost due to accident/injury /ill health	3798	6824	4048.50	10% lower	2263	
Number of RIDDOR reportable accidents and ill health.	4	2	0	0	0	0
Number of contractor accidents on site.	0	1	0	0	0	0
Number of safety related insurance claims.	Info not available	Info not available	0	0	0	0
Number of staff absent due to work related stress during year	Info not available	15	TBC	TBC	4	Less than 5
Number of staff absent due to work related musculoskeletal disorders.	Info not available		1	0	0	0

Accident Incident Return (AIR) Students and Staff only

	2017/18	2018/19	2019/20	2020/21
Perth College Total Reported Accidents/Incidents (per 1000 at risk)	4.68 (40)	6.78 (59)	6.86 (59)	1.98 (17)
Perth College Total No Staff Injuries, Dangerous Occurrence, Occupational Disease (per 1000 at risk)	7.27 (4)	14.55 (9)	13.33 (8)	10.00 (6)
Perth College Total Number Student Injuries, Dangerous Occurrence, Occupational Disease (per 1000 at risk)	4.38 (35)	6.25 (50)	6.38 (51)	1.38 (11)
Perth College Total RIDDOR Reports	0	2	0	0

3.3 Accidents, Incidents, Near Misses and Dangerous Occurrences

During this reporting period, there have been 22 reported accidents and incidents where injury has been sustained. 2 of these injuries were to members of the public travelling through Campus grounds and involved bicycles, both of which required hospital treatment. Our First Aid staff attended provided care until the emergency services arrived. Further detail on the types of incident, injury and the individuals' status can be found at Appendix 1.

Compared to previous years, the number of incidents and accidents is down due to a lack of activity on Campus and within ASW.

There were 9 First Aid calls for intervention where the individual presented with no apparent injury or from a previous injury. Of the calls received, a noticeable volume were to attend distressed students, to dress self-inflicted wounds or requests for pain relief. It is recognised that our First Aiders would benefit from the Mental Health First Aid course and this will be offered on a voluntary basis during the coming academic year.

This Academic year has seen 4 reported Near Misses where an incident occurred but no physical harm caused although the potential for such was present. Each incident was investigated and corrective actions taken.

3.4 Sickness Absence

The cumulative sickness absence rates for the College for 2020/2021 has decreased significantly compared to 2019/2020. This was identified early on in the 2020/2021 year as it has been recognised across the Sector as a trend likely linked to home working. We do not have an indication yet what this impact will have for the 2021/2022 year.

Appendix 2 provides a table indicating this academic year and previous years.

3.5 Fire Safety

Fire Risk Assessments of all buildings including Student Residences were conducted in February and March 2021. Observations noted during the assessments have been discussed with the Head of Estates and Estates Officer.

There have been 2 visits by the Scottish Fire and Rescue Service Crews this reporting period.

> 1 Steam cleaning of Brahan level 3 toilets activated a sensor.
> 1 Equipment Fault – raised a false alarm

The 11 Evacuation Chairs located on Campus were serviced in April 2021. All emergency fire fighting equipment (extinguishers and blankets) were inspected and serviced in February and March 2021 with replacement equipment for all those past their shelf or servicing life.

Further training events are planned to increase the numbers of personnel competent in the use of the Evac-Chair and to refresh those already trained. It is also planned to provide some staff with training in the use of Fire Extinguishers.

With the recent approval of the Fire Safety Management Policy and Procedures, Building Fire Log Books have been developed to ensure the inspection and recording of fire safety measures in our buildings. Training for those persons responsible for conducting and monitoring the fire safety measures is planned prior to the introduction of the Log Books.

Online Fire Safety Training which used to sit on the Blackboard platform has now been reviewed, updated and transferred to Brightspace. The 2 modules, Fire Awareness and Fire Marshall are now available for staff to access.

4. Health and Wellbeing

4.1 Health and Wellbeing Group

The Health and Wellbeing Group is a Sub-Group of the Health and Safety Committee. Formed in September 2020. The remit of the Group is to combine the work of the Healthy Working Lives Group with a Short Life Working Group on Stress. The Group has met on 9 occasions via Teams meetings due to the importance and urgency of some the agenda items.

4.2 Stress

In January 2021, staff were actively encouraged to participate in an Organisational Stress Survey. This survey was intended to provide a snapshot of workplace stressors over the previous six months. In all, 278 employees responded which was positive and encouraging. The Health and Wellbeing Group was charged with evaluating the responses from the survey and formulate an action plan to address the issues identified. The action plan has been approved by Committee and the actions are being taken forward and shall be monitored by the Health and Safety Committee.

The HSWA has conducted 3 Individual Stress Risk Assessments with employees who identified they felt stressed due to their working conditions. Confidential discussions were held between the individuals and HSWA around their personal stressors, the HSE Management Standards and interventions to alleviate the stressors. The personal assessments were then discussed with the line manager to find amicable solutions and reasonable adjustments wherever practicable.

The effects of the Covid pandemic have increased the feelings of stress and anxiety felt by many staff and students. On top of this, many staff and students have reported feelings of isolation, personal or family health issues, financial concerns and reactions to changes in the systems of work and study. We are providing support through our HR department, Counselling Service, Student Services and Support Teams.

Additional support and advice has been provided through links to external agencies, newsletters and leaflets for Wellbeing on a regular basis alongside Line Management meetings with staff.

4.3 Home/Remote Working

At the beginning of the pandemic when staff and students were instructed to work and study from home, staff were required to complete a Display Screen Equipment (DSE) self-assessment and provide their line managers with a copy. This was to ensure staff were

working in a safe environment and in a safe manner. We have since requested a re-assessment from all staff due to the length of time they have been home/remote working.

Some staff have requested and been given authority to take away their computer chairs and additional IT equipment (external keyboard, mouse, docking station) to support their role. We have also provided "desk risers" to assist those staff who cannot sit for prolonged periods which enables them to stand and work by raising their working level.

Since the relaxation in Covid restrictions, there has been a slow increase in staff returning to the College work environment for essential purposes, to support other staff groups and students who are required to be on Campus. We have provided Covid-Safe risk assessments for these study and work environments as well as Individual Assessments where a member of staff has additional concerns or requires further reasonable adjustments.

We continue to promote "Mindfulness" to our staff and students including information and tools to maintain good mental health. Staff are advised on the advantages of working from home, taking regular breaks away from the computer, increasing physical activity, healthy eating, restful sleep, achieving and maintain a healthy work life balance, staying connected, setting a routine that suits, seeking assistance for IT issues, making time for things they like doing and being open when things get on top of them.

Communication with all staff and students is vitally important ensuring they receive the correct information in a timely fashion.

4.4   Returning to Work and Study

As we continue to be advised of the relaxation of restrictions and enter into a lower Covid level, we have adjusted and amended our in-house controls accordingly. We anticipate that beyond Level 0, we shall be able to provide a fuller face-to-face service in August/September. As yet we have no clear direction other than guidance prepared for the general population although we are planning towards as near a normal service as pre-Covid.

Organisational and Departmental Covid-Safe assessments shall be reviewed and amended to follow the Scottish Government guidelines for the College sector as soon as is practicable.

4.5   Healthy Working Lives

Another role of the Health and Wellbeing Group is to promote health and wellbeing and to maintain our NHS Scotland Healthy Lives awards. Prior to this group being formed, the Healthy Working Lives Group took the lead in this work. As an ad-hoc group with no official reporting structure, attendance was sparse and no significant outcomes were achieved other than maintaining the Gold Award due to work by a few individuals. Advances have now been made in the promotion of Health and Wellbeing with planned activities, signposting to external sources of information and materials.

NHS staff at Healthy Working Lives have been seconded to support the NHS Covid Response and therefore communications with them have been very limited. However, this

Group has produced a 3-year rolling plan for activities and promotions over and above the requirements for maintaining the Healthy Lives Awards

4.6 Student Health and Wellbeing

The Student Health and Wellbeing Group has been established, a little later than anticipated, and has yet to meet formally. This group is led by Highland and Islands Student Association (HISA) Perth and the Head of Student Experience.

Through funding received from the Scottish Government and a restructure of the Student Services Department we have increased our Counsellors from 1 full time equivalent (FTE) up to 2.6 FTEs. Some funds left over also allowed us to utilise accordingly where we engaged with an external organisation to also support our students. This meant that we had next to no waiting lists for any of our students who had enquired and were eligible to have an appointment with one of our Counsellors.

Through funding received from the Scottish Government we have increased our Health and Wellbeing Officers from 2 FTEs up to 2.85 FTEs, and with the release of more funding we are hoping soon to appoint a Health and Wellbeing Co-ordinator.

We have re-established links between our Student Support Officer and our students who reside in our Residences.

Thanks to our Student Engagement Team, who dedicated their time and efforts, we have been awarded the "Going Further Award for Carers". This award recognises good practice in our College where we support carers from enrolment to completing their studies, giving them a fair chance to be successful in their studies and maintain positive health and wellbeing.

In addition to all of the above, the Student Services Team have engaged successfully with students throughout the pandemic, from blogs, to online counselling, and having a staff rota in place to deal with any face to face crisis should they arise.

4.7 Health and Fitness

The Academy of Sports and Wellbeing (ASW) have provided an invaluable service online throughout this reporting period by promoting health and fitness via social media. Since the relaxation of some restrictions, they have been able to provide a limited but essential service outdoors and indoors.

The support offered to members and the community throughout all stages of the pandemic has significantly impacted on the retention of existing members whilst attracting a cohort of brand-new members form other fitness facilities in Perth.

ASW continues to progress towards a full service and full opening whilst continuing to operate to reduced capacity with certain aspects of physical activity and sport still restricted. Since ASW opened for the second time in April 2021, there has been continuous growth in interest and membership.

With a new budget gym opening in Perth in August 2021, ASW gym has an additional challenge of retaining its existing members whilst continuing to attract new members as it emerges from the pandemic. ASW is confident it's strategy and reputation will reduce any

negative impact from additional competition as far possible with the resources and space available.

5.   Communication with External Agencies and Groups

During this reporting period there have been no communications from any outside agency (Health and Safety Executive (HSE), Perth and Kinross Council) requesting information or planned/unplanned visits. We receive regular updates and information from the HSE via email.

The HSWA is the Perth College UHI member on 3 Health, Safety and Wellbeing networking groups representing Higher and Further Education institutions.

The UHI Health and Safety Practitioners Group consists of Health, Safety and Wellbeing leads from UHI and meets fortnightly to discuss issues. This group reports into UHI Executive Office.

The Tayside Health and Safety Forum is an informal but invaluable group consisting of Health and Safety practitioners from Fife, Dundee and Tayside Colleges and Universities. The group meets monthly to discuss and share experiences and best practice.

The College Development Network, Health Safety and Wellbeing Network members represent Colleges throughout Scotland. Again, this group meets monthly to discuss and share experiences and best practice.

All the groups have been focused mainly on the Covid pandemic from the outset but also share and discuss general Health, Safety and Wellbeing issues such as manual handling, training opportunities, stress at work, home/remote working and hazardous substances.

6.   Going Forward – 2021-2022

6.1   Training and Competence

We shall continue to be providing further IOSH training opportunities to our Corporate Management Team in order to raise their competence and awareness of the Health, Safety and Wellbeing issues within their work areas, with a view to cascading this further in future years.

In Semester 1, a survey shall be conducted to determine what specialist training staff require to fulfill their role within their work environment. This is in part due to the non-availability of external training providers caused by the pandemic and the requirement for some course training practical elements within in-house training. Examples of anticipated training needs include forklift trucks, tractor, abrasive wheels, laser safety, risk assessor, manual handling and working at height, MiDAS (for mini buses). We shall be utilising our in-house assets and external training providers.

Additional training sessions shall be provided for General, Control of Substances Hazardous to Health (COSHH) and Manual Handling risk assessments.

From this year onwards, our First Aiders shall receive a minimum of 3 hours in-house refresher training commensurate with their role and work environment. Part of this refresher training shall be the use of the Automated External Defibrillators (Defib) using the training Defib model purchased last year.

We shall also be promoting our online training resources on Brightspace and Marshalls platforms with regular reviews and reports of enrolment and completion of mandatory training modules.

6.2   Internal Audits

The draft programme of Internal Audit shall be taken to the Health and Safety Committee for approval and notification of when work and study areas will be audited. Our Trades Union colleagues shall be invited to be part of the audit team.

To ensure observations and actions from these audits are followed through, actioned and resolved, each area audited shall provide an update of their individual action plans to the Health and Safety Committee. This shall provide the assurance we are addressing issues raised and ensuring adequate resourcing to enable resolution.

Internal Audits shall also be used to identify our strengths and weaknesses in complying with our Policies and Procedures and legal compliance.

6.3   External Audit

There is no external Health and Safety audit planned for the next academic year although the findings of the 2020 audit and subsequent action plan shall be monitored by the Health and Safety Committee. We are committed to fully addressing the matters raised and resolving those issues stated previously.
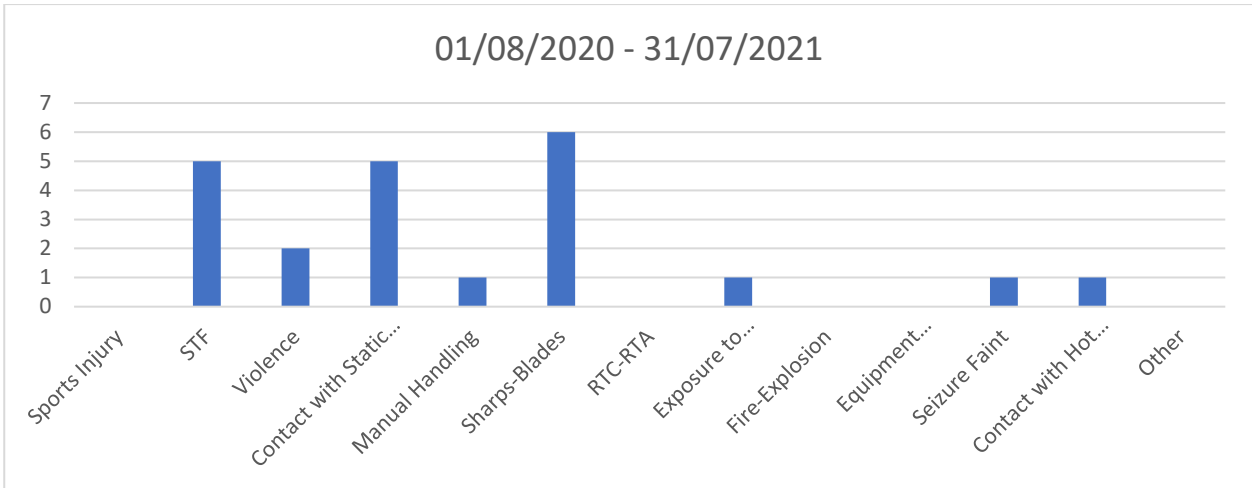
6.4   Risk Assessment

There shall be a focus on Departmental risk assessments being conducted, reviewed and uploaded onto PerthNet SharePoint. As stated earlier, with the increase in staff competencies to conduct risk assessments, line managers shall be charged with ensuring their nominated assessors are following College procedures and legislative compliance.
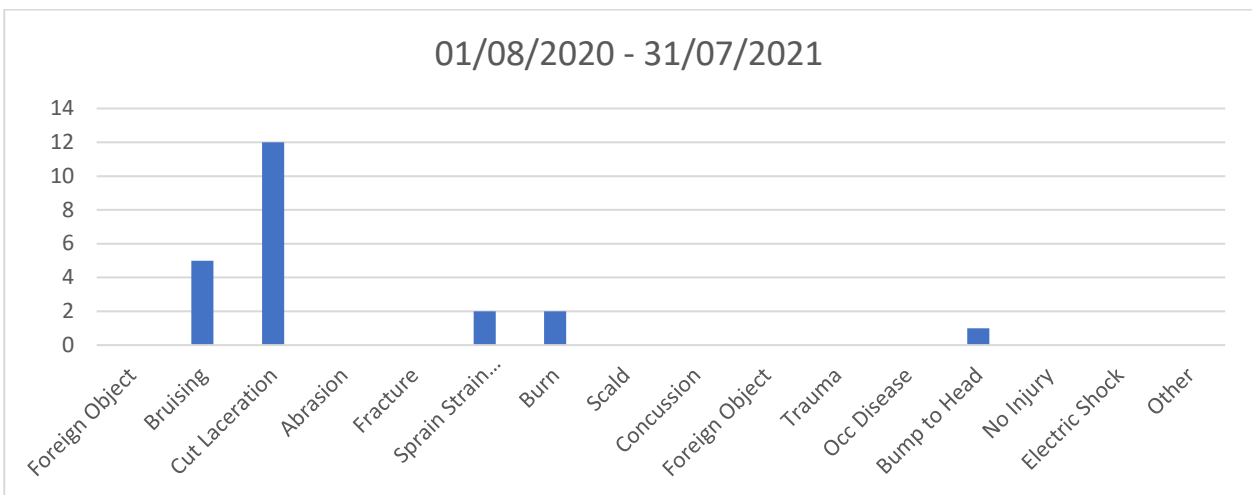
Departmental assessors along with the HSWA shall conduct Hazard Surveys of the work and study environment to ensure all hazards are identified and included in the risk assessment process.
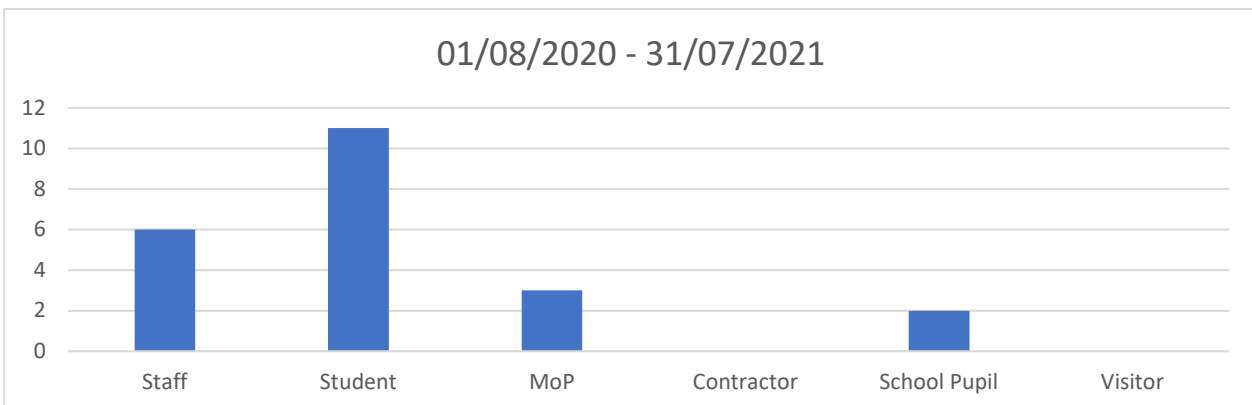
Appendix 1

Accident and Incident Statistics

Type of Incident

01/08/2020 - 31/07/2021

Type of Injury

01/08/2020 - 31/07/2021

Status

01/08/2020 - 31/07/2021

<div align="right">**Appendix 2**</div>

Sickness Absence Statistics

| | 2017/2018 | | 2018/2019 | | 2019/2020 | | 2020/2021 | |
| | (full year) | | (full year) | | (full year) | | (full year) | (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	Total Sick Days	Average Sick Days per Head
Management	118.5	5.38	15	0.6	35	1.95	0	0
Support	2385.75	9.21	1908	5.9	3161.5	12.65	1557	6.7
Academic	1031.5	5.67	1011	4.5	852	3.46	706	2.8
Total	3538.25	5.51	2934	5.19	4048.5	7.88	2263	4.5

Perth College UHI

Paper No. 6

Committee	Audit Committee
Subject	Balanced Scorecard
Date of Committee meeting	04/10/2021
Author	Kirsty Campbell, Project & Planning Officer
Date paper prepared	20/09/2021
Executive summary of the paper	The attached paper is the Vision 2016 Balanced Scorecard, showing KPI data aligned with the aims of the college Strategic Plan 2016-21 The Balanced Scorecard tracks performance against the KPIs identified by the Strategic Plan The data tracked by the Balanced Scorecard should help inform the success of the current strategy and where relevant, inform future strategy. This is Year 5 of the current strategic plan and the final year this set of KPIs will be reported on. **For note**, for Board Cycles 2, 3 and 4 the Balanced Scorecard will be presented to the full Board only. This decision was taken in order to reduce the number and duplication of papers going to Board sub-committees.
Consultation Please note which related parties, stakeholders and/or Committees have been consulted	Data owners provided data and commentary for the following KPIs: The Head of HR&OD: KPI 12
Action requested	☒ For information ☒ For discussion

Perth College UHI

	☐ For endorsement
	☐ Strongly recommended for approval
	☐ Recommended with guidance (please provide further information, below)
Resource implications Does this activity/proposal require the use of College resources to implement? If yes, please provide details.	Potentially if intervention is required to turn around poor KPIs
Risk implications Does this activity/proposal come with any associated risk to the College, or mitigate against existing risk? (If yes, please provide details)	Yes KPIs show how the college is performing against key indicators. Poor performance puts the sustainability of the college at risk
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	KPIs Vision 2016-2021 Balanced Scorecard
Equality and diversity	No

Perth College UHI

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

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

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

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

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

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

http://www.itspublicknowledge.info/ScottishPublicAuthorities/ScottishPublicAuthorities.asp

and

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

Strategic Plan Targets and KPIs: Progress Report: Year 5 2020-21

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

Key: KPI performance status

Target achieved	
Target progress maintained	
Target missed	
No 2019/20 data available	

Measure	Key Performance Indicator or Target	Metric 2020/21	Performance
	Sustainability		
12	Number of accidents reported to HSE	0	↔

Detail of Performance

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's performance and maintain safe working environment

Actual 2020/21:   0

Actual 2019/20:   0

Difference (+/-):   0

Trend: Maintaining

Note on performance for measure 12

For the second year running no accidents were required to be reported under RIDDOR during 2020-21.

Perth College UHI

Committee	Audit Committee
Subject	Committee Minutes
Date of Committee meeting	04/10/2021
Author	Various
Date paper prepared	27/09/2021
Executive summary of the paper	The following committee minutes are presented for noting: • Health & Safety Committee – Draft Minute – 26/08/21
Consultation How has consultation with partners been carried out?	n/a
Action requested	☒ For information ☐ For discussion ☐ For recommendation ☐ For approval
Resource implications (If yes, please provide details)	~~Yes~~/ No
Risk implications (If yes, please provide details)	~~Yes~~/ No Click or tap here to enter text.
Link with strategy	n/a

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:	~~Yes/~~ 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?	~~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/ ~~No~~

Perth College UHI

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

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

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

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

Health and Safety Committee

Minutes

Date and time: Thursday 26 August 2021, 2.00pm – 4.00pm

Location: VC, MS Teams Meeting Space

Members present: Ian Bow (IB), Health, Safety and Wellbeing Advisor
Charlie Collie, Subject Leader, Social & Vocational Studies
Charlie Shentall (CS), Board of Management
Christiana Margiotti (CM), SDD – CCI
Jennifer Brickwood (JB), SDD - STEM
Lorenz Cairns (LC), Depute Principal Academic
Todor Pavlov-Kennedy (TPK), HISA Perth President
Winston Flynn (WF), Unison

Apologies: Andrew Budge (AB), Senior Training Manager, AST
David Gourley (DG), Head of Learning and Teaching Enhancement
Deborah Lally (DL), Head of Student Experience
Jane Edwards (JED), Unison H&S Rep
Jill Elder (JEL), SDD – BMCL
Kevin Lynch (KL), Head of Estates
Lesley Connaghan (LC), SDD – ALS

In Attendance: Lorna McWilliam, Food Studies and Hospitality
Mark Taylor (MT), AST General Manager, for Andrew Budge

Chair: Katy Lees (KFL), Head of HR and Organisational Development

Note Taker: Carolyn Sweeney-Wilson

Summary of Actions

Ref	Action	Responsibility	Time Line
7.	Lessons Learned Review – update • HSC to review the timing of when the 'Lessons Learned Review' would take place, at its November meeting.	Lorenz Cairns	11/11/2021
8.	Stress Survey 8.2 Organisational Stress Risk Assessment • IB to send the OSRA to CSW who would then circulate it to HSC members. *Addendum: this action was completed.*	Ian Bow, Carolyn Sweeney-Wilson	11/11/2021

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Summary of Actions

Ref	Action	Responsibility	Time Line
	• HSC members to provide any comments and feedback on the OSRA to IB, who would then take these to the HWG November meeting.	ALL	11/11/2021
10.	Feedback on other sub-groups		
	10.1 <u>Policies and Procedures Group (PPG)</u> • KFL/IB to submit a list of policies reviewed, and a summary of changes made, by the PPG, to each HSC meeting.	Katy Lees, Ian Bow	11/11/2021
	10.4 <u>Health and Wellbeing for Students (HWS)</u> • TPK to take forward, with GML, the action to organise a meeting of HWS soon.	HISA President	11/11/2021
11.	COVID-19 Update		
	11.1 <u>Scottish Government Guidance – update</u> • IB to provide a report, noting the indications of the overall picture for CO_2 readings within the College, to the next meeting of HSC	Ian Bow	11/11/2021
	• KL to be asked to provide HSC with a report on the level of work that needs to be undertaken to improve ventilation in areas of concern.	Kevin Lynch	11/11/2021
12.	**Health, Safety and Wellbeing Advisor update** *(any other items not included elsewhere on the Agenda)* • CO_2 monitoring: CM to ask David Watt to contact IB to discuss the air extraction in the Music rehearsal rooms.	Christiana Margiotti	11/11/2021

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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. Minute of Previous Meeting

The minute of the meeting held on 29 April 2021, having been previously circulated, was approved, as a true and accurate record of discussions.

4. Minutes from COVID-19 Response Group (Papers 2a-2L)

The minutes of the previous CRG meetings, a formal sub-committee of H&S, were circulated to Committee members for their information and were noted.

5. Minutes from Health & Wellbeing Group (Papers 3a-3c)

The minutes of the previous HWG meetings, a formal sub-committee of H&S, were circulated to Committee members for their information and were noted.

6. Review of actions from previous meeting / Matters arising that are <u>not included elsewhere on the agenda</u>:

6.1 <u>Mental Health for Workers – 'No Teaching Time' /
Dedicated well-being time</u>

The action from the last meeting was for KFL to seek more suggestions, in terms of guidance, for people to have dedicated wellbeing time in their diaries to have breaks etc. KFL was to take this to the next CMT and feedback to HSC.

KFL advised that she had discussed this matter at CMT and that it was agreed that it would be the responsibility of individuals to manage their time, to ensure they had space in their diaries for sufficient breaks.

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Item		Action

6.2   Health & Wellbeing for Students

At the last meeting there was an action for AB to discuss membership of the HWS group with AST, with a view to a member of AST staff becoming a member of HWS. MT said this was still to be considered.

KFL reminded HSC members that, at the last meeting, JED had raised the matter of whether the HWS should be referred to as a formal 'sub-committee of HSC'. KFL was to meet with JED to discuss an appropriate name for this committee and how it should be referred to. Legally there was no reason why HWS could not be a formal sub-committee, so KFL was mindful to leave it as it is – to be a formal sub-committee of HSC.

7.   Lessons Learned Review – update

LC said he would look for guidance from HSC on this, but he thought the College should mirror what the Scottish Government (SG) were doing. The SG were at the moment considering this, but were unlikely to start the review, in terms of their performance and how they have managed it, until around Christmas time. The reasons behind that were many, in particular how they were going to manage that consultation. LC suggested that the College also have maximum consultation with everyone who was affected and how that was managed and collated would need to be discussed and worked through.

The most overriding issue was that the COVID situation was not yet finished. Next week (w/c 30th August) would be an important milestone for the College in terms of the return to campus of many students and staff and this would then bring alongside it a complex set of challenges. All the control measures and guidance continued to be in place, but LC said he would rather wait until these larger numbers returning had been in place for a period of time and the situation could be reviewed as to what effect this had. He felt it was better to wait until the situation had moved further into a recognised and firm recovery, before the College should look back, because all lessons would not yet have been learned.

LC said he was looking for confirmation from HSC that they would be comfortable delaying the Review until the optimum time to get the best out of a Lessons Learned Review. LC suggested that a review of this position should not take place until at least the October break, with the caveat that there could be a further delay, should the COVID situation not have improved by then.

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Item		Action
	Agreed: HSC agreed to the delay in carrying out the 'Lessons Learned Review'.	
	KFL suggested that the November HSC meeting would be an appropriate time to review this situation then.	
	Action: HSC to review the timing of when the 'Lessons Learned Review' would take place, at its November meeting.	**LC**
8.	Stress Survey:	
	8.1 Health & Wellbeing Action Plan	
	Further to the action from the last meeting, KFL advised that she had attended the last Health and Wellbeing Group (HWG) meeting and fed back HSC concerns about the Action Plan (AP). KFL had circulated this reformatted AP for feedback and she had received some positive comments about the improved, re-formatted, AP. The plan was now being worked through. The HWG had not met since June, but they had a meeting planned for 2 weeks' time and they had a number of actions, with timescales, and allocated people. At the November HSC meeting KFL expected to have an update on these actions from the HWG meeting.	
	The Stress Survey was carried out in January 2021 and, in terms of the next survey, a repeat was being considered for January 2022. It would be a mirror of the survey carried out in January 2021. KFL asked if HSC agreed with this.	
	Agreed: HSC members agreed that the Stress Survey should be repeated in January 2022, as a mirror of the 2021 survey.	
	8.2 Organisational Stress Risk Assessment	
	IB reminded HSC that the delay in the Organisational Stress Risk Assessment (OSRA) was because it could not be formalised and finalised until such time as the Action Plan had been approved by HSC.	
	IB then spoke to the OSRA document, but advised he would circulate it to HSC members after the meeting.	
	Action: IB to send the OSRA to CSW who would then circulate it to HSC members.	**IB, CSW**
	The RA had been drawn up by IB and KFL in August. IB had indicated in the RA a date of 8 November for the HWG to review the actions that they would be responsible for taking the lead on.	

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Item		Action
	All the initial actions needed to be completed by the beginning of November 2021.	
	Between HR and IB there was a lot of planning to be formalised, training to be organised and dates to be set.	
	Action: HSC members to provide any comments and feedback on the OSRA to IB, who would then take these to the HWG November meeting.	**ALL**
	The OSRA would be published on the Health and Safety pages on PerthNet.	
9.	Health & Safety Accident & Incident Statistics – Quarter 4 (Paper 4)	
	IB spoke to his paper 4 and gave some explanation about the incidents reported in this paper.	
	IB advised that he had added a new graph grouping the incidents by seriousness as all accidents should be investigated. IB advised on the meaning of the categories: 'Negligible' was for an incident that did require an investigation; 'Low Level' was where a manager would investigate the incident on their own; 'Medium' was where an investigation would be carried out by the manager and IB.	
	IB indicated that he would be promoting the 'near miss' reporting at staff Induction talks, where he would be emphasising that 'near misses' needed to be reported because, depending on the circumstances of the 'near miss', the next time something similar happened it could be an accident.	
	With more students returning to campus, TPK queried what extra precautions would be taken to ensure the stats remained low.	
	IB said students would initially be given a departmental induction and within that induction there should be an emphasis on students adhering to any guidelines/procedures set by the College and department. Lecturers would be teaching students how to use their tools of the trade, which students would not be used to using, so it was likely that there would be a rise in minor injuries. Other issues that may occur included the possibility of students 'larking around' and there would likely be a bit of that. However, the induction briefs should cover this sort of situation under Health and Safety (H&S).	

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10.	**Feedback on other sub-groups**	

10.1   Policies and Procedures Group (PPG)

KFL said this group had been working hard to review the policies and procedures that would come to the HSC.

A number of policies had been reviewed and had now been published. Also reviewed were all the H&S Arrangements, which were also being published.

KFL indicated the process for review by PPG meant that the policy/procedure was submitted to PPG for 3 weeks; PPG then provide feedback to IB, who collated this information; the document would go back out for final review, before being EQIA'd and then published.

KFL anticipated that in the next 5-6 months all the H&S policies would be reviewed. Also, timeline for reviewing all H&S policies had been changed and they would now be reviewed every 2 years, with the exception of the main statement of intent, which was signed-off every year by the Chair of the Board of Management and the College Principal.

KFL asked if HSC wanted to receive a list itemising which policies and procedures had been reviewed. MT thought it would also be useful to know what key changes had been made to these documents.

Action: KFL/IB to submit a list of policies reviewed, and a summary of changes made, by the PPG, to each HSC meeting.   **KFL, IB**

10.2   Health and Wellbeing Group (HWG)

KFL reminded HSC that while the main responsibility of this group was the Health and Wellbeing Action Plan, they were also responsible for looking after the Healthy Working Lives (HWL) aspect of the College.

The College had its HWL re-assessment approximately 18 months ago and the next re-assessment would be in approximately another 18 months. However, KFL noted that there was not much coming out from HWL at the moment, as they had been supporting the NHS through the COVID situation.

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10.3 Covid-19 Response Group (CRG)

KFL noted that CRG were meeting every 2 weeks and the frequency would be reviewed based on need.

10.4 Health and Wellbeing for Students (HWS)

KFL did not think the HWS group had met yet and TPK was taking this forward jointly with Gerald McLaughlin (GML), who were joint Chairs for this group.

Action: TPK to take forward, with GML, the action to organise a meeting of HWS soon.

TPK

11. COVID-19 update

11.1 Scottish Government Guidance – update

LC advised that the College was adhering to all the most recent SG guidance and this was now evidenced in the new published guides for staff and students, as well as the RAs having been reviewed. The language used by SG in their recent guidance to colleges and universities was very opaque and the consequence of this was that institutions were not all doing things in the same way.

As far as Perth was concerned, the College was being very cautious and a lot of work was being carried out to get the campus ready for people returning, including maintaining 1m social distancing and the wearing of face masks in public places. There was nothing that the SG had asked colleges to do that Perth was not doing, including installing CO2 detectors.

MT referred to the CO2 detectors and there were some particular issues for AST regarding this and MT was concerned it could mean either investing in this, or moving into the College and using rooms that were compliant. The levels AST were getting in their classrooms were unacceptable, according to the SG guidelines.

IB said he had discussed this issue with AB and IB had advised that the monitors needed to be 1.2-1.3m off the ground; secondly, when reviewing all the guidance, if the reading was over 1000, IB said this just meant the room was not well ventilated and there was a limitation to what readings could legally be allowed in a room, but for the teaching environment, if there was a reading of over 1000 it would usually mean the room was stuffy. If there were other ways of ventilating the room, eg opening doors/ windows, then this would be fine.

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MT said he was carrying out the re-ventilating process this week to determine what readings were recorded in different settings.

IB said the monitors needed to be 50cm away from anyone who was respirating. MT said AST thought the readings to be achieved were 800 and if IB was indicating there was no formal limit, then this would remove one of MT's concerns. IB said he would discuss this with AB and feedback to MT.

KFL said different areas had different requirements, so it would be useful to get an overall picture for the next HSC meeting, as this was something that would need to be monitored going forward and also to raise awareness of what levels should be adhered to. Also, KL had brought a contractor in to review the areas where there was no ventilation and in some cases there would be some remedial work required to put ventilation into these areas, so the rooms could be used.

Actions:
- IB to provide a report, noting the indications of the overall picture for CO2 readings within the College, to the next meeting of HSC   **IB**
- KL to be asked to provide HSC with a report on the level of work that needs to be undertaken to improve ventilation in areas of concern   **KL**
-

11.2   UHI HSPG – update

IB referred to the subject of CO2 and advised that in the last quarter there had been a lot of work ongoing re CO2 in all APs.

At the UHI HSPG, generally most of the matters discussed continued to be about COVID. These discussions involved mitigations, including the regulations for wearing of face masks. UHI HSPG had been treating Colleges as a work environment, where reliance was on social distancing and masks were not required if people were sitting, but were required if moving around. However, with further review of the SG regulations on wearing face masks, this changed matters. There were a lot of different views on restrictions and mitigations within HSPG about this.

Other than COVID business, the HSPG were encouraging the promotion of vaccinations to students and lot of work was taking place by marketing teams promoting this, as well as encouraging the uptake of LFTs. There had not been much uptake of LFTs to-date, but with the influx of more people returning to campus, this was likely to change, so LFTs would be promoted more.

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KFL thanked IB for his work in relation to COVID and noted that the College had 3000 LFT kits in stock. Once these had been used, the College would then be moving to a nasal only swab. Marketing were currently working to heavily promote the LFTs to students.

11.3   Inspections / Action Plan – update

KFL thought KL had completed all of the actions and there were no further actions related to this.

JED had carried out a further inspection, but a report had not yet been received for this.

11.4   DSE – update
And
11.5   Home Working Risk Assessments – Update

These two items were taken together.

KFL reminded HSC that staff were asked to complete the DSE and HWRA while they were working at home and there had been good use made of this. Staff were asked to re-do their assessments after a year, to make sure there were no changes. Requests from staff for additional support and kit were provided as needed. Staff would continue to be reminded to re-do their HWRA, if they continued to work at home. If staff were returning to work on campus, then they would need to complete a workplace DSE for their office space. DSE assessments were now recorded on CiPHR, with copies kept by the department, not HR.

11.5   Home Working Risk Assessments – Update

This item discussed under item 11.4.

11.6   Returning to Campus

KFL noted that information had been circulated from SMT covering the period from now, until the end of the October break, regarding staff return to campus. Staff were being asked to have conversations with their line managers to make sure that there were enough staff on campus to support the students, who were returning and it was really important that there was a visible staff presence across all areas on campus for the student experience. Students and staff had continuing needs and, recognising that there were now a number of staff with additional Flexible Working Requests (FWR), people were not necessarily on campus every

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	day, but they were working and people could still be contacted when they were working from home. The return to campus process was being manged through line managers, unless people had a formal FWR that had already been approved and was in place.	

12.   **Health, Safety and Wellbeing Advisor update**
(any other items not included elsewhere on the Agenda)

DSE: IB referred to KFL's update on DSE and concurred that most staff returning to campus would need to look at their DSE on campus, as they may not have the same equipment as before, so the emphasis should be on making sure their DSE was up-to-date.

CO2 monitoring: IB advised he had visited Music to assess some of the rooms and test for CO2. However, he had been asked to revisit when the rooms were more full, to take periodic readings, to check for differences in the levels. Although it was an enclosed environment, but did have ventilation, IB advised that people should ensure they got regular breaks.

Room capacity: This spreadsheet was sent out to CMT yesterday (20th) and the capacity was set assuming the rooms were set-up exam style. If anyone had any queries about capacity then to let IB know and he would reassess the room.

COVID: IB was having to be reactive just now, as he was fielding a lot of questions and visiting various rooms around the College reviewing capacity etc.

RA Training: Some RA training and Induction training had been completed, although not lot of new starts had taken up the option of the H&S training. IB completed 6 RA training sessions and this was quite successful.

CM referred to the ventilation in the Music rehearsal rooms and indicated that only 3 of the rooms had air extraction, with none in the other rooms. She queried if this was likely to be a problem? CM said students could not do any singing in rooms where there was no extraction. CM queried if it was possible for singers to wear visors rather than face masks. IB confirmed that it would be okay for people to wear visors for singing purposes.

Action: CM to ask David Watt to contact IB to discuss the air extraction in the Music rehearsal rooms.

CM

13.   Annual Health & Safety Report (Paper 5)

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	KFL said the Annual Health and Safety Report was a review of the previous year and the report would also be submitted to the Board and one of the Board Committee meetings in October.	

IB advised the report reviewed the performance over the previous academic year and, given the challenges over the past academic year, noted that certain actions could not be completed. IB proceed to go through the main points of the report.

IB indicated he had revised the Audit Plan and subdivided the areas into High Risk, Medium and Low Risk items. The reports speak of the planning going forward. Departments would be notified of this when it was circulated to them. Within this document, further mention was made of action plans and reinstatement of practices.

No internal audits were completed by IB in the past year. It was highlighted that the review cycle of some policies were too long and this would be reviewed.

IB mentioned that it had been discussed at the HSPG that not many UHI colleges used KPIs, but these were needed for measuring performance and pg 10 of the report listed the key measurable items for Perth. KPIs would be reported to HSC and IB would produce a report for this.

The Internal Audit Inspection programme would commence next month (September 2021).

IB felt it was unlikely that there would be an External Audit within the next year.

TPK referenced the text in the report about the HWS and was concerned about this. He felt that it implied HISA Perth had taken a long time to set this group up. He asked for this wording to be changed. KFL and IB both said there was no implied criticism of the previous HISA team with the wording and the wording did not say that.

Approved: HSC approved the report. This would now go forward to the next Board Committee meeting.

14.   AOCB

Health & Wellbeing Group for Students
TPK raised the issue that it was being suggested this group was not a formal sub-committee of HSC. HISA felt that as staff had a

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formal sub-committee, so should the students. There should be equal representation for both staff and students.

KFL provided some background to the history of this discussion at HSC for TPK. However, she advised that there was specific legislation that required the College to have a formal Health and Safety Committee for staff, but there was no legal requirement to have one for students. However, once the HWG sub-committee for staff had been set-up, it was realised that to have this group focussed on both staff and students was detracting from both. There was then a proposal to have a separate Health and Wellbeing Group specifically for students, but there was some concern raised by Unison about whether it could be called a formal sub-committee of HSC, because there was nothing in the legislation that stated there should be a formal student group. KFL reiterated her earlier view, that there was nothing that stated there could not be a group for students, and said it was important to ensure appropriate representation for students. She recommended that the Health and Wellbeing Group for students was maintained as a formal sub-committee of the HSC, whilst noting there was no legal necessity for that, it was a good process to have. TPK appreciated KFL's view and said it was good to hear this.

KFL reminded everyone to send agenda items to CSW whenever they thought of them.

KFL also thanked everyone for their feedback, in particular CM, JED and AB, for their work on various HSC aspects.

15.   **Date of Next Meetings:**

- 11 November 2021

All meetings are on Thursdays, 14.00-16.00.

Meeting finished at: 15.22.

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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.