

# Audit Committee

## Agenda

**Meeting reference:** Audit 2022-23/01

**Date:** Wednesday 19 October 2022 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.

	<b>Agenda Items</b>	<b>Author</b>	<b>Led by</b>	<b>Paper</b>
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 2022		Chair	Paper 1
5	Actions arising from previous minutes			
6	<b>Items for Approval</b>			
*6.1	Annual Health & Safety Report	Health & Safety Adviser	Head of HR & OD	Paper 2
*6.2	Revised Terms of Reference – Health & Safety Committee	Head of HR & OD	Head of HR & OD	Paper 3
7	<b>Strategy</b>			
*7.1	Delivering the College Strategy	Depute Principal	Depute Principal	Paper 4
*7.2	Balanced Scorecard	Depute Principal	Depute Principal	Verbal
8	<b>Compliance</b>			
*8.1	Strategic Risk Register	Vice Principal Operations	Vice Principal Operations	Paper 5
*8.2	Code of Good Governance – Compliance Template	Clerk	Chair	Paper 6

	<b>Agenda Items</b>	<b>Author</b>	<b>Led by</b>	<b>Paper</b>
8.3	Staff Governance Standard	Head of HR & OD	Head of HR & OD	Paper 7
9	<b>Audit Plans, Reports &amp; Updates</b>			
9.1	Partnership Working - Final	Internal Auditor	Internal Auditor	Paper 8
9.2	Debtors/Income – Final	Internal Auditor	Internal Auditor	Paper 9
10	<b>FOI &amp; Data Protection</b>			
10.1	Freedom of Information & Data Protection quarterly update	Clerk	Clerk	Paper 10
11	<b>Committee minutes</b> (for noting by Committee)			
11.1	Health and Safety Committee: <ul style="list-style-type: none"> <li>• 01 September 2022</li> </ul>		Chair	Paper 11
12	Date and time of next meeting: <ul style="list-style-type: none"> <li>• Monday 12 December 2022, 6pm</li> </ul> (includes joint meeting with Finance & Resources Committee)	Clerk		
*13	Review of Meeting (Committee to check against the Terms of Reference to ensure all competent business has been covered)			Paper 12

# Audit Committee

## DRAFT Minutes

**Meeting reference:** Audit 2021-22/04

**Date:** Tuesday 31 May 2022

**Location:** Boardroom/Online

**Members present:** Jim Crooks, Board Member  
Ann Irvine, Board Member  
Fiona Martin, Board Member  
Debbie McIlwraith-Cameron, Board Member  
Graham Watson, Board Member  
Madeleine Brown, Student Board Member

**In attendance:** Margaret Cook, Principal  
Lorenz Cairns, Depute Principal  
Veronica Lynch, Vice Principal  
Iain Wishart, Director of Finance  
David Archibald, Henderson Loggie  
Rachel Wynn, Ernst & Young  
Ian McCartney, Clerk to the Board

**Apologies:** None received

**Chair:** **Jim Crooks**

**Minute Taker:** Ian McCartney

**Quorum:** 3

## MINUTES

Item		Action
1.	<p><b>Welcome and Apologies</b></p> <p>Chair welcomed everyone to the meeting. Chair noted that the meeting would be Ann Irvine's final Audit Committee meeting and thanks were recorded for her service to Audit Committee over the years.</p>	
2.	<p><b>Additions to the Agenda</b></p> <p>There were no additions to the Agenda</p>	
3.	<p><b>Declaration of Conflict of Interest in any Agenda Item</b></p> <p>There were no declarations of interest.</p>	
4.	<p><b>Minutes of Meeting of Audit Committee, 16 March 2021</b></p> <p>The minutes were approved as an accurate record of the meeting.</p>	
5.	<p><b>Matters arising from previous minutes</b></p>	
	<p><u>Matters arising from 11 March 2021</u></p> <p><u>Ref 12 – Review of Meeting</u>  <b>Action:</b> Clerk to update Terms of Reference to clarify that membership of F&amp;GP Committee precludes membership of Audit Committee, and vice versa.</p> <p><b>Action Update:</b> Clerk confirmed that membership was clarified under bullet point 3 of Membership section. <b>Action complete.</b></p> <p><u>Matters arising from 31 May 2021</u></p> <p><u>Ref 8.1 – Audit Action Plan</u>  <b>Action:</b> Chair to inform joint Audit Chairs Committee re proposals for circulation and approval by Finance &amp; Audit Committees.</p> <p><b>Action Update:</b> Chair confirmed that matter has been raised, however no response yet received. <b>Action complete.</b></p> <p><u>Matters arising from 29 November 2021</u></p> <p><u>Ref 6.1 – Audit Action Plan</u>  <b>Action 2:</b> Director of Finance to provide Committee with report on completion timescales and context including Sarbanes-Oxley principles</p>	

	<p><b>Action Update:</b> included within Agenda under Item 6.1</p> <p><u>Ref 6.3 – Review of Risk Register</u>  <b>Action 2:</b> Risk 26 – Director of Finance to provide update to Committee on progress with integrated systems.</p> <p><b>Action Update:</b> included within Agenda under Item 6.5</p> <p><u>Ref 6.4 – Annual Health &amp; Safety Report</u>  <b>Action:</b> Head of HR/OD to forward internal audit plan by e-mail to Members for information.</p> <p><b>Action Update:</b> Item issued, <b>action complete.</b></p> <p><u>Matters arising from 16 March 2022</u></p> <p><u>Ref 6.3 – Internal Audit Action Plan</u>  <b>Action:</b> Internal Auditor to liaise with Principal re revised timetable and consideration of Cyber Risk element.</p> <p><b>Action Update:</b> included within Agenda under Item 6.2</p>	
	<p><b>Compliance</b></p>	
<p><b>6.1</b></p>	<p><b>Audit Action Plan – Progress Update</b></p> <p>Vice Principal provided an update on the latest position around the Audit Action Plan and noted the proposal around future updates.</p> <p>Committee <b>NOTED</b> the update and supported the move to reporting updates as and when required via appropriate Committees, however also requested that the full and final completion of the Audit Action Plan be reported to Audit Committee for information when appropriate.</p>	
<p><b>6.2</b></p>	<p><b>Internal Audit – Audit Action Plan 2021/22-2024/25</b></p> <p>Internal Auditor presented Paper 3, noting that Action Plan timings had been reviewed with SMT. Internal Auditor advised that the position of the Cyber Audit had been discussed but left in 2023/24 with an opportunity to accelerate if required. Audit Committee <b>NOTED</b> their comfort with the revised timetable.</p> <p>Board Member queried whether the schedule is consistent with regard to spread of audits within same cycle. Internal Auditor <b>AGREED</b> to add additional column to provide information on date of previous review to provided assurance.</p> <p>The revised Internal Audit Plan was <b>APPROVED</b> by Committee.</p>	<p>Internal Auditor</p>

<p><b>6.3</b></p>	<p><b>External Audit Action Plan Year Ending 31 July 2022</b></p> <p>External Auditor presented Paper 4, noting the consistency with prior years with regard to financial statements and wider scope reviews.</p> <p>External Auditor advised that Materiality Levels had been increased to 2% of expenditure, and the Audit Timetable had reverted back to previous timescales, allowing for a December sign-off.</p> <p>Chair queried the reference to the Double Payment issue, seeking clarification on what was to be investigated. External Auditor confirmed that the focus of review in this regard was on control mechanisms.</p> <p>Chair noted previous discussions around wording on financial sustainability and sought consistency and realism in terms of the exact language to be used.</p> <p>Board Member queried reference to College as a “smaller body” and asked where this positions the College in relation to risk analysis. External Auditor confirmed that Audit Scotland set criteria for “smaller body”, before noting that College was moving in the right direction in terms of risk analysis, to the extent that a lower risk rating may be achieved by the next audit cycle.</p> <p>The External Audit Plan was <b>APPROVED</b> by Committee.</p>	
<p><b>6.4</b></p>	<p><b>Strategic Risk Register</b></p> <p>Clerk presented Paper 5, noting minor amendments to Risks 14 and 25. Clerk advised that, as the College concluded its current strategic cycle and a new model for the Risk Register was being developed, this would be the final iteration of the Register in its current format.</p> <p>The Strategic Risk Register was <b>NOTED</b> by Committee.</p>	
<p><b>6.5</b></p>	<p><b>Risk Appetite &amp; Risk Register Model</b></p> <p>Director of Finance presented Paper 6 plus ancillary documents linked to the Risk Appetite review undertaken by the Board at a recent Development Day, and to the proposed new Risk Register Model.</p> <p>Director of Finance sought assurance of Committee’s comfort around Risk Appetite when the financial aspects of likelihood and impact were added to the model.</p> <p>Board Member queried with Internal Auditors as to whether the</p>	

	<p>College was likely to be an outlier in these terms. Internal Auditor advised that the appetite was similar to other colleges who are seeking to increase external income sources.</p> <p>Vice Principal queried whether, on reflection, the assessment of Risk Appetite as Eager relating to Technology was too high. Board Member appreciated limitations currently being experienced, but noted that where new technology can be adopted, the College should be embracing such opportunities.</p> <p>Director of Finance then ran through an example of a KPI from the Strategic Plan being entered in the proposed Risk Matrix, noting how the link to Financial Impact indicated that, in areas where the Risk Appetite was high, the Board are effectively indicating comfort with a potential exposure of up to £500k. Following a query from the Chair, the External Auditor advised that the current overall materiality for the College was £560k.</p> <p>Following the presentation, Chair requested that additional information of the monitoring Committee be added. Director of Finance will include in next iteration of the Register.</p> <p>Director of Finance clarified that Board-level monitoring would focus on areas flagged as “red”. Board Member noted that it would be useful to know what is being done for those items flagged as “fail” and when it would be fixed. Board Member also wanted to know how scrutinisation would work as there is a risk of fudging around drop-down menus. Director of Finance advised that a “fail” notification would result in a dialogue at Committee; there would also be some random testing of justification.</p> <p>Board Member sought clarification that a Risk scored as 25 would still be explored even if the Risk Appetite allowed this. Director of Finance confirmed that scrutiny would still be required to look at measures to drive impacts down. Chair noted that there may be opportunity to adjust Risk Appetite as a means of mitigating certain drivers.</p> <p>Director of Finance concluded by noting that the UHI Common Risk areas and Balanced Scorecard would be added in due course, and the full Register would be populated by the next Board Cycle.</p> <p>Committee thanked Director of Finance for the update provided.</p>	<p>Director of Finance</p>
<p><b>7</b></p>	<p><b>FOI &amp; Data Protection Update</b></p> <p>Clerk presented a year-to-date update of FOI and Data Protection issues reported under Paper 7 for information. The report was <b>NOTED</b> by Committee.</p>	

8	<b>Date &amp; Time of Next Meeting</b> <ul style="list-style-type: none"> <li>• tbc</li> </ul>	
9	<b>Review of Meeting</b>  Committee confirmed that the meeting had been conducted in line with its 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**

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 2018?      **Yes**       **No**



## Perth College UHI

Paper No. 2

<b>Committee</b>	Audit Committee
<b>Subject</b>	Annual Health, Safety and Wellbeing Report
<b>Date of Committee meeting</b>	19/10/2022
<b>Author</b>	Ian Bow, Health, Safety and Wellbeing Advisor
<b>Date paper prepared</b>	03/10/2022
<b>Executive summary of the paper</b>	<p>Please outline the follow elements of this paper:</p> <ul style="list-style-type: none"> <li>i) Purpose – what is it for</li> <li>ii) Impact – what are the intended outcomes</li> <li>iii) Course of Action – what happens next &amp; by whom</li> </ul> <p>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 2021/22 and its intentions going forward for 2022/23 and beyond.</p> <p>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.</p> <p>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.</p> <p>.</p>
<b>Consultation</b> Please note which related parties, stakeholders and/or Committees have been consulted	Health and Safety Committee

## Perth College UHI

<p><b>Action requested</b></p>	<p><input checked="" type="checkbox"/> For information</p> <p><input checked="" type="checkbox"/> For discussion</p> <p><input type="checkbox"/> For endorsement</p> <p><input type="checkbox"/> Strongly recommended for approval</p> <p><input type="checkbox"/> Recommended with guidance (please provide further information, below)</p>
<p><b>Resource implications</b></p> <p>Does this activity/proposal require the use of College resources to implement?</p> <p>If yes, please provide details.</p>	<p>No</p>
<p><b>Risk implications</b></p> <p>Does this activity/proposal come with any associated risk to the College, or mitigate against existing risk?</p> <p>(If yes, please provide details)</p>	<p>Yes</p> <p>Outline of actions taken by the college</p>
<p><b>Link with strategy</b></p> <p>Please highlight how the paper links to the Strategic Plan, or assist with:</p> <ul style="list-style-type: none"> <li>• Compliance</li> <li>• National Student Survey</li> <li>• partnership services</li> <li>• risk management</li> <li>• other activity [e.g. new opportunity] – please provide further information</li> </ul>	<p>Click or tap here to enter text.</p>
<p><b><u>Equality and diversity</u></b></p> <p>Does this activity/proposal require an Equality Impact Assessment?</p> <p>If yes, please give details:</p>	<p>No</p>

## Perth College UHI

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

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

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

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

## 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](http://www.itspublicknowledge.info/web/FILES/Public_Interest_Test.pdf)

# **Annual Health, Safety and Wellbeing Report**

**Academic Year 2021-2022**

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## **Introduction**

This report is a statement of Perth College UHI Health and Safety Management for the academic year 2021/22 and its intentions with regards to 2022/23 and beyond. The purpose of this report is to give an overview of arrangements in place to fulfil the Colleges statutory health and safety obligations. It provides a review on management arrangements, sickness absence and accident performance data, and health and safety activities that have taken place over the last 12 months. This report sets out key health and safety control measures and systems in place to demonstrate the College approach to minimising risk and ensuring the health and safety of its employees, students, and visitors.

Perth College provides learning opportunities at all levels, from pre-16 provision for school students to higher and further education courses, apprenticeships and work-based learning, across a wide vocational spectrum, including engineering, construction, motor vehicle, hair and beauty, hospitality and catering, business and ICT, land-based, leisure, sport and public services, creative arts, health and social care.

## **Executive Summary**

This reporting period has again proved challenging to our staff and students. Working and studying from home has had some negatives but also benefits. The way in which we work and study has changed and those changes have identified the flexibility and advantages in delivery of services as we learn do adopt and adapt to changing situations.

Health & Safety has continued to be managed proportionately, sensibly and practicably. To mitigate the risks to which the College, our staff, students, visitors and those associated to the College are exposed to, we focus resources on priorities and achieving key outcomes to support our business needs and delivery. Whilst Health, Safety and Wellbeing improvements are being made, we should always remember that there is always room for improvement. Detail and results from this report will be used for focusing our attention on continually improving performance going forward. We are to be fully committed to ensuring that Health, Safety and Wellbeing is an important part of all we do as a College, not just a “nice to have”.

Henderson Loggie conducted a Health and Safety Assurance Audit in May 2020 which identified or systems “Requires Improvement” noting the specific areas Policies and Procedures review cycle is too long, mandatory Health and Safety Training compliance was low, risk assessments for tasks, processes and activities did not meet the level of compliance required and there was under-reporting on Near Miss incidents. This report shows the improvements being made in all these areas.

We can report with confidence an increase in internal audits designed to assess the Safety Management System of the College, an increase in mandatory training and in-house Health and Safety related training events.

Further to this, our raising of Stress and delivery of Stress Awareness training and providing our managers with the training and tools to address manage stress in the work environment has proved beneficial to many as well as the organisation.

Focusing on the performance of the Safety Management System, progress is being made in all aspects with the expectation that the near return to normal business during this reporting period and onward to 2022-23 academic year will see a noticeable improvement.

# **1. Health and Safety Management**

## **1.1 Policy**

The Perth College Health and Safety Policy forms the basis of the Safety Management System. The Policy is read in 3 parts, the Statement of Intent which is signed by the Principal and Chief Executive and the Chair of the Board of Management. Health and Safety Organisation (Part 2) is included in the Health and Safety Policy and identifies the roles and responsibilities to ensure the Policy is enacted effectively. Part 3 is the Arrangements for Health and Safety which supplement additional health and safety related policies and procedures giving further direction on the implementation and enacting of the policies.

Additional Health and Safety related Policies and Procedures are also produced to provide instruction, guidance and legal compliance.

## **1.2 Planning and Implementation**

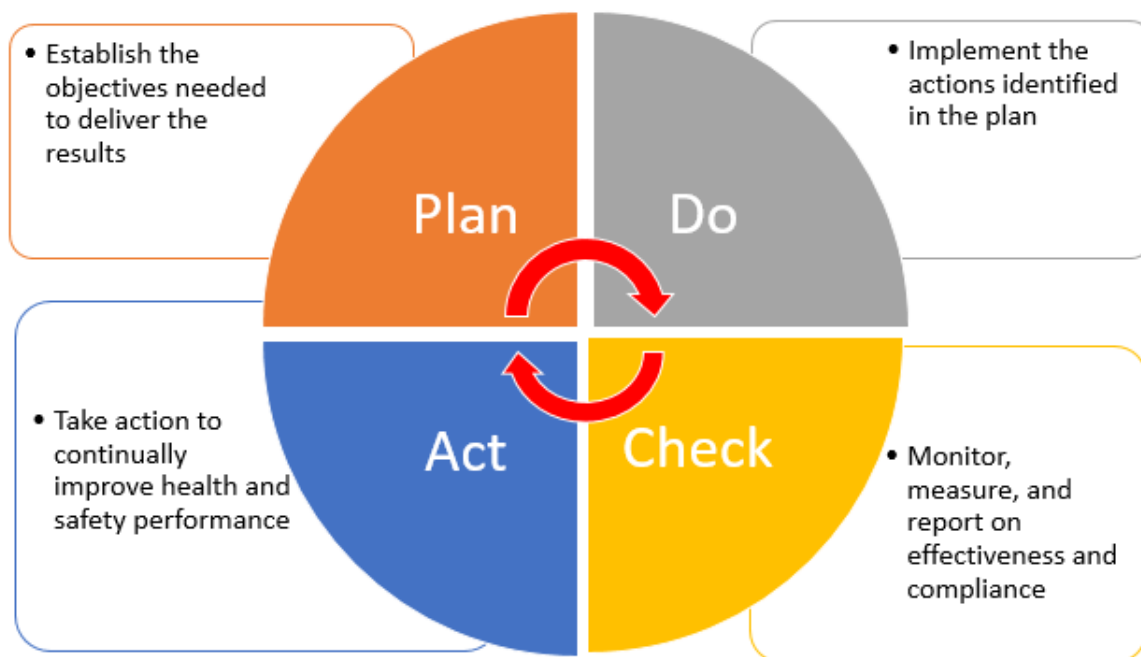
Perth College has a legal duty to put in place suitable arrangements to manage Health and Safety. The Management of Health and Safety at Work Regulations 1999 requires the College, as the employer, to put in place arrangements to control health and safety risks.

The Health and Safety Executive (HSE) state the employer should have processes and procedures to meet the legal requirements and as a minimum:

- a written health and safety policy;
- assessments of the risks to employees, contractors, customers, partners, and any other people who could be affected by your activities – and record the significant findings in writing. Any risk assessment must be 'suitable and sufficient';
- arrangements for the effective planning, organisation, control, monitoring and review of the preventive and protective measures that come from risk assessment;
- access to competent health and safety advice;
- providing employees with information about the risks in your workplace and how they are protected;
- instruction and training for employees in how to deal with the risks;
- ensuring there is adequate and appropriate supervision in place;
- consulting with employees about their risks at work and current preventive and protective measures

Health and Safety Planning is part of a continuous cycle where the plan is regularly reviewed for effectiveness and for the regular resetting of objectives.





The Policy and Procedure Group (a sub-group of the Health and Safety Committee) are continuing to review policies and procedures in line with recommendations made by the Henderson Loggie audit in May 2020. The group has so far reviewed 20 Policies and Procedures with a further 3 yet to be reviewed.

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

The Health and Safety Committee plays an integral part in the Health and Safety Management by:

- Monitoring the organisation's health and safety performance against legal and statutory requirements.
- Delivering Health and Safety Policy(ies), strategy and plans and in particular, the College Health and Safety Programme and make recommendations.
- Reviewing annually the College health and safety management system and the relevant parts of the risk register and make recommendations.
- Providing a consultation forum for management, staff and unions on health and safety matters
- Promote co-operation between the College and its employees and students in instigating, developing and carrying out measures to ensure health and safety.
- Ensuring accidents and near misses are recorded, fully investigated and commit to reducing work-related injury and ill health and to take all reasonable steps to promote health and well-being at work
- Reviewing accident, incident, work related absence and occupational ill-health trends and to make recommendations for corrective action.
- Considering reports on health and safety inspections, audits and other monitoring activities and make recommendations.
- Considering reports and information provided by inspectors of the enforcing authorities.

- Considering reports submitted by Trade Union Safety Representatives or other Committee members.
- Promoting and overseeing health and safety training in the College at all levels and monitor attendee data.
- Making recommendations on improvement of health and safety performance and minimisation of occupational injury and ill health as appropriate

During the past year we have yet again been curtailed in our plans for staff development. This said, with the easing and eventual dropping of restrictions, we have been able to enact some of the planned activities for developing staff and student competences and skills. (further detail at 1.4 below). The proposed plans for training and monitoring performance have again been redrafted for the next academic year.

Implementation of the standardised format and template College wide for Risk Assessment has proved successful, evidenced during training and internal audits. Competent trained risk assessors appreciate the reduction of concerns they may have had in conducting assessments in their individual areas.

### **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 4 occasions in this reporting period. Attendance was good on all occasions.

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

The Committee along with Trade Union safety representatives has played an invaluable part in providing a safe working environment.

With the removal of PerthNet, the College Intranet, which was outdated and not well maintained, 2 SharePoint communication pages have been created for Health and Safety and Health and Wellbeing. The latter is a new initiative and contains information on Healthy Eating, Mental Wellbeing and Physical Wellbeing. Access is open to all staff. Content and input for the page originates from the Health and Wellbeing Group.

The Health and Safety communication page contains information and guidance on Risk Assessments, Health and Safety Training, Health and Safety Performance and Employee Wellness. These pages provide us with the ability to directly communicate instantly with updates, news, promotions and links to internal and external sites.

The Covid Response Group was set up in April 2021 and includes managers, staff and Trade Union safety representatives. The groups remit is to stay abreast of the ongoing Covid Pandemic situation and to monitor and report on the College 's response to

Government legislation and guidance. During this reporting period, the Group met on 19 occasions.

#### **1.4 Training and Competence**

The Health and Safety at Work and the Management of Health and Safety at Work Regulations place duties on the College as the employer to provide suitable and sufficient information, instruction and training in order to ensure health and safety compliance.

Part of the role of the Health, Safety and Wellbeing Adviser is to work with the Human Resources and Organisational Development team to design and deliver a programme of health, safety and wellbeing training and to develop and maintain the competence of staff. Most training is delivered in-house which reduces costs and uses internal expertise to develop and provide specific training to meet the needs of the College. All training courses delivered are a statutory requirement with relevant specialist training being sourced externally.

As mentioned previously, planning and delivery for staff development has been amended due to the pandemic. However, a lot of training has been conducted internally and externally.

A further 4 members of the College Management Team have enrolled in the Institute of Occupational Safety and Health (IOSH) Managing Safety.

An additional 10 staff have completed the General Risk Assessor training. This now gives a total of 80 competent assessors.

44 staff have completed the Mental Health First Aid training which teaches people how to identify, understand and help someone who may be experiencing a mental health issue.

6 staff have qualified or requalified as competent First Aiders after successful attendance at a British Red Cross First Aid at Work course and 10 staff have completed Emergency First Aid at Work widening our capability across the Campus to respond to incidents and accidents. We have also followed recommendations to conduct First Aid Refresher Training to maintain skills and confidence with 14 of our first aiders.

Following the “normal” resumption of business and the requirement to transport students for events such as Duke of Edinburgh Award, external sports activities and educational visits, we have had 11 staff attend MiDAS training. MiDAS is the Minibus Driver Awareness Scheme. It is a scheme that promotes a UK wide standard for the assessment and training of minibus drivers and is viewed as best practice. The scheme aims to enhance minibus driving standards and safe operation of minibuses.

Completion of mandatory Health and Safety related training modules remains with slow but steady progress in achieving full compliance. Again, we have sent reminders to managers and staff regarding the requirement to undertake and complete these modules. Monthly monitoring of compliance by the HSWA and HR takes place and reporting to the Head of HR&OD. Compliance has improved (see table below) although some areas are not as compliant (as raised in the Health and Safety Audits).

It should be noted that with the withdrawal of the Blackboard platform and the initiating of Brightspace for some online modules, there was a time lag where the modules could not

be accessed and the records from Blackboard cannot now be retrieved. This is reflected in the Fire Awareness module uptake numbers.

## **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.

Each department and curriculum area has had a “hazard survey” conducted to identify those foreseeable hazards likely to cause harm. This is the foundation of the risk assessment process. Since the end of Covid restrictions and specific “Covid Safe” risk assessments, Covid has been included as a workplace hazard on general risk assessments.

The Estates Department employ contractors to conduct works on site. All approved contractors must provide the Estates Department copies of their Risk Assessments and Method Statements (RAMS), which are examined and commented upon as required prior to any works commencing. Contractors are given a Health and Safety Induction by a member of the Estates team. Work permits are issued by Estates for hot works, working with electricity etc.

Departmental workplace health and safety inspections are conducted on a risk basis, higher risk areas completing on a bi-annual basis. Raising awareness of hazards and potential risks has brought more requests for advice and guidance from the Health, Safety and Wellbeing Adviser.

The Health and Safety Risk Management Profile has not been reviewed this reporting period, mainly due to Covid and the time required to assess and review the document. It is to be on the agenda for the November Health and Safety Committee meeting.

As stated earlier, with the lifting of restrictions and the lowering of the risk of severe illness, Covid Safe assessment have been withdrawn. However, we maintain a weather eye on infection rates, hospitalisations, Government Guidance and advice from Health Protection Scotland. We have also ceased to issue Lateral Flow Devices on instruction from NHS Scotland.

## **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 internal audits, training and development, advice and assistance in the compilation of departmental risk assessments.

## 2. Audit and Review

### 2.1 Internal Audits

Internal Audits identify strengths and weaknesses in the Safety Management System, application of our Policies and Procedures as well as legal compliance.

The programme of Internal Audits has been subject to change due to the pandemic and availability of personnel to take part. Commencing in January 2022, 12 Health and Safety Audits have been undertaken incorporating 17 areas. Where requested, subject areas have been combined for ease of management and control.

To ensure observations and actions from these audits are followed through, actioned and resolved, each area audited is required to provide an update of their individual action plans to the Health and Safety Committee. Again, due to staffing and the pandemic, some areas have yet to fully report on the status of observations made.

Areas audited are identified in the table below.

Date	Area	Grading - Compliance	Remarks
Jan 2022	Food Studies and Hospitality	Green – 91%	
Jan 2022	Electrical Workshop	Yellow – 88%	
Feb 2022	Mult-Skills and Project Area	Yellow – 87%	Combined 2 into 1 audit
Mar 2022	Joinery Workshop	Yellow – 86%	
Mar 2022	Executive Offices	Green – 94%	
Mar 2022	AST (Scone)	Green – 95%	
Apr 2022	Plumbing & Gas Technology	Yellow – 83%	Combined 2 into 1 audit
Apr 2022	Curriculum Administration	Green – 92%	
Apr 2022	Business, Management & Computing	Green – 94%	Combined 3 into 1 audit
Apr 2022	ICT	Yellow – 77%	Combined 2 into 1 audit
Apr 2022	ASW Commercial	Yellow – 82%	
May 2022	Science Labs	Green – 91%	

### 2.2 External Audit

There were no External Audits Health and Safety Audits by Henderson Loggie during this reporting period.

The College Nursery had an unannounced inspection by the Care Inspectorate October 2021. The Nursery was graded as follows indicating a significant improvement.

Care and Support – 5 – Very Good

Environment – 4 Good  
Staffing – 5 – Very Good  
Management and Leadership – 4 – Good

The previous inspection, again unannounced, in February 2020 gave the following gradings.

Care and Support – 4 – Good  
Environment – 4 Good  
Staffing – 4 – Good  
Management and Leadership – 2 - Weak

### **2.3 Departmental Health and Safety Inspections**

The completion of Departmental Health and Safety Inspections using the Workplace Inspection Checklist document had a low uptake due to Covid and reduced personnel on-site. Workplace inspections for “Low Risk” areas (ie. library, offices, classrooms) are to be completed once in an academic year whereas “High Risk” (ie. kitchens, workshops) are to undertake a formal inspection each semester. Workplace inspections shall resume in semester 1 and copied to the HSWA. Reminders will be issued to managers informing them of the requirement to inspect areas in semester 1.

## **3. Monitoring Performance**

### **3.1 Proactive and Reactive Monitoring**

Measures for the monitoring health and safety performance include the Internal Health and Safety Audits (see 2.1 above), Safety Tours observing work practices, Safety Sampling and Safety Surveys looking at activities, processes or work areas.

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 accident, incident, near miss or dangerous occurrence was reported, investigations are 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.

In April of this year, the College received a delivery of 120 Air Quality Monitors for monitoring CO2 levels, temperature and humidity in rooms and spaces. The monitors are battery powered and can be linked via Bluetooth to a mobile phone to view data from the previous 2 weeks. 109 are in place in rooms with mechanical ventilation or where high occupancy is normal, the others are awaiting the completion of room refurbishment. The monitors have a digital display showing the CO2 level, temperature and humidity level

which can be read by the room users to alert them if action is to be taken, ie. open windows and doors.

The HSWA monitors periodically or where a concern has been identified and action required. Monitoring is reported to the Covid Response Group.

### **3.2 Key Performance Indicators (KPI's)**

The comparison of Key Performance Indicators with previous years is skewed slightly and may not provide meaningful benchmarking data. Again, this is due to Covid and the reduction of activity on Campus. Recording continued throughout and comparisons with other institutions within UHI, and externally will be made when their information is made available.

Action	Actual 17/18	Actual 18/19	Actual 19/20	Actual 20/21	Target 21/22	Actual 21/22	Target 22/23
Number of Leaders hold IOSH Directing Safety certification.	Info not available	Info not available	2	2	2 or more	2	2 or more
Number of CMT members and identified staff who hold IOSH Managing Safely or equivalent.	Info not available	Info not available	3	7	10	9	10
Number of staff having completed mandatory health and safety training.	61%	55.6%	Average 84%	88%	90%	*83%	90%
Number of departmental safety inspections.	Info not available	Info not available	Info not available	7	6-8		Min 54
Number of Internal Audits conducted against plan. *some audits combined for curriculum areas	3/3	5/5	5/8	0/10	20	15/18	26
Number of Internal Audit Level 1 Priority Actions outstanding.	Info not available	Info not available	Info not available	Info not available	All	3	0
College sickness absence within agreed levels (average sick days per head)	5.51	5.19	7.88	4.5	Under national average	8.9	Under national average
College turnover levels within agreed levels			26%	13%	20.5% or under	19% (6% for perm roles)	20.5% or under
Number of accidents/incidents (all)	53	75	91	22	<90	86	<90
Number of near miss, hazard and dangerous occurrence reports.	Info not available	7	6	4	Min 20	17	Min 20
Number of lost time accidents.	Info not available	Info not available	1	0	0	0	0
Total number of working days lost due to accident/injury/ill health	3798	6824	4048.50	2263	10% lower	3220	Less than 3000 hours
Number of RIDDOR reportable accidents and ill health.	4	2	0	0	0	0	0
Number of contractor accidents on site.	0	1	0	0	0	1	0
Number of safety related insurance claims.	Info not available	Info not available	0	0	0	0	0
Number of staff absent due to work related stress during year	Info not available	15	TBC	4	Less than 5	5	5 or less
Number of staff absent due to work related musculoskeletal disorders.	Info not available		1	0	0	0	0

\*Fire Awareness module added August 2021



### **3.3 Accidents, Incidents and Near Misses**

With the near return to normal for work and study, activity on site has increased but not to pre-pandemic levels. We anticipated a fall in accidents and incidents and an increase in hazard and near miss reporting. During this reporting period we have had 86 accidents/incidents reported and recorded, 2 hazardous situations and 15 near misses noted. (See Appendix 1 for graphical display).

Accidents, Incidents, Near Misses etc. are reported quarterly to the Health and Safety Committee. The method of reporting has been amended to indicate which group of staff has been involved as well as students, school pupils, visitors and contractors, where the accident or incident occurred. For reporting purposes and resource allocation, this will give a better indication for the most likely locations and persons to be injured and how. For instance, this year 4 Academic Staff were injured, all through Slips, Trips and/or Falls. 4 Support Staff were involved in incidents, 2 from the Nursery with injury inflicted by children, a Slip, Trip Fall and an injury to the hand caused during manual handling.

As expected, the number of students injured was high with 51 accident reports being submitted. Quarter 1 and 2 of this reporting period saw the highest and a decline thereafter as students became more aware of their surroundings and their "tools of the trade".

High numbers of Members of the Public using the Academy of Sports and Wellbeing (ASW), 19 in total which were mainly sports injuries from competitive sports. Alongside this were 7 School Pupils who use the ASW Games Hall for organised sports sessions. The latter being mainly bumps and bruises.

All incidents and accidents are graded for severity and seriousness, Negligible, Low, Medium and High. This effects the level of investigation required, commensurate with the severity and seriousness. 44 were classed as Negligible, a minor injury requiring minimal First Aid and a return to work/activity, 34 Low, again a minor injury requiring minimal First Aid and a return to work/activity but with possible repercussions, Medium, requiring First Aid and/or further treatment off site with an absence from work or study and finally, High which requires medical treatment and stay in hospital and absence from work or study for over 7 days. The latter being RIDDOR reportable instances, of which we have not had any.

There were 2 Hazardous situations reported by a contractor involving unexpected items in nappy bins. 15 Near Misses were also reported which is good to know as we raise awareness of general safety throughout the Campus. Reports included windows opened to the full extent causing difficulties retracting them, Slips and trips which did not cause injury but still had the potential to cause harm or damage and falling objects.

Our First Aid Team attended to 50 calls for assistance where persons did not have an accident on Campus. Calls included anxiety and panic attacks, re-dressing injuries acquired externally, seizures and nose bleeds.

### **3.4 Sickness Absence**

The cumulative sickness absence rate for the College for 2021/2022 has increased when compared to 2020/2021 however, this is expected as 2020/21 was an exceptional year due to COVID. When comparing the 2021/2022 rates to 2019/20 the overall sickness rates are lower with support staff sickness absence seeing a significant reduction whereas the

academic and management sickness absence has increased in comparison to 2019/20. Overall sickness absence per head has also increased in comparison to 2019/20. It is too early to say what the sickness absence levels for 2022/23 will be like.

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

### **3.5 Fire Safety**

Fire Risk Assessments were conducted by the HSWA on all buildings in June 2021:

- Brahan
- Goodlyburn (including Dunne building)
- ASW
- Webster
- Nursery
- Glen Lyon
- Glen Almond
- Glen Shee

Minor observations noted during the assessments have been discussed with the Head of Estates and Estates Officer for action or corrective action.

There have been 6 callouts to Scottish Fire and Rescue Service in this reporting period all but 1 were false alarms.

- Brahan, wilful fire raising of a waste skip (out of hours)
- Goodlyburn, alarm panel fault.
- Brahan Old Games Hall, suspected dust interfering with sensors.
- Brahan 3<sup>rd</sup> floor toilets, suspected aerosol deodorant set off sensor
- Goodlyburn refectory, (out of hours), suspected sensor fault.
- Brahan, smoke detector set off (toaster left unattended).

11 Evacuation Chairs located on Campus were inspected and serviced in June 2022. All emergency fire fighting equipment (extinguishers and blankets) were inspected and serviced in May 2022 with replacement equipment for all those past their shelf or servicing life.

Fire Awareness and Fire Marshall training (see 1.4 above) on the Brightspace platform continues as a mandatory requirement for all staff. Further training events are planned to increase the numbers of personnel competent to assist in the emergency evacuation of persons and in the use of the Evac-Chair. It is also planned to provide some staff with training in the use of Fire Extinguishers.

The Fire Safety Management Policy and Procedures includes the compilation and completion of the Building Fire Log Books. This has yet to be implemented as well as training for the Estates Caretakers. It is hoped that this will be completed before the Autumn break.

We received notification from Scottish Fire and Rescue Service that they shall, from April 2023 challenge calls made through the Automatic Fire Alarm system from non-domestic premises in order to reduce the number of unwanted fire alarms. Their intention is to contact the College and ascertain if there is a fire or signs of a fire. The Head of Estates

and Health, Safety and Wellbeing Adviser are to meet with Scottish Fire and Rescue Service (Perth) in the near future to discuss how best for us to proceed and the seek guidance on procedures. Student residences will not be affected.

## **4. Health and Wellbeing**

### **4.1 Health and Wellbeing Group**

The Health and Wellbeing Group, which has members from Curriculum and Professional Services, has met on 8 occasions in this reporting period and have been working towards maintaining the standards of the Healthy Working Lives Award, promoting healthy eating and lifestyles, mental health, wellbeing training and to make recommendations to the Health and Safety Committee. The remit to review the Stress Surveys and create an action plan has been removed from this group, as a separate Stress Management Group has been created with a dedicated focus on stress prevention and the Terms of Reference have been changed accordingly.

In March 2022, we promoted National No Smoking Day with a stand in Brahan and a wide range of materials and brochures. Although we were still restricted in the numbers of persons on Campus, uptake was good.

In April we celebrated Stress Awareness Month with Stress Awareness presentations, a stand in Brahan where staff and students could receive information and take a simple on-line stress test. Those who attended were offered a free "Stress Ball". Again, this was well attended.

Also in April, Sports and Fitness students offered Health Checks to staff and students looking at weight, blood pressure, height, body mass index. Hair and Beauty offered "De-Stress" treatments as part of Stress Awareness month where 3 staff attended. They will be continuing in Semester 1.

As well as the SharePoint Health and Wellbeing Communication site we also have our Health and Wellbeing Calendar on the Perth College Website indicating upcoming events, promotions and campaigns.

### **4.2 Stress**

In January 2022, we repeated the Organisational Stress Survey to evaluate staff responses and further direct improvements in perception and meet the HSE Management Standards. This year we included a text box for qualitative responses as well as the quantitative.

The responses indicated that some areas had fared better with less dissatisfaction but others where the negative responses increased. It can possibly be assumed that this was in part due to Covid, home working, isolation and pressures adopting new work methods and patterns.

Again, the Health and Wellbeing Group were to formulate an action plan to address the issues identified. propose measures which were SMART and work to meet the Management Standards. Unfortunately, the group's proposals did not meet with expectations so a recommendation went to the Health and Safety Committee to form a Stress Management Group which should include senior management, trade unions and

members of the committee. This group has been formed and has met twice agreeing to set up Stress Focus Groups to canvas employees on a team and personal level. Focus Groups will commence in semester 1. It is planned to repeat the Stress Survey in January 2023.

The HSWA has conducted 10 sessions of 1 hour face-to face on Stress Awareness with 44 attendees who stated the sessions were very useful and provided a better understanding of pressure and stress. The HSWA has also conducted 6 Managing Stress sessions of 2 hours, again face-to-face, designed for managers who have first attended the Stress Awareness sessions. A total of 17 managers have attended. The sessions are designed to provide managers with the skills and confidence to identify and address stress in their areas and to conduct stress surveys and risk assessments. Stress surveys are recommended for all areas regardless.

The HSWA has also conducted a further 2 Individual Stress Risk Assessments with employees who identified they felt stressed due to their working conditions. However, 2 additional assessments have yet to be finalised due to individual personal reasons.

The effects of the Covid pandemic and the cost of living have only 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 Health Surveillance**

Following the introduction of the Health Surveillance Policy in 2020, work has been ongoing with the HSWA, HR and Departmental Managers to identify staff posts/roles which require specific health surveillance. Main areas for baseline testing and further surveillance are Noise Induced Hearing Loss (Audiometry), Respiratory (Spirometry) and blood tests for lead. Medigold, our Occupational Health Provider, have been requested to place a quote for the services required. It is anticipated this would be approved and a request would be made for a mobile unit to attend the Campus in order to undertake the surveillance with minimal disruption.

### **4.4 Home/Hybrid Working**

There remains a mixture of On-Campus and Home Working (Hybrid) for many staff and students. Those staff who are working hybrid attend Campus either 2 or 3 days a week, depending on their contract and working pattern, and work from home the rest of their hours. This mixture of working will remain until the end of semester 1 (January 2023).

We maintain the requirement for those staff to provide/review their Home Working Risk Assessment and their Display Screen Equipment Assessment for scrutiny by their line manager. Due to the pandemic and the increase in home working activity across all industries, the HSE has provided advice and guidance reminding employers that they have the same health and safety responsibilities for people working at home as for any other worker.

Staff have also been given the opportunity to apply for “flexible working” which would be a permanent change to their contract. Requests are submitted to the line manager and a decision whether to approve or not is made by the Senior Management Team taking into account any reasonable adjustments required and the line managers recommendation.

#### **4.5 Returning to Work and Study**

With the removal of Covid restrictions, there has been an increase in activity on Campus with greater numbers of staff and students attending and would expect this to be 100% of staff not on flexible working by February 2023.

We retain general measures, promoting hand hygiene, washing regularly, using gels and sanitisers, maintain distance where practicable and also the “Distance Aware Scheme” for those persons who do not wish to be in close proximity to others. As above, hybrid working continues for the present.

With the removal of restrictions, Organisational and Departmental Covid-Safe assessments have been amended with Covid as a workplace hazard and risk assessments shall reflect this with appropriate controls to ensure a safe and healthy work and study environment.

#### **4.6 Healthy Working Lives**

We have recently been informed that Public Health Scotland will no longer deliver the Healthy Working Lives Award. We hold the Bronze, Silver and Gold Awards and were due a review of our Gold status this year. Although disappointing not to have this accreditation, we will still maintain our work in promoting Healthy Working Lives and fulfill all the criteria set out within the standards. The Health and Wellbeing Group will be taking this forward.

#### **4.7 Student Health and Wellbeing**

The Student Engagement Team continue to provide face to face Student Induction Talks which includes essential information regarding returning to campus and for those who are new students. There are also a number of videos to help student familiarise themselves with the Campus, Do’s and Don’ts, acceptable behaviour, etiquette and more.

The Student Additional Support Team provide a range of services including Loan Bank, Assistive Technology Workshops, Microsoft Accessibility, Disabled Students Allowance (DSA) and Alternative Assessment Arrangements to assist and support our students through their studies and onward to a successful career.

Student Counselling Services provide experienced counsellors for students who may be or are experiencing difficulties, feeling low, confused or stressed. This service provides the students an opportunity to discuss anything that is troubling them, to unburden themselves and seek assistance and guidance with academic worries to mental health issues and personal relationship problems.

The Student Engagement Team cover a range of activities to encourage engagement during the academic year. They deliver workshops and in-class talks, which are updated each academic year to show change in mood and external influences.

These include:

- How to stay focused when studying online
- Public speaking in a formal setting
- Stress and anxiety
- Hate crime
- What is e-safety?
- Bullying - what and why?
- How to dig deep and stay the course!
- Sexual assault at festivals and clubs
- Sex, drugs and rock 'n' roll - let's talk about it
- Student Voice Representative Team

Student Wellbeing and Support Service also provide a wide range of support, including Drop-In sessions for those students who experience issues which impact on their Mental Wellbeing for example feeling anxious, having difficulties with motivation or low mood, feeling isolated and alone, having relationship issues, struggling with irregular sleep patterns.

The Student Health and Wellbeing Group is recruiting membership from the student body and hopes to hold it's first meeting in October. Terms of Reference for the Group have been approved.

#### **4.8 Health and Fitness**

The Academy of Sports and Wellbeing (ASW) has provided an invaluable service throughout this reporting period by promoting and delivering a wide range of wellbeing initiatives to our students, staff, and wider community.

These initiatives support physical, mental, and social wellbeing and involve all age groups ranging from 6 month to 80 plus. ASW offers a wellbeing service that supports everyone regardless of ability and we take great pride on our #HEREFOREVERYONE philosophy.

This has resulted in over 40,000 gym attendances, 18,500 fitness class attendances, 13,000 climbing attendances and over 130,000 sports hall attendances.

ASW gym membership stands at 1092 members with an additional 600 "pay as you go" members. They have also registered 2,300 climbers in 22-23 and now work with over 30 local clubs and National Governing Bodies that allow them to host a multitude of sporting opportunities each week.

ASW continue to support the wellbeing of students not only with services highlighted above but also support their financial and educational wellbeing having provided over 120 work-based learning opportunities in the last 5 years including 15 in 22-23. They also currently employ 8 students within our ASW operation and have 5 Perth College UHI graduates working at ASW.

ASW provides a high-profile, professional, community focused health and wellbeing service. This is recognised across the city of Perth, their service and customer focus further enhances the student and staff experience and positively impacts on the reputation of the college and the role it plays on the wellbeing of our community.

## **5. Communication with External Agencies and Groups**

During this reporting period there have been no inspections, visits, requests for information, Fee for Intervention Notices, Prohibition or Improvement Notices issued by the Health and Safety Executive (HSE). We receive regular updates and information from the HSE via email (HSE ebulletin Service and HSE Weekly Digest Bulletin).

We have also not had any visits or requests from Perth and Kinross Council seeking information.

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 periodically to discuss issues, new initiatives, legislation and share best practice. The frequency of meetings has now reverted back to 2 monthly with the ending of Covid restrictions. This group reports into UHI Executive Office.

The Tayside Health and Safety Forum consists of Health and Safety practitioners from Fife, Dundee and Tayside Colleges and Universities. The group meets frequently to discuss and share experiences and best practice.

The College Development Network (CDN), 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 again focused on the Covid pandemic until restrictions eased and eventually lifted. All groups also share information and discuss general health, safety and wellbeing issues such as manual handling, training opportunities, stress at work, home/remote working, hazardous substances and of course, Covid.

## **6. Going Forward – 2022-2023**

### **6.1 Training and Competence**

We shall continue to provide IOSH training opportunities to our Management Team in order to raise their competence and awareness of the Health, Safety and Wellbeing issues within their work areas.

Due to the findings of Internal Audits already conducted, managers are more aware of the need to provide in-house training sessions for subjects such as Hazardous Substances, Working at Height, Manual Handling and Elementary Health and Safety. These sessions shall be programmed into the calendar as soon as is practicable. Additionally, we shall be providing additional sessions for General, Control of Substances Hazardous to Health (COSHH) and Manual Handling risk assessments.

We will continue to promote 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 programme of Internal Audits forecasts another 26 audits to be conducted between August 2022 and August 2023. 4 of these are delayed or postponed from this academic

year. Again, our Trades Union colleagues will be invited to be part of the audit team and it is hoped their participation will be forthcoming where practicable.

### **6.3 External Audit**

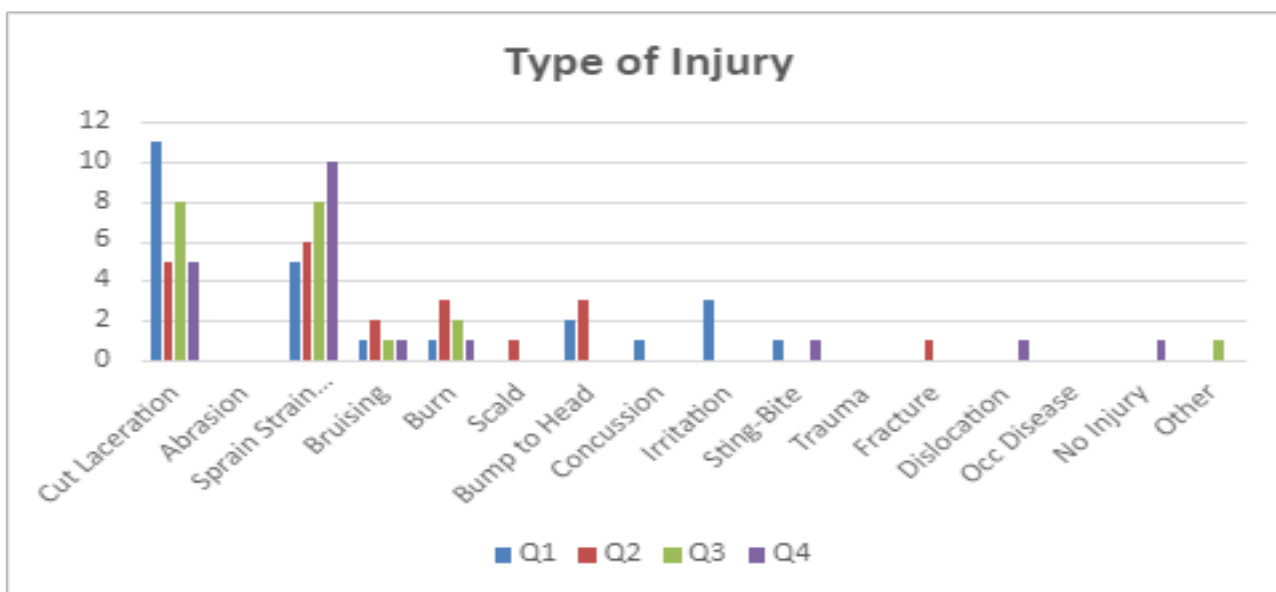
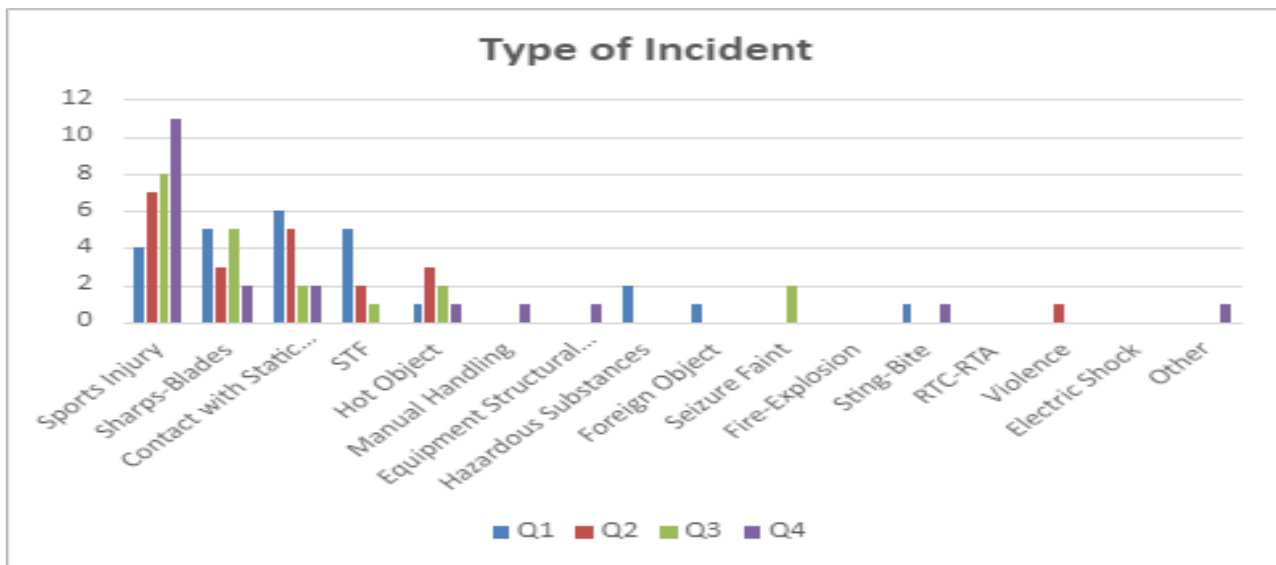
There is no external Health and Safety audit planned for the next academic year although there will be a progress report submitted to Henderson Loggie. Findings of the 2020 Audit stated the overall level of assurance “Requires improvement”, (System has weaknesses that could prevent it achieving control objectives). The findings focused on 3 main areas, review timings for Policies and Procedures, Health and Safety training and Risk Assessments, all of which have been addressed and actions taken to address the recommendations.

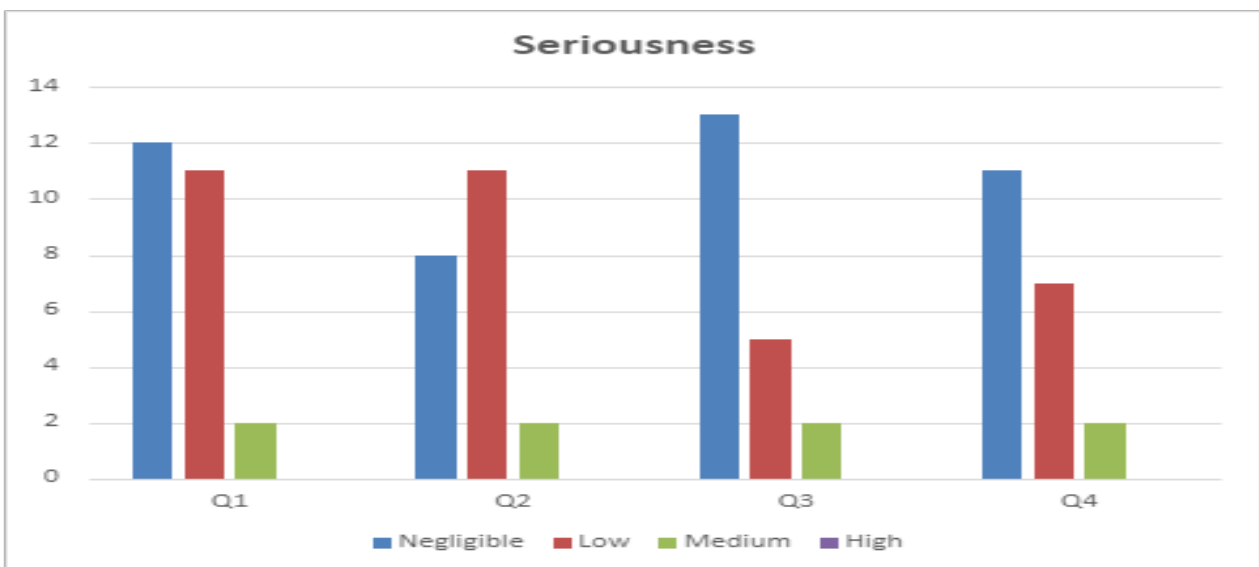
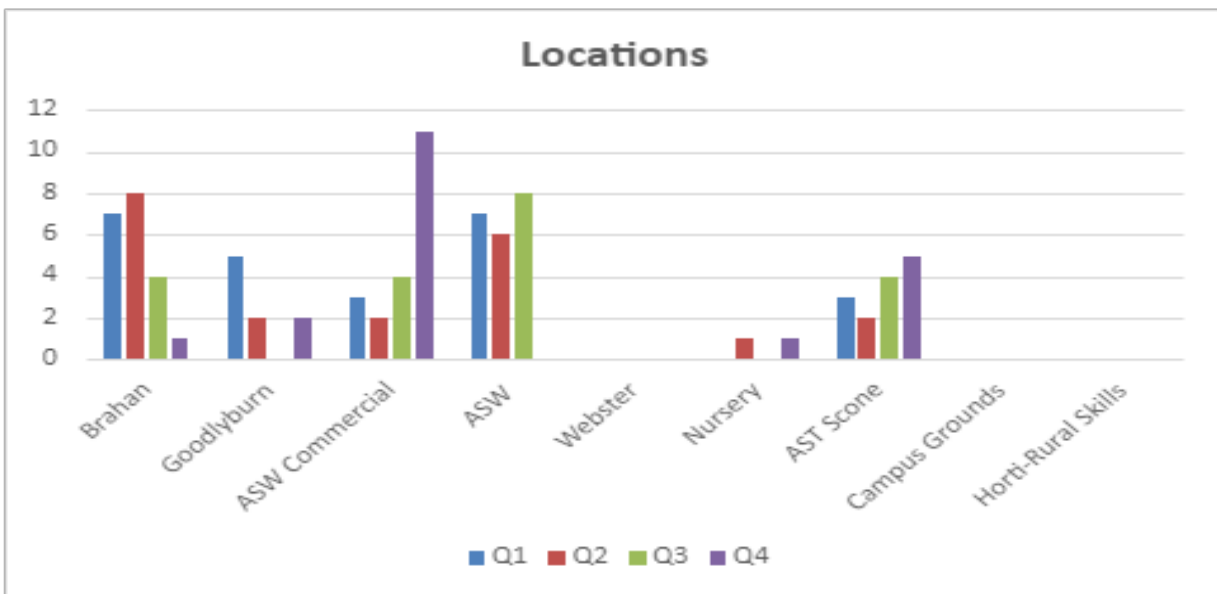
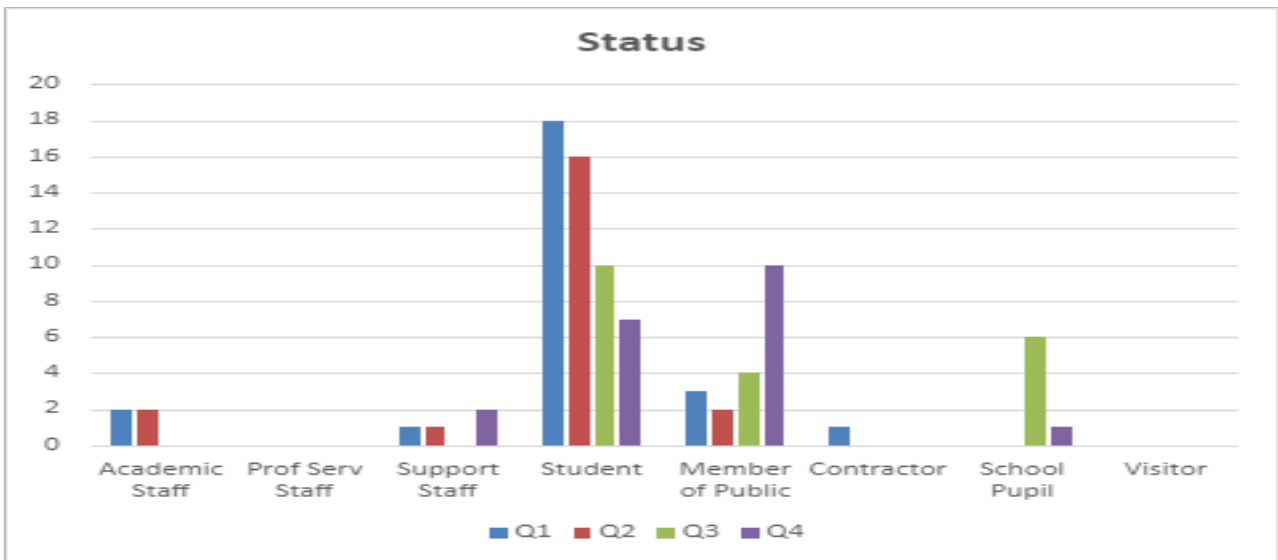
### **6.4 Risk Assessment**

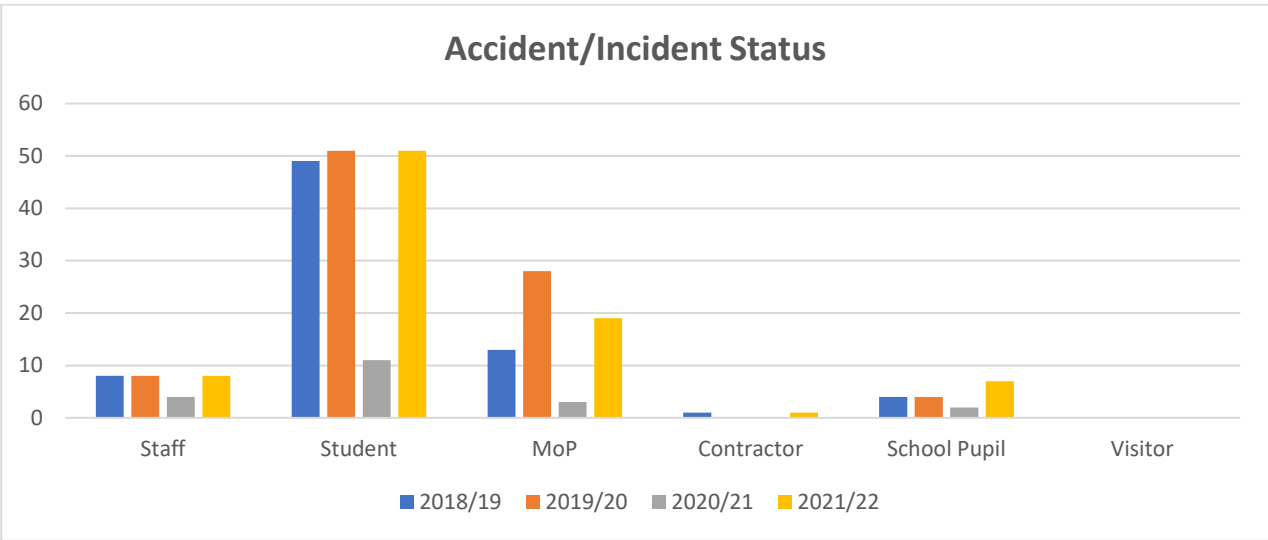
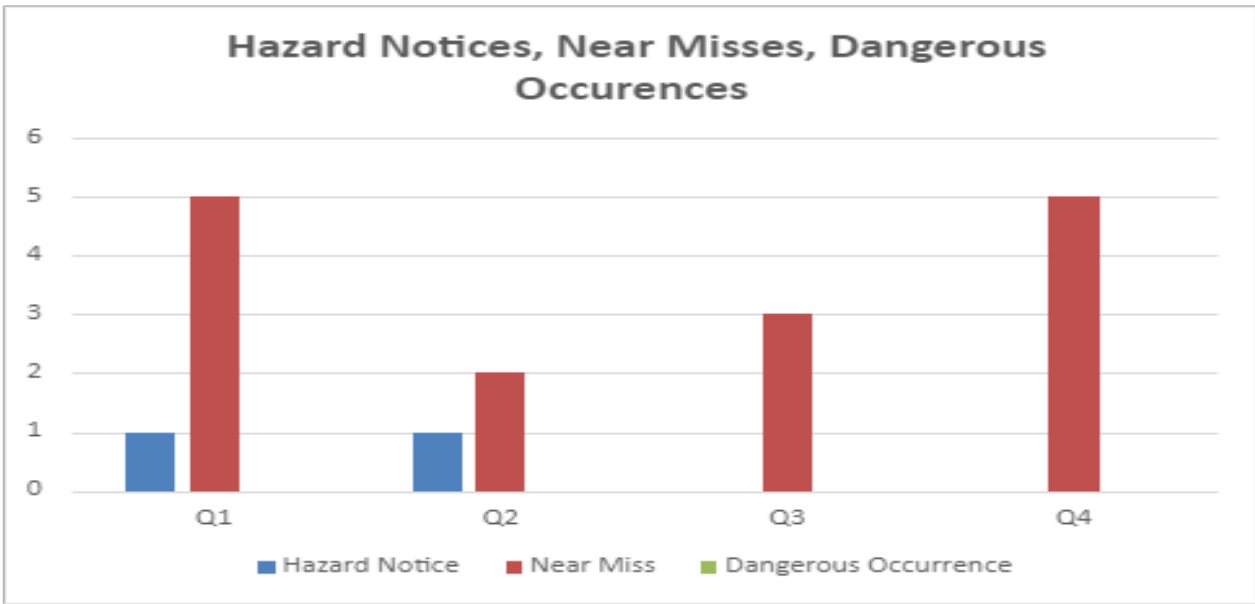
As stated above, additional training sessions will be programmed for General risk assessors, COSHH assessors and Manual Handling assessors. Continual review of risk assessments and compilation of new assessments for tasks, processes and activities shall proceed as directed in procedures.

Risk assessments will be uploaded onto the new Departmental SharePoint pages with access given to the Health, Safety and Wellbeing Adviser for assurance and oversight.









**Accident Incident Return (AIR) Students and Staff only**

	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>
Perth College Total Reported Accidents/Incidents (per 1000 at risk)	4.68 (40)	6.78 (59)	6.86 (59)	1.98 (17)	8.98 (59)
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)	15.01 (8)
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)	8.45 (51)
Perth College Total RIDDOR Reports	0	2	0	0	0

## Sickness Absence Statistics

	2017/2018		2018/2019		2019/2020		2020/2021		2021/2022	
	(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	Total Sick Days	Average Sick Days per Head
<b>Management</b>	118.5	5.38	15	0.6	35	1.95	0	0.00	105	5.8
<b>Support</b>	2385.75	9.21	1908	5.9	3161.5	12.65	1557	6.7	1987	12.6
<b>Academic</b>	1031.5	5.67	1011	4.5	852	3.46	76	2.8	1128	6.1
<b>Total</b>	3538.25	5.51	2934	5.19	4048.5	7.88	2263	4.5	3220	8.9

**Perth College UHI**

Paper No.3

<b>Committee</b>	Audit Committee
<b>Subject</b>	Health and Safety Terms of Reference
<b>Date of Committee meeting</b>	19/10/2022
<b>Author</b>	Katy Lees, Head of HR and Organisational Development
<b>Date paper prepared</b>	03/10/2022
<b>Executive summary of the paper</b>	<p>Please outline the follow elements of this paper:</p> <ul style="list-style-type: none"> <li>i) Purpose – what is it for</li> <li>ii) Impact – what are the intended outcomes</li> <li>iii) Course of Action – what happens next &amp; by whom</li> </ul> <p>The Health and Safety Committee Terms of Reference were reviewed by the Health and Safety Committee in September 2022 and a number of changes were made, notably in terms of membership to ensure that there is appropriate membership across the College, increasing the number to ensure the committee is quorate from 5 to 7 to reflect the increased membership and to make reference to welfare in the ToR.</p> <p>The Health and Wellbeing Group was a College created sub-committee of the Health and Safety Committee and the Terms of Reference were reviewed in 2022 when the Stress Management Group was created to ensure that there was appropriate separate and accountability within each of these groups. These Terms of Reference are included for reference.</p> <p>.</p>
<b>Consultation</b> Please note which related parties, stakeholders and/or Committees have been consulted	Health and Safety Committee
<b>Action requested</b>	<input checked="" type="checkbox"/> For information

## Perth College UHI

	<input type="checkbox"/> For discussion <input checked="" type="checkbox"/> For endorsement <input type="checkbox"/> Strongly recommended for approval <input type="checkbox"/> Recommended with guidance (please provide further information, below)
<p><b>Resource implications</b></p> <p>Does this activity/proposal require the use of College resources to implement?</p> <p>If yes, please provide details.</p>	<p>No</p>
<p><b>Risk implications</b></p> <p>Does this activity/proposal come with any associated risk to the College, or mitigate against existing risk?</p> <p>(If yes, please provide details)</p>	<p>Yes</p> <p>Outline of actions taken by the college</p>
<p><b>Link with strategy</b></p> <p>Please highlight how the paper links to the Strategic Plan, or assist with:</p> <ul style="list-style-type: none"> <li>• Compliance</li> <li>• National Student Survey</li> <li>• partnership services</li> <li>• risk management</li> <li>• other activity [e.g. new opportunity] – please provide further information</li> </ul>	<p>Click or tap here to enter text.</p>
<p><b><u>Equality and diversity</u></b></p> <p>Does this activity/proposal require an Equality Impact Assessment?</p> <p>If yes, please give details:</p>	<p>No</p>

## Perth College UHI

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

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

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

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

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

<http://www.itspublicknowledge.info/ScottishPublicAuthorities/ScottishPublicAuthorities.asp>  
and



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[http://www.itspublicknowledge.info/web/FILES/Public\\_Interest\\_Test.pdf](http://www.itspublicknowledge.info/web/FILES/Public_Interest_Test.pdf)

## **Health and Safety Committee Terms of Reference**

### **Membership / Constitution**

- Chair (Head of HR & OD)
- Member of Board of Management
- Depute Principal
- Vice Principal, Operations
- 4 x Sector Development Director(s)
- Unison Staff Side Representative(s)
- EIS Staff Side Representative(s)
- Head of Learning and Teaching Enhancement
- Head of Student Experience
- Head of Estates
- Head of ICT and Digital Transformation
- Head of Business Development
- Director of the Centre for Mountain Studies
- Library and Careers Team Leader
- Quality Manager
- Health, Safety and Wellbeing Advisor
- Student Body Representative
- Member of AST (invited member)

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

### **Quorum**

The Quorum shall be 7 members.

### **Frequency of Meetings**

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

### **Objectives**

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

### **Terms of Reference**

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

statutory requirements.

2. Delivery of health and safety policy, strategy and plans and in particular, the College Health and Safety Programme and make recommendations.
3. To review annually the College health and safety management system and the relevant parts of the risk register and make recommendations.
4. Provide a consultation forum for management, staff and unions on health and safety matters
5. To promote co-operation between the College and its employees and students in instigating, developing and carrying out measures to ensure health, safety and welfare.
6. Ensure accidents and near misses are recorded, fully investigated and commit to reducing work-related injury and ill health and to take all reasonable steps to promote health and welfare at work
7. To review accident, incident, work related absence and occupational ill-health trends and to make recommendations for corrective action.
8. To consider reports on health and safety inspections, audits and other monitoring activities and make recommendations.
9. To consider reports and information provided by inspectors of the enforcing authorities.
10. To consider reports submitted by Trade Union Safety Representatives or other Committee members.
11. To promote and oversee health and safety training in the College at all levels and monitor attendee data.
12. Making recommendations on improvement of health and safety performance and minimisation of occupational injury and ill health as appropriate

## **Health and Wellbeing Group**

### **Terms of Reference**

#### **Purpose**

The Health and Wellbeing Group is a sub-committee of the Health and Safety Committee with a sole focus on Health and Wellbeing of staff. This group encompasses the work of the Health Working Lives Group as well as having a focus on other Wellbeing matters.

#### **Duties**

The principle duties of the Health and Wellbeing Group are as follows:

- To develop, implement and maintain actions which support and continue to improve the College's Gold Award registration with Healthy Working Lives.
- To review the College's approach to Health and Wellbeing and to make recommendations to the Head of HR & Organisational Development
- To review current arrangements and recommend proactive measures that support the Mental Health of staff which may involve looking at Work-Life Balance, Health Eating and Lifestyles
- To plan, deliver and review a minimum of 3 wellbeing campaigns/activities each year
- To review the training/services offered to staff in the areas of Wellbeing and to make recommendations to the Head of HR & Organisational Development
- The Health and Wellbeing Group can make recommendations or proposals to the Health and Safety Committee.

#### **Membership**

- HR & OD Business Partner (Chair)
- Health, Safety and Wellbeing Advisor (Vice Chair)
- Head of HR and Organisational Development
- ASW Operations Manager and/or Gym Manager
- Up to 4 representatives from the Curriculum
- Up to 4 representatives from Professional Services
- Up to 1 representative from each recognised Trade Unions
- Representative from The College's Catering provider (optional)
- Representative from AST (optional)

#### **Member's Role**

- Be prepared and willing to participate.
- Contribute in a constructive and proactive manner with a solution-focussed approach.
- Seek views of colleagues and provide feedback to the areas they represent.

- Attend meetings on a regular basis. In a case of unavoidable absence, the member can nominate a suitable substitute. It is the member's responsibility to ensure their substitute is properly briefed.
- The Vice Chair shall assume the responsibilities of the Chair during any absence.
- The Chair must lead the group meeting in a structured and timely manner. It is the responsibility of the Chair to ensure all sections of the agenda are discussed and to allow all members the chance to contribute.

### **Quorum**

Quorum shall be set at 40% of the group members.

### **Frequency of Meetings**

Meetings will be bimonthly unless there is no business to discuss and meetings will be scheduled for no more than one and a half hours.

### **Reporting Structure**

The minutes of the Health and Wellbeing Group shall be formally recorded and submitted to the Health and Safety Committee

### **Review**

- The Chair will review frequency of attendance annually.
- The Group will reflect its effectiveness annually.
- The Group will review its Terms of Reference annually.

## **Stress Management Group**

### **Terms of Reference**

#### **Purpose**

The Stress Management Group is a sub-committee of the Health and Safety Committee with a sole focus on the management of Stress. This will include;

- Oversee and facilitate the implementation of the Stress Management Standards
- Formulate and deliver on a Stress Action Plan including the identification of resources required and timetable for actions
- Determine, collect and provide regular information on progress of the Stress Action Plan to the Health and Safety Committee
- Ensure that there is appropriate communication to all staff, in a timely fashion, of the aims and activities of the Group.
- Provide periodic reviews

#### **Duties**

The principle duties of the Stress Management Group are as follows:

- To develop, implement and maintain actions identified by the Group which will look to address and support the management of stress within the College.
- To review the College's approach to the Management of Stress and to make recommendations to the Health and Safety Committee
- To advise of additional communications and actions so that staff can see evidence of the work of this group.

#### **Membership**

- Head of HR and Organisational Development (Chair)
- Health, Safety and Wellbeing Advisor (Vice Chair)
- Mental Health Coordinator
- Depute Principal
- 1 member of each Trade Union (so 2 in total)
- 2 Sector Development Directors
- 2 Professional Services Managers
- Member of AST (optional)

#### **Member's Role**

- Be prepared and willing to participate.
- Contribute in a constructive and proactive manner with a solution-focussed approach.
- Seek views of colleagues and provide feedback to the areas they represent.

- Attend meetings on a regular basis. In a case of unavoidable absence, the member can nominate a suitable substitute. It is the member's responsibility to ensure their substitute is properly briefed.
- The Vice Chair shall assume the responsibilities of the Chair during any absence.
- The Chair must lead the group meeting in a structured and timely manner. It is the responsibility of the Chair to ensure all sections of the agenda are discussed and to allow all members the chance to contribute.

### **Quorum**

Quorum shall be set at 40% of the group members.

### **Frequency of Meetings**

Meetings will be bimonthly unless there is no business to discuss and meetings will be scheduled for no more than one and a half hours.

### **Reporting Structure**

The minutes of the Health and Wellbeing Group shall be formally recorded and submitted to the Health and Safety Committee.

### **Review**

- The Chair will review frequency of attendance annually.
- The Group will reflect its effectiveness annually.
- The Group will review its Terms of Reference annually.

## Perth College UHI

Paper No.4

<b>Committee</b>	Audit Committee
<b>Subject</b>	Implementing the Strategic Plan - Departmental
<b>Date of Committee meeting</b>	19/10/2022
<b>Author</b>	SMT
<b>Date paper prepared</b>	12/09/2022
<b>Executive summary of the paper</b>	Please outline the follow elements of this paper:  This paper provides an initial outline of how SMT proposes to implement the Perth College Strategic Plan 2022-27.
<b>Consultation</b> Please note which related parties, stakeholders and/or Committees have been consulted	n/a
<b>Action requested</b>	<input checked="" type="checkbox"/> For information <input type="checkbox"/> For discussion <input type="checkbox"/> For endorsement <input type="checkbox"/> Strongly recommended for approval <input type="checkbox"/> Recommended with guidance (please provide further information, below)
<b>Resource implications</b> Does this activity/proposal require the use of College resources to implement? If yes, please provide details.	No



## Perth College UHI

<p><b>Risk implications</b></p> <p>Does this activity/proposal come with any associated risk to the College, or mitigate against existing risk?</p> <p>(If yes, please provide details)</p>	<p>No</p> <p>Click or tap here to enter text.</p>
<p><b>Link with strategy</b></p> <p>Please highlight how the paper links to the Strategic Plan, or assist with:</p> <ul style="list-style-type: none"> <li>• Compliance</li> <li>• National Student Survey</li> <li>• partnership services</li> <li>• risk management</li> <li>• other activity [e.g. new opportunity] – please provide further information</li> </ul>	<p>Supports implementation of Strategic Plan</p>
<p><b><u>Equality and diversity</u></b></p> <p>Does this activity/proposal require an Equality Impact Assessment?</p> <p>If yes, please give details:</p>	<p>No</p>
<p><b><u>Data Protection</u></b></p> <p>Does this activity/proposal require a Data Protection Impact Assessment?</p> <p>If yes, please give details:</p>	<p>No</p> <p>Click or tap here to enter text.</p>
<p><b>Island communities</b></p> <p>Does this activity/ proposal have an effect on an island community which is significantly different from its effect on other communities (including other island communities)?</p>	<p>No</p> <p>If yes, please give details:</p> <p>Click or tap here to enter text.</p>

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<b>Status</b> (e.g. confidential/non confidential)	Non Confidential
<b>Freedom of information</b> Can this paper be included in "open" business?*	Yes/ No

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and

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# Excellence in Learning and the Learning Experience

## Strategic Objective: The Learner Experience

KPI  
Target 1. Raising awareness and promoting health and student wellbeing/safety by ensuring staff have the skills and knowledge to respond effectively to the range of student  
Increase participation rates by 10% over 5 years

Our Team Can Support This Target by:	How Our Team Will Measure Our Success
1	1
2	2
3	3
4	4
5	5

KPI  
Target 2. Increasing retention, attainment, achievement, progression and student satisfaction to sector-leading levels before 2027  
Increase student retention (over 5 years): FE by 7% to 80% and HE by 5% to 92%

Our Team Can Support This Target by:	How Our Team Will Measure Our Success
1	1
2	2
3	3
4	4
5	5

Target Increase student progression (over 5 years): FE & HE by 13% to 85%

Our Team Can Support This Target by:	How Our Team Will Measure Our Success
1	1
2	2
3	3
4	4
5	5

Target Increase student achievement (over 5 years): FE by 12% to 74% and HE by 9% to 80%

Our Team Can Support This Target by:	How Our Team Will Measure Our Success
1	1
2	2
3	3
4	4
5	5

KPI 3. Increase student satisfaction

Target

**Early Student Experience Survey (ESES): FE by 2% to 98% over 5 years and HE by 7% to 98% over 5 years**

Our Team Can Support This Target by:	How Our Team Will Measure Our Success
1	1
2	2
3	3
4	4
5	5

Target

**Student Satisfaction and Experience Survey (SSES): FE by 6% to 98% over 5 years and HE by 9% to 98% over 5 years**

Our Team Can Support This Target by:	How Our Team Will Measure Our Success
1	1
2	2
3	3
4	4
5	5

KPI

**4. Increase student response rates to learner surveys**

Target

**Early Student Experience Survey (ESES): FE by 20% to 60% over 5 years and HE by 10% to 70% over 5 years**

Our Team Can Support This Target by:	How Our Team Will Measure Our Success
1	1
2	2
3	3
4	4
5	5

Target

**Student Satisfaction and Experience Survey (SSES): FE by 13% to 65% over 5 years and HE by 20% to 60% over 5 years**

Our Team Can Support This Target by:	How Our Team Will Measure Our Success
1	1
2	2
3	3
4	4
5	5

KPI

**5. Increase proportion of classes with a Student Voice Representative FE and HE**

Target

**By 20% to 60% over 5 years**

Our Team Can Support This Target by:	How Our Team Will Measure Our Success
1	1
2	2

3	3
4	4
5	5

KPI 6. Increase the number of Student Forums

Target By 20% to 80% over 5 years

Our Team Can Support This Target by:	How Our Team Will Measure Our Success
1	1
2	2
3	3
4	4
5	5

KPI 7. Our student experience will offer transformational opportunities and we will continue to enable our learners to

Target Challenge and question what they believe to be true

Our Team Can Support This Target by:	How Our Team Will Measure Our Success
1	1
2	2
3	3
4	4
5	5

Target Be open to change and interpret information more critically

Our Team Can Support This Target by:	How Our Team Will Measure Our Success
1	1
2	2
3	3
4	4
5	5

Target Consider pursuing options for advancement that they instinctively or historically considered impossible

Our Team Can Support This Target by:	How Our Team Will Measure Our Success
1	1
2	2
3	3
4	4
5	5

Target Bring their perspectives to the learning environment to influence and enhance their learning experience

Our Team Can Support This Target by:	How Our Team Will Measure Our Success
--------------------------------------	---------------------------------------

1	1
2	2
3	3
4	4
5	5

Target Apply their skills and knowledge in real-world practice and challenge strongly held beliefs and opinions

Our Team Can Support This Target by:	How Our Team Will Measure Our Success
1	1
2	2
3	3
4	4
5	5

Target Recognise observable differences, from before, during and on completion of the learner journey

Our Team Can Support This Target by:	How Our Team Will Measure Our Success
1	1
2	2
3	3
4	4
5	5

**Strategic Objective: Co-Creative and Progressive Curricula**

KPI 1. Strengthen and develop an agile, innovative and dynamic portfolio with pathways that respond to the regional and Scottish Governments priorities and key sector needs

Continue to annually review the curriculum portfolio and increase overall redesign of our courses by 25% (to 75%) over 5 years

Our Team Can Support This Target by:	How Our Team Will Measure Our Success
1	1
2	2
3	3
4	4
5	5

KPI 2. Informed by industry, increase the number of digitally enabled innovative pedagogies (DEIP) which respond more dynamically to current and future learner needs

Continue to increase the number of courses using DEIP by 35% (to 95%) over 5 years.

Our Team Can Support This Target by:	How Our Team Will Measure Our Success
1	1
2	2

3	3
4	4
5	5

**Strategic Objective: Industry Focused**

KPI Increase percentage of courses adapted in response to employer feedback – from 50% to 70%, over 5 years

**Increase percentage of courses adapted in response to employer feedback – from 50% to 70%, over 5 years**

Our Team Can Support This Target by:	How Our Team Will Measure Our Success
1	1
2	2
3	3
4	4
5	5

**Strategic Objective: Academic Partnerships**

KPI Value/leverage (£) by partnership (margin/revenue – College overhead recovery +1% by year 5)

**Value/leverage (£) by partnership (margin/revenue – College overhead recovery +1% by year 5)**

Our Team Can Support This Target by:	How Our Team Will Measure Our Success
1	1
2	2
3	3
4	4
5	5

**Strategic Objective: Research & Scholarship**

KPI Increase number of staff leading projects with research time allocated, from 6 to 12 over 5 years

**Increase number of staff leading projects with research time allocated, from 6 to 12 over 5 years**

Our Team Can Support This Target by:	How Our Team Will Measure Our Success
1	1
2	2
3	3
4	4
5	5

# Sustainability

## Strategic Objective: Financial Management

KPI	Enhancement of financial forecasting	
Target	Year 1 - Budget plus one financial forecast, Year 2 - budget plus 2 financial forecasts, Year 3 - budget plus 3 financial forecasts, Year 4 - Rolling Forecasts	
	Our Team Can Support This Target by:	How Our Team Will Measure Our Success
	1	1
	2	2
	3	3
	4	4
	5	5

## Strategic Objective: Reinvestment Planning

KPI	At the end of the strategic cycle (assuming 5 years) we will have the following cost/ income ratios	
Target	Staff costs/Income 70%	
	Our Team Can Support This Target by:	How Our Team Will Measure Our Success
	1	1
	2	2
	3	3
	4	4
	5	5

Target	Non-Staff Costs / Income 21%	
	Our Team Can Support This Target by:	How Our Team Will Measure Our Success
	1	1
	2	2
	3	3
	4	4
	5	5

Target	Investment Income /Income 5%	
	Our Team Can Support This Target by:	How Our Team Will Measure Our Success
	1	1
	2	2
	3	3



4

4

5

5

**Strategic Objective: Environmental Sustainability**

KPI Percentage Carbon Footprint Reduction

Target 2% pa (10% over 5 years)

Our Team Can Support This Target by:

How Our Team Will Measure Our Success

1

1

2

2

3

3

4

4

5

5

# College Growth & Ambition

## Strategic Objective: Our Culture

KPI	1. Staff survey results from 2021 are improved	
Target	Staff have a clear understanding of the College's values. Increase to 90% (2021 result 72%)	
	Our Team Can Support This Target by:	How Our Team Will Measure Our Success
	1	1
	2	2
	3	3
	4	4
	5	5

Target	Values of the College are relevant to my work. Increase to 90% (2021 result 76%)	
	Our Team Can Support This Target by:	How Our Team Will Measure Our Success
	1	1
	2	2
	3	3
	4	4
	5	5

KPI	2. Monthly initiative around one of the values	
Target	Monthly initiative around one of the values	
	Our Team Can Support This Target by:	How Our Team Will Measure Our Success
	1	1
	2	2
	3	3
	4	4
	5	5

## Strategic Objective: Our Staff

KPI	Staff survey results from 2021 are improved on for the following areas (next survey to take place in 2024)	
Target	I believe the College support the health and wellbeing of staff from 54% to 80%	
	Our Team Can Support This Target by:	How Our Team Will Measure Our Success
	1	1

2	2
3	3
4	4
5	5

Target

I am kept informed about what is happening in the College from 71% to 85%

Our Team Can Support This Target by:

How Our Team Will Measure Our Success

1	1
2	2
3	3
4	4
5	5

Target

The leadership team provide clear direction and guidance from 42% to 80%

Our Team Can Support This Target by:

How Our Team Will Measure Our Success

1	1
2	2
3	3
4	4
5	5

Target

Through the Professional Review process, I feel my training needs and ambitions are discussed, identified and actioned where possible from 64% to 80%

Our Team Can Support This Target by:

How Our Team Will Measure Our Success

1	1
2	2
3	3
4	4
5	5

**Strategic Objective: Our College**

KPI Increase the percentage of positive coverage (locally, regionally, nationally, internationally).

Target To 80% by Year 5

Our Team Can Support This Target by:

How Our Team Will Measure Our Success

1	1
2	2

3	3
4	4
5	5

**Strategic Objective: Our Ways of Working**

KPI	Efficiency/time saved (days/hours/minutes)
Target	Creation of an Effectiveness and Efficiency Development Strategy
	Our Team Can Support This Target by:
	How Our Team Will Measure Our Success
1	1
2	2
3	3
4	4
5	5

KPI	Number Services/ Processes Improved - right first time: July 2023 - 4, July 2024 - 8, July 2025 - 12
	Our Team Can Support This Target by:
	How Our Team Will Measure Our Success
1	1
2	2
3	3
4	4
5	5

**Strategic Objective: Digital Transformation**

Target	Percentage staff/learners with improved Digital Skills
KPI	Identify digital competence framework for each job role
	Our Team Can Support This Target by:
	How Our Team Will Measure Our Success
1	1
2	2
3	3
4	4
5	5

KPI	Digital JISC competence tool completion by staff and students: 50% by July 2023, 75% by July 2024, 90% by July 2025
-----	---

Our Team Can Support This Target by:	How Our Team Will Measure Our Success
1	1
2	2
3	3
4	4
5	5

**Develop Maker Spaces/Innovation Hubs to enable staff to improve their digital capability**

Our Team Can Support This Target by:	How Our Team Will Measure Our Success
1	1
2	2
3	3
4	4
5	5

KPI

## Partnerships & Collaboration

### Strategic Objective: Relationships

KPI 1. Percentage strategic partnerships v proportion of external engagements

Target Increase from 5% by 1% pa

Our Team Can Support This Target by:

How Our Team Will Measure Our Success

1

1

2

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KPI 2. Percentage learner/customer satisfaction with overall quality of courses

Target Increase student retention (over 5 years): FE by 7% to 80% and HE by 5% to 92%

Our Team Can Support This Target by:

How Our Team Will Measure Our Success

1

1

2

2

3

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### Strategic Objective: Commercial Enterprise & Innovation

KPI 1. Commercial AOP / Commercial Income (per college area)

Target Gross Overhead +1% by Year 5

Our Team Can Support This Ta by:

How Our Team Will Measure Our Success

1

1

2

2

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5

<b>Committee</b>	Audit Committee
<b>Subject</b>	Risk Register
<b>Date of Committee meeting</b>	19/10/2022
<b>Author</b>	Iain Wishart, VP Operations
<b>Date paper prepared</b>	12/10/2022
<b>Executive summary of the paper</b>	Review of the new Risk Register and agree actions.
<b>Consultation</b> How has consultation with partners been carried out?	No
<b>Action requested</b>	<input type="checkbox"/> For information only <input checked="" type="checkbox"/> For discussion <input type="checkbox"/> For recommendation <input checked="" type="checkbox"/> For approval
<b>Resource implications</b> (If yes, please provide details)	<b>Yes/ No</b> Impacts on the use and performance of resources
<b>Risk implications</b> (If yes, please provide details)	<b>Yes/ No</b> Sets out strategic and common UHI risks
<b>Link with strategy</b> Please highlight how the paper links to the Strategic Plan, or assist with: <ul style="list-style-type: none"> <li>• Compliance</li> <li>• National Student Survey</li> <li>• partnership services</li> <li>• risk management</li> <li>• other activity [e.g. new opportunity] – please provide further information</li> </ul>	Impacts on the ability to achieve our strategic objectives

<b><u>Equality and diversity</u></b>	Yes/ No If yes, please give details:
<b>Island communities</b> 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.
<b><u>Data Protection</u></b> Does this activity/ proposal require a Data Protection Impact Assessment?	Yes/ No Click or tap here to enter text.
<b>Status</b> (e.g. confidential/non confidential)	Non confidential
<b>Freedom of information</b> 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	<input type="checkbox"/>	Its disclosure would substantially prejudice the effective conduct of public affairs	<input type="checkbox"/>
Its disclosure would substantially prejudice the commercial interests of any person or organisation	<input type="checkbox"/>	Its disclosure would constitute a breach of confidence actionable in court	<input type="checkbox"/>
Its disclosure would constitute a breach of the Data Protection Act	<input type="checkbox"/>	Other [please give further details] Click or tap here to enter text.	<input type="checkbox"/>

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and

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## Risk Management

The new risk register is in the process of being populated and has incorporated changes including:

- Committee Responsible column at the end of each risk tab. This column captures the Board Committee's which have responsibility for ensuring that risks assigned to them are being managed.
- A dashboard tab. This tab would be used by the Audit Committee to oversee the management of strategic and common risks. The dashboard will highlight areas that may require the Audit Committee to review in detail.

Next Steps – to be agreed at the Audit Committee meeting on the 19<sup>th</sup> of October 2022

1. Would the Audit Committee like to see the risk management associated with all KPI's in the College Strategy or only those that have been requested by the BoM (it is assumed that the BoM will not want to see all College Strategy KPI's)?
2. Does the proposed Dashboard contain the information required by the Audit Committee to oversee risk management? The full Risk Register will be made available to the Audit Committee at each meeting, but it is proposed that the Dashboard will determine which, if any, details are reviewed.
3. Is the Audit Committee content with the risk appetite scores or should these be revisited at some point?

Next steps – beyond the Audit Committee meeting on the 19<sup>th</sup> of October 2022

4. Populating all areas of the Risk Register has to be completed by the next Audit Committee meeting on December 12<sup>th</sup>.
5. Full review of the completed document, at 4 above, by the Audit Committee. This will probably happen post the meeting on December 12<sup>th</sup>, 2022 and involve sharing thoughts through the period preceding the Audit Committee on the 13<sup>th</sup> of March 2023.



## Risk Appetite Overview

Risk Category	Risk Appetite	Max Risk Score	Descriptor (Orange Book)
Governance	Open	16	Receptive to taking difficult decisions when benefits outweigh risks. Processes, and oversight / monitoring arrangements enable considered risk taking. Levels of fraud controls are varied to reflect scale of risks with costs.
Operations	Open	16	Innovation supported, with clear demonstration of benefit / improvement in management control. Responsibility for noncritical decisions may be devolved.
Legal	Cautious	10	Want to be reasonably sure we would win any challenge.
Property	Open	16	Consider benefits of agreed solutions for purchase, rental, disposal, construction, and refurbishment that meeting organisational requirements.
Financial	Open	16	Prepared to invest for benefit and to minimise the possibility of financial loss by managing the risks to tolerable levels
Commercial	Eager	25	Innovation pursued – desire to ‘break the mould’ and challenge current working practices. High levels of devolved authority – management by trust / lagging indicators rather than close control.
People	Eager	25	Innovation pursued – desire to ‘break the mould’ and challenge current working practices. High levels of devolved authority – management by trust rather than close control
Technology	Eager	25	New technologies viewed as a key enabler of operational delivery. Agile principles are embraced.
Data & Information Management	Cautious	10	Accept need for operational effectiveness with risk mitigated through careful management limiting distribution.
Security	Cautious	10	Limited security risks accepted to support business need, with appropriate checks and balances in place: <ul style="list-style-type: none"> <li>• Adherence to FCDO travel restrictions</li> <li>• Vetting levels may flex within teams, as required</li> <li>• Controls managing staff and limiting visitor access to information, assets and estate.</li> <li>• Staff personal devices may be used for limited official tasks with appropriate permissions.</li> </ul>
Reputational	Open	16	Appetite to take decisions with potential to expose organisation to additional scrutiny, but only where appropriate steps are taken to minimise exposure
Environment & Social Responsibility	Open	16	Legislative requirements should be complied with if/when there is funding. Decisions should prioritise College performance ahead of ESR opportunities.

**Impact**

<b>Likelihood</b>	Almost Certain	> 80%	5	10	15	20	25
	Likely	61% - 80%	4	8	12	16	20
	Possible	31% - 60%	3	6	9	12	15
	Unlikely	10% - 30%	2	4	6	8	10
	Very Rare	< 10%	1	2	3	4	5

Risk Appetite	Range
Averse	1 - 3
Minimal	4 - 6
Cautious	7 - 10
Open	11 - 16
Eager	17 - 25

<b>Committee</b>	Audit Committee
<b>Subject</b>	Code of Good Governance - Compliance Checklist
<b>Date of Committee meeting</b>	13/10/2022
<b>Author</b>	Ian McCartney, Clerk to the Board of Management
<b>Date paper prepared</b>	04/10/2021
<b>Executive summary of the paper</b>	<p>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.</p> <p>Committee are advised that the Checklist is scheduled to submitted annually to 1<sup>st</sup> Audit Committee of each Board cycle to ensure compliance ahead of annual audit and financial statements being prepared.</p>
<b>Consultation</b> How has consultation with partners been carried out?	n/a
<b>Action requested</b>	<input type="checkbox"/> For information <input checked="" type="checkbox"/> For discussion <input checked="" type="checkbox"/> For recommendation <input type="checkbox"/> For approval
<b>Resource implications</b> (If yes, please provide details)	No
<b>Risk implications</b> (If yes, please provide details)	Items of non- or reducing compliance will inform Risk Register
<b>Link with strategy</b>	No

## Perth College UHI

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

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

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

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

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REVIEW OF COMPLIANCE WITH THE [CODE OF GOOD OF GOVERNANCE FOR SCOTLAND'S COLLEGES](#)

Code Principal		Evidence	Assessment	Action required
<b>A1</b>	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 a minimum of 4 times a year and holds development evenings and strategy days.	Effective	None
<b>A2</b>	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.	Effective	None
<b>A3</b>	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: <ul style="list-style-type: none"> <li>• Duty/Public Service</li> <li>• Selflessness</li> <li>• Integrity</li> <li>• Objectivity</li> <li>• Accountability and Stewardship</li> <li>• Openness</li> <li>• Honesty</li> <li>• Leadership</li> <li>• Respect</li> </ul>	The Board works collectively and follow the nine principles in its meetings and those of the Standing Committees. No issues have been raised in the operation of meetings which always start with declarations of conflicts of interest, and conclude with assessment against the Terms of Reference.	Effective	None
<b>A4</b>	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 were regularly consulted in the development of the 2022-27 Strategic Plan for Perth College UHI.  A new Standing Committee (Strategic Development Committee) was established in January 2022 to give an appropriate forum to discuss areas of non-core strategic income-raising activities for the College.	Effective	None
<b>A5</b>	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 Vision is outlined within the Strategic Plan.	Effective	None
<b>A6</b>	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.	See A5	Effective	None
<b>A7</b>	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.	Key Performance Indicators for the Strategic Plan 2022-27 are yet to be uploaded to website.  A Balanced Scorecard approach has been adopted to allow appropriate Board scrutiny and monitor progress against key priorities.	Partial	<b>KPIs to be uploaded to website</b>

Code Principal		Evidence	Assessment	Action required
<b>A8</b>	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		
<b>A9</b>	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 outgoing Chair was a member of UHI Regional Strategy Committee (RSC) and was actively involved in the development of the outcome agreement. Performance of Perth College UHI (and all other Academic Partners) is reviewed regularly at RSC. The Board is regularly appraised of progress against ROA.	Effective	None
<b>A10</b>	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 Strategic Development 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.	Effective	None
<b>A11</b>	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 to provide a programme of online wellbeing-focused session for members.	Effective	None
<b>A12</b>	The board must provide leadership in equality and diversity.	An Equality, Diversity & Inclusion Officer is employed by the College brings equality and diversity matters from the Equality and Diversity Committee to the Learner Experience 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.	Effective	None
<b>A13</b>	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.	In 2021, the Board commissioned a Short-Life Working Group to address issues of race equality throughout the organisation. A report was approved by Board and an Action Plan developed to take these issues forward Recent Board recruitment processes highlight the fact the College would welcome applications from under-represented groups, and the College advertises any Board vacancies through the "Public Appointments Scotland" and "Change the Chemistry" websites.	Effective	None
<b>A14</b>	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 <a href="#">The Guide for Board Members in the College Sector</a>	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.	Effective	None



Code Principal		Evidence	Comments	Action required
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 Depute President attend meetings of the Board, Finance & Resources, Audit, Strategic Development and Learner Experience Committees and provide robust student input to all Committees.	Effective	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.	See B1. An annual Partnership Agreement is also agreed and monitored via Engagement Committee.	Effective	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.	Learner Experience Committee considers the outcomes from student surveys. Action Plans are developed and monitored for courses where outcomes may be a cause for concern.	Effective	None
B4	The college board must have regard to the <a href="#">Framework for the Development of Strong and Effective College Students' Associations in Scotland</a> . 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 Learner Experience Committee.	Effective	None
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.	Effective	None
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 & Senior Management Team.	Effective	None
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.	Effective	<b>Review to be timetabled during 2022/23</b>
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.	The College received a very positive Progress Report from Education Scotland in February 2022	Effective	None
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.  Audit Committee reviews all aspects of the Quality activities and actively promotes a culture of continuous improvement	Effective	None

Code Principal		Evidence	Comments	Action required
<b>C1</b>	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 Finance & Resources Committee and at Board level	Effective	None
<b>C2</b>	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 C1	Effective	None
<b>C3</b>	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 statutory- required Audit and Remuneration committees are established and meet regularly. The Finance & Resources committee reviews outcomes against commitments at each meeting.	Effective	None
<b>C4</b>	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.	Effective	None
<b>C5</b>	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.	Effective	None
<b>C6</b>	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 regularly reviewed and published on the College's website. Declaration of interests are sought at the beginning of all Board and subcommittee meetings.	Effective	None
<b>C7</b>	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.	Effective	None
<b>C8</b>	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, last reviewed in June 2020 and available online.	Effective	None

Code Principal		Evidence	Comments	Action required
<b>C9</b>	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 standing committee meetings where their portfolio is relevant. Members of the College Management Team are also invited to attend specific meetings when their specific expertise and insight is required.	Effective	None
<b>C10</b>	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.	Effective	None
<b>C11</b>	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 oversees the management of risk on behalf of the Board, and the full Strategic Risk Register is regularly presented to the Board for information.  Board utilises a risk appetite framework, which is reviewed periodically.	Effective	None
<b>C12</b>	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.	Effective	None
<b>C13</b>	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.	Effective	None
<b>C14</b>	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.	Effective	None
<b>C15</b>	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.	Effective	None
<b>C16</b>	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 attends Audit Committee and provides information in their executive management capacity only, not as a member.	Effective	None
<b>C17</b>	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.	Effective	None
<b>C18</b>	At least one member of the Audit Committee should have recent relevant financial or audit experience.	A chartered accountant sits on the Audit Committee.	Effective	None
<b>C19</b>	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.	Effective	None

Code Principal		Evidence	Comments	Action required
<b>C20</b>	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. A procedure exists for HISA Perth to comment on draft Principal's Objectives prior to their agreement by Remunerations Committee	Effective	None
<b>C21</b>	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.	Effective	None
<b>C22</b>	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.	Effective	None
<b>C23</b>	The board must ensure that: <ul style="list-style-type: none"> <li>• funds are used as economically, efficiently and effectively as possible</li> <li>• effective monitoring arrangements are in place</li> <li>• college staff report relevant financial matters to it.</li> </ul>	In place via Finance & Resources Committee.	Effective	None
<b>C24</b>	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 <a href="#">OSCR Guidance and Good Practice for Charity Trustees</a> .	This is covered in induction for new Board members both locally and via CDN training.	Effective	None
<b>C25</b>	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 Finance & Resources Committee.	Effective	None
<b>C26</b>	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.	Effective	None
<b>C27</b>	The board must comply with the nationally agreed college sector <a href="#">Staff Governance Standard</a> .	Despite negotiation with recognised unions via JNCs since late 2020, the Standard has not yet been agreed	Partial	Negotiations to continue
<b>C28</b>	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 via Finance & Resources Committee. The Chair and CEO attend regular Employers Association meetings and workshops at which collective bargaining and other national issues are discussed.	Effective	None

Code Principal	Evidence	Comments	Action required
<p><b>D1</b> 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:</p> <ul style="list-style-type: none"> <li>• encouraging the effective contribution of all board members</li> <li>• fostering constructive challenge and support to the principal, executive team and fellow board members</li> <li>• effective team-working</li> <li>• positive relations between board members.</li> </ul> <p>The chair must engage with the principal and the board secretary in a manner which is both constructive and effective.</p>	Effectiveness of Board (including culture and behaviours exemplified by the Chair) were reviewed in June 2020 via an External Effectiveness Review and shown to be positive.	Effective	<b>External Effectiveness Review due to be conducted between 2023 and 2025.</b>
<p><b>D2</b> 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.</p>	The Board skills matrix is reviewed annually by the Chair via one-to-one meetings with all independent board members. This matrix is also utilised during the recruitment of new Board members.	Effective	None
<p><b>D3</b> 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.</p>	Board members are aware of their responsibilities via induction for new Board Members and is reinforced through Board development events and through board members attending CDN workshops.	Effective	None
<p><b>D4</b> 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.</p>	<p>HISA Perth President and one Deputy President are nominated by HISA Perth to act as full Board members.</p> <p>One teaching staff member and one support staff member are also elected to the Board by their peer group.</p>	Effective	None
<p><b>D5</b> 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:</p> <p><i>"... 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".</i></p>	Covered in Board Member induction. See also comments above on reinforcing understanding of OSCR requirements (C24).	Effective	None
<p><b>D6</b> 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.</p>	In place	Effective	None
<p><b>D7</b> 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.</p>	In place.	Effective	None
<p><b>D8</b> 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.</p>	In place, and noted within job description.	Effective	None

Code Principal		Evidence	Comments	Action required
<b>D9</b>	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	Effective	
<b>D10</b>	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	Effective	None
<b>D11</b>	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	Effective	None
<b>D12</b>	The board must provide a constructive challenge to the principal and executive team and hold them to account.	In place	Effective	None
<b>D13</b>	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.	Effective	None
<b>D14</b>	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: <ul style="list-style-type: none"> <li>• facilitating good governance and advising board members on: <ul style="list-style-type: none"> <li>- the proper exercise of their powers, including in relation to relevant legislation</li> <li>- the board's compliance with its Financial Memorandum, the Good Governance Code, its Standing Orders and Scheme of Delegation</li> <li>- their behaviour and conduct in relation to the board's Code of Conduct.</li> </ul> </li> <li>• 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: <ul style="list-style-type: none"> <li>- sufficient information</li> <li>- information in an appropriate form</li> <li>- sufficient time to monitor, scrutinise or make informed and rigorous decisions in an open and transparent way.</li> </ul> </li> <li>• 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</li> </ul>	In place. The Chair encourages direct interactions of all Board members with the Board secretary.  The Board secretary is the 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.	Effective	None

Code Principal	Evidence	Comments	Action required
<p>cover the role with a person who is fully able to discharge the role effectively.</p> <ul style="list-style-type: none"> <li>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.</li> <li>reporting any unresolved concerns about the governance of the body to the relevant funding body (i.e. SFC or the regional strategic body).</li> </ul>			
<p><b>D15</b> The board must ensure the board secretary:</p> <ul style="list-style-type: none"> <li>has suitable skills, knowledge and behaviours to carry out their role effectively</li> <li>receives appropriate induction, and if new to the role, is mentored by a more experienced board secretary for at least their first year</li> <li>has adequate time and resources available to undertake their role effectively.</li> </ul>	In place.	Effective	
<p><b>D16</b> The board must ensure arrangements are in place to deal with a board secretary's potential or real conflicts of interest.</p>	In place - requirements on declarations of conflict of interest apply to the Board secretary as well as board members.	Effective	None
<p><b>D17</b> 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.</p>	<p>Whilst the College manages the recruitment processes for new Board members, responsibility for appointment lies with the RSB.</p> <p>Board recruitment processes are open, and adverts are widely placed on key stakeholder websites and Change the Chemistry, amongst others.</p>	Effective	None
<p><b>D18</b> 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.</p>	Student elections are managed by HISA and the Board receives regular briefings on the process followed and outcomes.	Effective	None
<p><b>D19</b> 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.</p>	New Board members attend CDN led induction and attend a local induction.	Effective	None
<p><b>D20</b> 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.</p>	In place.	Effective	None
<p><b>D21</b> The board must ensure that new committee members receive a committee induction and have their specific training needs assessed and met.</p>	In place via new Board member induction and as a follow up to Board member/chair 1:1s.	Effective	None
<p><b>D22</b> Extension of the term of office of board appointments requires evidence and the board must ensure appropriate mechanisms are in place to support this.</p>	In place – a review of the board members attendance and engagement and of the skills matrix is undertaken before an extension to a Board Member's tenure is made.	Effective	None

Code Principal		Evidence	Comments	Action required
<b>D23</b>	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.	Effective	None
<b>D24</b>	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, and conducted annually.	Effective	
<b>D25</b>	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	Effective	
<b>D26</b>	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		
<b>D28</b>	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.	Effective	None



Code Principal		Evidence	Comments	Action required
<b>E1</b>	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 Strategic Development Committee.	Effective	None
<b>E2</b>	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.	Effective	None
<b>E3</b>	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.	See E1	Effective	None
<b>E4</b>	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 actively engage with national organisations such as Colleges Scotland.	Effective	None

<b>Committee</b>	Audit Committee
<b>Subject</b>	Staff Governance Standard
<b>Date of Committee meeting</b>	19/10/2022
<b>Author</b>	Katy Lees, Head of HR and Organisational Development
<b>Date paper prepared</b>	03/10/2022
<b>Executive summary of the paper</b>	<p>Please outline the follow elements of this paper:</p> <ul style="list-style-type: none"> <li>i) Purpose – what is it for</li> <li>ii) Impact – what are the intended outcomes</li> <li>iii) Course of Action – what happens next &amp; by whom</li> </ul> <p>The College is required to meet the minimum standards set within the STUC Staff Governance Standards. A copy of this standard is attached. The Staff Governance Standard is a strategic framework of minimum standards, continuous improvement, and ongoing consultation and negotiation between the College Board, management, staff, recognised trades unions.</p> <p>There have been two joint JNC's with the Colleges recognised Trade Unions (EIS-FELA and UNISON) to review this standard and minutes of these meetings are attached. The College will then be preparing a report of what it intends to do to improve any areas where improvements have been identified. The purpose of these joint JNC meetings was the give the Trade Unions the opportunity for them to share their views and provide feedback on each of the five elements of the standard.</p> <p>It is intended that there are further meetings with the Trade Union over the course of the academic year to assess progress against the identified improvements (which have yet to be agreed) and future reports on progress will be brought to future audit committees.</p>
<b>Consultation</b> Please note which related parties, stakeholders and/or	Joint JNC's

## Perth College UHI

Committees have been consulted	
<b>Action requested</b>	<input checked="" type="checkbox"/> For information <input type="checkbox"/> For discussion <input type="checkbox"/> For endorsement <input type="checkbox"/> Strongly recommended for approval <input type="checkbox"/> Recommended with guidance (please provide further information, below)
<b>Resource implications</b> Does this activity/proposal require the use of College resources to implement? If yes, please provide details.	No
<b>Risk implications</b> 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
<b>Link with strategy</b> Please highlight how the paper links to the Strategic Plan, or assist with: <ul style="list-style-type: none"> <li>• Compliance</li> <li>• National Student Survey</li> <li>• partnership services</li> <li>• risk management</li> <li>• other activity [e.g. new opportunity] – please provide further information</li> </ul>	Click or tap here to enter text.
<u><a href="#">Equality and diversity</a></u>	No

## Perth College UHI

Does this activity/proposal require an Equality Impact Assessment? If yes, please give details:	
<b>Data Protection</b> Does this activity/proposal require a Data Protection Impact Assessment? If yes, please give details:	No  Click or tap here to enter text.
<b>Island communities</b> 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.
<b>Status</b> (e.g. confidential/non confidential)	Non Confidential
<b>Freedom of information</b> 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	<input type="checkbox"/>	Its disclosure would substantially prejudice the effective conduct of public affairs	<input type="checkbox"/>
Its disclosure would substantially prejudice the commercial interests of any person or organisation	<input type="checkbox"/>	Its disclosure would constitute a breach of confidence actionable in court	<input type="checkbox"/>
Its disclosure would constitute a breach of the Data Protection Act	<input type="checkbox"/>	Other [please give further details] Click or tap here to enter text.	<input type="checkbox"/>

## Perth College UHI

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](http://www.itspublicknowledge.info/web/FILES/Public_Interest_Test.pdf)



 Scotland's Colleges

**stuc**

Staff Governance  
Standard

# Staff Governance Standard

*Throughout the following document it is acknowledged by Scotland's Colleges and STUC that staff governance issues cover all staff and recognised trades unions.*

Staff Governance is defined as a system of corporate accountability for the fair and effective management of all staff. Implicit in the Standard is that all legal obligations are met and that all policies and agreements are implemented.

The Standard focuses on how staff in Scotland's colleges are managed and feel they are managed. It recognises the pivotal role of staff in providing education and support services within Scotland's colleges. The Standard assists colleges to demonstrate that they are exemplary employers, and have systems in place to identify areas that require improvement and to develop action plans to address the issues.

A Staff Governance Standard is a strategic framework of minimum standards, continuous improvement, and ongoing consultation and negotiation between the College Board, management, staff, recognised trades unions.

It is expected that all colleges implement a broad range of up to date staffing policies negotiated/consulted, as appropriate, with recognised Trade Unions which reflect current good practice and which provide a positive platform and framework for the effective management, engagement and governance of all staff.

In addition to this, the Standard, in accordance with the Information and Consultation Regulations (ICE), entitles all staff to be:

1. well informed
2. appropriately trained
3. involved in decisions which affect them
4. treated fairly and consistently
5. provided with a safe working environment.

There will also be processes for reviewing and evaluating all of the above areas. Staff should be:

## 1. well informed through:

- receiving regular information about their college, and having opportunities to contribute ideas. Recognised trade unions, should also be part of a meaningful consultation/negotiation system on organisational issues as appropriate at all levels.

## 2. appropriately trained and developed through:

- a minimum entitlement of 6 days pro rata CPD to all staff, to be delivered and supported in a manner which is meaningful to all staff and ensures that CPD activity adds value to an individual, team and college level.
- the wide promotion of training and development opportunities.
- meaningful and appropriate encouragement, opportunity and support for staff to use their skills effectively.
- the support of Union Workplace Representatives, Health & Safety Representatives and Union Learning Representatives, who are given reasonable time off for their respective duties.

### 3. involved in decisions which affect them through:

- working in partnership to enable the involvement of all staff, through recognised trades unions.
- working together by developing an appropriate framework within colleges with recognised Trade Unions to enable effective involvement in strategic college issues. This framework will also provide for the opportunity to review and evaluate Staff Governance on an on-going basis.


### 4. treated fairly and consistently through:

- the implementation of up to date staffing policies, after negotiation/consultation as appropriate with the recognised trade unions, which promote good practice and which are communicated to all staff (including through recognised trades unions). These policies should include appropriate arrangements to ensure dignity at work, eliminate discrimination and positively promote equality.

### 5. provided with a safe working environment through ensuring:

- effective Health & Safety arrangements are in place, which promote good practice and working with recognised union Health & Safety representatives.

In recommending this Staff Governance Standard, *Scotland's Colleges* and STUC acknowledge that good practice in staff governance should apply to all staff. As a minimum standard; appropriate negotiation/consultation and communication arrangements should be in place through agreed recognition arrangements with sector trade unions and through other arrangements in accordance with the Information and Consultation of Employees Regulations (2005).



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Chief Executive  
*Scotland's Colleges*



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General Secretary  
STUC





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## J-JNC Governance Meeting

### Minutes

**Date and time:** 8 September 2022 and 26 September 2022

**Location:** by Teams

**Members present:** Margaret Cook (MC), Lorenz Cairns (LC), Katy Lees (KL), Jane Edwards (JE), Scott Innes (SI), Sara O'Hagan (SOH), Winston Flynn (WH)

**In Attendance:** N/A

**Apologies:** N/A

**Chair:** Katy Lees

**Minute Taker:** Isobel Syme

Ref	Action	Responsibility	Timeline
	Unison to provide their trade union hours to K Lees	Unison	ASAP as this item is already overdue
1	KL to inform where the remits and minutes of meetings are now held	K Lees	31/10/2022

### Item

#### Welcome and Apologies

Noted

JE – before we start the meeting wish to raise that there are recognised trade unions concerns. Unison have been prevented from going to routine meetings that have been attended for many years. We don't believe that there is proper recognition, and we are in a de-recognition position. Notably the branch meeting which was due to be hosted in Perth. Also had to cancel a recruitment event and a members meeting.

KL – the college gave consent for the members meeting to take place. It was Unison's decision to cancel this meeting.

JE – we had no choice but to cancel all meetings. Winston and myself have branch roles – we were told we could not have the time to attend the branch meetings.

KL – I disagree with your comments about de-recognition and will respond further after this meeting as the College did not recognise this position that Unison seemed to be taking.

### Action

WF – information sent in email was a surprise.

KL – facilities time – still waiting on figures from Unison. Please provide as soon as possible.

**Unison Reps**

KL – Highlighted that the purpose of this meeting was to go through the 5 Governance Standards and that what she proposed that the College outline some of the items for each standard and then to ask for the views of our recognised Trade Unions their views or feedback against each standard.

The outcome of this would be a number of actions for focus on over the coming year.

## **1 Well Informed**

*Staff should be well informed through:*

*• receiving regular information about their college, and having opportunities to contribute ideas. Recognised trade unions, should also be part of a meaningful consultation/negotiation system on organisational issues as appropriate at all levels.*

LC – this list is not exhaustive. Some examples of tangible evidence include:

Fortnightly update – aligned to strategy

Four Staff Conferences including Q and A, text wall, group of staff who contribute towards making these happen

Group meeting matrix – promoting regular flow both ways

Strategy development group – meetings to give and receive feedback, open free flow underpinned by a webpage, chat used extensively

Health and Wellbeing group

Organisational Change processes – involved several consultations

Regular JNCs – financial updates and opportunity to ask questions, keep members informed

KL – now open the floor up for comments

SI – different viewpoint in terms of consultation. Some kind of agreement going forward would be good eg Hybrid JNCs. Is it a consultation or a proposal?

SOH – I think staff are well informed about some things and ill-informed about other things. A lot of staff don't know where to find the minutes and don't know about these groups. A lot of our members work part time – might miss the opportunity to get the information. Example – I knew nothing about your restructure at SMT level. Some good areas and some that could be improved.

LC – some really helpful points have been raised and we need to

improve some areas.

SI – eg notification about contacting the leisure tutors. Timings not always great. Any advance notice is very helpful.

SOH – not always sure where to get materials. Accessibility issues – a lot of staff would find it difficult to find documents and information. Needs to be in a format that is accessible to all.

LC – we wondered whether to print or not to print re the Strategic Development Plan. Sustainability issues. We will try and make it accessible to everyone – some training will be needed. There will be some challenges around this.

WF – new members of staff for Induction are not always aware of who are the trade unions reps. Can we meet the new staff and be included in induction?

KL – happy to put information on the on-line induction. Looking at putting on a face-to-face part re Induction and happy to include this.

JE – this is just a list of routine business meetings. Passing on of information is superficial, fortnightly update does not cover operational and strategic issues and planning, Professional Services meeting – no trade union representation, Staff Engagement meeting – some concerns. Contribution of ideas – business idea etc – where is the mechanism for this? JNC's – issues eg meeting abandoned in June, finance information superficial, not getting strategic information eg estates strategy. We know and understand the position on embargo – do not believe that the trade unions are well informed. Organisational change processes – not getting informed before decisions are made. Process quite flawed. Consultation needs to be genuine.

KL – Staff Engagement group has changed over the last couple of year. This group is not a consultation forum – that was confirmed at the last meeting and there is trade union membership on this group

LC – we continuously monitor the groups for effectiveness. Made some changes at CMT recently. Continual improvement process.

MC – we will reflect and see how we can extend our information process.

SOH – a lot of staff are not a member of a trade union and they might be missing out on lots of information.

KL – will inform on the groups, their remit and where to find the minutes. **Action**

JE – equality issues around part time workers re communications.

KL – we will look to identify the areas that we want to look at for improvements and as previously advised the Governance Standards are important to us and there is a review by our External Auditors to ensure that this review has taken place and this is planned for.

Katy Lees

MC – written report is produced that goes to EY. The audit itself has already started and this is part of it.

JE – we will seek to produce some written documentation to pass to the auditors.

## 2 Appropriately Trained

*Staff should be appropriately trained and developed through:*

- a minimum entitlement of 6 days pro rata CPD to all staff, to be delivered and supported in a manner which is meaningful to all staff and ensures that CPD activity adds value to an individual, team and college level.
- the wide promotion of training and development opportunities.
- meaningful and appropriate encouragement, opportunity and support for staff to use their skills effectively.
- the support of Union Workplace Representatives, Health & Safety Representatives and Union Learning Representatives, who are given reasonable time off for their respective duties.

LC – again not an exhaustive list:

Staff informed us through the Strategic consultation process that they value working at Perth College UHI and the training opportunities provided

Through the professional review process which was reviewed recently

Budgeting process – conversations with Heads of Department re CPD opportunities

Dedicated budget available through HR for training

Mandatory training

Aligned to the key objectives and KPIs

Staff Conferences also used for training opportunities

CPD opportunities through Colleges Development Network

In this fiscal climate across the sector this can be difficult however we listened to staff about what was important

TQFE continues

Professional Services Team – important that they have the opportunity to participate in CPD

JE – 21/22 pay agreement for all support staff – 14 hours agreed for self-directed career development. This has not been communicated out.

KL – on list to discuss at the JNC.

JE – there has been a management directive that qualifications will be done in own time

KL – anyone undertaking qualifications will do this in their own time. This covers academic and support staff.

JE – not getting anywhere near the 6 days CPD. Equalities issue re low paid and part time. Issues around union reps getting time needed.

SI – SOH and myself are tracking this much more this year. Having an impact on many things going forward. Mandatory training – ongoing work to monitor the content. There has been issues.

KL – Marshalls area – this is trackable and we can get reports; Perth College area of Brightspace – working through this as there was some issues around who had completed the Fire Marshall training; UHI area eg Gender Based Violence. Looking at how we can consolidate and come down to 2 platforms eventually.

SI – time to attend the Staff Conferences for part time staff can be an issue. Ongoing discussions are taking place.

SOH – wide promotion of training opportunities can be improved. Nowhere to share information – we could be missing lots of free training opportunities.

WF – being given time to do CPD away from campus would be good as there are many distractions on campus.

JE – there are a lot of free opportunities out there. Across the sector student numbers are a challenge – staff undertaking modules and upskilling would help.

MC – agree with freebies. However there is difficulty re staff undertaking internal modules (where we used to have our staff being our students) etc – funding council have largely put a stop to this.

KL – all training must be logged on Ciphre as this is where we log the hours done which looks at our 6 days reporting.

SI – professional review guidance to encourage all training to be recorded on Ciphre.

JE – any college that have senior branch roles can be helpful from a business point of view as well as from a union point of view. Some serious challenges around improving the 6 days training for all staff.

### **3 Involved in Decisions that Effect Them**

*Staff should be involved in decisions which affect them through:*

- *working in partnership to enable the involvement of all staff, through recognised trades unions.*
- *working together by developing an appropriate framework within colleges with recognised Trade Unions to enable effective involvement in strategic*

*college issues. This framework will also provide for the opportunity to review and evaluate Staff Governance on an on-going basis.*

LC – areas covered include the Strategy which was an open and transparent process, branding issues, Covid Response Group, CMT decisions to be cascaded down to their teams, active empowerment of staff.

SI – working together to achieve an appropriate framework – what does this mean?

KL – looking at some of the things that we already currently have in place and improvements that can be made.

JE – it's about working in partnership with trade unions, this meeting only takes place once a year. Working together in an effective way. Think we are a long way from this standard.

LC – this is about everyone not just the unions. Very clear about what we are trying to do with the regulations. I think the evidence exists and is not tenuous.

JE – this is about consultation with the unions. ICE regulations are quite clear. Local JNC and NJNC – really difficult position re elected trade unions and NJNC.

LC – apart from the JNCs what do you think will help?

SOH – this has been a very helpful meeting. More meetings like this would be good. What do you think is an appropriate framework?

LC – it's about how we consult with you and inform. What else can we do – something missing?

WF – monthly meetings eg governance framework.

JE – you are going to produce a report to the auditors and say that you have an appropriate framework.

SI – the document has given us time to reflect on what could be helpful.

It was agreed that the meeting would stop at this point due to lack of time and a further meeting would be arranged to look at items 4 and 5 and this was agreed by all parties.

Meeting ended

Information recorded in College minutes are subject to release under the Freedom of Information (Scotland) Act 2002 (FOI(S)A). There are certain limited exceptions, but generally all information contained in minutes is liable to be released if requested.

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.

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

## J-JNC Governance Meeting

### Minutes

<b>Date and time:</b>	26 September 2022
<b>Location:</b>	Rm 019
<b>Members present:</b>	Margaret Cook (MC), Lorenz Cairns (LC), Katy Lees (KFL), Jane Edwards (JE), Scott Innes (SI), Sara O'Hagan (SOH), Winston Flynn (WH)
<b>In Attendance:</b>	N/A
<b>Apologies:</b>	N/A
<b>Chair:</b>	Katy Lees
<b>Minute Taker:</b>	Carolyn Sweeney-Wilson

Item	Action
<p><b>1. Welcome and Apologies</b></p> <p>Everyone was noted as being present.</p> <p>KFL advised this meeting was part 2 of the meetings regarding Staff Governance and this meeting would be looking at the last 2 standards.</p>	
<p><b>2. Standard 4 - Treated Fairly and Consistently</b></p> <p><i>Staff should be treated fairly and consistently through:</i></p> <ul style="list-style-type: none"> <li><i>• the implementation of up to date staffing policies, after negotiation/consultation as appropriate with the recognised trade unions, which promote good practice and which are communicated to all staff (including through recognised trades unions). These policies should include appropriate arrangements to ensure dignity at work, eliminate discrimination and positively promote equality.</i></li> </ul> <p>LC confirmed that the College was in the process of reviewing its policies to ensure that they were compliant and this was an ongoing process.</p> <p>JE queried if all the College's staffing policies were up-to-date.</p> <p>KFL advised that not all were up-to-date but the process had been started of going through them to get them to a position of basic</p>	



Item	Action
<p>compliance. Some had already been to JNCs. Once the policies were compliant, KFL intended to meet with unions to review them. However, the policies that would come under the remit of National Bargaining would not fall under this group unless the local trade union representatives agreed. KFL said the updates were mostly about job titles etc.</p> <p>SI queried what the timeline was for when all policies would have gone through the compliance updates.</p> <p>KFL anticipated this would be completed this academic year.</p> <p>JE said that the College could not say it was compliant with this standard. In particular she expressed concern about the timing of communications regarding National Bargaining and these communications needed to be circulated as soon as they were received by the College.</p> <p>SOH said the communication aspect of this standard was something that need to be worked on. Just having a list of policies, staff did not necessarily go in and read them. The College needed to think about the ways in which staff could engage with those really important policies.</p> <p>In response to a query by SI regarding policies having an overview, KFL said that at the June JNC, some flow charts were reviewed, but some concerns were raised by Unison on those, although EIS were happy them. KFL said that no firm position had been reached on this yet. KFL said she expected that training would be provided for staff and managers.</p> <p>JE queried what the current protocol was for training new staff/new promotions on the College's Policies and Procedures (PPS). KFL said there was no management training formally in place at the moment, but this was being investigated for commencing this academic year.</p> <p>WF queried whether this training would be included in Inductions.</p> <p>KFL said that within the normal staff Induction there was mandatory training etc, but HR also aimed to have more face to face Induction days. However, when it came to management training, then it tended to be the case that HR would meet with managers and talk through the processes.</p> <p>JE said that what concerned her was some managers, who had not come across a particular situation before these managers did not then appear to understand the terminology and implications of some of PPS. JE felt it was concerning that the College would put</p>	

Item	Action
<p>someone into a managerial role without any training on the PPS.</p> <p>MC said that it was more important to provide general training about how to manage effectively. She felt that, because the College was a small organisation, some staff came across issues irregularly, but what they have to have is a basic capability understanding of process and then they need to go to HR for further detail if a situation arises that they need more assistance. Managers picking up and running with them with support and advice is key.</p> <p>JE said it would be important to ensure managers know not to start something before knowing how to carry out all the steps. MC agreed with that comment.</p> <p>KFL acknowledged that more management training was required and this was why a training programme was being drawn up.</p> <p>JE queried how this was going to be reflected on this Governance report. In terms of the first sentence, there were some improvements required. KFL confirmed that this would be reflected accordingly.</p> <p>As an organisation, JE queried how the College felt it had performed in relation to firstly dignity at work and secondly eliminating discrimination.</p> <p>KFL said that much of this work had been carried out through the College's Mainstreaming report and there were also the Equality Outcomes. She said it was about Mainstreaming Equality and Diversity in everything the College does.</p> <p>SOH queried if there was a checklist for the policies.</p> <p>KFL said all policies were equality impact assessed and the Equality Officer has sight of all these EIAs.</p> <p>SOH queried if this also covered dignity at work.</p> <p>KFL said that the EQIA looked at protected characteristics but looking at the use of the Dignity in the College – Anti-Bullying and Harassment Policy and Procedure this was something that still needed to be carried out and would be part of a future annual report.</p> <p>JE queried what test the College was applying to that and once the test was carried out, if there was evidence something had gone wrong, where was the test for that.</p> <p>KFL said it would depend on what had gone wrong. She felt it was</p>	

Item	Action
<p>more about making improvements regardless of whether something had gone well or badly – this was about continuous improvement.</p> <p>JE asked if HR had examples of dignity at work equalities issues and what tests were being applied.</p> <p>KFL said there were policies associated with some of the processes, but the first stages of some of these processes were not recorded, the policies did not require that.</p> <p>JE questioned where the statistics were for these.</p> <p>KFL said HR were starting to collect these.</p> <p>JE said this should have been done for years.</p> <p>KFL said she could not comment on what had happened previously, but this would now be part of the Equality Officer's role going forward.</p> <p>JE queried if there would be an annual review of these cases that would then be brought to JNCs. This was not something that was done currently.</p> <p>KFL said this would be done more regularly and HR would also look at any trends.</p> <p>JE reiterated that the first part of this standard had not been met.</p> <p>KFL felt that it was important to recognise where the College was in terms of its progress as she agreed it needed to be improved.</p> <p>JE said the second sentence referred to Equality and Diversity and policies that included appropriate arrangements. She said the College had not met this part either as the College were not doing what was stipulated in the Policies and procedures.</p> <p>KFL agreed that there was work to do in terms of how the policies and procedures were implement and actively used, but that was not about this standard.</p> <p>JE said this standard was not about Policies and procedures, but about fair and consistent treatment and the Policies and procedures were part of that.</p> <p>KFL queried if JE was happy that the policies and procedures we had in place had the standards in place.</p>	

Item	Action
<p>JE said this was in writing only, but the wording needed to be enacted in real life and that was what was being tested during these meetings and she felt the College had not yet met the standard.</p> <p>In response to a question by SOH, there was a discussion about where the College policies were sited, which KFL advised was the College website, along with how staff find the Policies and procedures that they were looking for. KFL advised that there was some updating going on and that there would no longer be links direct to a direct document, as when it was subsequently updated, the link failed. Going forward, links would be to the area where the policies and procedures were situated.</p>	
<p><b>3. Item 5 - Provided with a Safe Working Environment</b></p> <p><i>Staff should be provided with a safe working environment through ensuring:</i></p> <ul style="list-style-type: none"> <li><i>• effective Health &amp; Safety arrangements are in place, which promote good practice and working with recognised union Health &amp; Safety representatives.</i></li> </ul> <p>LC indicated that thanks to various College committees, including Health and Safety Committee (HSC), Coronavirus Response Group, Health and Wellbeing Group and others, along with mandatory training, a lot of the work that had been carried out over the last couple of years had been really effective.</p> <p>In terms of H&amp;S information provision, SI queried if there was a section on the PerthHub for this.</p> <p>KFL confirmed there was a dedicated Health, Safety and Wellbeing section on PerthHub. She advised that the HS&amp;W Adviser was currently working on the Risk Assessments being moved across. Each department would require their own dedicated section of this part of the hub for their own Risk Assessments, which would be restricted to the staff in the relevant departments.</p> <p>JE queried when the Risk Register would be presented to HSC.</p> <p>KFL said that this did not usually go to the first HSC meeting of the Academic year, but would likely be at the second meeting.</p> <p>JE queried where the KPIs were published.</p> <p>KFL said that KPIs would be published on the HSC area of PerthHub.</p>	

Item	Action
<p>JE queried the staff resource for HS&amp;W as there was only 1 FTE.</p> <p>KFL reminded union reps that it was everyone's responsibility to look at H&amp;S, in particular, managers had a responsibility for that for their area. The HS&amp;W Adviser role was to advise and do the audits etc, their role was not to be responsible for everyone's H&amp;S work.</p> <p>JE noted that unions had to battle with the employer to get the employer to accept safety reps.</p> <p>KFL felt that this situation had improved over the past couple of years.</p> <p>JE agreed it had shown some improvement, but she felt that should not have been necessary and this had to be forced by unions due to the amount of times unions had enforced the SRC Regulations.</p> <p>KFL recognised there would always be more that could be done, but also recognised that the situation was improving.</p> <p>SOH felt that it would be important to communicate with staff to remind them about H&amp;S matters.</p> <p>There followed a more general discussion about the reporting of 'near misses' and JE said she encouraged staff to put in a report for work related stress (WRS).</p> <p>KFL said, from her point of view, this was something that should be raised through the line manager route, instead of through the HS&amp;WA.</p> <p>JE said that HSE actively encouraged reporting WRS and if it that if the report was submitted to the HS&amp;WA this would trigger action.</p> <p>KFL said that the College currently had stress focus groups and a Stress Management Group, as it recognised that WRS was a significant issue. The College had also carried out stress surveys, which, KFL noted, many colleges did not want to do, as they would then be required to take action on the outcomes, which for many colleges would be a huge step.</p> <p>WF raised the matter of summer works and the number of classroom changes, and the impact assessments for these rooms. He felt this did not seem to be consistent year on year. There then followed a brief discussion about the example WF gave and the different perspectives of how that was perceived by the staff working in that area and those visiting the area. It was noted, however, that the working environment should continue to be a safe for working.</p>	

Item	Action
<p>JE said that at the first J-JNC Staff Governance meeting it had been discussed how to take these actions forward and Unison had also raised that question at the Branch. This standard was important and both meetings had been conducted well and been constructive. There had been discussion about having interim meetings and that this would try to tie into the JNCs.</p> <p>KFL said her thoughts on this matter leaned towards taking some of the key points from the minutes and working them into an Action Plan. This would then be shared with unions for a discussion about what the focus would be this year and then a follow-up meeting would be arranged to discuss the progress. KFL noted that some of the action would take some time to complete.</p> <p>JE referred back to the standard and the part that was missing was that the unions did not meet with the Board. She felt that if there were major changes occurring in the College, then meeting with the Board would be important. However, having an annual action plan was also a way of providing an evidential base to work on, but this would need to be kept going. She queried KFL as to how she envisaged this happening.</p> <p>KFL said she would look to have 3 meetings a year – one at the beginning and one at the end of the year (eg September and May) then one in the middle.</p> <p>MC suggested that adding the meeting to an adjoining scheduled JNC might be more helpful.</p> <p>JE queried if KFL would copy the unions with the report before it was submitted to the auditors.</p> <p>KFL said unions would see the minutes and action plan before it was submitted to the auditors and that no, separate, report would be submitted.</p>	
<p><b>Meeting ended:</b> 11.38am.</p>	

Information recorded in College minutes are subject to release under the Freedom of Information (Scotland) Act 2002 (FOI(S)A). There are certain limited exceptions, but generally all information contained in minutes is liable to be released if requested.

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.

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

# Perth College UHI

## Partnership Working (including Regional Engagement)

Internal Audit report No: 2022/05

Draft issued: 27 September 2022

2<sup>nd</sup> Draft issued: 4 October 2022

Final issued: 7 October 2022



**Partnership Working (including Regional Engagement)**

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**Level of Assurance**

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

Gradings are defined as follows:

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

**Action Grades**

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





# Management Summary

## Overall Level of Assurance

<b>Satisfactory</b>	System meets control objectives with some weaknesses present.
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## Risk Assessment

This review focused on the controls in place to mitigate a number of risks Perth College UHI ('the College') identified in its Strategic Risk Register (May 2022), including these key risks:

- Strategic category 1 - Working in partnership to meet the needs of our local economy and beyond. Risks identified included operations limited due to outcome of central or remote decision making reducing local impact and focus and lack of understanding or clarity of academic partnership within our external operating environment (Risk rating red (16)).
- Strategic category 2 - Providing a progressive curriculum which meets economic and social needs and aspirations. Risks identified associated with achievement of student numbers and learner experience (Risk rating red (16)).
- Strategic category 4 – Developing a sustainable organisation. Risk identified on the institution having a poor reputation (Risk rating amber (12)).
- Strategic category 9 - Working in partnership to meet the needs of our local economy and beyond. Risk identified missing viable opportunities for development and growth (Risk rating red (16)).

## Background

As a key tenet of Perth College UHI's policy, partnerships and collaboration are important to ensure that its products and services meet the labour needs for the local, regional, and international labour markets. Partnership working, such as through the UHI consortium, allows the College to share risks, diversify its offerings, and share resources to improve outcomes for students and communities it services.

Under the College's refreshed Corporate Strategy, the College is aiming to grow its partnership working and collaborations with employers and industry to reduce the reliance on funding grants and alleviate some risk around external economic environmental pressures. The Corporate Strategy has set objectives for the College to co-create and develop progressive curricula in partnership with learners and stakeholders that respond to the regional and Scottish Government priorities. It aims to increase the percentage of courses adapted in response to employer feedback – from 50% to 70%, over the 5 years of the Strategy and leverage its academic partnerships. To support these ambitions, it has also set objectives to develop relationships with industry stakeholders and increase commercial income.

However, for partnership working to be effective there should be agreed frameworks established, shared goals and values, with active and regular communication between partners. This audit has reviewed the current and planned partnership working arrangements, and regional engagement both with the University of Highland and Islands (UHI) and other external stakeholders involved in regional planning against the Audit Scotland Best Value Toolkit.



## Partnership Working (including Regional Engagement)

### Scope, Objectives and Overall Findings

This audit reviewed the adequacy and effectiveness of the processes and procedures for stakeholder mapping and planning and delivering partnership engagement. This included the specific review of the way in which the College engages with UHI (as Regional Strategic Body) in identifying opportunities, planning and delivering partnership activity.

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

Objective	Findings			
	1	2	3	
<b>The objective of our audit was to:</b>				
	<b>No. of Agreed Actions</b>			
1. There is a process in place to identify key external stakeholders and to align them with regional strategic objectives.	<b>Good</b>	-	-	1
2. There is regular dialogue between the College and external stakeholders (including UHI) to facilitate the delivery of regional priorities through partnership activity.	<b>Good</b>	-	-	1
3. Effective governance arrangements are in place for effective stakeholder/partnership working – specifically scrutiny and accountability arrangements.	<b>Good</b>	-	-	1
4. The College has agreed a set of measures and targets to track progress and demonstrate the impact of partnership activity.	<b>Good</b>	-	-	-
5. There is a common understanding between the College and UHI of the collective resources required to deliver regional priorities through partnership activity and the College works effectively with stakeholders to direct funding, assets and staffing in a sustainable partnership framework.	<b>Requires Improvement</b>	-	1	-
<b>Overall Level of Assurance</b>	<b>Satisfactory</b>	-	1	3
		System meets control objectives with some weaknesses present.		



### Audit Approach

We applied the Audit Scotland's Best Value toolkit for Effective Partnership Working, where appropriate, against discussions with the Principal, Depute Principal, the Vice Principal – External, the Vice Principal - Operations, and management leading Business Engagement and International Partnerships.

We discussed partner's viewpoints on partnership working with colleagues from the UHI Executive Office, including:

- UHI Lead for Work-based Learning,
- UHI Chair of the External Partnership Steering Committee, and
- UHI Director of Philanthropy and Fundraising.

External partners interviewed included,

- the Regional Skills Planning Lead from Skills Development Scotland and the lead for Tay Cities Deal Skills Programme.
- Partnership and Funding Manager from Perth & Kinross Council, who work with the College on the Local Employability Partnership.

We supplemented these discussions with a review of supporting information which enabled us to form conclusions on the effectiveness of the College's engagement and in taking forward partnership working arrangements.

### Summary of Main Findings

#### Strengths

- The College has articulated its vision for partnership working both with the UHI and regional partners within its revised College Strategy. There is synergy with the revised Strategy with the UHI Corporate Strategy and regional outcome agreements.
- There are sub-strategies for Business Engagement and International Working. Academic leads are also in process of developing business engagement plans for their sectors.
- Management interviewed were involved and committed to partnership working. They value their partnership within UHI and the benefits from collaborations with the UHI and their fellow academic partners.
- External stakeholder interviews noted that the College's Senior Management, Business Engagement, and International teams are committed to partnership working and regularly attend external regional forums, committees, and networking events.
- The College is a significant member of the Local Employability Partnership (LEP), and the Vice Principal for External Engagement is Chair.
- Feedback from UHI colleagues noted that the College's Senior management are active within the UHI and help shape the tertiary education pathways and meet its Regional Outcome Agreement (ROA).
- There are programmes from the Tay Cities Deals that rely on effective partnership working between internal and external stakeholders. For example, the College is in the process of developing a hospitality academy in partnership with a number of hospitality and tourism employers across the Tay Cities Region including the prominent Gleneagles Hotel. In recognition of the industry needs to attract a more diverse workforce to the sector, the Hospitality Skills Programme will focus on attracting new talent to the industry through broader engagement with young people and with those keen to return to the workforce. Alongside this, the College has engaged with a number of hospitality employers to leverage its international partnerships to attract students from India, Nepal and China into the pathway. Discussions with external stakeholders from Skills Development Scotland and Perth and Kinross Council noted good awareness of the status of the programme.
- Where possible, the College documents the agreed vision, purpose, and objectives of the partnership. For example, the Tay Cities Hospitality Initiative has a Memorandum of Understanding established with the hotel. A Project Manager role is currently advertised to support the College to progress arrangements.
- The Highland and Islands Regional Outcome Agreement (ROA) 2021/22 contains details of key deliverables and actions, setting out how the ROA will be delivered with targets and milestones set to measure achievement. Achievement of outcomes is regularly reported and discussed at regional meetings.
- The Perth and Kinross Single Outcome Agreement 2013-2023 and Community Planning Partnership (CPP) sets local objectives for the area. The College has an active School Partnership programme with 11 school partnerships and outcomes are monitored by the Perth and Kinross Council's Community Planning Partnership Board.
- The College has been actively engaged with the development of the CPP Local Outcome Improvement Plan with key deliverables led by the College, particularly in relation to employability and skills outcomes.
- There are clear roles, lines of accountability and communication within the College governance framework that are operating effectively. There is a key management group – Curriculum Business Planning Group – that takes a strategic and operational role to monitor progress and identify risks. It is Chaired by the VP External Engagement and is attended by the VP-Operations and staff from Business Development, International and Senior Academic staff. Outcomes are reported to the CMT and externally to the UHI via the External Partnerships Steering Committee (EPSC).
- The College has worked with other UHI partners in recent years to ensure that College risks are also considered within the wider context of the UHI partnership. There is now greater visibility of partnership risks with a standard risk register format in use across the UHI and improved sharing of risk registers by partners. A revised risk register format linking back to the College Strategic KPI's is under development to embed further improvements and alignment back to the College Strategic Plan.



### Summary of Main Findings

#### *Weaknesses*

- College management are not actively using the UHI Microsoft Dynamics CRM system to record relationships and to track commercial leads due to UHI Licensing, lack of transparency on the ownership of the data, as well as intraregional risk to the College in sharing potentially competitive information across the UHI. An agreement for use of Microsoft Dynamics CRM should be reached with UHI that is mutually beneficial to both parties. The use of the Raisers Edge system for alumni and philanthropic leads is utilised by Perth College with UHI as lead so a similar model could apply to the MS Dynamics system for mutual benefit.
- Resource to deliver on the College's strategic objectives particularly in relation to partnership working should be identified and succession planning for key roles. The associated risks for delivering on key strategic partnerships should also be identified and mitigating controls and actions identified for monitoring purposes, such as by the Curriculum Business Planning Group.
- The process for the UHI approving international commercial opportunities as slow and bureaucratic. The process can often take several weeks to months mainly due to a lack of resource within UHI and complex governance structures. As part of the review of shared services at UHI, the UHI partnership should agree the optimal reporting framework to streamline the UHI review and approval of commercial and international proposals raised by its academic partners, including Perth College UHI.
- The UHI and Perth College UHI management require to mutually agree the financial arrangements between parties. This agreement should be documented for transparency, such as an appendix to the terms and conditions set out in their Memorandum of Understanding. The agreement should also document the terms and conditions of the partnership, including decision making, intellectual property, copyright, data sharing and ownership of commercial and marketing data.

### Acknowledgment

We would like to take this opportunity to thank the staff at the College, UHI Executive Office, Perth and Kinross Council and Skills Development Scotland who helped us during the course of our audit.

## Main Findings and Action Plan

### Objective 1 - There is a process in place to identify key external stakeholders and to align them with regional strategic objectives

Perth College UHI (the College) has defined its vision and objectives for collaboration and partnership working within its new College Strategy 2022-2027. It was approved by the College's Board of Management in June 2022. At the time of our audit, related key performance indicators (KPIs) for curriculum business planning had been reviewed by the Curriculum Business Planning Group (12 September 2022) and operational targets to support delivery of those KPIs were under review.

The College Strategy was informed by the Tay Cities Region Economic Strategy 2019-2039, Tay Cities Regional Economic Wellbeing Plan 2020-2028, SFC Coherence and Sustainability Review for UHI, and data provided by Skills Development Scotland (SDS) via their Regional Skills Assessment for Tayside (July 2021) and SDS Regional Skills Assessment for Highland and Islands (March 2022).

Operationally, external partnership working is led by the Vice Principal for External Engagement who is part of the Senior Management Team. Their role oversees operations within the following:

- Marketing of the College, regionally, nationally and internationally
- Business Engagement - who manage the College's commercial, FWDF and Modern Apprenticeships programmes,
- International - who liaise with international partners and governments to support, for example, the Hospitality industry through targeting overseas students e.g., for work with Gleneagles and Forbes from the Indian market, and
- Development Trust and Committee – identifies key targets to support projects of strategic importance to the College. The UHI Raisers Edge CRM system is used for capturing and relationship managing alumni and donors.

Beyond the College, the Vice Principal for External Engagement engages with numerous bodies at a strategic level. The VP External Engagement also Chairs the Local Employability Partnership and attends the Perth and Kinross Economic Task Force and Perth and Kinross Community Planning Partnership Executive Officers Group. The College Principal is on the CPP Board. This ensures that Perth College UHI have a placeholder in regional labour delivery. Vice Principal Curriculum attends the Perth and Kinross Education Partnership, and the College has a well-established School Partnership programme.

To support delivery, the College has developed operational strategies that detail arrangements as follows:

- International strategy
- Business Development strategy
- Research and scholarship strategy (currently under review)
- Learning and teaching strategy and School Partnership agendas,
- Development Trust strategy, and
- Estates / masterplan – which is currently under review with external stakeholders Perth and Kinross Council and ties into wider work underway within the Tay Cities Deal.



## Partnership Working (including Regional Engagement)

### Objective 1 - There is a process in place to identify key external stakeholders and to align them with regional strategic objectives (Continued)

Sector Directors are in process of developing Team Business Development Plans for targeting key employers and aligning curriculum/ service provision to meet their customer needs. There are monthly meetings between the Business Development Team and academic teams to ensure alignment and commercial programmes. The Business Development Team manage a spreadsheet that details the commercial partnerships and curriculum programmes underway through the Flexible Working Development Fund (FWDF) and Modern Apprenticeship agreements.

To track communications and relationships, there are two CRM systems established. Both are licenced by the UHI and can be accessed by the College:

- Raisers Edge for donors and alumni. It is actively used by the College for communicating with donors and alumni (the system tracks activity that is monitored by UHI Philanthropic and Fundraising team), and
- Microsoft Dynamics to record commercial, political, and strategic partnerships.

There is a published UHI Privacy Notice (not dated) for UHI Partnership Academic Product Development for the CRMs that identifies Perth College UHI as one of 14 partners able to access data stored on the CRM and UHI as the data controller.



## Partnership Working (including Regional Engagement)

Objective 1 - There is a process in place to identify key external stakeholders and to align them with regional strategic objectives (Continued)			
Observation	Risk	Recommendation	Management Response
<p>The UHI Microsoft Dynamics CRM system is not actively used by management at Perth College UHI. Therefore, the College does not have a central repository on all commercial / political relationships and partnership working arrangements and management information to inform whether the College is achieving value for money from associated management activity.</p> <p>This is mainly due to the Microsoft Dynamics CRM system ownership by UHI and lack of transparency on the ownership of the data and sharing potentially competitive information across the UHI.</p>	<p>Absence of a central system that records relationships leading to uncoordinated and inefficient partnership working to drive value for employers and students across the College and UHI.</p>	<p><b>R1</b> To support the College, an agreement for use of Microsoft Dynamics CRM should be reached with UHI that is mutually beneficial to both parties.</p> <p>This agreement should set out the terms and conditions for the use of Microsoft Dynamics, the information that should be retained, and what can or cannot be accessed by academic partners. It should also consider GDPR requirements.</p> <p>The use of Microsoft Dynamics CRM should be communicated to Academic and Support Services to ensure data retained is kept up to date.</p>	<p>Resource to manage and maintain this data would be required to ensure a successful introduction of the MS Dynamic System.</p> <p>The resource implications of this will be reviewed to ensure data integrity and data reporting is accurate and utilised to support and enhance engagements with businesses across all College Teams.</p> <p><b>To be actioned by:</b> Head of Business Development</p> <p><b>No later than:</b> 30 June 2023</p>
			<p><b>Grade</b> <b>3</b></p>





## Partnership Working (including Regional Engagement)

### **Objective 2 - There is regular dialogue between the College and external stakeholders (including UHI) to facilitate the delivery of regional priorities through partnership activity**

The College values its position as an academic partner with UHI. It works directly with Academic Partners to deliver the curricula and share resources. Perth College UHI also works strategically with the Executive Office (EO) UHI. Management information is shared through business-as-usual activity, Principals Meetings (Partnership Council), board representative and staff representative attendance at the UHI Court and Committees, and various senior management groups attended by peers from across the Academic Partnership.

To ensure commonality in partnership working, management attend the following:

- UHI Work based Learning Hub Strategic Group – plays a central role in the coordination and contracting of apprenticeships. It is attended by all academic partners and SDS. The partners work together to win contracts from employers and leverage joint working arrangements, such as for the FWDF and Modern Apprenticeship Schemes. As Perth College UHI is the only partner in the Tayside region it is vital that they are part of this conversation.
- External Partnership Steering Committee (EPSC) – A forum that approves strategic partnerships across the UHI to ensure the projects planned are coordinated and due diligence is performed. For example, it will review international, private, academic proposals from faculty. The VP External Engagement attends this group. Work is underway by its Chair to review the Committee's remit and to widen its duties as a strategic group that takes a wider, holistic view on partnerships to ensure that risks and interdependencies are identified across the portfolio of partnership working underway, and
- Philanthropic Collaboration Group – who review potential donors and targets for corporate funding.

Outcomes are communicated by the VP External Engagement to the Curriculum Business Planning Group and the SMT.

Our discussions with external partners from Skills Development Scotland, and Perth and Kinross Council noted that the College is an active partner and management regularly attend external partnership or skill advisory forums and boards. Our review of the College's revised Corporate Strategy and operational strategies for partnership working, such as the Business Engagement Strategy, noted synergy with the local and regional priorities that were also highlighted by the external partners interviewed.

The challenge for the College will be delivering on its strategic objectives while supporting delivery of regional outcomes for the:

- Highland and Islands under its UHI partnership, and
- Tayside, and Perth and Kinross under its local regional outcome agreements.

Capacity and capability to delivery on the objectives and identifying risks in delivery of the College's Corporate Strategy is underway to ensure resources are utilised effectively. The College has identified strategic risks and recently refreshed its risk management arrangements and risk appetite arrangement. Many of the strategic risks from the May 2022 risk register dovetail and rely on effective partnership working.

Ensuring effective communication with external stakeholders on the risks and issues for delivery of key projects is also critical so to (i) set expectation and (ii) inform decision making on related interdependencies. For example, initiatives under the Tay Cities Deals have not progressed as expected due to changing priorities for partners involved and ongoing economic challenges. Discussions noted that partners are changing their priorities and local needs are evolving to meet local labour needs. Our discussions highlighted strong awareness of the challenges and risks and stakeholders interviewed felt that the quality of communication between parties on the status of arrangements was appropriate.



## Partnership Working (including Regional Engagement)

### Objective 2 - There is regular dialogue between the College and external stakeholders (including UHI) to facilitate the delivery of regional priorities through partnership activity (Continued)

Observation	Risk	Recommendation	Management Response
<p>Due to timing of our audit, we were unable to evidence review of the resource requirements to deliver the KPI targets for partnerships and collaboration activity and therefore identification of risks associated with capacity, capability and associated management actions. For example, we were unable to identify specific risk review, such as a partnership and collaboration risk register, as part of the Curriculum Business Planning Group set agenda.</p> <p>Our discussions with all stakeholders noted the pivotal role of the VP External Engagement in driving the College's partnership and philanthropic agendas. We were also unable to evidence succession planning. In some instances, the Head of Business Development deputises on forums and committees when the VP External is unavailable to attend.</p>	<p>Key person dependency for the delivery of commercial growth.</p>	<p><b>R2</b> Resource to deliver on the College's strategic objectives particularly in relation to partnership working and collaboration should be identified and succession planning for key roles. The associated risks for delivering on key strategic partnerships should also be identified and mitigating controls and actions identified for monitoring purposes, such as by the Curriculum Business Planning Group.</p> <p>Support for the VP External Engagement should be identified, such as deputies for attending the range of external committee forums and boards required for supporting partnership working.</p>	<p>The Head of Business Development, the Director of International and the Marketing Team Leader deputise for the VP External where required.</p> <p>Succession planning is an issue across the College, and this is being reviewed within the new College Strategy. A leadership development programme to support Managers to encourage the Team Leaders to participate to increase opportunities for progression throughout the College. A commercial strategy will be developed to include a resourcing plan to identify areas of commercial opportunity/ risk where investment will be required to capitalise upon diverse income streams.</p> <p><b>To be actioned by:</b> VP External Engagement</p> <p><b>No later than:</b> 30 June 2023</p>
			<p><b>Grade</b> <b>3</b></p>



## Partnership Working (including Regional Engagement)

### **Objective 3 - Effective governance arrangements are in place for effective stakeholder/partnership working – specifically scrutiny and accountability arrangements.**

The College's Curriculum Business Planning Group is a central management forum for reviewing and approving commercial partnership proposals and monitoring progress and risks. It is Chaired by the VP External Engagement and is attended by the VP-Operations, members of the Business Development and International teams, and senior academics. There is a set agenda that covers:

- Business Development updates. For example, on new partnerships, memoranda of understanding (MoUs), Academic Business Plans updates, Hospitality Partnership Initiative and Construction Partnership Initiative, FWDF, community-based projects, and progress of other initiatives driven through alternative funding, such as the Young Persons Guarantee Fund,
- International Strategy and partnership development,
- Marketing update,
- Finance update,
- Policy and procedures changes and approvals, and
- Any other business that may include business start-ups, updates from external forums that have been attended by management

Our review of documentation noted the group actively reviews data relating to the status of grant income, activity trackers, and delivery of FWDF programmes. All International proposals are also submitted to the Group. All strategic business cases are submitted to the SMT for approval.

At UHI, there are several groups that are attended by management and are involved in the scrutiny of partnership working:

- UHI Business Practitioner Forum – sharing updates on City Deals and local partnership working
- UHI Development and Enterprise Board – sharing opportunities for commercial income across the partnership
- UHI External Partnership Steering Committee – which reviews funding, MoUs, and final agreements, and
- UHI Executive Office who complete due diligence on partnership business cases.

UHI management interviewed noted absence of a single group that reviews all external partnership working for interdependencies and risks to the UHI Corporate Strategy and meeting its tertiary education agenda. However, work is underway to review the EPSC remit to cover this role.

As an incorporated college, it is required to report to the UHI on the effectiveness and efficiency of their operations and performance. The UHI Vice Principal Operations monitors credit activity levels and the UHI Audit, Finance and General Purposes Committee review the performance of individual colleges across a range of measures, including financial.



## Partnership Working (including Regional Engagement)

### Objective 3 - Effective governance arrangements are in place for effective stakeholder/partnership working – specifically scrutiny and accountability arrangements (Continued)

Observation	Risk	Recommendation	Management Response	
<p>Feedback from management at Perth College UHI noted that the process for the UHI approving international commercial opportunities as slow and bureaucratic. The process can often take several months mainly due to a lack of resource within UHI and complex governance structures.</p> <p>We noted several committees and groups involved in review of partnership proposals and operational resource issues within UHI.</p> <p>This causes extended timelines for overall approval of international work given that the business cases require then to go through international government scrutiny that may take several years to complete.</p> <p>Management reported that a new Lead for International is to be recruited that may help arrangements.</p>	<p>Academic competitors can progress proposals faster as they have control over their own governance for approving proposal.</p>	<p><b>R3</b> – As part of the review of shared services at UHI, the UHI partnership should agree the optimal structure and reporting framework to streamline the UHI review and approval of commercial and international proposals raised by its academic partners, including Perth College UHI.</p>	<p>The College will be involved in the UHI2024 project to review the partnership structure to optimise responsiveness and agility in relation to partnership working and capitalising upon commercial opportunities, particularly in international markets.</p> <p>The College Principal is leading on the workstream relating to shared services which will be a key part of ensuring UHI's future structure enables the delivery of efficient and effective business processes.</p> <p><b>To be actioned by:</b> College Principal and SMT</p> <p><b>No later than:</b> 31 August 2024</p>	
			<p><b>Grade</b></p>	<p><b>3</b></p>



## Partnership Working (including Regional Engagement)

### Objective 4 - The College has agreed a set of measures and targets to track progress and demonstrate the impact of partnership activity.

As noted in Objective 1, there are seven strategic objectives that relate to curriculum business planning and the following KPIs are currently under review by management:

- Students undertaking work related experiences - Baseline 584 placements – Target to be confirmed
- Increase percentage of courses adapted in response to employer feedback – from 50% to 70%, over 5 years
- Value/leverage (£) by partnership (margin/revenue – Gross overhead +1% by year 5)
- Increase number of staff leading projects with research time allocated, from 6 to 12 over 5 years
- Increase the percentage of positive coverage (locally, regionally, nationally, internationally) to 80% by year 5
- Percentage strategic partnerships (signed MOU's including international – 20) versus proportion of external engagements (400) –increase from 5% by 1% per annum
- Percentage learner/customer satisfaction with overall quality of courses – 97% over 5 years (Further Education baseline 92%, Higher Education baseline 89%)
- Commercial AOP / Commercial Income (per college area) – Gross Overhead +1% by Year 5.

There are also measures that have been identified that will be used to track performance against these KPIs that will be monitored through a Balanced Scorecard. As the measures and underlying operational plans develop, management should ensure that data sources for the measures are identified and that the processes for gathering data are documented. The process for quality review and continuous improvement should also be documented in procedure. These actions are underway by management.

In practice, the main focus is credit targets/ financial targets and reducing the reliance on grant funding. This process was reviewed separately by us in our Student Recruitment and Retention (Report No **2021/06**).

Initiatives funded by the Tay Cities deal also have regional targets and measures identified within respective bids and business cases.

As noted earlier, the key risk for the College is sufficient capacity and capacity in the workforce to deliver on the measures and targets identified (see **R2**).

The impact of partnership activity is measured through delivery of the UHI ROA, and ROA for Tayside and Perth and Kinross as identified in the **Background** section of this report. These are monitored by external forums attended by the College.



## Partnership Working (including Regional Engagement)

**Objective 5 - There is a common understanding between the College and UHI of the collective resources required to deliver regional priorities through partnership activity and the College works effectively with stakeholders to direct funding, assets and staffing in a sustainable partnership framework.**

In relation to individual commercial programmes, including FWDF and Modern Apprenticeships, the resource required to deliver the curricula are identified as part of budgeting and curriculum planning processes. This includes the identification of IT resources. Management reported working across the UHI academic partnership to deliver programmes and share resources.

The UHI and Perth College Financial Memorandum of Understanding (1 January 2016) sets out the legislative relationship for UHI as the Regional Strategic Body (RSB) with the College, as the recipient of the SFC grant. It details the governance arrangements for that working arrangement and the College's accountability to ensure compliance against the grant requirements, SPFM, and related reporting requirements and accountabilities. This also includes reporting of commercial activity and performance to the groups identified earlier.

Following the Scottish Funding Council's UHI RSB Review (October 2020), UHI management and Principals from the academic partners recognised the need to consolidate shared services. However, attempts to streamline the shared services and governance since the report were unsuccessful. Currently, the College's Principal is leading a programme to review the shared services and governance arrangements with the aim that each workstream will raise recommendations for continuous improvement and to return to ensure that the UHI remains focused on delivering its original tertiary education agenda.



## Partnership Working (including Regional Engagement)

**Objective 5 - There is a common understanding between the College and UHI of the collective resources required to deliver regional priorities through partnership activity and the College works effectively with stakeholders to direct funding, assets and staffing in a sustainable partnership framework (Continued)**

Observation	Risk	Recommendation	Management Response	
<p>The published UHI and Perth College Financial Memorandum of Understanding has not been reviewed since 2016. Inspection noted while it details the top-down accountability for the supply and management of SFC grants, it does not detail:</p> <ul style="list-style-type: none"> <li>the financial arrangements relating to top-slicing the Further Education allocation to support the UHI as the RSB,</li> <li>obligations for the College to subsidise share services at the RSB with additional commercial or international income, and</li> <li>other partnership considerations such as sharing of intellectual property, copyright data sharing and marketing data.</li> </ul> <p>Consequently, there remains friction between the EO UHI and the College on some strategic matters such as funding decisions and branding.</p>	<p>Ineffective partnership working and duplication of activities.</p>	<p><b>R4</b> – The UHI and Perth College UHI management require to mutually agree the financial arrangements between parties. This agreement should be documented for transparency, such as an appendix to the terms and conditions set out in their Memorandum of Understanding.</p> <p>The agreement should also document the terms and conditions of the partnership, including decision making, intellectual property, copyright, data sharing and ownership of commercial and marketing data.</p> <p>The MoU should be frequently reviewed such as every 2 years or when there is significant change in the economic operating environment in line with good practice.</p>	<p>The draft UHI Partnership Agreement was deemed to be insufficient in its identification of the value provided by UHI centrally in support of the Academic Partners. As a result this was rejected by Perth College UHI Board of Management as well as by other AP Boards. The UHI 2024 change process includes governance, and this is likely to be addressed as part of that workstream.</p> <p><b>To be actioned by:</b> Academic Partner Principal or EO senior staff lead</p> <p><b>No later than:</b> projected estimated target date of <b>31 July 2024</b> (which is subject to change).</p>	
			<p><b>Grade</b></p>	<p><b>2</b></p>



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# Perth College

## Debtors and Income

Internal Audit report No: 2022/06

Draft issued: 7 October 2022

Final issued: 12 October 2022



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### Level of Assurance

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

Gradings are defined as follows:

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

### Action Grades

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



# Management Summary

## Overall Level of Assurance

<b>Satisfactory</b>	System meets control objectives with some weaknesses present
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## Risk Assessment

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

- Risk 15 - Internal controls do not exist or are not effective in preventing a significant issue/event (residual risk score: 15)

## Background

As part of the Internal Audit programme at Perth College UHI (‘the College’) for 2021/2022 we carried out a review of the systems in place for Debtors and Income. The Audit Needs Assessment identified this as an area where risk can arise and where Internal Audit can assist in providing assurances to the Board of Management that the related control environment is operating effectively, ensuring risk is maintained at an acceptable level.

To maintain a balanced budget, its essential that the College has an effective process to invoice and collect monies due from various sources. This audit reviewed the effectiveness of the controls in place to manage raising of invoices, issuing credit notes and the process relating to debt recovery.



## Scope, Objectives and Overall Findings

This audit focused on the systems of internal control in place within the College in relation to commercial income generating activities, education contracts, and other income. In addition, debt management and recovery procedures were also reviewed.

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

Objective	Findings			Actions already underway
	1	2	3	
<b>The objective of our audit was to:</b>	<b>No. of Agreed Actions</b>			
1. Invoices / claims are raised promptly in respect of income due to the college.	Satisfactory	-	-	✓
2. Credit notes are appropriately authorised before issue.	Satisfactory	-	1	
3. Adequate debt management and recovery procedures are in place and are consistently followed in practice.	Satisfactory	-	1	
<b>Overall Level of Assurance</b>	<b>Satisfactory</b>	-	2	
System meets control objectives with some weaknesses present				

## Audit Approach

From discussion with Finance, and wider College staff, we identified the key internal controls in place in the above areas and compared these with expected controls. We reported on areas where expected controls were found absent or where controls could be further strengthened.

Compliance testing was carried out on invoices and credit notes recorded on the General Ledger during the current financial year. Aged debtor reports were produced and a review of the debt recovery process (for debt owed to the College from industry and students) was also completed. Checks were also conducted on segregation of duties and further testing was carried out to ensure that credit notes issued and write offs made were in line with the College's Financial Regulations.



### Summary of Main Findings

#### **Strengths**

- The College has up-to-date and comprehensive Financial regulations;
- The Finance Department team is responsible for managing the income and debtor processes and use the bluQube accounting system, which provides centralisation of the financial recording processes and allowing an audit trail to be retained against each student account that is linked to SITS, the student record database;
- Sales invoices are promptly and correctly raised to relevant customers;
- Credit notes are appropriately allocated and approved by the budget holders; and
- Our testing confirmed that the existing practices for debt recovery; the use of debt collection agencies; and write-off processes for bad debts were conducted in line with the Financial Regulations.

#### **Weaknesses**

- It was observed that there are no documented and formally approved procedure notes in place to guide staff, covering the processes for raising sales invoices, providing appropriate audit trail to credit notes and recover debts. We were advised that the procedural guidance for raising sales invoices is currently being drafted and that it is intended to be introduced later in financial year 2022/23. Therefore, management are aware of the issue and the weakness is being addressed. However, we have provided two recommendations, in relation to the contents of the new procedural guidance, which are intended to help shape the new procedures to ensure that they reflect current practice and to further strengthen existing controls.

### Acknowledgments

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



# Main Findings and Action Plan

### Objective 1 - Invoices / claims are raised promptly in respect of income due to the College

From our review of the College's Financial Regulations we confirmed that Financial Regulations are in place (approved by the Board of Management on 10 June 2021).

Para 27 'Completeness of Income' establishes responsibilities of all staff "to ensure that revenue to the College is maximised, and for the identification, collection and banking of income". All monies received must be passed to the Finance Department promptly.

Para 27.6 requires the Finance Director to "ensure that Debtors invoices are raised promptly on official invoices, in respect of all income due to Perth College; Invoices are prepared with care, recorded in the ledger, show the correct amount due and credited to the appropriate income account".

It was observed that the College does not currently have procedural guidance in place on the processing of sales invoices. Consequently, there is no defined timeframe for raising invoices and therefore we would recommend that this detail is reflected in the new procedures. Additionally, there is no formal framework in place, which sets out the accountabilities across cost centres for bluQube. We were advised that both the guidance and the accountability for cost centres are currently under review, with a view to be introduced later in financial year 2022/23. We, therefore, acknowledge that the issue is being addressed by management and have not provided a separate recommendation reflecting the lack of written guidance. However, the grading for Objective 1 in the table on page 2 of this report reflects the fact that this is still work in progress.

The control of income within an agreed budget is the responsibility of the designated budget holder.

Through discussion with the Financial Accountant we identified that circa 90% of College's income is funded by government. Commercial income is received from the following sources:

- Educational contracts
- International contracts
- Nursery
- Sports academy
- Training restaurant (Cash / Till income).



### Objective 1 - Invoices / claims are raised promptly in respect of income due to the College (Continued)

The College utilises the SITS system developed by Tribal Group for student management records and also bluQube accounting software. The following process is in place for raising invoices:

- Relevant department administrator requests an invoice by completing an MS Excel template containing the requisitioner's name / title, department, customer's details, including account number, if known, Purchase Order number, where relevant, Session period, description of services to be provided, quantity and cost. The template calculates net figures. If there is VAT selected from the drop down menu, then the document calculates the gross figure. An income code / Cost centre is also entered.
- The completed invoice request is then emailed to [pcinvoicing.perth@uhi.ac.uk](mailto:pcinvoicing.perth@uhi.ac.uk)
- On receipt of Invoice request, it is checked by Finance – Accounts Receivable, to ensure all details are complete, including correct codes and approval. If any of these are unclear or missing, then a query is made to requisitioner to complete and re-submit.
- The bluQube database is checked if the customer already exists. If not, a new customer record is created.
- The invoice is created as a batch or individual to mirror the information contained in the invoice request.
- The invoice request is attached to the invoice on bluQube under the 'Attachments' section;
- The invoice is posted to the system and emailed to the customer (copied to requisitioner).

Our walkthrough testing of ten income transactions processed over the last 12 months (which included including student and commercial invoices) identified no issues. All invoices were raised, recorded and processed by the Finance Department within a reasonable timeframe following the raising of the invoice request.



## Debtors and Income

### **Objective 2 - Credit notes are appropriately authorised before issue**

From our review of the Financial Regulations we confirmed that the Finance Director's responsibilities are established for ensuring that '*any credits granted are valid, properly authorised and completely recorded*' (para 27.6).

Credit notes are issued to customers to notify them that credit is being applied to their account for any reasons. It is also a way to issue full or partial refunds for invoices that have already been posted or paid. This is done to keep accounting records straight since invoices cannot be deleted or edited once issued. Therefore, credit notes provide a legally mandated audit trail to relevant transactions.

The process for followed for raising credit notes at the College is largely the same as the process for sales invoices, with credit note requested and authorised by the relevant Head of Department of the College, with a subsequent email to the Finance Department, which allows checking for accuracy and approval, and issue of the credit note to the customer. From our testing of ten credit notes raised we confirmed that all selected credit notes were appropriately authorised by requesting departments.





## Debtors and Income

### Objective 2 - Credit notes are appropriately authorised before issue (Continued)

Observation	Risk	Recommendation	Management Response	
<p>Supporting documents should be attached to the bluQube record under the 'Attachments' section. Although all selected credit notes were authorised appropriately, it was observed that on four occasions the supporting attachments were not placed on bluQube and therefore there was not a full electronic audit trail in place for these credits. We are therefore providing a suggestion to improve the existing control by reflecting this requirement in the new procedures which are currently being developed.</p>	<p>In the absence of a formal procedure guidance on processing of credit notes there is no clear requirement to Finance Department staff to ensure credit notes authorisation is evidenced and attached to the credit note records, leading to the lack of an audit trail to credit notes</p>	<p><b>R1</b> – We recommend that a formal credit note procedure should be included in the procedural guidance which is currently being developed. This should specifically include a requirement to maintain an audit trail for credit notes approval through the consistent attachment of supporting electronic records on the bluQube system.</p>	<p>We agree that a formal credit note procedure should be included in the procedural guidance and that this guidance should specifically include a requirement to maintain an audit trail for credit notes approval through the consistent attachment of supporting electronic records on the bluQube system.</p> <p><b>To be actioned by:</b> Henry Nicholson</p> <p><b>No later than:</b> 31 December 2022</p>	
			Grade	3



### Objective 3 - Adequate debt management and recovery procedures are in place and are consistently followed in practice

The debt collection and write-off process are comprehensively documented within the para 28 of the College's Financial Regulations.

#### Fees collection

*28.1 The procedures for collecting tuition fees must be approved by the Finance Director. He or she is responsible for ensuring that all student fees due to Perth College are received.*

*28.2 Any student who has not paid an account for fees or any other item owing to the College shall not receive the certificate for any degree, diploma or other qualification awarded by the College until all outstanding debts have been cleared.*

*28.3 Such students shall be prevented from re-enrolling at the College and from using any of the College's facilities.*

*28.4 The College may pass outstanding debts to debt collection agencies and reserves the right to take legal action to recover outstanding amounts'.*

#### Write-off

The write-off process is established within para 27.8:

*'Requests to write off individual debts in excess of the SFC delegated limits (£3,000 per debtor, per instance) for losses must be referred by the Finance Director for submission to the Finance and General Purposes Committee for consideration and obtain Scottish Funding Council (SFC) approval. Individual debts below this level may be written off with the permission of the Finance Director'.*

From discussion and review of the write-off report we confirmed that there were no write-offs requiring the SFC approval in the current financial year.

#### Recovery of debts

From discussion with Finance Department staff we confirmed that the process for recovery of debts is as follows:

- Invoice is raised in bluQube;
- Statement is run on last day of the month;
- Aged debtors report is run monthly;
- Financial Department staff check report for any invoices older than 30 days and send emails to customers asking for payment date;
- If the invoice is 60 days or older then the customer should be sent an email and letter in the post regarding referral to the appointed debt collection agency, ACT Credit Management Ltd (ACT), if no payment is made within 7 days of the date specified in the communication.
- If no payment is received, new ACT spreadsheet is completed and send to Accounts Receivable to refer, along with a copy of any invoices/credits and the latest statement.

Amounts with a value up to £150 are not referred to ACT and can be written off if the decision is taken that the amount due is irrecoverable.



### **Objective 3 - Adequate debt management and recovery procedures are in place and are consistently followed in practice**

We confirmed that the College has in place an Agreement for the Provision of Debt Collection Services with ACT Credit Management Ltd (signed 8 June 2021).

We tested a sample of ten debtors and confirmed that on all occasions appropriate efforts were made to recover aged debts, including issue of debt statements, notifying debtors of their liabilities and referrals to ACT, and records were regularly updated on the collection agency's portal.

We also tested five write-offs and confirmed that these were handled in line with the College's Financial Regulations and that the arrangements observed were reasonable in all cases tested.



## Debtors and Income

### Objective 3 - Adequate debt management and recovery procedures are in place and are consistently followed in practice (Continued)

Observation	Risk	Recommendation	Management Response	
<p>It was observed that there is currently no documented and approved formal internal procedure guidance on debt recovery at the College.</p>	<p>In the absence of a formally agreed procedure on debt recovery there is a risk that appropriate actions may not be taken by College staff and management, leading to delays in debt recovery and / or financial loss to the College</p>	<p><b>R2</b> – We recommend that the existing debt recovery process should be documented and approved internally and incorporated within the procedural guidance (which is currently being developed) and that this guidance should be communicated to all relevant stakeholders (including students and other customers).</p>	<p>We agree that the existing debt recovery process should be documented and approved internally and incorporated within the procedural guidance and that this guidance should be communicated to all relevant stakeholders (including students and other customers).</p> <p><b>To be actioned by:</b> Henry Nicholson</p> <p><b>No later than:</b> 31 December 2022</p>	
			<p><b>Grade</b></p>	<p><b>3</b></p>



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## Perth College UHI

Paper 10

<b>Committee</b>	Audit Committee
<b>Subject</b>	FOI & Data Protection Update – Full Year to July 2022
<b>Date of Committee meeting</b>	19/10/2022
<b>Author</b>	Ian McCartney, Clerk to the Board of Management
<b>Date paper prepared</b>	12/10/2022
<b>Executive summary of the paper</b>	Summary of data relating to FOI requests received and data protection issues raised for the Academic Year to July 2022
<b>Consultation</b> How has consultation with partners been carried out?	Information provided in this paper is provided within quarterly statistics provided to the Scottish Information Commissioner
<b>Action requested</b>	<input checked="" type="checkbox"/> For information only <input type="checkbox"/> For discussion <input type="checkbox"/> For recommendation <input type="checkbox"/> For approval
<b>Resource implications</b> (If yes, please provide details)	No
<b>Risk implications</b> (If yes, please provide details)	Informs Risk Register
<b>Link with strategy</b> Please highlight how the paper links to the Strategic Plan, or assist with: <ul style="list-style-type: none"> <li>• Compliance</li> <li>• National Student Survey</li> <li>• partnership services</li> <li>• risk management</li> <li>• other activity [e.g. new opportunity] – please provide further information</li> </ul>	Informs Risk Register

## Perth College UHI

<u><a href="#">Equality and diversity</a></u> Yes/ No If yes, please give details:	No
<b>Island communities</b> 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
<u><a href="#">Data Protection</a></u> Does this activity/ proposal require a Data Protection Impact Assessment?	No
<b>Status</b> (e.g. confidential/non confidential)	Non-Confidential
<b>Freedom of information</b> Can this paper be included in "open" business?*	Open Business

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

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

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

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](http://www.itspublicknowledge.info/web/FILES/Public_Interest_Test.pdf)

# Freedom of Information & Data Protection

## Academic Year 2021/22 | Update to July 2022

### 1. Summary of Key Activities

2021/22 has continued the trend of reducing FOI requests, with the majority of these being Trade Union enquiries into Operational and HR-related data. Subject Access Requests remained static.

There have been no reportable data breaches recorded this academic year.

### 2. Freedom of Information

#### a. Total Number of Requests – Year to Date

2021/22 Full Year	2020/21 Full Year	2019/20 Full Year	2018/19 Full Year
22	28	28	39

#### b. Response Times

	Q1	Q2	Q3	Q4	Full Year
Replied within Statutory Time	7	3	3	9	22
Late	0	0	0	0	0
To be completed	0	0	0	0	0

#### c. Request Topics

Type	
Student-Related	1
Compliance	0
Finance & Procurement	5
HR	11
Operational Management	5
<b>TOTAL</b>	<b>22</b>

#### d. Request Sources

Type	
Legal Representative	0
Campaigning Groups	2
Trade Union	11
Press & Media	1
External Business	2
Unknown/Anonymous	6
<b>TOTAL</b>	<b>22</b>



### **3. Data Protection**

#### **a. Total Number of Requests – Year to Date**

	2021/22 YTD	2020/21 Full Year	2019/20 Full Year	2018/19 Full Year
Subject Access Requests	5	6	6	10

#### **b. Subject Access Request Information**

5 SARs were received throughout the year, related to:

- 2 requests by students requesting student records;
- 2 requests by staff members requesting correspondence relating to HR matters;
- a wider SAR request from a student which included some data retained by Perth College

### **4. Data Breaches**

A total of 6 Data Breaches were recorded for the year to July 2022, none of which met the threshold for reporting to the Information Commissioner's Office. The broad detail of the breaches are recorded below:

<b>Area</b>	<b>Nature of Breach</b>	<b>Resolution</b>
AST	Incorrect attachment issued containing personal data	Recall and deletion of emails
Counselling	Email with personal data issued using cc function inappropriately	Recall and deletion of emails
Finance/AST	Email containing personal data issued inappropriately	Recall and deletion of emails
Social Science	Staff Sharepoint page containing personal data visible to students	Page temporarily locked and access rights amended
Student Services	Email containing personal data issued inappropriately	Recall and deletion of emails
Student Services	Email containing personal data issued inappropriately	Recall and deletion of emails

Ian McCartney  
October 2022

## Health and Safety Committee

### Minutes

**Date and time:** Thursday 1 September 2022, 2.00pm – 4.00pm

**Location:** MS Teams / Rm 019

**Members present:** Christiana Margiotti (CM), SDD – CCI  
David Gourley (DG), Head of Learning and Teaching Enhancement  
Deborah Lally (DL), Head of Student Experience  
Ian Bow (IB), Health, Safety and Wellbeing Advisor  
Jane Edwards (JED), Unison H&S Rep  
Jill Elder (JEL), SDD – BMCL  
Kevin Lynch (KL), Head of Estates  
Lesley Connaghan (LCO), SDD – ALS  
Lorenz Cairns (LC), Depute Principal Academic  
Nicky Inglis (NI), SDD - STEM  
Ype van der Schaaf (YS), SM - Food Studies & Hospitality  
Steve Scott, EIS H&S Representative

**Apologies:** Andrew Budge (AB), Senior Training Manager, AST  
Brian Crichton (BC), Chair, Board of Management  
Todor Pavlov-Kennedy (TPK), HISA Perth President

**In Attendance:** Mark Taylor (MT), General Manager, AST for Andre Budge, AST

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

**Note Taker:** Carolyn Sweeney-Wilson

### Summary of Actions

Ref	Action	Responsibility	Time Line
4.	<b>Review of actions from previous meeting / Matters arising that are <u>not included elsewhere on the agenda</u>:</b>		
4.2	<u>COVID-19 Update – Portable Appliance Testing for home-based devices</u> <ul style="list-style-type: none"><li>KL to investigate the previous process for testing of student equipment, to look at costs comparisons, and provide a price per item cost, through the current framework, and report back to HSC.</li></ul>	Kevin Lynch	24/11/2022

## Summary of Actions

Ref	Action	Responsibility	Time Line
	<ul style="list-style-type: none"> <li>Cost of living crisis to be added to a future agenda</li> </ul>	Carolyn Sweeney-Wilson	24/11/2022
	<p>4.5 <u>Internal Audits</u></p> <p><u>Joinery Workshops</u></p> <ul style="list-style-type: none"> <li>KL to investigate where a vent could be installed and review permanent options/solutions and report back to the next HSC meeting.</li> </ul>	Kevin Lynch	24/11/2022
<b>5.</b>	<b>Minutes from COVID-19 Response Group</b>		
	<p>5.1 <u>Covid-19 Response Group Proposal</u></p> <ul style="list-style-type: none"> <li>A 'COVID Update' item to be added as a standing agenda item going forward.</li> </ul>	Carolyn Sweeney-Wilson	24/11/2022
<b>8.</b>	<b>COVID Update</b>		
	<ul style="list-style-type: none"> <li>KFL and IB to re-check the guidance and bring that back to this group, with a view to a communication being circulated to line managers about this. IB to feedback to HSC members in the next couple of days.</li> </ul>	Katy Lees, Ian Bow	09/09/2022
<b>10.</b>	<b>Health &amp; Safety Accident &amp; Incident Statistics – Quarter 4 - AY21-22 (Paper 6)</b>		
	<ul style="list-style-type: none"> <li>KL to ensure additional signage was installed around the areas where the bee hives would be sited.</li> <li>IB to look at what training he could provide to staff who would be carrying out Health and Safety investigations.</li> </ul>	Kevin Lynch Ian Bow	24/11/2022 24/11/2022
<b>12.</b>	<b>Feedback on other sub-groups:</b>		
	<p>12.1 <u>Policies and Procedures Group (PPG)</u></p> <ul style="list-style-type: none"> <li>CM to advise if she wished to continue as a member of the PPG, or another SDD would take her place.</li> </ul>	Christiana Margiotti	24/11/2022

## Summary of Actions

Ref	Action	Responsibility	Time Line
13.	<p><b>Health, Safety and Wellbeing Advisor update</b></p> <ul style="list-style-type: none"> <li>IB to send an update to managers about rise and fall desks</li> </ul>	Ian Bow	24/11/2022
14.	<p><b>Head of Estates update</b></p> <ul style="list-style-type: none"> <li>IB to draft report of near-miss in conjunction with Head of Estates and pass to KFL to take to SMT</li> </ul>	Ian Bow	24/11/2022
15.	<p><b>TOR</b></p> <ul style="list-style-type: none"> <li>KFL to consider the use of the word “Wellbeing” as opposed to “Welfare” and what impact this would have elsewhere, if this wording was to be changed.</li> <li>Additional identified members of the group to be invited to future meetings</li> </ul>	Katy Lees  Carolyn Sweeney-Wilson	24/11/2022  24/11/2022
16.	<p><b>AOCB</b></p> <p><b>Risk Assessment for Staff Conf Day activities:</b> KFL to feedback to the Staff Conference Group that if off campus activities were to be sponsored by the College, going forward, that RAs would need to be in place for this.</p>	Katy Lees	24/11/2022

## Minute

### Item

#### 1. Welcome and Apologies

KFL welcomed all to the meeting.

Apologies were noted.

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

The SRC Regs – JED

Risk Assessment for Staff Conf Day activities - JED

### Action

**Item**

**Action**

**3. Minute of Previous Meeting**

The minute of the meeting held on 5 May 2022, having been previously circulated, was approved, as a true and accurate record of discussions.

**4. Review of actions from previous meeting / Matters arising that are not included elsewhere on the agenda:**

**4.1 Health & Wellbeing for Students (HWBS)– TPK to organise this meeting.**

IB confirmed he had discussed this matter with GML and GML was hoping that the first meeting of this group would take place in October.

**4.2 COVID-19 Update – Portable Appliance Testing for home-based devices**

KFL confirmed she had discussed this matter with the Head of ICT, but would ask for their update to be documented so that KFL could circulate it to HSC. However, it was noted that most items would not need to be tested if it was within 5 years of having previously been tested.

There followed a detailed discussion regarding students bringing their own equipment into College and whether or not this should be tested, and paid for, by the College. Previously, the rule was that students' equipment should be PAT tested and a day was set aside for this, with the Estates Team managing this. However, the Head of Estates, KL, noted that this had not taken place for a number of years now, as this had tended to be abused by the students. KL advised that the next PAT testing session was due in October/November 2022, but PAT testing of student equipment had not been budgeted for.

**Action:** KL to investigate the previous process for testing of student equipment, to look at costs comparisons, and provide a price per item cost ,through the current framework, and report back to HSC.

**KL**

IB advised there was no legal requirement to PAT test, however the College would need to ensure that work equipment was fit for use and tested etc. However, as a committee, HSC members would need to consider the finances to test every piece of equipment; was it required, what was it being used for etc.

**Item**

**Action**

JED raised the issue of asking students to pay for this, as the cost of living would need to be factored in, as this was becoming a crisis for the students. JED felt that, in general, the cost of living crisis for students should be discussed, as an item at this committee.

**CSW**

**Action:** Cost of Living Crisis for students to be added as a future agenda item

Further discussion took place about whose responsibility it was for checking the equipment and expectations of when students should take responsibility for their own equipment.

LC suggested an all staff email be circulated as a reminder about checking equipment and PAT testing.

JED said the right thing to do would be to carry out a Risk Assessment on PAT testing and then a decision could be made as to whether PAT testing was required. If it was found that items were mainly low risk, and didn't need a full PAT test, an email could then be circulated to staff/students about general electrical equipment safety.

HSC agreed with JED's proposal.

4.3 Circulation of College's process for managing ventilation

KFL confirmed the action for this item was completed.

4.4 Record of Fire Evacuation Drills – Resource Required for managing fire evacuation.

IB confirmed that he had planned to visit areas around the College to identify who could be Fire Marshalls, which had not taken place yet, but this would be happening shortly.

JED queried if there was an up-to-date list of the evacuation tests as she wanted to review this.

IB confirmed he kept a list of evacuation tests and JED could review this at any time.

4.5 Internal Audits

Joinery Workshops

IB said the only Priority 1 action was in regard to the Acetylene bottles and this had now been rectified.

**Item**

**Action**

NI said this was only a temporary solution and a permanent solution needed to be found for housing them, as the current temporary solution was not ideal.

There followed a more detailed discussion about possible options for the bottle cage.

**Action:** KL to investigate where a vent could be installed and review permanent options/solutions and report back to the next HSC meeting.

**KL**

**5. Minutes from COVID-19 Response Group (Papers 2a-2b)**

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

**5.1 Covid-19 Response Group Proposal**

The proposal, circulated to members on 24 June regarding the status of this group, was approved by Committee members outwith the HSC meeting.

**Action:** A 'COVID Update' item to be added as a standing agenda item going forward.

**CSW**

**6. Minutes from Health & Wellbeing Group (Papers 3)**

The minutes of the previous HWBG meetings, a formal sub-committee of the HSC, were circulated to Committee members for their information and were noted.

**7. Minutes from the Management of Stress Group (Paper 4)**

The minutes of the previous Management of Stress Group meeting, a formal sub-committee of the HSC, were circulated to Committee members for their information and were noted.

**8. COVID Update**

(This item added additionally during the meeting)

LC advised that the national status alert level had just been reduced and was now at L2. He was not aware yet how the new vaccination process would be rolled out. The Staff EG had discussed keeping the hand sanitiser and the wipes and this would

**Item**

be done. There was no further Scottish Government (SG) guidance since the last CRG meeting.

JED queried if the College intended to put anything in place for winter flu season planning.

LC said the College did not usually have anything specific in place for this apart from general updates.

JED felt it would be important to remind people that if they were ill, they should not be coming into College and spreading their illness around. She had a particular interest in Long COVID and said the College should start to think about this and what it meant in the wider context. She also queried how this would be recorded in absences and whether this would be recorded per disability absence.

KFL said this was a difficult one to quantify, as some would be long term illness, but for some it was not, so the College would need to treat these absences on a case by case basis.

JED said she felt some consideration should be given to this and a plan developed.

LC said he would be happy to follow the SG/Health Board advice on this, as it would be difficult to do anything else, as College staff were not medical practitioners.

MT raised the matter of students continuing to ask for clarification on what the current guideline was for needing to COVID test and whether they should/shouldn't be attending College.

There was some discussion about this and that some guidance differed and it was felt best to continue to follow the SG guidelines, but guidance should be fact-checked to ensure staff were using the correct guidance.

KFL said the SG website indicated that if anyone had a fever, or was feeling unwell, then they should stay at home.

**Action:** KFL and IB to re-check the guidance and bring that back to this group, with a view to a communication being circulated to line managers about this. IB to feedback to HSC members in the next couple of days.

**Action**

**KFL, IB**

**9. Internal Audits (Paper 5)**

IB spoke to his paper regarding these audits.



**Item**

**Action**

JED noted that there were some themes from various departments, including staff not knowing where minutes were etc. JED queried that there were some areas that did not have a Risk Assessor.

IB noted this and said that if anyone wanted to know who the Risk Assessor was for their area they should contact him.

KFL said that it was expected all managers complete the IOSH Managing Safely course, which qualified them to be Risk Assessors.

JED queried the working at height comments. IB said there was no formal inspection regime and it was about making sure the equipment was safe to use.

JED said that she was concerned about the items that were highlighted in red and queried how the audit circle was being completed, particularly if no-one reviewed the actions to ensure they had been carried out.

IB said that he did carry out these review checks, but that it was the responsibility of managers to also report to him how far along they were with their actions.

KFL said that if there were any Priority 1 actions, these were dealt with differently to ensure they were completed.

8.1 Academy of Sports and Wellbeing (Commercial)

Noted.

8.2 Business, Management and Computing

Noted.

8.3 Gas Technology and Plumbing Workshops

Noted.

8.4 ICT Department

Noted.

8.5 Science Department

Item		Action
	<p>Noted.</p>	
10.	<p><b>Health &amp; Safety Accident &amp; Incident Statistics – Quarter 4 - AY21-22 (Paper 6)</b></p>	
	<p>IB spoke to his paper.</p>	
	<p>There was a discussion about the sting/bite stat and it was agreed that further signage should be installed on the gates, as the College was due to be getting more bees and it was noted some people were allergic to bee stings.</p>	
	<p><b>Action:</b> KL to ensure additional signage was installed around the areas where the bee hives would be sited.</p>	KL
	<p>JED asked if the people carrying out the medium level investigations were HSG trained.</p>	
	<p>IB said he did not think so, but he would be able to train these staff if needed.</p>	
	<p>JED said anyone conducting an investigation should be appropriately trained.</p>	
	<p>IB said it would be fairly low level training.</p>	
	<p><b>Action:</b> IB to look at what training he could provide to staff who would be carrying out investigations.</p>	IB
	<p>JED raised the issue of sufficient competent resource within Health and Safety.</p>	
	<p>IB said if he was not in College then there was a support network provided through other UHI Colleges on a reciprocal basis.</p>	
	<p>JED felt this reciprocal arrangement should be included in the H&amp;S arrangements.</p>	
11.	<p>Annual Health, Safety &amp; Wellbeing Report 2021-22 (Paper 7)</p>	
	<p>KFL advised this paper was a draft report at the moment.</p>	
	<p>JED said she was working her way through this and would provide feedback to IB once she had completed her review of the document.</p>	
	<p>IB then summarised his thoughts on the performance over the year.</p>	

**Item**

**Action**

**12. Feedback on other sub-groups:**

12.1 Policies and Procedures Group (PPG)

KFL advised that this group had done sterling work last year going through a lot of H&S PPs – they had reviewed 23 PPs.

There were a further 3 procedures to be reviewed shortly, including: Drug & Alcohol, Stress Management and Overseas Travel Procedure.

14 PPs were being reviewed and a further 3 policies were coming up this month which were: H&S Policy, Driving for Work, DSE. Health Surveillance and Asbestos Policies would be up for review again in December. KFL said she planned to continue with the subgroup and asked CM if she would want to continue, or nominate another SDD.

**Action:** CM to advise if she wished to continue as a member of the PPG, or another SDD would take her place.

**CM**

11.2 Health and Wellbeing for Students

It was noted earlier in the meeting that this group was expected to have its first meeting in October.

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

IB indicated he had conducted a lot of training sessions for staff. Sessions that were planned included Risk Assessor training and he asked members if they did not have a Risk Assessor for their area, to nominate someone.

COSHH Assessor training was also being run.

IB was ensuring staff were updating their DSE and workstations and if staff were Hybrid working they were still required to maintain their home working RA.

More people were requesting the rise and fall desks and IB noted that this would now need to be paid out of departmental budgets, if they were required. It would also be important for managers to ensure they had approval, through Occupational Health, to ensure there was justification for purchasing this type of desk.

**Action:** IB to send an update on this matter for managers

**IB**

**Item**

**Action**

KFL said she would encourage departments to carry out a review of where any of these desks were currently and whether they were still required by the individuals who had them. She was aware some staff who had received these desks had left the College and the desks were no longer being used.

**14. Head of Estates – Update**

KL gave brief updates, including the following:

- Summer works were due to come to an end. However, it had been a challenge, H&S-wise, due to late approval for carrying out the works. For this to be better planned it needed the approval process to be carried out earlier.
- Repaired all the potholes on campus.
- All the yellow lines on staircases had been refreshed.
- Carried out fixed wire testing.
- There will be a new contract for Fire Extinguishers/fire fighting equipment with Grahams.
- Currently evaluating the tender for fire, intruder and CCTV.

KL raised an issue that had occurred while works were being carried out in a classroom at ASW, where someone had held a class in that room, where work was ongoing and where work equipment, including scaffolding and ducting, were in the room. What was concerning about this was that someone had completely disregarded all the signage about work ongoing in the room and that they had thought it was acceptable to use the room for a fitness class. If anything had happened to anyone in that class, then the College insurance would have been null and void. KL said there needed to be some communication to staff about this kind of thing.

KFL asked for this incident to be documented as a formal report, as this was a 'near miss' and this would then go through to SMT for them to review.

**Action:** Report to be documented and submitted to KFL to take to SMT

**IB**

MT raised the issue of very random works taking place in the AST areas, which was quite disruptive to AST, when they were fully open. He queried why works could not be carried out a whole wing at a time.

KL agreed that this would be the better way to work, however, in recent years some of this work had been carried out sporadically

**Item**

**Action**

and this meant some rooms were completed, but others in the same area had not been done. KL said it would be his aim to try to bring this back to whole stretches of areas being worked, on at the same time, going forward.

JED queried if there were any major changes to the estate in the Estates Strategy.

KL said the strategy had not yet been completed, so nothing was planned to take place yet.

JED said if there were any major works to be carried out it would be good to know.

KL said the chances that any works would be carried out would be slim at the moment, due to funding issues.

LC said the Estate Strategy was to ensure the College could be as agile for the curriculum as possible, particularly as some of the rooms were not fit for purpose. A new strategy was very important particularly if the College was looking for funding to support any works and this was what having the strategy in place was all about.

**15. TOR**

KFL advised that she planned to update the ToR as some changes needed to be made, particularly with job title changes and additional representation.

KFL said she had also increased the number for being quorate from 5 to 7, which was in line with other colleges.

JED referred to points 5 and 6 where it mentioned "Health Safety and Wellbeing" and said the word "Wellbeing" need to be changed to "Welfare", in order to be in line with the legislation.

IB pointed out that his job title contained the word "Wellbeing" and he would not be keen to see that change to a Welfare Officer, as that role would have other connotations.

**Action:** KFL to consider the use of the word "Wellbeing" as opposed to "Welfare" and what impact this would have elsewhere, if this wording was to be changed.

**KFL**

**16. AOCB**

**Item**

**Action**

**Risk Assessment for Staff Conf Day activities** – JED referred to the Staff Conference last week, where the College provided staff with £10 per head to carry out activities and queried if any had been off campus.

KFL said there were various activities, carried out off campus, that were provided by other companies.

JED queried where the RAs were for these activities.

There followed a discussion about RAs for off campus activities sponsored by the College. JED said she thought that staff should have been advised they may have needed to complete an RA and if this was to be offered again, staff would need to be aware they might need an RA for their activity.

**Action:** KFL to feedback to the Staff Conference Group that if off campus activities were to be sponsored by the College, going forward, that RAs would need to be in place for this.

**KFL**

**17. Date of Next Meeting:**

- 24 November, 09.30-11.30am

Meeting finished at: 16.00

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Information recorded in College minutes are subject to release under the Freedom of Information (Scotland) Act 2002 (FOI(S)A). There are certain limited exceptions, but generally all information contained in minutes is liable to be released if requested.

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.

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

**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 & Resources Committee, the Staff Board Member nominated to Finance & Resources Committee, and the Student Board Member nominated by HISA Perth to Finance & Resources Committee.
- No member of the Finance & Resources Committee shall also be a member of the Audit Committee.
- The Chair of the Board, the Principal and the Chair of the Finance & Resources 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.

Reviewed: September 2022