UHI | PERTH

Audit Committee

Agenda
Meeting reference: Audit 2023-24/01
Date: Wednesday 04 October 2023 at 5.00pm
Location: Online
Purpose: Scheduled meeting

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

	Agenda Items	**Author**	**Led by**	**Paper**
1	Welcome and Apologies		Chair	
2	Additions to the Agenda			
3	Declaration of a Conflict of Interest in any Agenda Item			
4	Minutes of the Meeting of Audit Committee held on 30 May 2023		Chair	Paper 1
5	Actions arising from previous minutes			
6	**Items for Approval/Noting**			
*6.1	Annual Health & Safety Report	Health Safety & Welfare 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	**Strategy**			
*7.1	No items for this meeting			
8	**Monitoring & Compliance**			
*8.1	Enterprise Risk Management Report & Strategic Risk Register	Vice Principal (Operations)	Vice Principal (Operations)	Paper 4
9	**Audit Plans, Reports & Updates**			

	Agenda Items	Author	Led by	Paper
9.1	Procurement/Creditors Audit Report	Internal Auditor	Internal Auditor	Paper 5
9.2	Data Protection Audit Report	Internal Auditor	Internal Auditor	Paper 6
9.3	Business Continuity Audit Report	Internal Auditor	Internal Auditor	Paper 7
9.4	Internal Audit Strategic Plan (update)	Internal Auditor	Internal Auditor	Paper 8
10	**FOI & Data Protection**			
10.1	Freedom of Information & Data Protection quarterly update	Clerk	Clerk	Paper 9
11	**Committee minutes** (for noting by Committee)			
11.1	Health and Safety Committee: • 11 May 2023		Chair	Paper 10
12	Date and time of next meeting: • Monday 12 December 2022, 6pm (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 11

UHI | PERTH

Audit Committee

DRAFT Minutes

Meeting reference: Audit 2022-23/03
Date: Tuesday 30 May 2023
Location: Boardroom (Brahan Room 019)

Members present: Jim Crooks, Board Member
Derek Waugh, Board Member
Alistair Wylie, Board Member
Patrick O'Donnell, Staff Board Member

In attendance: Margaret Cook, Principal
Lorenz Cairns, Depute Principal
Iain Wishart, Vice Principal (Operations)
Stuart Inglis, Henderson Loggie, Internal Auditor
Kirsty Hair, Deloitte, External Auditor
Katy Lees, Head of HR & Organisational Development
Ian McCartney, Clerk to the Board

Apologies: Debbie McIlwraith-Cameron, Board Member
Liam Fowley, Student Board Member
Veronica Lynch, Vice Principal (External)
David Archibald, Henderson Loggie, Internal Auditor
Pat Kenny, Deloitte, External Auditor

Chair: **Jim Crooks**

Minute Taker: Ian McCartney

Quorum: 3

MINUTES

Item		Action
1.	**Welcome and Apologies** Chair welcomed those present, and noted apologies. Chair noted new Board Member and new Internal Auditor, both attending first Audit Committee, and introductions were made.	
2.	**Additions to the Agenda** None received.	
3.	**Declaration of Conflict of Interest in any Agenda Item** None	
4.	**Minutes of the meeting of Audit Committee held on 13 March 2023** The addendum to Item 6.2 in the minutes was noted. The minutes were agreed as being an accurate record of the meeting.	
5.	**Actions arising from previous minutes** Historic Matters arising from 31 May 2022 Ref 6.2 – Internal Audit – Audit Action Plan **Action:** Internal Auditor to add additional column re previous review re when Audit Area was last reviewed to provide assurance **Action Update:** No report tables at this meeting. **Carried forward.**	Internal Auditor
6.1	**Balanced Scorecard Report** Depute Principal presented Paper 2 and briefly explained history behind new Balanced Scorecard for the benefit of new members/ attendees. Depute Principal noted that management of the data is via the Corporate Management Team with Senior Management Team members sponsoring. Depute Principal noted that Part 1 of Paper 2 constituted the full 36 KPIs, with Part 2 being formed of narrative/progress around each of these, and further noted that this information will be presented to Audit Committee each Cycle 4 and the highlighted Balance Scorecard, consisting of the 13 prioritised KPIs would be presented Cycles 1-3.	

	Depute Principal advised that some targets had already evolved, which would be useful for gaining traction, however there were some blanks in the narrative due to timing of some items meaning that analysis had not yet commenced in these areas. Chair recognised the current position within the learning cycle and expected a full set of data next year. Board Member advised that there were 2 references to recruitment in the KPIs but one of these appeared to be applied to the wrong section. Depute Principal would correct in time for next Cycle. Principal noted the potential impact on the Strategic Plan with reference to the ongoing consultation process, and advised that expectations around work levels and delivery should be managed appropriately. Chair agreed that Committee should expect significant impact due to volume variance and the possibility of amended structures. Committee **NOTED** Paper 2.	Depute Principal
6.2	**Enterprise Risk Management Report** Chair briefly outlined history behind new Enterprise Risk Management system for the benefit of new members/ attendees, before Vice Principal (Operations) presented Paper 3, which comprised 3 individual reports: the original Strategic Risk Register, the new Risk Report which summarised the key points of the ERM framework, and an Internal Audit Tracker. Vice Principal (Operations) noted that the original Strategic Risk Register would be retained as a live document during this transition phase to the new ERM. Vice Principal (Operations) noted that the first Risk Report had identified 87 actions to mitigate risk, which were being aligned with CMT similarly to the KPIs, and controls were being negotiated with CMT. Vice Principal (Operations) advised that the next steps were to identify Significant Risks, ie those risks with significant impact but not linked to the Strategic Plan, such as Business Continuity and cash. Other departmental risk registers such as Health & Safety would reference back into Significant Risk areas. Vice Principal (Operations) advised that UHI were reviewing the Common Risks, and EO have been issued with the ERM. Vice Principal (Operations) proposed providing a summary of the Internal Audit Tracker to future meetings, with the full version being accessible online. The document will also be regularly tabled at	

	SMT to ensure progress is being reported and recorded. Committee **AGREED** with this approach. Chair understood the desire to integrate but struggled to see much opportunity to bridge the gap between operational and strategic issues therefore a summary document would be welcomed. Board Member noted that there looks to be opportunity for a significant amount of duplication and wondered whether consolidation may be required. It was noted that this may prove difficult as management may need to keep older Audit Reports open until actions are completed. Internal Auditor noted that evidence is reviewed at end of each year to determine whether items can be fully closed off, Committee **NOTED** Paper 3.	
7.1	**External Audit – Draft Audit Plan 2022-23** External Auditor presented Paper 4, and highlighted key points for Committee's consideration, including the Audit Timetable (p8), Materiality Levels (p9), Significant Risks (p12), Wider Scope requirements (P18), Revision of Standards (P31), and fee levels (p42). Chair welcomed the comprehensiveness of the Plan, before querying whether the noted Prior Year adjustment was expected. Vice Principal (Operations) confirmed that this was indeed the case. Chair noted the reference to Governance and queried the timetable for the next External Board Effectiveness Review. Clerk confirmed that this would be required no later than June 2025. Chair proposed that, given the concerns previously raised, this Review should be timetabled in 2023/24, pending Board's agreement. Committee **AGREED** with this proposal. Chair referred to focus on financial sustainability around budget process for 2023/24 within the Wider Scope area, and noted an expectation that this would be robust and to be welcomed in light of the funding regime College is currently operating within. Committee **NOTED** Paper 4.	
7.2	**Internal Audit – Audit Plan 2022-23** Internal Auditor verbally updated Committee on progress against the Audit Plan, noting that final timings had in the main been agreed as follows: Performance KPIs – fieldwork and meetings had been completed, with draft report to be issued for management review shortly,	

	however it is understood that this report is likely to be broadly positive; Procurement/Creditors fieldwork commenced in May, however additional information is required. A report to the next Audit Committee is expected; Space Management fieldwork is expected to commence in early June; Data Protection fieldwork is due to commence mid-July; Business Continuity fieldwork is due to commence early September. All reports are scheduled to be included in the Internal Audit Annual Report for 2022/23 and within Auditor's Opinion. Chair thanked Internal Auditor for the verbal update and Committee **NOTED** the information provided.	
8.1	**FOI & Data Protection Quarterly Update** Clerk presented a year-to-date update of FOI and Data Protection issues reported under Paper 5 for information. In addition to the information presented, Clerk noted that, subsequent to the papers being issued, a Data Breach had been reported to the Information Commissioner due to the sensitivity of the data incorrectly issued, although the scale of the breach was limited. Board Member queried whether a spike in FOI requests had been experienced following the recent announcements re consultation process. Clerk confirmed that a spike had not yet been experiences, however it was to be expected that additional requests would be submitted during the consultation period, including from trade unions. The report was **NOTED** by Committee.	
9	**Date & Time of Next Meeting** • Thursday 06 October 2023 (provisional)	
10	**Review of Meeting** 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 ☑**

UHI | PERTH

Annual Health, Safety and Wellbeing Report

Academic Year 2022-2023

Contents Page Number

Introduction

This Annual Health, Safety and Wellbeing Report for the Academic Year 2022-2023 is compiled to provide an insight into the Health and Safety Management System at UHI Perth. It shall give the Principal and Chief Executive, Board of Management and all stakeholders detail of the actions and initiatives taken to enhance the health, safety and wellbeing of our students and employees.

UHI Perth has over 8,000 students and has over 500 employees. Whilst we adapt to new ways of study and work in these challenging times, we understand the pressures our students and employees face. We endeavour to provide a healthy and safe work environment where employees and students can thrive.

Executive Summary

During this reporting period, there has been a substantial change in the awareness and performance of our safety management system. Risk assessment non-compliance was noted in some areas but has now improved. This is demonstrated through the inspections, audits and training events which have taken place.

Health, Safety and Wellbeing policy and procedures reviews are on target and in line with best practice.

We recognise that the way in which we work and study continues to change and the added financial pressures on the College, staff and students alike means that we must see further change as we need to adapt to address these pressures, however 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.

Employee wellbeing during this period has been a concern with stressors from within and outwith the organisation impacting on morale. Efforts have been made and continue to support and inform our employees and whilst work has been done in these areas, there remains further work needed and we recognise that these stressors will continue into the next reporting period.

1. Health and Safety Management

1.1 Policy

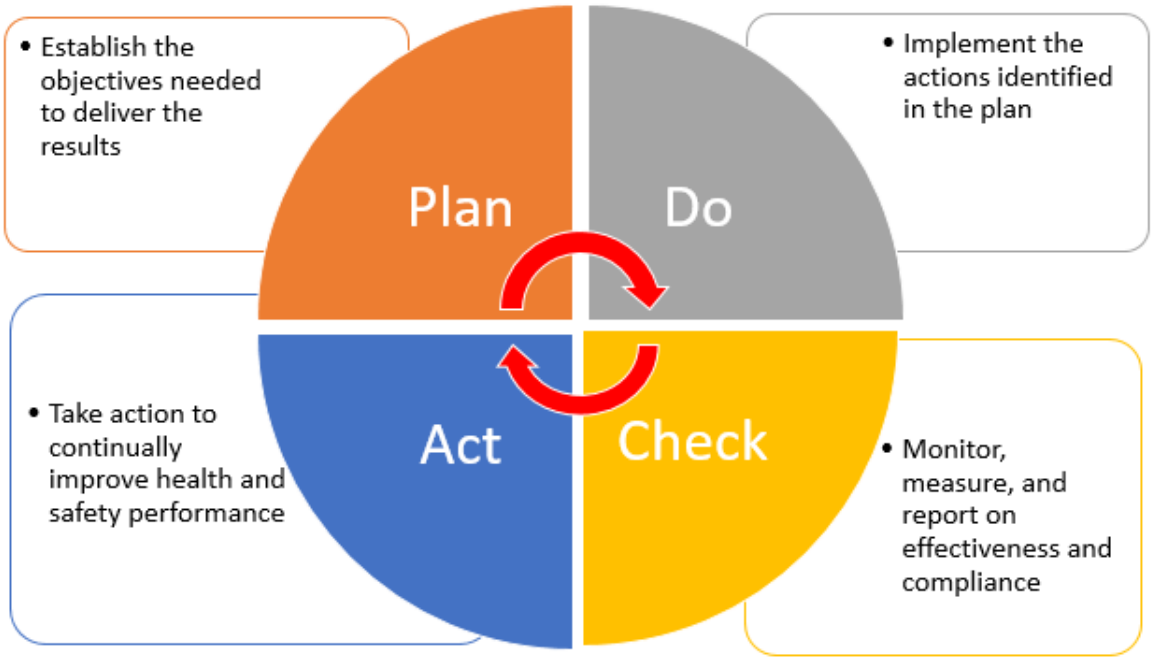
The UHI Perth Health and Safety Policy is the foundation of the College Safety Management System. The Policy is read in 3 parts, the Statement of Intent (Part 1) which is signed by the Principal and Chief Executive and the Chair of the Board of Management. It states their commitment to ensuring a safe and healthy working environment. Health and Safety Organisation (Part 2) identifies the roles and responsibilities to ensure the Policy is enacted effectively. Health and Safety Arrangements (Part 3) supplement additional health and safety related policies and procedures giving further direction and guidance on the implementation and enacting of the policies. These health and safety related policies and procedures provide instruction, guidance to ensure legal compliance.

1.2 Planning and Implementation

UHI Perth, as with any employer, 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 ensure measures are in place 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, students, contractors and any other people who could be affected by your activities and record the significant findings in writing;
- 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 and students with information about the risks in the workplace and how they are protected;
- information, instruction and training for employees and students 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.

The diagram below, “Plan, Do, Check, Act”, is a cycle where we set our objectives as directed in our Health and Safety Policies then implement those objectives by establishing safe working environments and procedures. We check our plans by monitoring and audit in order to establish if our systems are effective and if not, we take actions and adjust, continually striving to improve our performance.



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 external audit in May 2020. The 2 yearly review is ongoing with all but 2 documents to be completed for this cycle. The exception to the 2 yearly review is the UHI Perth, Health and Safety Policy, which is reviewed annually.

Equality Impact Assessments (EQIA's) ensure policies, procedures, practices and decisions are fair, meet the needs of employees and students and that they are not inadvertently discriminating against any protected group. All our Policies and Procedures are Equality Impact Assessed and once approved by Health and Safety Committee 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, employee 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

Implementation of the standardised format and template for General Risk Assessment has seen an increase in risk assessment compliance throughout the College although some compliance issues were noted and actions taken to resolve. Departmental competent trained risk assessors appreciate the reduction of concerns they may have had in conducting assessments in their individual areas and find the process simpler.

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. Membership was expanded during this reporting period to include additional representatives from Professional Services. The Committee has met on 4 occasions in this reporting period. Membership of the committee consists of:

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

It is proposed that there be a change to the Chair of Committee in September 2023 where the Head of Estates shall take over from the Head of HR&OD.

On our PerthHub Intranet Site we have SharePoint communication pages for Health, Safety and Wellbeing and a separate page for Health and Wellbeing. The former contains information on General Health and Safety, Risk Assessments, Training Materials and Resources, Health and Safety Performance and Employee Health and Wellbeing. The latter contains information on Healthy Eating, Stress Awareness and Mental Wellbeing and Physical Wellbeing and Workplace Wellbeing.

These pages provide us with the ability to directly communicate instantly with updates, news, promotions and links to internal and external sites.

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 and competence of employees to carry out their role.

During this reporting period the Health, Safety and Wellbeing Adviser has conducted 49 in-house face-to-face training with a variety of employee groups in order to address the above.

To date, 6 members of the College Management Team have successfully completed the Institute of Occupational Safety and Health (IOSH) Managing Safety and 2 others are completing this programme, with 1 member of the Senior Management Team having completed the IOSH Leading Safely.

In order to provide our employees with the skills and competence for their roles, we have provided a variety of face-to-face training sessions. In this period we have trained an additional 13 General Risk Assessors, 9 Hazardous Substances Assessors (COSHH), 2 Manual Handling Assessors as well as providing specific training to certain groups where a need has been identified. 11 employees attended Manual Handling training, 9 Working at Height, 25 for Lone Working, 17 of which also received training in how to calm people down and avoid violence and aggression. 25 members of our Estates team also attended COSHH (Hazardous Substance) Awareness training.

An additional 57 employees have completed the Scottish Mental Health First Aid training which teaches people how to identify, understand and help someone who may be experiencing a mental health issue. This gives us a current total of 116 employee trained.

First Aid Training and requalification has again continued via external providers. During this reporting period we have recruited an additional 10 First Aiders to boost our capabilities in ensuring speedy and consistent incident response.

Perth and Kinross Council run a driving competency training course for minibus called MiDAS. 8 employees have attended and passed this course which 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. This is important to us as we transport our students to outdoor events, exhibitions and educational visits.

Online mandatory Health and Safety training continues on the Brightspace and Marshalls platforms and is monitored on a monthly basis by Human Resources (HR). All new employees are required to complete the modules within their probationary period. These modules are time bounded and are to be refreshed every 3 years. Managers and individuals are sent reminders from HR when their training is not complete or if they are out of date. Below is a table indicating overall levels of compliance.

The Health and Safety Induction training has been developed into an e-learning module to ensure all new and existing employees can access the package at their convenience, but it will also remain as a face-to-face session where required.

Mandatory Module	Completed	Incomplete/ due refresher	Overall
Fire Awareness	89%	Information not available	89%
Stress Awareness	76%	18%	94%
Health & Safety 1	79%	14%	93%
Health & Safety 2	76%	15%	91%

1.5 Risk Management

Following departmental health and safety audits conducted this year, the issue of risk management has become better understood by managers and employees. Hazard survey and risk assessment compliance has improved to a position now where we can be confident in this element of the safety management system.

Managing our risks is a priority and compliance with the Management of Health and Safety at Work Regulations 1999, Regulation 3 must be adhered to. Managers and departmental risk assessors manage this at local level by:

- identifying hazards in their tasks, processes and activities that could cause injury or illness in the workplace;
- deciding how likely it is that someone could be harmed and how seriously by evaluating the risk and consulting the operatives;
- taking actions to eliminate the hazard, or if this isn't possible, controlling the risk by reducing it to as low as reasonably practicable.

Each department and work environment has had a “hazard survey” conducted to identify those foreseeable hazards likely to cause harm considering the tasks, processes and activities they undertake. This is the foundation of the risk assessment process.

Risk assessments are completed and reviewed annually or where there has been an incident, or it is suspected the controls measures identified are not effective or are too stringent.

Our Estates Department engage contractors to conduct works on site. All approved contractors must provide the Estates Department with 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 prior to conducting any works. Additionally, work permits are issued by Estates for hot works, working with electricity, roof access etc.

Departmental workplace health and safety inspections are conducted by departmental employees on a risk basis with higher risk areas completing an inspection twice a year and low risk area once. The main benefit of these inspections is the raising of awareness by employees to issues they may overlook within their work environment. Negative issues are raised in an appropriate manner either via the Estates Department, departmental or line managers or by seeking advice and guidance from the Health, Safety and Wellbeing Adviser.

The Organisational Health and Safety Risk Register has been reviewed and presented to the Health and Safety Committee in February. Review of the risk register is conducted to monitor levels of risk from 17 different hazards identified taking into account any trends in accidents and incidents, sector activities and national trends.

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 the appointed “Responsible Person” on behalf of UHI Perth for the reporting of accidents and incidents which fall under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). In the absence of the HSWA, we have access to support and guidance from the Head of Estates at UHI Perth and other Health and Safety Competent Persons with the UHI Partnership.

This reporting period has proved to be fruitful in respect of the amount of training, audits and risk assessment compliance. The Health, Safety and Wellbeing Adviser continues to provide support and advice to management, employees and students.

During this reporting period, as noted throughout this report the focus has been on completion of internal audits, employee training and development, advice and assistance on health, safety and wellbeing matters and assistance in the compilation of departmental risk assessments.

2. Audit and Review

2.1 Internal Audits

Internal Health and Safety Audits identify strengths and weaknesses in the Safety Management System and direct management and employees towards improvements, ensuring the application of our Policies and Procedures as well as legal compliance. They also raise the profile of Health and Safety with employees and students.

During this reporting period there have been 23 areas audited. The Audit contains 10 sections:

- Health and Safety Management Arrangements
- Health and Safety Information
- First Aid, Incident, Near Miss Reporting
- Occupational Health
- Plant, Equipment and Machinery
- Electrical
- Personal Protective Equipment
- Fire
- Housekeeping, Storage and Welfare
- Traffic Management

The scoring system is in line with the overall ranking detail below, giving a percentage of conformity to the Audit Question Set.

Scoring between 90% - 100%, Green, Fully compliant with possibly some minor observations
Scoring between 75% - 89%, Yellow, Mainly compliant with some minor observations
Scoring between 60% - 74%, Amber, Partially compliant with some major observations
Scoring between 0% - 59%, Red, Non-compliant with a large number of significant observations.

Common observations and responses throughout the process relate to matters such as inspection of height access equipment, mandatory health and safety e-learning, workplace inspections and portable appliance testing, mainly in part due to the matters being set aside during Covid. Some areas were not fully compliant with College Policy and the Management of Health and Safety at Work Regulations 1999, Regulation 3 regarding the requirement to make suitable and sufficient risk assessment of the risks to health and safety. This issue has now been rectified in those areas identified as not being compliant.

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 for scrutiny.

Areas audited during this reporting period are identified in the table below.

Date	Area	Grading - Compliance
May 2022	Science Labs	91% Green
May 2022	Business, Management and Computing	94% Green
Aug 2022	Motor Vehicle	87% Yellow
Sep 2022	Engineering Workshops	91% Green
Nov 2022	Finance and Procurement	87% Yellow
Nov 2022	Hair and Beauty Therapy	93% Green
Jan 2023	Student Records – Funding - Receptions	86% Yellow
Jan 2023	Creative Industries	89% Yellow
Jan 2023	Aviation Hub	89% Yellow
Jan 2023	Rural Skills	72% Amber
Feb 2023	Student Services	94% Green
Mar 2023	Music, Music Business	83% Yellow
Mar 2023	Audio Engineering and Theatre Arts	78% Yellow
Mar 2023	Language School	90% Green
Mar 2023	Human Resources and Organisational Development	92% Green
Mar 2023	Nursery	83% Yellow
Apr 2023	Estates Department	90% Green
Apr 2023	Marketing	92% Green
Apr 2023	Early Years and Education	89% Yellow
Jul 2023	Centre for Mountain Studies	94% Green
Jul 2023	Quality Department	91% Green
Jul 2023	Learning and Teaching Enhancement- Desktop Publishing	98% Green
Jul 2023	Library and Careers	95% Green

2.2 External Audit

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

The College Nursery has received no external audits from the Care Inspectorate or the local authority.

2.3 Departmental Health and Safety Inspections

The completion of Departmental Health and Safety Inspections using the Workplace Inspection Checklist document has improved with a total of 41 copied to the HSWA. The expectation was for many more being sent although are held in the department files as observed and noted during health and safety audits.

Workplace inspections for “Low Risk” areas (ie. library, offices, classrooms) are undertaken once in an academic year whereas “High Risk” (ie. kitchens, workshops) undertake a formal inspection each semester.

Managers and employees are required to examine:

Workplace Space and Layout
Work Equipment
Slips, Trip and Fall Hazards
Manual Handling Hazards
Fire Safety
Disability Access and Arrangements
Furniture and Fittings
Welfare Arrangements
Risk Assessments

Negative responses are highlighted on an action plan for resolution. Managers are to ensure they are followed through to completion.

3. Monitoring Performance

3.1 Proactive and Reactive Monitoring

Proactive monitoring in terms of safety management is about identifying and resolving any issues before an incident or an accident occurs. Proactive safety measures include:

- Inspections
- Interviewing
- Audits
- Monitoring performance
- Monitoring behaviour
- Checking procedures
- Safety sampling

Our internal Safety Audits and Workplace Inspections, ongoing training, near-miss reporting all form part of our proactive safety management arrangements. The benefits of the proactive safety regime are that we improve and imbed a positive safety culture helping to prevent accidents from occurring.

Reactive monitoring is about dealing with issues, accidents and incidents after an event has occurred. Reactive monitoring of safety measures is about putting things right, correcting

the fault and putting in place measures to stop the event happening again. Reactive safety measures include:

- Accident reporting
- Accident investigation
- Incident investigation
- Ill health and sickness reviews
- Identifying trends

Proactive monitoring in the form of Safety Tours observing work practices, Safety Sampling and Safety Surveys examining activities, processes or work areas continue and have highlighted numerous issues which have been raised with departmental heads as well as the Estates Department where required. Most issues are quickly resolved by the manager or operative. Where there is a resource requirement, these are raised through the appropriate channel.

Reactive monitoring as noted in 2.1 above, Health and Safety Audits, has proved invaluable as a means of identifying areas of good practice and where improvements can and must be made. Matters arising are noted on the Departmental Health and Safety Audit Action Plans for resolution. Action plans are reviewed to monitor completed and outstanding actions. As above, managers are responsible for ensuring actions are resolved.

Departmental Workplace Inspections (1.5 above) are completed on a risk basis. It was also noted in the health and safety audits the question posed regarding fault reporting with respondents confirming the correct procedures.

Where an accident, incident, near miss or dangerous occurrence was reported, investigations were conducted where applicable in line with current procedures to the commensurate level dependant on actual injury, damage or potential to cause injury or damage. Near misses and any dangerous occurrences were investigated in all cases with corrective actions identified where required and practicable.

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

3.2 Key Performance Indicators (KPI's)

The comparison of Key Performance Indicators with previous years is shown in the table below. Unfortunately, the UHI Health and Safety Practitioners Group has not met formally during this reporting period therefore we have no opportunity to compare our KPI's with other institutions within the partnership. A table of the KPI's is at Appendix 1.

3.3 Accidents, Incidents and Near Misses

During this reporting period there have been 110 reported accidents and incidents requiring first aid intervention. Appendix 2 of this report shows a graphical display of the full academic year and the quarterly statistics reported to Health and Safety Committee. Also included in Appendix 2 are year-on-year graphs for comparison from the academic year 2018-19 until 2022-23.

Accident, Incident, Near Misses etc. are reported quarterly to the Health and Safety Committee. The method of reporting was amended last year to indicate the status of the injured person, which group of employees, students, school pupils, members of the public,

visitors or contractors as well as identifying the location of the accident or incident occurred. This assists in analysing trends and “hot spots”.

As anticipated, there has been an increase of reports from last year due in part to improved reporting and increased activity. The number of students injured is slightly up on the previous year as is the number of professional services and support employees.

The Academy of Sports and Wellbeing (ASW Commercial) which is used by members of the public for competitive sports and training has recorded 30 sports injuries. For reporting purposes, these figures are subtracted when reporting our Key Performance Indicators (KPI’s).

Incidents and accidents are graded for severity and seriousness, Negligible, Low, Medium and High. This effects the level of investigation required, commensurate with the actual or likely severity of injury or damage. In this reporting period, there have been 11 recorded formal low-level investigations to determine the cause(s) of the incident. Where an incident is determined not to require a formal and recorded investigation, the response is normally a visit by the Health, Safety and Wellbeing Adviser or call to the person reporting requesting further information.

Of all the incidents, 60 were classed as “Negligible”, a minor injury requiring minimal First Aid and a return to work/activity. 50 were classed as “Low”, again a minor injury requiring minimal First Aid and a return to work/activity but with possible repercussions. There were no “Medium” incidents requiring First Aid and/or further treatment off site with an absence from work or study and finally. No “High” grade incidents were reported which require 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 had none.

There were 3 Hazardous situations reported which included a delivery vehicle damaging a brick wall and gate, students mis-using the lift in Brahan and a drain cover not secured. 17 Near Misses were reported ranging from a suspected knife carrier, noxious fumes from cleaning materials, student horseplay with blue etching dye and heat producing lighting left switched on all weekend. There was also 1 incident involving a suspected intruder which was reported to the police. Again we see reports of Brahan upper floor windows being opened to the full extent causing a serious risk to Caretaking and other employees as well as students when attempting to close. On this point, following an incident last year in Brahan where a student in distress contemplated jumping from the 3rd floor, security catches have been installed to stop the corridor windows on all 3 levels being opened to an extent where someone may fall out.

Our First Aid Team attended to 36 calls for assistance where persons did not have an accident on Campus but required first aid assistance. Calls included anxiety and panic attacks, seizures and nose bleeds as well as dressing or re-dressing injuries acquired externally including self-harm wounds.

3.4 Sickness Absence

The total days lost due to sickness absence for the period was 2193. Short term sickness absence (less than 4 weeks) attributed to 1272 days lost and long term attributed to 921 days lost.

A comparison with the period August 2021 – July 2022 shows a decrease in the total days lost due to sickness absence of 31.8%. There was also a decrease in long- and short-term absence, 49.9% and 7.7% respectively. It is however worth noting that several colleagues who were on long term sickness absence took periods of annual leave during August 2022 – July 2023 which will have skewed the figures as they are not reported as sick during these periods.

There was reduction in total days lost for all staff groups and a reduction in long term sick days lost for all staff groups. There was also a reduction in days lost due to short term sickness for management and support staff groups, however short-term sickness within the academic staff group increased.

The main reasons for absence were: Cold/Flu (Short term absence); COVID-19 (Short- and Long-term absence); Musculoskeletal (Short term absence); Personal Mental Health (Long term absence); and Surgery (Long term absence).

The picture was similar for previous years, albeit there were several colleagues absent with chronic illnesses in 2021/2022 (cancer, alcohol dependency and COPD) who have now left the college on ill-health grounds.

294 days were lost due to COVID-19 which represents 13% of the total days lost; 30% of the total days lost relate to mental health absences and 2% due to Work related stress.

Our aim is to ensure, where possible, that all colleagues who are absent from work have a successful and sustained return. However, there will be circumstances when this is not possible, for example, a colleague has a permanent medical condition which deems them incapable of undertaking employment to normal retirement age. In these cases, if a colleague is a member of the pension scheme, they may be able to access their pension benefits early. Two colleagues were able to access this during this financial year.

3.5 Fire Safety

Fire Risk Assessments were conducted by the HSWA on all Campus buildings in July 2023:

Brahan
Goodlyburn (including Dunne Aviation Hub)
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 corrective actions.

There were 2 callouts to Scottish Fire and Rescue Service during College hours in this reporting period. Both were false alarms.

Brahan 1st floor male toilets, smoke sensor activated, suspected vaping.
ASW, 1st floor sensor activated, spray tanning booth in beauty therapy.

There was also a fire attended in the early hours of the morning by the Fire Service in the grounds to the rear of Brahan causing damage to a conifer and shrubbery. Cause was not recorded and no report received from the Fire Service.

11 Evacuation Chairs located on Campus were inspected and serviced in April 2023 along with an additional chair purchased to accommodate the repurposed store area adjacent to the Estates Offices which is now a textile classroom and workshop.

All emergency fire-fighting equipment (FFE) (extinguishers and blankets) were inspected and serviced in April 2023 with replacement equipment for all those past their shelf or servicing timeline. A full survey of FFE, Fire Action Notices and Fire Signage was also conducted in July 2023.

Fire Awareness training (see 1.4 above) on the Brightspace platform continues as a mandatory requirement for all employees. Fire Marshall training on the same platform is obligatory to most academic staff and also those nominated to be Fire Marshalls for their work environment. To date, we have 294 trained Fire Marshalls.

Further training events are planned to increase the numbers of personnel competent to assist in the emergency evacuation of persons using Evac-Chairs where required as well as training in the safe use of Fire Extinguishers.

The Fire Safety Management Policy and Procedures includes the compilation and completion of the Building Fire Log Book. This has been delayed again and will be implemented before November 2023 with appropriate training for our Estates Caretakers.

Last year we received notification from Scottish Fire and Rescue Service (SFRS) that they will only attend an alarm call if it is confirmed there is an actual fire. When the alarm system is activated, a signal is sent to a Call Receiving Centre who then alert SFRS. The change in response was due to commence in April but was postponed until 1st July for operational reasons.

We have reviewed our Fire Safety Management Policy and Procedures and put in place measures to ensure any activation of the alarm during the period of occupancy in any building is investigated and a confirmatory 999 call made as appropriate. Student residences will not be affected, and arrangements have long been in place to summon SFRS even although the alarm has been raised through the Call Receiving Centre and passed onto SFRS.

4. Health and Wellbeing

4.1 Health and Wellbeing Group

The Health and Wellbeing Group is a Sub-Group of the Health and Safety Committee, which has members from Curriculum and Professional Services. The group has met on 8 occasions in this reporting period and have been promoting healthy eating and lifestyles, mental and physical health, wellbeing training and to make recommendations to the Health and Safety Committee.

During this academic year we have promoted National No Smoking Day, Men's Health Week, Mental Health, Stress Awareness Month, Cancer awareness including Prostate

Cancer with stands in Brahan and Goodlyburn with a wide range of materials and brochures.

In April we promoted Stress Awareness Month with face-to-face stress awareness sessions, publications from MIND, Mental Health UK, NHS Scotland and the Stress Management Society as well as the resources available on the Health and Wellbeing SharePoint page.

4.2 Stress

In January 2022, we conducted a Stress Survey with our employees which indicated the stressors being felt in the workplace. Further to this, we enlisted the expertise of Social Optic, an external agency, to conduct Stress Focus Groups with employee. Their report identified what we already knew and assumed to be the main areas of concern to employee. The Stress Management Group are taking forward the key issues raised.

To address the issue of stress, in particular stress in the workplace, we have promoted our e-learning Stress Awareness package as well as face-to-face training. UHI Perth is working towards the recommendations of the Health and Safety Executive (HSE) Management Standards. These standards represent a set of conditions which if present:

- demonstrate good practice through a step-by-step risk assessment approach
- allow assessment of the current situation using pre-existing data, surveys and other techniques
- promote active discussion and working in partnership with employees and their representatives, to help decide on practical improvements that can be made
- help simplify risk assessment for work-related stress by:
    - identifying the main risk factors
    - helping employers focus on the underlying causes and their prevention
    - providing a yardstick by which organisations can gauge their performance in tackling the key causes of stress.

They cover 6 key areas where workplace pressures are likely to exist and if not managed properly can have an adverse effect on employee health and safety. These areas are:

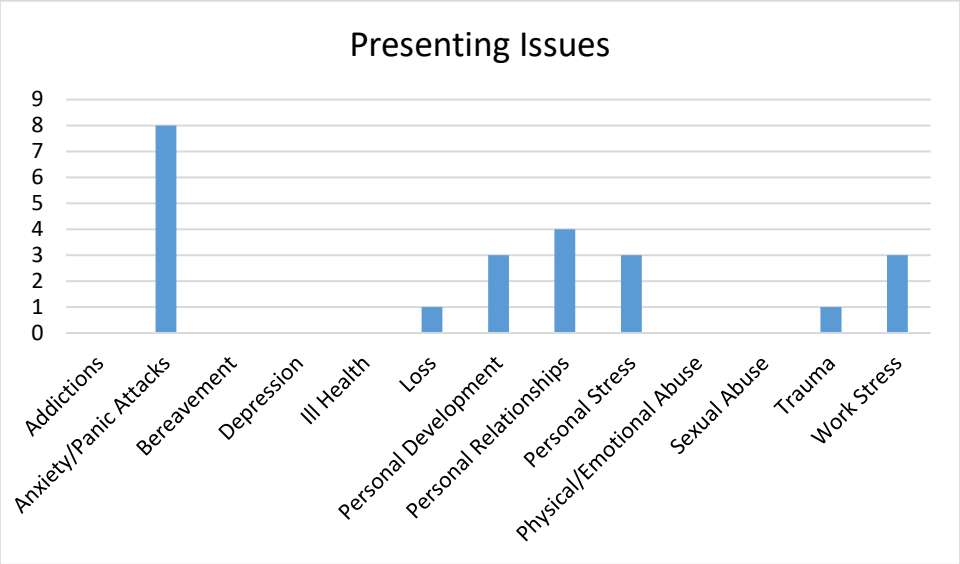
- Demands, this includes issues such as workload, work patterns and the work environment
- Control - how much say the person has in the way they do their work
- Support - this includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues
- Relationships - this includes promoting positive working to avoid conflict and dealing with unacceptable behaviour
- Role - whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles
- Change - how organisational change (large or small) is managed and communicated in the organisation

The HSWA has conducted 12 face-to-face Stress Awareness sessions of 1 hour face-to face with 34 attendees raising the signs, symptoms, causation and methods of alleviating stress in ourselves, colleagues, friends and family. We have also provided 8 Managing Stress for Managers training sessions to build on their skills and confidence to address stress and conduct Stress Surveys and Stress Risk Assessments with their teams and

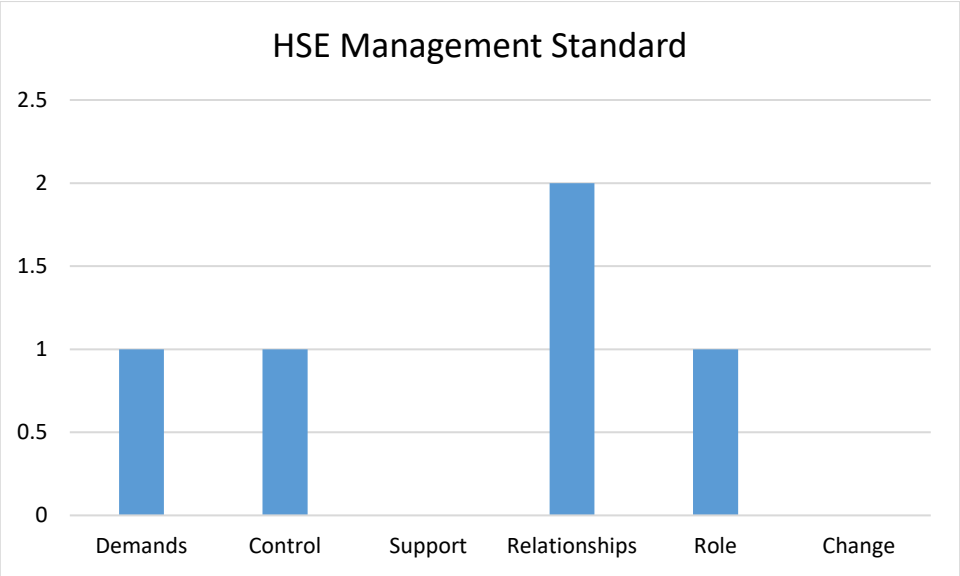
individuals and to provide guidance and support to them. These sessions were attended by 13 managers. Stress surveys are recommended for all areas as a starting point in opening discussions.

The effects of the cost of living crisis and proposed organisational change has increased the feelings of stress and anxiety felt by many employee and students. We are providing support through our HR department, Rowan Consultancy, Student Services and Support Teams.

Rowan Consultancy are our Counselling Service which contributes to the welfare of our employees. Rowan Consultancy provide a confidential counselling service where employees can arrange for a minimum of 6 counselling sessions for work related and personal stress, anxiety and panic attacks, personal development, bereavement, loss, relationship issues and trauma. During this reporting period, 23 employees have completed sessions with the counselling service, either face-to-face, online or via the telephone. Of those completing in this reporting period, the table below indicates the issue the employee presented with.



The 3 employees who presented with work related stress noted their primary issue in the context of the HSE Management standards below (each employee can note a maximum of 3 standards). The Stress Management Group continue working to meet the standards.



4.3 Health Surveillance

Health surveillance suffered the consequences of Covid-19 in delaying advancement of our programme to ensure those employees who require health surveillance due to their role and activities receive competent medical examination. Human Resources Department along with Departmental Managers and the HSWA have identified employee posts/roles which require specific health surveillance.

Medigold, our Occupational Health Provider will be examining those employees identified for Noise Induced Hearing Loss (Audiometry), Respiratory function (Spirometry) and conducting blood tests for lead. Medigold will be providing a mobile unit on Campus in order to undertake the surveillance with minimal disruption to business in August and October 2023.

4.4 Student Health and Wellbeing

The Student Health and Wellbeing Group, currently co-chaired by the HISA President and the Student Services Manager, is a sub-committee of the Health and Safety Committee with a specific focus on Health and Wellbeing of students. It has met 3 times this year. The group encompasses the work of departments that deal with matters on health and wellbeing in order to support, monitor and help evaluate student health and wellbeing.

The group is active in supporting the wellbeing of students, developing, implementing and maintaining actions having regard to the views from students on the current arrangements and support. This year we have seen much work focusing on wellbeing campaigns and activities as well as building links with various external organisations.

The Student Counselling Service offers and provides free confidential face to face or online counselling to all students. During this reporting period, we have 3 British Association for Counselling and Psychotherapy (BACP) registered in-house counsellors.

Students can self-refer by emailing the counselling inbox or specific counsellor, be referred by academic or support employee or via other members of Student Services. Counselling is offered as short-term 6 session blocks with a blended approach of face to face and online

The Wellbeing and Support Service provides mental wellbeing support for all students at UHI Perth. It is a free, confidential service offering face to face, telephone or Teams appointments for support and Personal Learning Support Plans (PLSP). The service consists of 1 full time Student Support Worker (SSW) and 2 full time Wellbeing and Support Officers (WBSOs).

The SSW and the WBSOs each provide 'duty cover' one day per week to support those students presenting in crisis or deep distress and who may pose a danger to themselves or others. Part of the duty cover responsibilities is to monitor and respond to communications through the designated duty cover email address.

The Wellbeing Service takes a proactive approach to promoting the need for students to take responsibility for their mental wellbeing. The service offers workshops to the wider student population to foster improved mental wellbeing, resilience, and therefore academic achievement.

It is hoped by promoting the importance of a positive sense of mental wellbeing that we can have a positive overall impact on students and their experience whilst they study at Perth College UHI. The aim of the Wellbeing service continues to be to reduce the number of students whose mental health worsens over the course of the academic year by providing an open, non-judgemental approach to self-care within a mental health context.

Prior to the start of the 2022/23 academic year, UHI Perth employed a Mental Health Coordinator (MHC) who was tasked with developing strong links with local support agencies so that colleagues within Student Services could refer into these organisations as appropriate. During this academic year the MHC has worked to develop partnerships in the local community with the view of supporting our students more effectively. While doing so, the MHC was able to bring various specialist external services onto campus to provide support directly to our students. These services include The Samaritans, Mindspace, the Rape and Sexual Abuse Centre (RASAC) and Positive Steps. This makes it easier than ever before for our students to get the specialised support they need, removing many of the barriers that they previously experiences preventing them from using such resources.

The MHC has also set up various groups for college students and colleagues as well as delivering training to colleagues and outside agencies. The groups include the Man Cave (one of students and one for employee) the Neurodiverse Group for students and the delivery of the Scottish Mental Health First Aid (SMHFA) training to both internal and external colleagues.

4.5 Academy of Sports and Wellbeing (ASW)

The Academy of Sports and Wellbeing (ASW) sits within the Campus grounds and is easily accessible for our employees and students. Membership of the facility is discounted for employees and students with 45 employees taking up the offer.

Yet again, the ASW has been actively promoting Health, Fitness and Wellbeing throughout the College and local community. ASW provide a valuable service to our employee, students and work with local schools and sports groups. During the Easter and Summer holidays, ASW offer Activity Camps for school children between the ages of 6 and 11.

ASW has also been the venue for large external sports events, such as netball, dance and basketball competitions and much more. They also host and promote disability sports such as basketball and powerchair football raising the profile of UHI Perth and the benefits of physical wellbeing.

Daytime classes in ASW include activities such as strength and conditioning, weight training, yoga, Zumba, group cycling, badminton, climbing and bouldering with the latter being very popular with children and adults alike.

5. Communications and Networking with External Agencies and Groups

This academic year, there have been no formal reports to the Health and Safety Executive (HSE) or requests from them to provide information or reports. Pertinent updates for the FE/HE sector from the HSE are provided during the College Development Network (CDN) Health, Safety and Wellbeing Group by a representative of the HSE.

The HSWA is a member of the above group as well as the Tayside Health and Safety Forum and the UHI Health and Safety Practitioners Group. The main topics of discussion throughout this year have been the changes to SFRS protocols, hybrid working, electric vehicles batteries, smoking and vaping in or near buildings, training and development of employee and the reporting of violence and aggression. Within these forums, we share experience, knowledges and best practice.

6. Going Forward – 2023-2024

Progress is being made in promoting the Safety Management System to ensure it is robust and effective in providing a safe and healthy work environment. We shall continue with our “Plan, Do, Check, Act” cycle to ensure our objectives are on track.

6.1 Training and Competence

We shall continue to be provide IOSH training opportunities for our Management Team to raise their competence and awareness of the Health, Safety and Wellbeing issues.

Face-to-face in-house training sessions for subjects such as General, Control of Substances Hazardous to Health (COSHH) and Manual Handling Risk Assessors, COSHH Awareness, Working at Height, Manual Handling, Lone Working, Stress Awareness and Managing Stress for Managers shall be delivered throughout the year. Sessions will be advertised to all employees and placed on the HR system for booking purposes. Additional bespoke training for individuals and employee groups will also be provided where a requirement is identified.

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 16 re-audits of higher risk areas. The focus shall be on monitoring compliance and previous audit action plan progress. 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 Risk Assessment

The internal audit programme has identified the requirement for suitable and sufficient risk assessments which are regularly reviewed and amended as required. As stated above,

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

6.4 Health and Wellbeing

The Health and Wellbeing Group will continue to work on promoting healthy lifestyles, stress awareness and management along with a monthly focus on current and abiding issues such as No Smoking Day, Mental Health Week, Stress Awareness Month, Men's Health Week, Cancer Awareness days etc.

6.5 Consultation

We will improve our consultation and clarity of relevant health, safety and welfare issues with our Trade Union colleagues as legally required by the Safety Representatives and Safety Committee Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1989. We will actively seek their involvement to improve the safety management system and safety culture.

Appendices

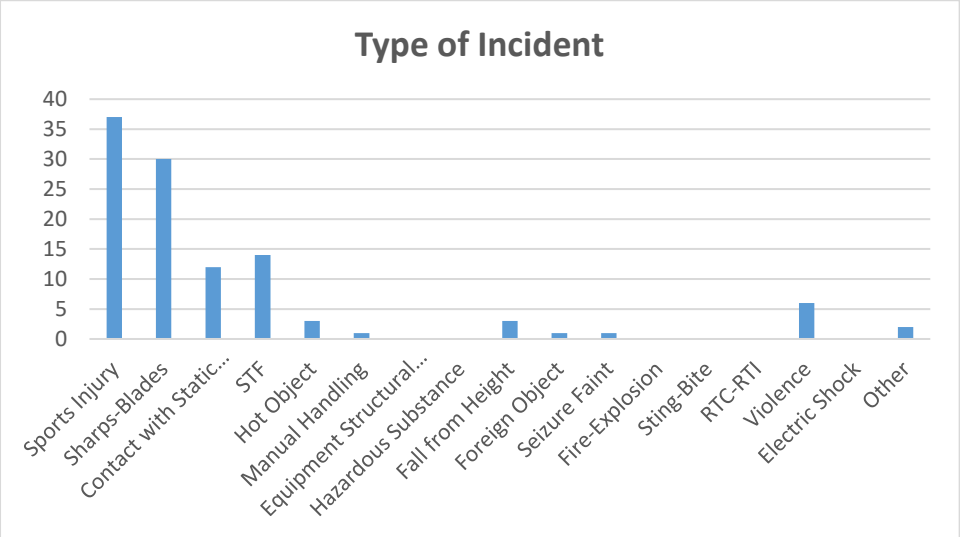
Appendix 1 - Key Performance Indicators
Appendix 2 - Accident and Incident Statistics
Appendix 3 - Sickness Absence Statistics

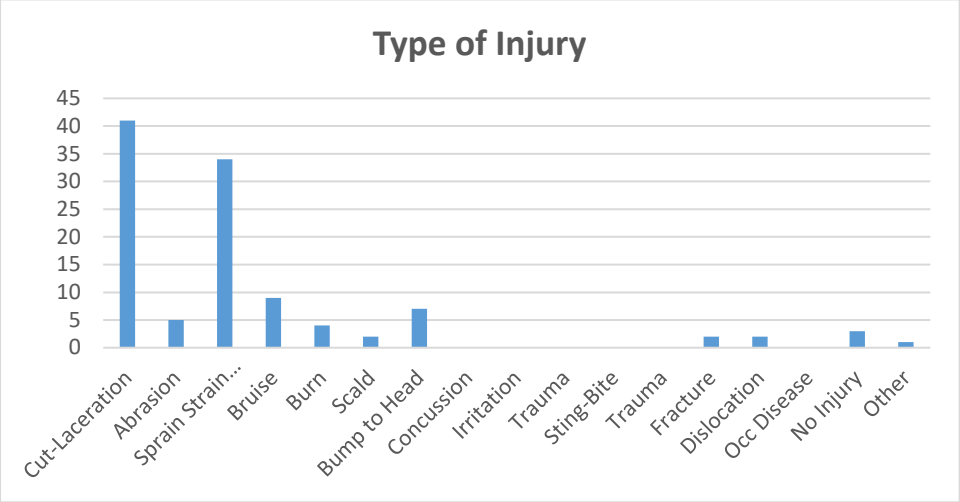
Action	Actual 19/20	Actual 20/21	Actual 21/22	Target 22/23	Actual 22/23	Target 23/24
Number of Leaders hold IOSH Directing Safety certification.	2	2	2	2 or more	1	2
Number of CMT members and identified employee who hold IOSH Managing Safely or equivalent (ie. NEBOSH Qualification).	3	7	9	10	9	All CMT managers
Number of employee having completed mandatory health and safety training.	Average 84%	88%	83%	90%	92%	90%
Number of departmental safety inspections.	Info not available	7		Min 54	41	47
Number of Internal Audits conducted against plan. *some audits combined for curriculum areas	5/8	0/10	15/18	26	23*	16
Number of Internal Audit Level 1 Priority Actions outstanding.	Info not available	Info not available	3	0	0	0
College sickness absence within agreed levels (average sick days per head)	7.88	4.5	6.03	Under national average	5.95	Less than 6.00
College turnover levels within agreed levels	26%	13%		20.5% or under	16%	Less than 20%
Number of accidents/incidents (minus MoP Sports Injuries)	63	19	67	<90	79	<100
Number of near miss, hazard and dangerous occurrence reports.	6	4	17	Min 20	20	Min 25
Number of lost time accidents.	1	0	0	0	0	0
Total number of working days lost due to accident/injury/ill health.	4048.50	2263	3219	5% lower	2193 (32%)	5% lower
Number of RIDDOR reportable accidents and ill health.	0	0	0	0	0	0
Number of contractor accidents on site.	0	0	1	0	1	0
Number of safety related insurance claims.	0	0	0	0	0	0
Number of employee absent due to work related stress during year.	TBC	4	5	5 or less	7	Less than 10
Number of employee absent due to work related musculoskeletal disorders.	1	0	0	0	0	0

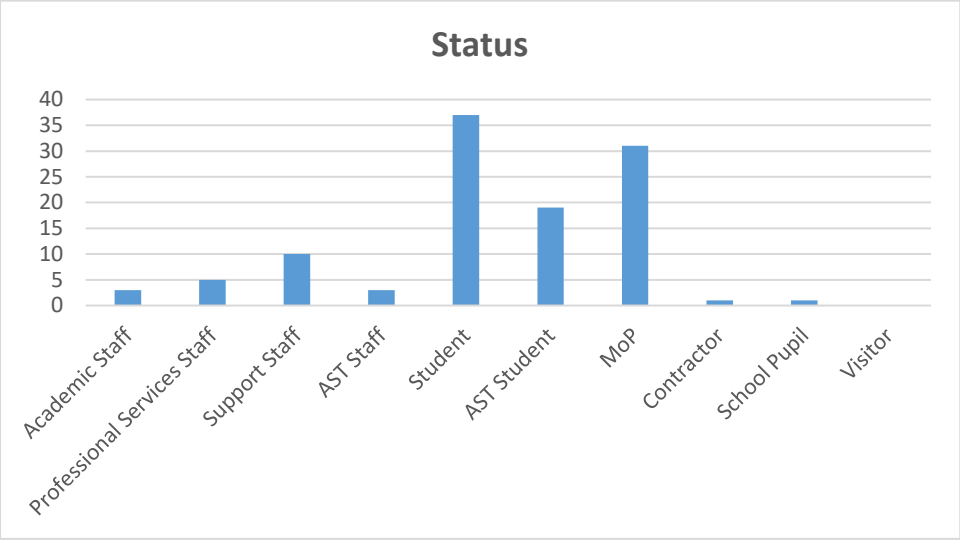
Paper 2

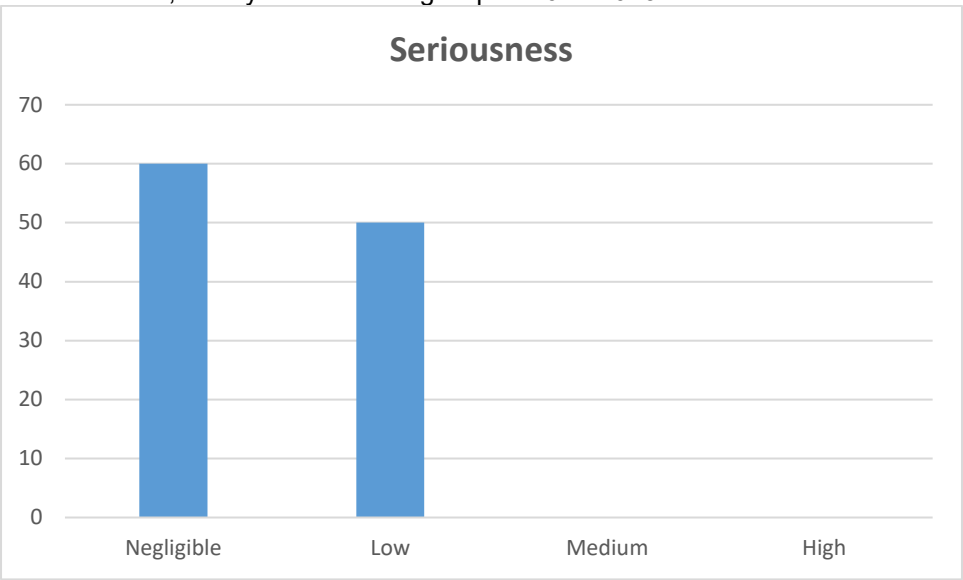
Appendix 2

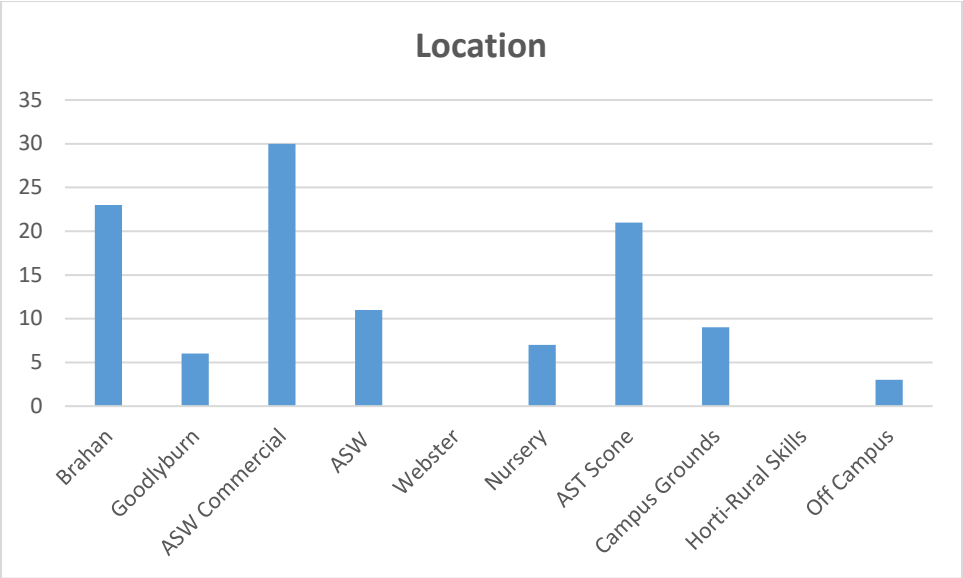
Annual Statistics 2022-2023



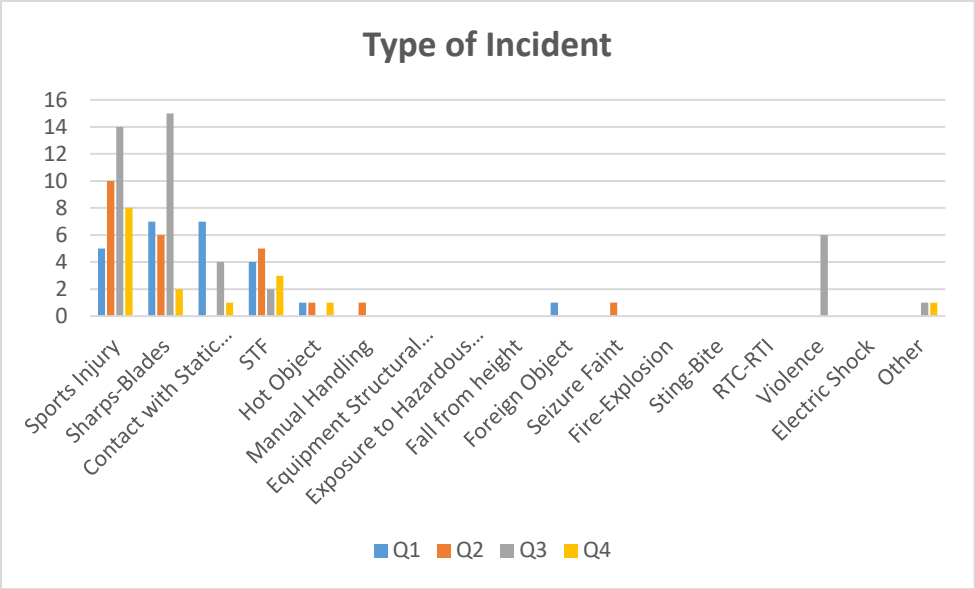


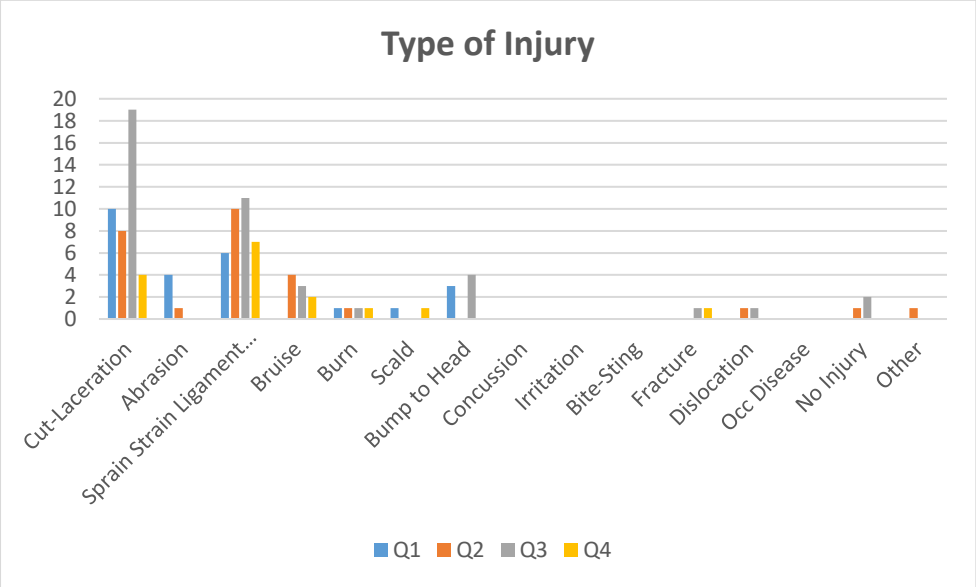


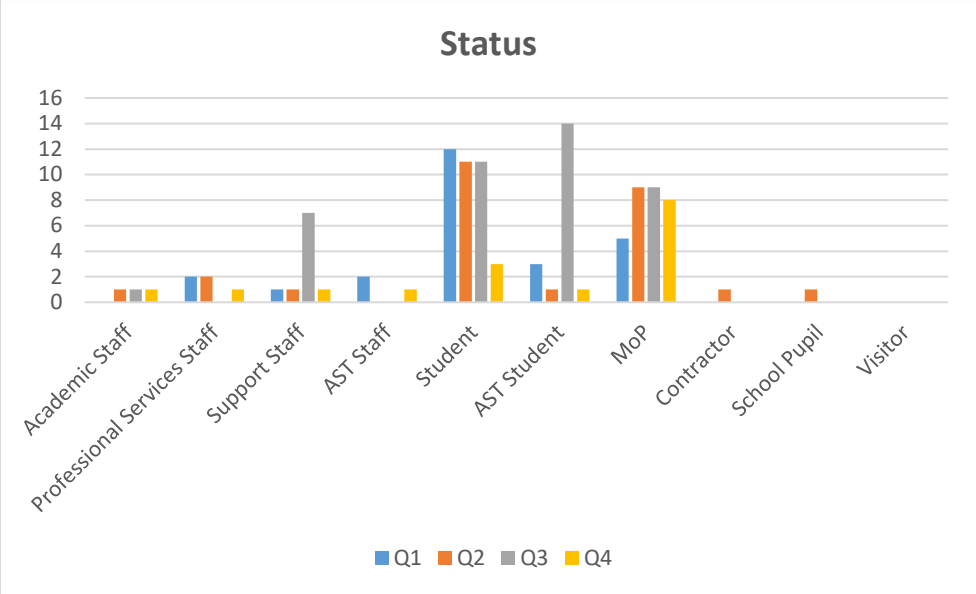


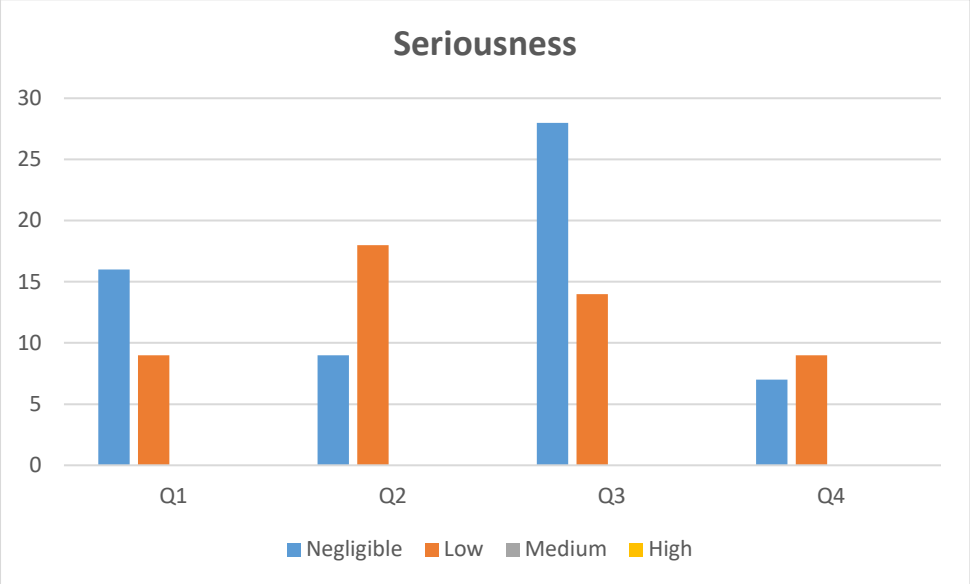


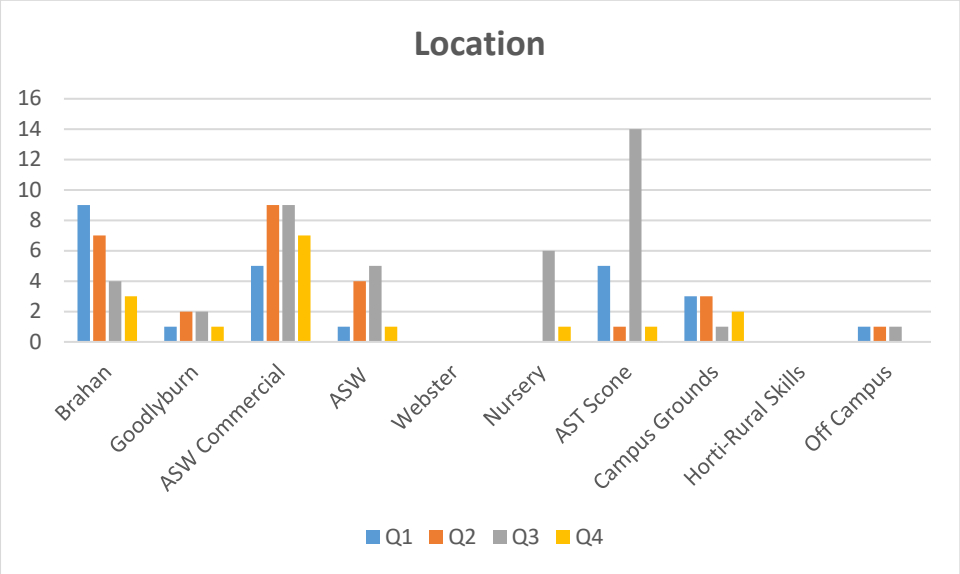
2022-2023 Quarterly Statistics



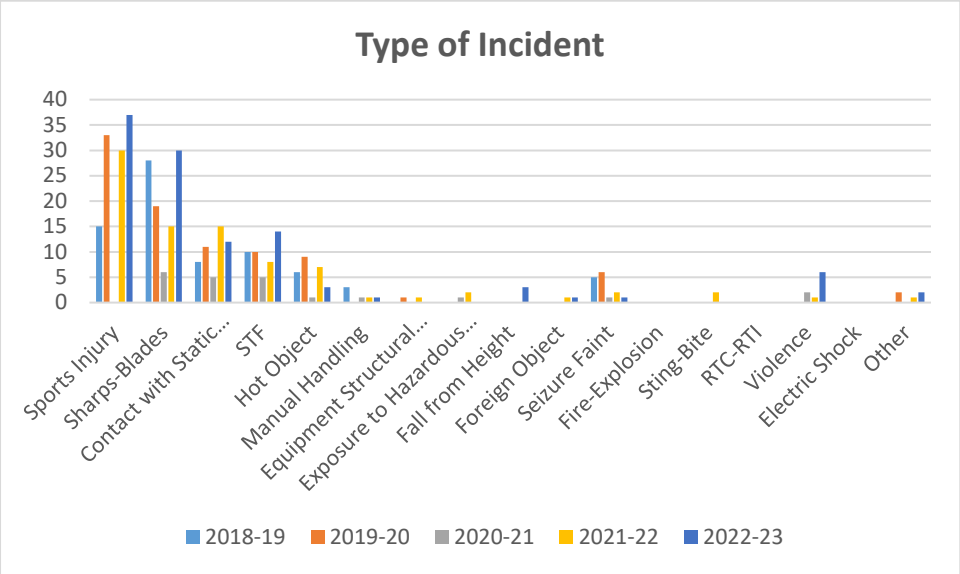

Type of Injury
20
18
16
14
12
10
8
6
4
2
0
Cut-Laceration
Abrasion
Sprain Strain Ligament...
Bruise
Burn
Scald
Bump to Head
Concussion
Irritation
Bite-Sting
Fracture
Dislocation
Occ Disease
No Injury
Other
Q1 Q2 Q3 Q4

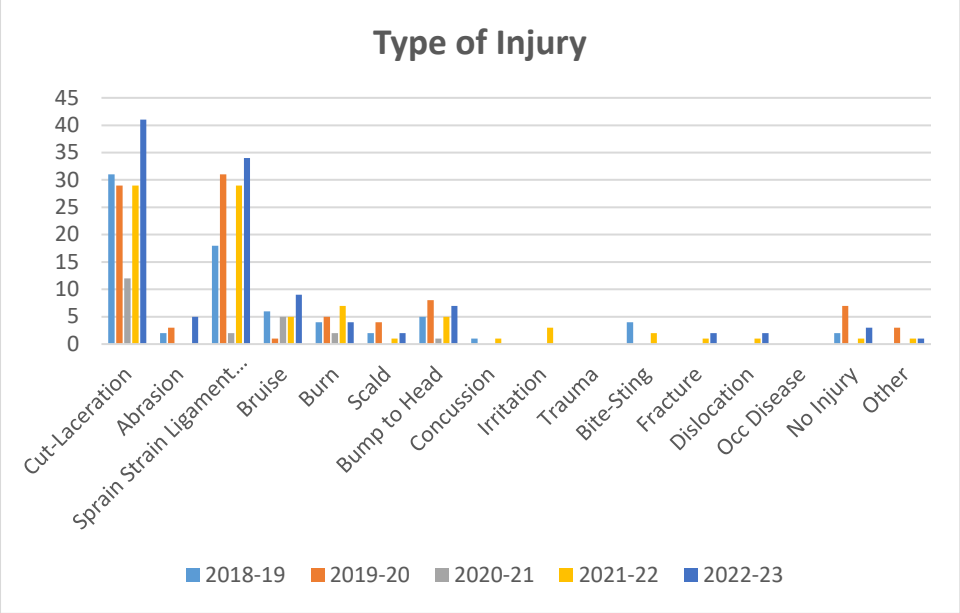

Status
16
14
12
10
8
6
4
2
0
Academic Staff
Professional Services Staff
Support Staff
AST Staff
Student
AST Student
MoP
Contractor
School Pupil
Visitor
Q1 Q2 Q3 Q4

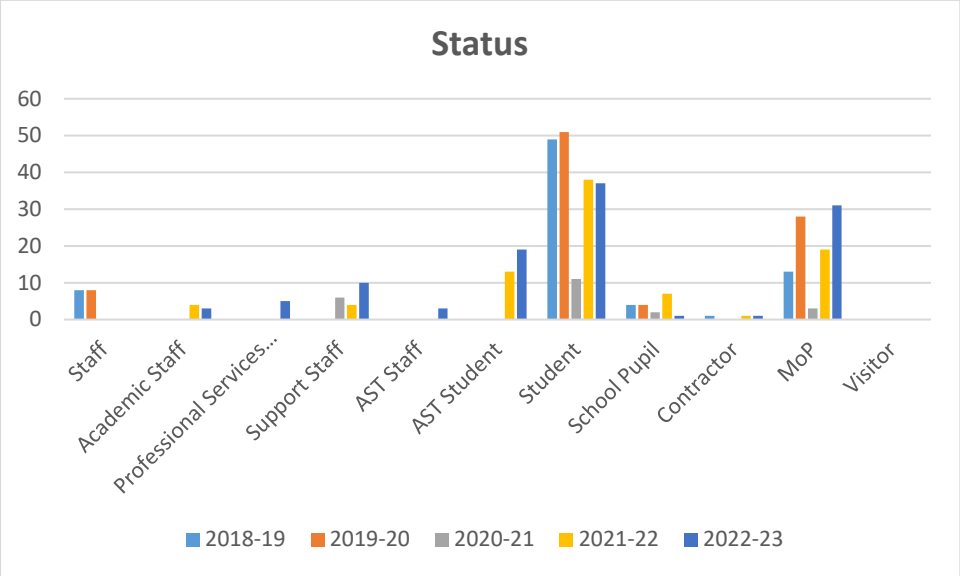

Seriousness
30
25
20
15
10
5
0
Q1
Q2
Q3
Q4
Negligible Low Medium High

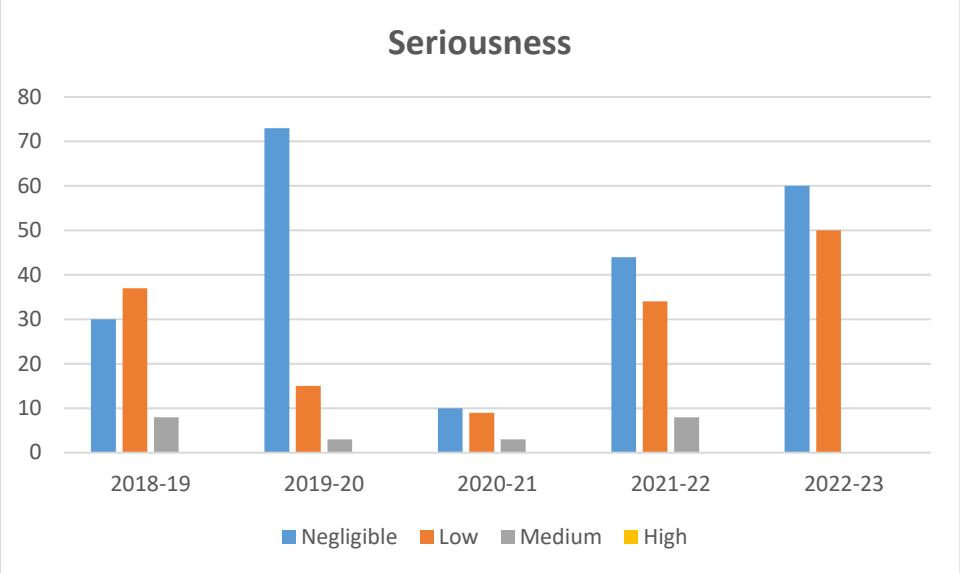


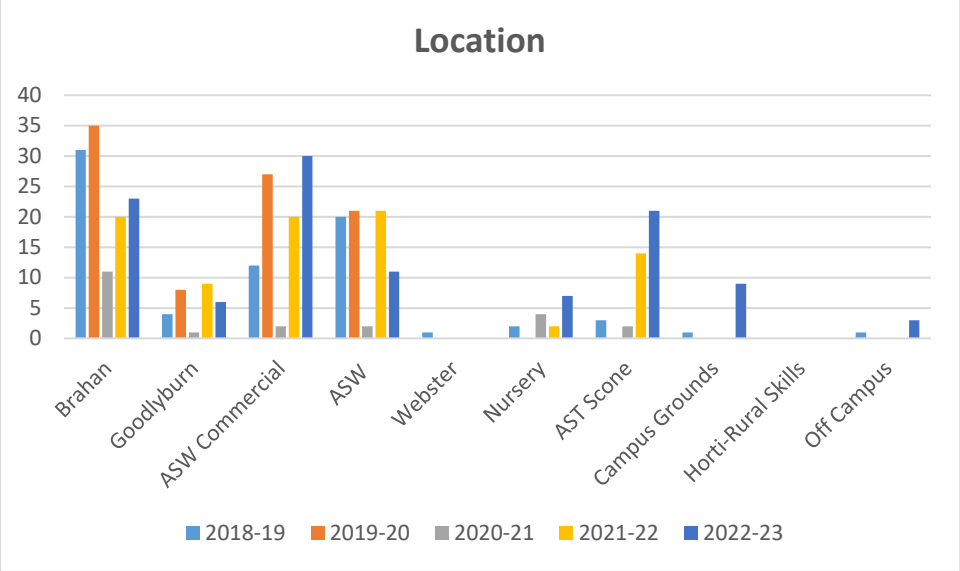
Statistics 2018-2023






Status
60
50
40
30
20
10
0
Staff
Academic Staff
Professional Services...
Support Staff
AST Staff
AST Student
Student
School Pupil
Contractor
MoP
Visitor
2018-19
2019-20
2020-21
2021-22
2022-23


Seriousness
80
70
60
50
40
30
20
10
0
2018-19
2019-20
2020-21
2021-22
2022-23
Negligible
Low
Medium
High


Location
40
35
30
25
20
15
10
5
0
Brahan
Goodlyburn
ASW Commercial
ASW
Webster
Nursery
AST Scone
Campus Grounds
Horti-Rural Skills
Off Campus
2018-19
2019-20
2020-21
2021-22
2022-23

Sickness Absence Statistics

	2018/19		2019/20		2020/21		2021/22		2022/23	
	(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
Management	15	0.6	35	1.95	0	0	105	5.8	23	1.31
Support/Professional Services	1908	5.9	3161.5	12.65	1557	6.7	1987	8.49	1284	7.73
Academic	1011	4.5	852	3.46	706	2.8	1128	4.32	886	4.79
Total	**2934**	**5.19**	**4048.5**	**7.88**	**2263**	**4.5**	**3219**	**6.03**	**2193**	**5.95**

Health and Safety Committee Terms of Reference

Membership / Constitution

- Chair (Head of Estates)
- 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 HR and Organisational Development
- 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 (invited member)
- 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 well-being.

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

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

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

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

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

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

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

UHI | PERTH

Committee Cover Sheet

Paper No. 4

Name of Committee	Audit Committee
Subject	Risk Management
Date of Committee meeting	04/10/2023
Author	Iain Wishart
Date paper prepared	26/09/2023
Executive Summary Please provide a concise summary of the Paper outlining the purpose, impact and recommended future actions if approved	There are a number of attachments in this section: 1. Original risk register – we will continue to use this until the Audit Committee are comfortable that our ERM solution can replace it. 2. New Risk Report – now active. 3. Internal Audit Tracker
Committee Consultation Please note which Committees this paper has previously been tabled at, and a brief summary of the outcomes/actions arising from this.	First review of these documents.
Action requested	☒ For information ☒ For discussion ☐ For endorsement ☐ For approval ☐ Recommended with guidance (please provide further information, below)
Strategic Impact Please highlight how the paper links to the Strategic Objectives of UHI Perth or the UHI Partnership: Strategic-Plan-2022-27.pdf If there is no direct link to Strategic Objectives, please provide a justification for inclusion of this paper to the nominated Committee.	The management of risks is important to ensure the best chance of delivering strategic objectives and protecting the college.

UHI | PERTH

Committee Cover Sheet

Resource implications Does this activity/proposal require the use of College resources to implement? If yes, please provide details.	Yes, managing risks will take up some staff time.
Risk implications Does this activity/proposal come with any associated risk to UHI Perth, or mitigate against existing risk? If yes, please provide details.	Yes Click or tap here to enter text.
Equality & Diversity Does this activity/proposal require an Equality Impact Assessment? If yes, please provide details.	No
Data Protection Does this activity/proposal require a Data Protection Impact Assessment? If yes, please provide details.	No Click or tap here to enter text.
Island communities Does this activity/proposal have an effect on an island community which is significantly different from its effect on other communities (including other island communities)?	No If yes, please give details: Click or tap here to enter text.
Status (ie confidential or non-confidential)	Non-Confidential If a paper needs to remain confidential for a prescribed period of time before being made 'open', please advise how long must the paper be withheld: Click or tap here to enter text.

UHI | PERTH

Committee Cover Sheet

Freedom of Information

Please note that **ALL** papers will be included within 'open' business unless a justifiable reason can be provided.

Please select a justification from the list, below:

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

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

Risk Management Update May-October 2023

Mixed Progress Across the Organisation

Since the last audit meeting there has been a winding down for summer, 6 weeks of summer holiday and then the ramping up for, and arrival of, our continuing and new student population.

ASOS “Action Short of a Strike” has had an impact on activities as well as the handover to a new HISA team.

The organisational restructure currently underway has also created job uncertainty for staff at all levels all the way up to and including SMT. Staff have indicated that the uncertainty is having an impact on their ability to focus on all topics.

The sooner we can give staff some certainty around what will happen in the future the sooner we can focus staff back onto the design and implementation of controls.

However, there has still been some progress:

- Some controls are now 100% complete and need to be tested. These are noted throughout the document.
- A further 6 Internal Audit points have been completed and dropped off the Internal Audit register.
- The Risk Management and Business Continuity Team have been busy (see below).

Risk Management Team

The Risk Team have remained focused and have been working on a few important areas:

- **Redesign of our risk categories**

  Having a “Strategic Risk Register” has meant the focus has been on risks associated with our strategy. However, not all our strategic risks are strategic, and this has diverted the attention from other key risks areas.

  Our original plan was to have 3 separate Risk Registers:

1. Strategic Risk
2. Significant Risk
3. Project Risk

After further consideration, separate registers was seen as potentially confusing as was using the terminology ‘Significant Risk’ as meaning either risks with a high risk score or risks that are seen as more important than other risks.

For these reasons, it was decided to move away from the 3 categories above and create one overall ERM Risk Register based on the following risk categories:

1. Academic
2. Compliance
3. Financial
4. Operational
5. Reputational
6. Strategic

Work has begun on moving the existing strategic risks into the categories above, and also looking at the risks associated with the new categories; this will allow a wider spread of risk to be captured.

The following are examples of the scope for the work by risk area:

1. Academic

- Enrolment lower than target
- Retention lower than target
- Student achievement lower than target
- Student outcomes lower than target

2. Compliance

- UHI Perth are not compliant with legal requirements
- UHI Perth enter into contracts which give unacceptable risk
- Regulatory Risk
- Litigation

3. Financial

- Income not in line with targets
- Staff Cost as a % income higher than target
- Non-Staff Cost as a % income higher than target
- Cash Position Lower Than Target

4. Operational

- Health, Safety & Wellbeing performance is not measured
- Processes are not effective and or efficient
- Systems are not fit for purpose
- Staff are not being developed as required.
- Strategic targets not converted into operational targets
- Infrastructure not fit for purpose
- System of control not effective

5. Reputational

- Business relationships not in lie with target
- Student experience not at target level
- Social responsibility targets not set/achieved

- Environmental targets not achieved
- Culture
- Equality & Diversity

6. **Strategic**

- Competitor activity/USP
- Economic/Government actions negative impact
- UHI EO processes/decisions negatively impact
- Business Strategy not achieved

The risks above are still being refined but hopefully it can be seen that creating these categories with their associated risks is a clearer and better way to move forward.

The document that follows this overview has been created in the format of the new risk categories.

- **SMT Involvement in Risk Management**

As our ERM framework develops we want to continue to improve the process. The SMT have agreed that they will become more involved in the risk management process moving forward. This will involve adding risk management to an SMT meeting each quarter as well as working with the Risk Management Team to prioritise and speed up the implementation of controls.

- **Business Continuity**

It is the Risk Management Team who chair the Business Continuity Group. This group also consist of the Heads of ICT and Estates with other Heads of service and the Health, Safety & Wellbeing Adviser being invited to meetings depending on the subject/content.

Following a recent internal audit, the group were pleased to receive a score of Satisfactory and will now work on implementing the recommendations made in the report.

UHI Perth

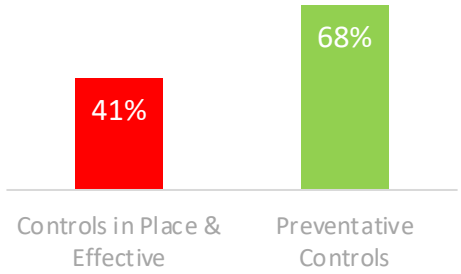
Risk Report

October 2023

Risk Management Update May-October 2023

Risk Overview October2023

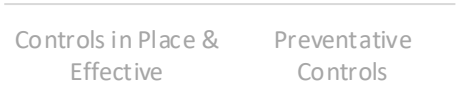
Academic Risk



- Enrolment
- Retention
- Achievement
- Outcomes
- Curriculum

Enrolling and retaining students is critical to the financial sustainability of UHI Perth. Student attainment and outcomes have a significant impact on our reputation. Business relationships help shape our curriculum which also plays a significant role in the attraction of students.

Compliance Risk



- Contract Risk
- Legal Risk
- Regulatory Risk
- Processes & Procedures
- Litigation Risk

Higher education leadership and governance bodies are expected to remain compliant with a growing array of legislation and regulation.. Failure to meet compliance standards can lead to consequences ranging from loss of funding, loss of accreditation, or, in extreme cases, to lawsuits and/or criminal charges against leadership.

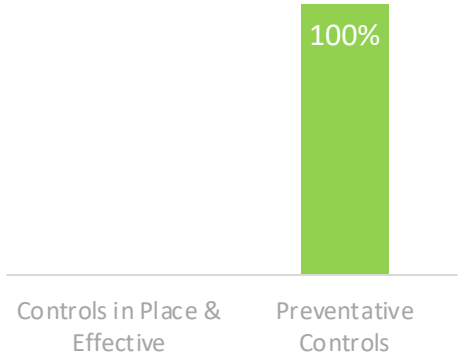
Financial Risk

- Supplier Cost
- Cash
- AOP
- Sustainability
- Cost Group staff/non-staff
- Investment

Financial Sustainability is a significant risk to UHI Perth. Income and cost risk can combine to result in a cash position which makes UHI Perth unsustainable. Income is dealt with in the Strategic and Academic sections of this document while cost considerations are dealt with in the Financial risk section.

Risk Overview October 2023

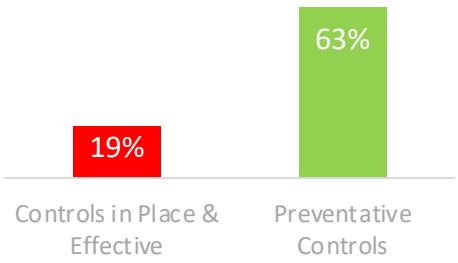
Operational Risk



- Health & Safety
- Process
- Systems/Technology (AI)
- People
- Information
- Physical Infrastructure
- Business Continuity
- Fraud
- Bribery

Operating risks stem from inadequate processes, people, and systems that affect an institution's ability to function efficiently and effectively. Operational agility is critical to staying competitive, flexible, and relevant as strategies and business models shift..

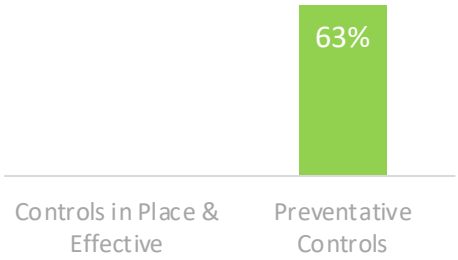
Reputational Risk



- Business relationships
- Student Satisfaction
- Community
- Environment
- Social Responsibility
- Culture
- Equality & Diversity

In the 24/7 news cycle where negative headlines score highly, higher education institutions have frequently become the target. Schools can lose alumni and business relationships, brand favourability, etc. Institutions with reputational awareness and control over their increasingly vast presence in the media can reduce the risk of damaging a reputation they have spent years building.

Strategic Risk



- Competitors
- Business Model
- Strategic Execution
- UK Govt
- Scottish Govt
- UHI
- UK influences
- Global influences
- Vision
- Income Strategy

Setting our Vision and delivering our strategic objectives are critical to the future direction and success of UHI Perth. While all the risk types will have an impact on our ability achieve our strategic objectives, risk management principles also have to be applied to outside influences. We also have to ensure that our supporting strategies are in line with our overall objectives and that any risks are managed.

Risk

Overview

Academic Risk Overview October 2023

Controls in Place & Effective

Nine of the 22 controls are in place and 100% complete and will now be tested for their effectiveness.
The progress of the other 14 controls through to completion will be managed through regular meetings with risk owners.

Types of Control

Academic Risk has a high percentage of Preventative controls in place at 68% (15 of the 22 controls) which reflects the emphasis on controls around planning and organisation for this area. Emphasis will be given to identifying preventative controls as part of the overall rework of risk register.

Key Risk Points

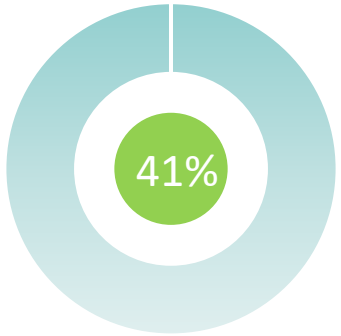
Common to all risks the organisational changes currently being considered to ensure the long- term financial sustainability of UHI Perth will need to ensure effective change management, workforce and successional planning arrangements are in place to allow a smooth transition to the new structure once it has been agreed and implemented.

New Risks

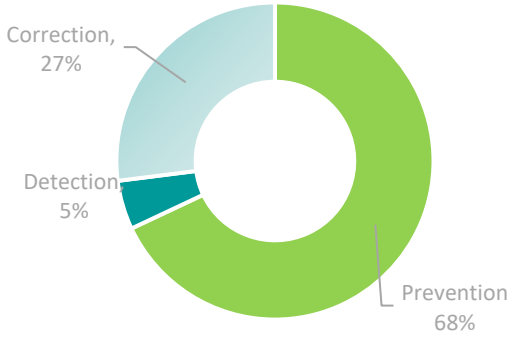
Risks will be reviewed at the end of the current period of organisational change and as part of the rework of the ERM Risk Register. This rework has already begun with a mapping exercise completed to move risk and controls over to the new key risk areas.

Examples of the scope for the work are:

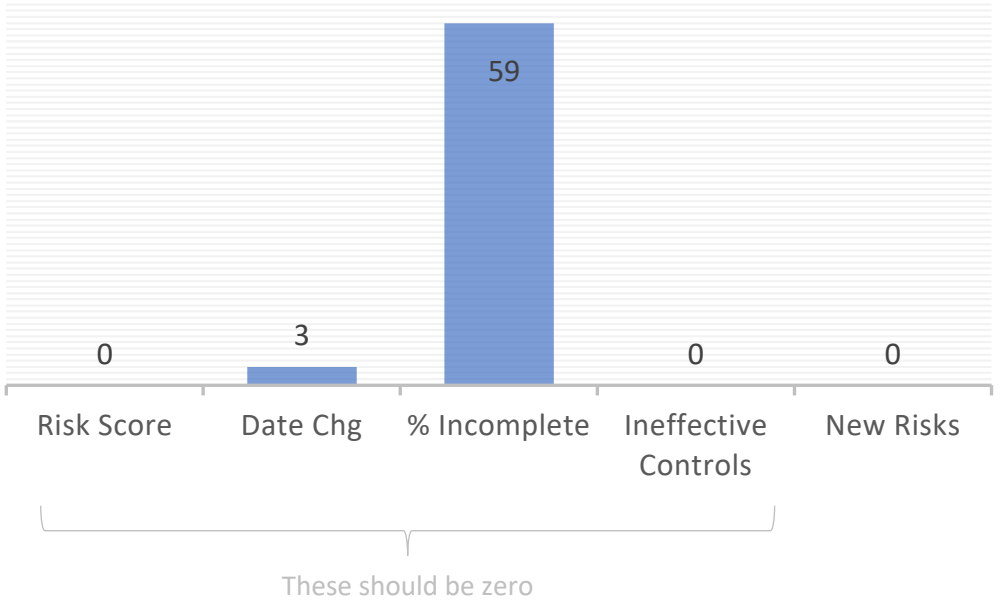
- Enrolment Lower than Target
- Retention Lower than Target
- Student Achievement Lower than Target
- Student Outcomes Lower than Target



Controls in Place & Effective



Types of Control



Compliance Risk Overview October 2023

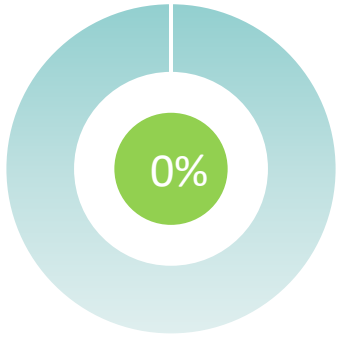
Controls in Place & Effective
Compliance has been identified as a new risk area and work has begun on identifying the risks associated with this category.

Types of Control
Emphasis will be given to identifying preventative controls as part of the work on this new risk area.

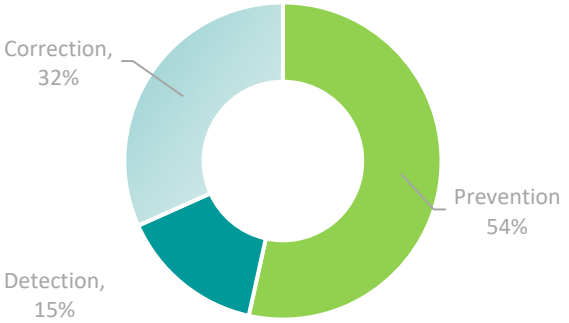
Key Risk Points
Common to all risks the organisational changes currently being considered to ensure the long- term financial sustainability of UHI Perth will need to ensure effective change management, workforce and successional planning arrangements are in place to allow a smooth transition to the new structure once it has been agreed and implemented.

New Risks
Risks will be identified and reported at the next Board cycle.

Examples of the scope for this rework are:
- Non-compliance with legal requirements
- Poor contract management/entering into contracts with unacceptable risk
- Regulatory risk
- Litigation



Controls in Place & Effective



Types of Control

Risk Score	Date Chg	% Incomplete	Ineffective Controls	New Risks

These should be zero

Financial Risk Overview October 2023

Controls in Place & Effective

Initial meetings with risk owners have taken place but further work is needed before controls and dates can be agreed. Part of this work will involve the repositioning of controls as part of the rework of the ERM Risk Register.

Types of Control

Preventative controls account for 50% and Corrective 38% of the total. Preventative controls will be prioritised whenever possible as part of the work still to be carried that is noted throughout this report.

Key Risk Points

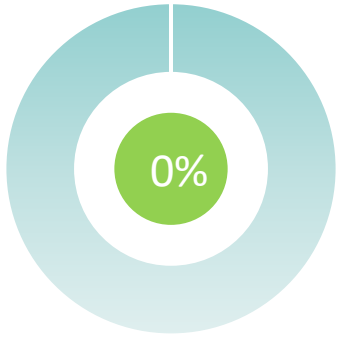
Common to all risks the organisational changes currently being considered to ensure the long- term financial sustainability of UHI Perth will need to ensure effective change management, workforce and successional planning arrangements are in place to allow a smooth transition to the new structure once it has been agreed and implemented.

New Risks

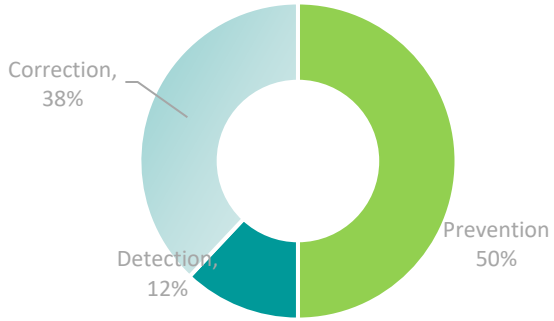
Risks will be reviewed again at the end of the current period of organisational change and as part of the rework of the ERM Risk Register. This rework has already begun with a mapping exercise completed to move risk and controls over to the new key risk areas

Examples of the scope for this rework are:

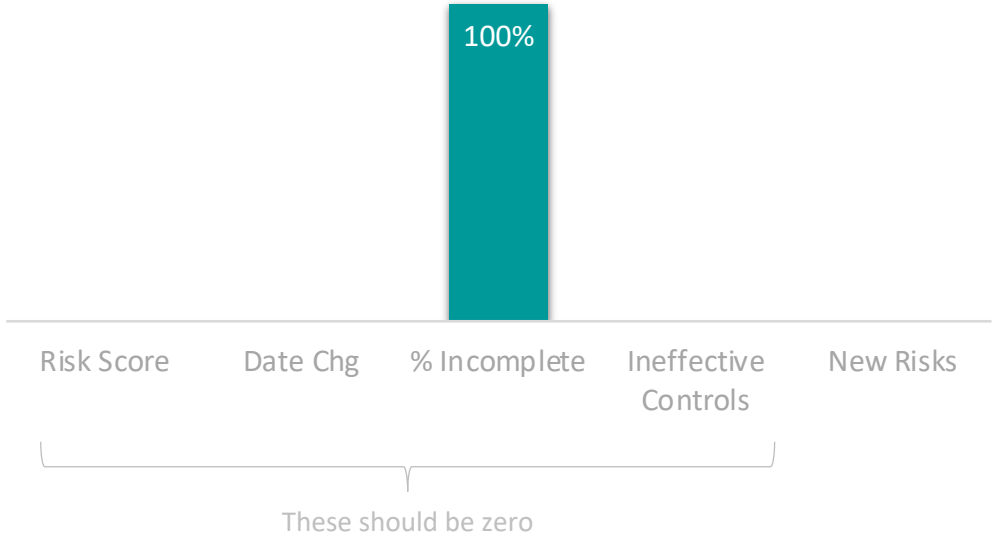
- Income Not in Line With Targets
- Staff Cost as a % Income Higher Than Target
- Non-Staff Cost as a % Income Higher Than Target
- Cash Position Lower Than Target



Controls in Place & Effective



Types of Control



Operational Risk Overview October 2023

Controls in Place & Effective

Operational Risk is a new risk area and 3 of the existing strategic risks have moved over to this category. The progress of the corresponding controls through to completion will be managed through regular meetings with risk owners.

Types of Control

Although 100% of the current controls for this section are Preventative, this will change as work on identifying new risks for this area progresses; emphasis will be given to identifying Preventative controls whenever possible.

Key Risk Points

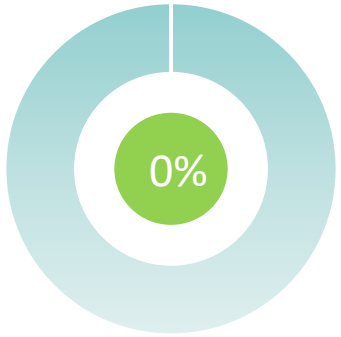
Common to all risks the organisational changes currently being considered to ensure the long- term financial sustainability of UHI Perth will need to ensure effective change management, workforce and successional planning arrangements are in place to allow a smooth transition to the new structure once it has been agreed and implemented.

New Risks

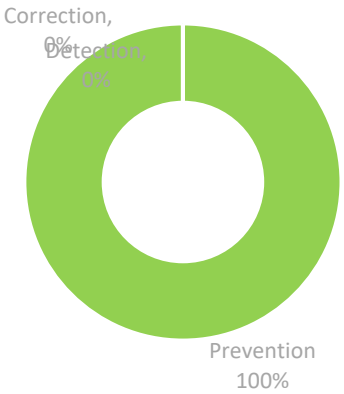
Risks will be reviewed again at the end of the current period of organisational change and as part of the rework of the ERM Risk Register.

Examples of the scope for this rework are:

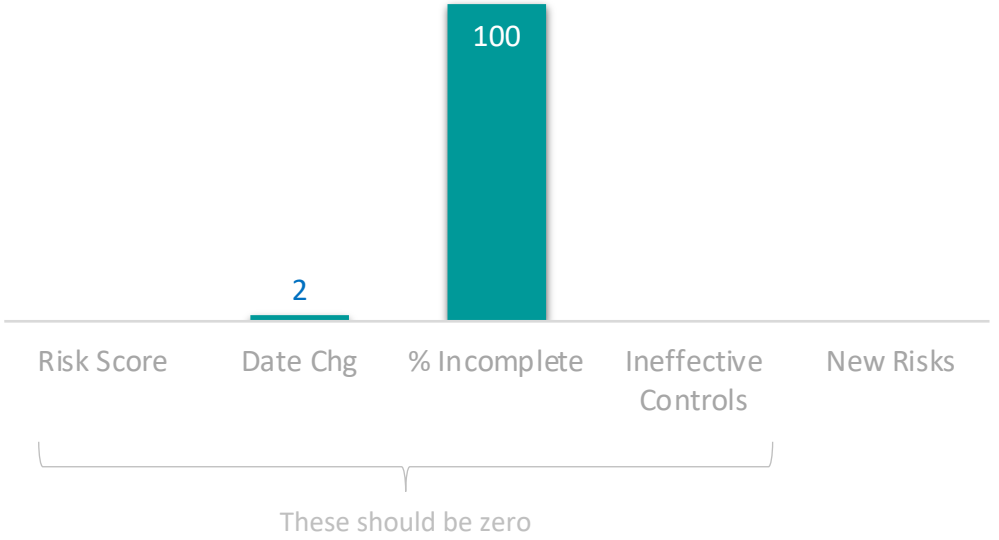
- Health, Safety & Wellbeing Performance is not Measured
- Processes are Not Effective and or Efficient
- Systems are Not Fit for Purpose
- Staff Are Not Being Developed as required.
- Strategic Targets Not Converted into Operational Targets
- Infrastructure Not Fit for Purpose
- System of Control Not Effective



Controls in Place & Effective



Types of Control



Reputational Risk Overview October 2023

Controls in Place & Effective

Reputational Risk is a new risk area and 3 of the existing strategic risks have moved over to this category. Of the 16 corresponding controls, 3 are in place and 100% complete and will now be tested for their effectiveness.
The progress of the other 13 controls through to completion will be managed through regular meetings with risk owners.

Types of Control

Preventative controls account for 63% and Corrective controls 31% of the total. Preventative controls will be prioritised whenever possible as part of the work still to be carried that is noted throughout this report.

Key Risk Points

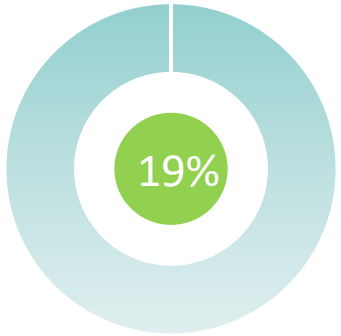
Common to all risks the organisational changes currently being considered to ensure the long- term financial sustainability of UHI Perth will need to ensure effective change management, workforce and successional planning arrangements are in place to allow a smooth transition to the new structure once it has been agreed and implemented.

New Risks

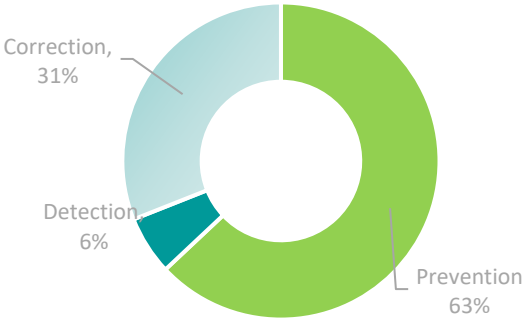
Risks will be reviewed again at the end of the current period of organisational change and as part of the rework of the ERM Risk Register.

Examples of the scope for this rework are:

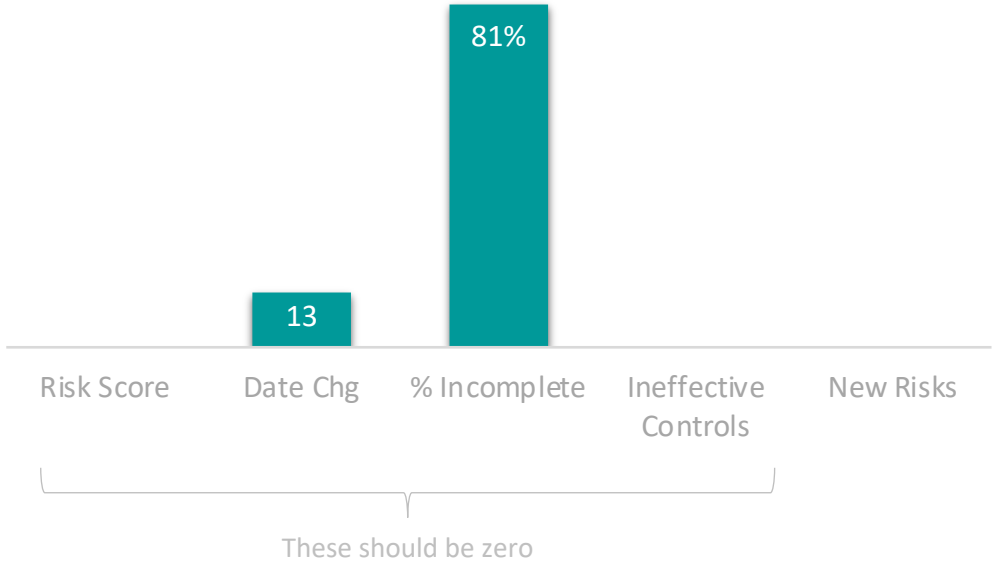
- Business Relationships Not in Line With Target
- Student Experience Not At Target Level
- Social Responsibility Targets Not Set/Achieved
- Environmental Targets Not Achieved
- Culture
- Equality & Diversity



Controls in Place & Effective



Types of Control



Strategic Risk Overview October 2023

Controls in Place & Effective

Four of the existing strategic risks have moved over to this category.
The progress of the corresponding 8 controls through to completion will be managed through regular meetings with risk owners.

Types of Control

Preventative controls account for 50% and Corrective and Detective 25% each of the total. Preventative controls will be prioritised whenever possible as part of the work still to be carried that is noted throughout this report.

Key Risk Points

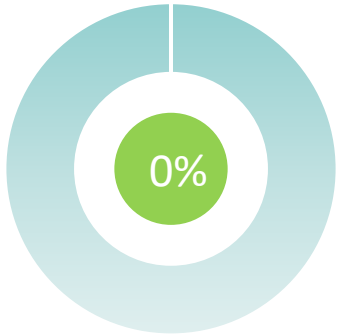
Common to all risks the organisational changes currently being considered to ensure the long- term financial sustainability of UHI Perth will need to ensure effective change management, workforce and successional planning arrangements are in place to allow a smooth transition to the new structure once it has been agreed and implemented.

New Risks

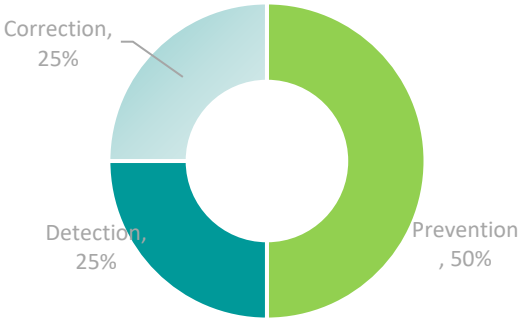
Risks will be reviewed again at the end of the current period of organisational change and as part of the rework of the ERM Risk Register.

Examples of the scope for this rework are:

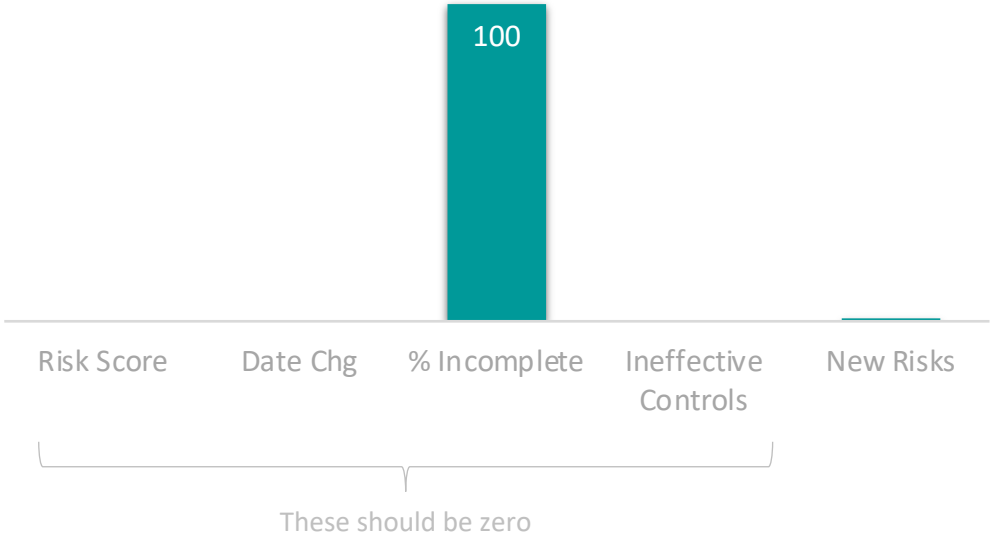
- Competitor advantage/USP
- Economic/Government actions negative impact
- UHI EO processes/decisions negatively impact
- Business Strategy not achieved



Controls in Place & Effective



Types of Control



Academic Risk

Risk Dashboard

Academic Risk Dashboard

	Risk & Risk Management						Monitor & Review		
Area of Risk	**Risks Identified**	**Risk Score v Board Appetite**	**Risk Response**	**Number of Controls**	**Expected Risk Score After Control**	**Control Type**	**Number of Dates Changed?**	**% Complete**	**Control Tested & Effective**	**Have Risks Been Reassessed**
Student Retention	Lack of timely/accurate data on student withdrawal		Mitigate	4		Preventative Preventative Detective Corrective	0	100% 100% 0% 100%	Pending Pending n/a Pending	
	No annual student retention planning exercise based on data in place		Mitigate	2		Preventative Preventative	0	100% 100%	Pending Pending	
	Lack of PAT ownership/ competence		Mitigate	3		Preventative Preventative Corrective	1	100% 80% 10%	Pending n/a n/a	
Student Achievement	Lack of understanding on how achievement is measured		Mitigate	2		Preventative Preventative	0	0%	n/a	
	Student achievement planning is not optimised		Mitigate	2		Corrective Corrective	1	90% 90%	n/a n/a	
Curriculum	Lack of up to date/correct information to understand the changes required to curriculum		Mitigate	4		Preventative Preventative Preventative Preventative	1	100% 100% 50% 50%	Pending Pending n/a n/a	
	Annual curriculum portfolio review not carried out		Mitigate	2		Preventative Corrective	0	100% 50%	Pending n/a	

Academic Risk Dashboard Cont….

	Risk & Risk Management						Monitor & Review			
Area of Risk	**Risks Identified**	**Risk Score v Board Appetite**	**Risk Response**	**Number of Controls**	**Expected Risk Score After Control**	**Control Type**	**Number of Dates Changed?**	**% Complete**	**Control Tested & Effective**	**Have Risks Been Reassessed**
Curriculum cont.	No internal review mechanisms		Mitigate	3		Corrective Preventative Preventative	0	50% 50% 50%	n/a	

Compliance Risk

Risk Overview

Compliance Risk Dashboard

	Risk & Risk Management						Monitor & Review			
Area of Risk	Risks Identified	Risk Score v Board Appetite	Risk Response	Number of Controls	Expected Risk Score After Control	Control Type	Number of Dates Changed?	% Complete	Control Tested & Effective	Have Risks Been Reassessed
			Mitigate				0	0% 0%	n/a n/a	
			Mitigate				0	0% 0%	n/a n/a	
			Mitigate				0	0% 0% 0%	n/a n/a n/a	
			Mitigate				0	0% 0%	n/a n/a	
			Mitigate				0	0% 0%	n/a n/a	
			Mitigate				0	0% 0%	n/a n/a	
			Mitigate				0	0% 0%	n/a n/a	

Financial Risk

Risk Dashboard

Financial Risk Dashboard

	Risk & Risk Management						Monitor & Review			
KPI	Risks Identified	Risk Score v Board Appetite	Risk Response	Number of Controls	Expected Risk Score After Control	Control Type	Number of Dates Changed?	% Complete	Control Tested & Effective	Have Risks Been Reassessed
Weighted Cost Groups Staff/ income ratios	Reduction in SFC funding		Mitigate	1		Preventative	0	0%	n/a	
	Student numbers not achieved as planned for		Mitigate	3		Preventative Corrective Corrective	0	0%	n/a	
	Reduction in SFC Credits and or FTE's		Mitigate	1		Preventative	0	0%	n/a	
	Increase in staff costs due to national bargaining outcome		Mitigate	1		Corrective	0	0%	n/a	
	Increase in staff headcount		Mitigate	3		Detective Corrective Corrective	0	0% 0%	n/a n/a	
	Increase in staff costs driven by government e.g. NI		Mitigate	1		Detective	0	0%	n/a	
	Increase in top slice by EO		Mitigate	1		Preventative	0	0%	n/a	

Financial Risk Dashboard Cont….

	Risk Management						Monitor & Review			
KPI	Risks Identified	Risk Score v Board Appetite	Risk Response	Number of Controls	Expected Risk Score After Control	Control Type	Number of Dates Changed?	% Complete	Control Tested & Effective	Have Risks Been Reassessed
Staff/ income ratios cont.	Job evaluation outcome		Mitigate	1		Preventative	0	0%	n/a	
Non-Staff/ income ratios 21%	Inflation		Mitigate	1		Preventative	0	0%	n/a	
	Procurement Policy		Mitigate	1		Preventative	0	0%	n/a	
	Costs are not reviewed and managed		Mitigate	2		Corrective Preventative	0	0%	n/a	

Operational Risk

Risk Dashboard

Operational Risk Dashboard

	Risk & Risk Management						Monitor & Review			
Area of Risk	**Risks Identified**	**Risk Score v Board Appetite**	**Risk Response**	**Number of Controls**	**Expected Risk Score After Control**	**Control Type**	**Number of Dates Changed?**	**% Complete**	**Control Tested & Effective**	**Have Risks Been Reassessed**
People	Staff do not have the skills required to improve services/processes		Mitigate	1		Preventative	0	0%	n/a	
	Job Role digital competence framework not developed/agreed		Mitigate	1		Preventative	1	50%	n/a	
Physical Infrastructure	Condition of estates/fabric of building		Mitigate	1		Preventative	1	90%	n/a	

Reputational Risk

Risk Dashboard

Reputational Risk Dashboard

	Risk & Risk Management						Monitor & Review		
Area of Risk	**Risks Identified**	**Risk Score v Board Appetite**	**Risk Response**	**Number of Controls**	**Expected Risk Score After Control**	**Control Type**	**Number of Dates Changed?**	**% Complete**	**Control Tested & Effective**	**Have Risks Been Reassessed**
Student Satisfaction	Lack of up to date/correct methodology on student satisfaction		Mitigate	2		Preventative Corrective	0	25% 10%	n/a n/a	
	Student satisfaction not part of curriculum planning/target setting/review by exception		Mitigate	2		Preventative Corrective	0	90% 90%	n/a n/a	
Environment	Ineffective waste policies		Mitigate	3		Preventative Preventative Preventative	3	30% 75% 30%	n/a n/a n/a	
	Ineffective carbon management planning		Mitigate	2		Preventative Corrective	2	30% 5%	n/a n/a	
	Changes to standard carbon measurement requirements		Mitigate	1		Preventative	1	0%	n/a	
	Unreliable baseline for gross carbon footprint		Mitigate	1		Corrective	0	100%	Pending	
	Condition of estate/fabric of buildings		Mitigate	1		Preventative	1	5%	n/a	

Reputational Risk Dashboard cont….

	Risk & Risk Management						Monitor & Review			
Area of Risk	**Risks Identified**	**Risk Score v Board Appetite**	**Risk Response**	**Number of Controls**	**Expected Risk Score After Control**	**Control Type**	**Number of Dates Changed?**	**% Complete**	**Control Tested & Effective**	**Have Risks Been Reassessed**
Culture	Lack of understanding from survey results on what staff require from leadership		Mitigate	2		Detective Corrective	0	100% 100%	Pending Pending	
	Failure to implement a monthly initiative around the college Values		Mitigate	2		Preventative Preventative	2	75% 30%	n/a n/a	

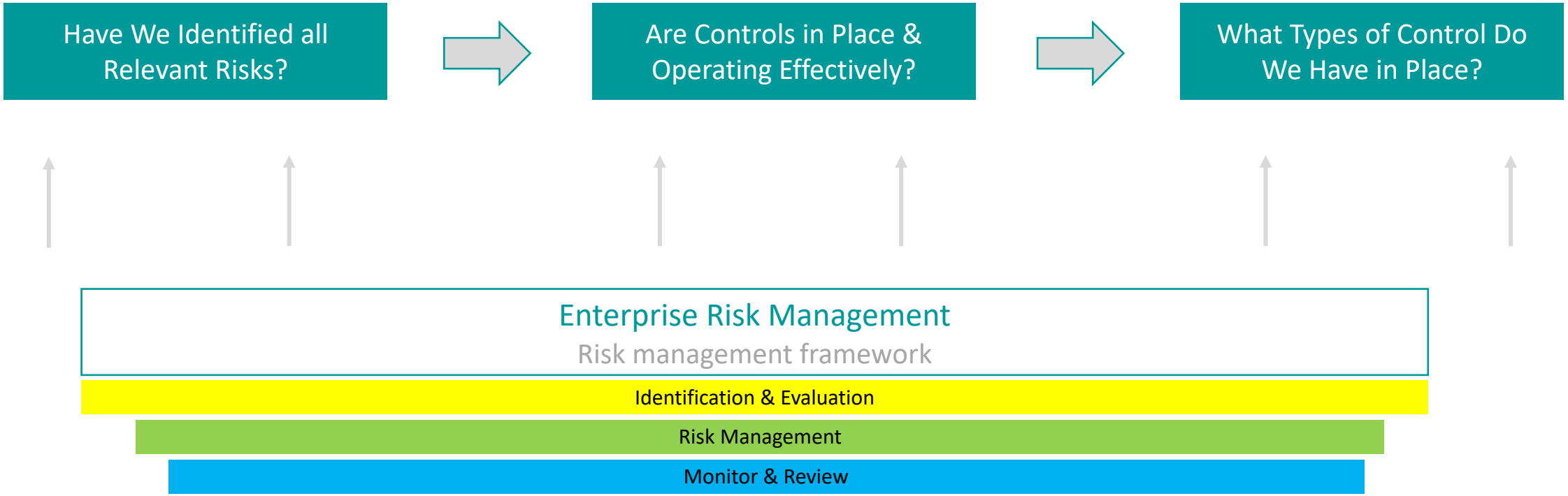
Strategic Risk

Risk Dashboard

Strategic Risk Dashboard

	Risk & Risk Management						Monitor & Review			
Area of Risk	**Risks Identified**	**Risk Score v Board Appetite**	**Risk Response**	**Number of Controls**	**Expected Risk Score After Control**	**Control Type**	**Number of Dates Changed?**	**% Complete**	**Control Tested & Effective**	**Have Risks Been Reassessed**
Competitors	New competitors/ competitor activity		Mitigate	1		Detective	0	0%	n/a	
Business Model	Lack of standard adaptive process in place for strategic partnerships		Mitigate	1		Preventative	0	0%	n/a	
	Inability to capitalise on market opportunities		Mitigate	5		Preventative Detective Preventative Corrective Preventative	0	0%	n/a	
	Costs are higher than projected and/or than competitors		Mitigate	1		Corrective	0	0%	n/a	

Risk Governance



UHI Strategic Risk Register Template **Partner:** UHI Perth **Date:** September 2023

Updates Key:
May 2022 review
Covid specific risks
January 2023 review
May 2023 review
September 2023 review

Ref	Risk Status	Strategic Category	RISK AREA, Risk Description & Primary Sub-Committee	Causes	Impacts/ Evidence	Owner	Likeli-hood	Impact	Gross Risk	Actions to minimise risk IN PLACE	Residual Risk	Trend	Current Action Plan: Actions to minimise risk TO DO	Action Owner	Completion Date
1 *	Active	Working in partnership to meet the needs of our local economy and beyond. Providing a progressive curriculum which meets economic and social needs and aspirations.	**Control over strategic environment** Operations limited due to outcome of central or remote decision making reducing local impact and focus. Lack of understanding or clarity of the academic partnership within our external operating environment. **Strategic Development**	• Collective reporting • Dilution of local need within decision making • Changes to Partnership structures/ organisation.	• Reduced student numbers. •Declining performance. • Loss of commercial potential. • SFC Coherence Review of Colleges & Universities • UHI Academic Partner discussions re internal structures	Principal			16	• College Board of Management and Chair kept informed of arising issues. • UHI Interim Depute Principal and Chair of Regional Strategy Committee made aware of issues. • SMT proactive in decision making forums. • Perth & Kinross CPP single outcome agreement embedded in ROA. • Continue positive working relationships with Colleges Scotland, Scottish Government and SDS. Engagement with Board members on key issues with regular discussions in appropriate Committees Active engagement in UHI2024 project	16 (4,4)	↔	• Continue to highlight as appropriate. • Continue to work on and implement recommendations of current Programme Board • Work proactively within partnership and beyond. • Be proactive in discussions re. future integration • Review metrics for measuring local engagement • Carry out Perth Curriculum Review (Academic)	Principal Principal Principal Principal Chair VP Academic	Ongoing Ongoing Ongoing Ongoing Ongoing Sept 2023
2 *	Active	Working in partnership to meet the needs of our local economy and beyond.	**Achievement of Student Numbers** Non-achievement of numbers. ~~Low allocation of funded Student Numbers from the region.~~ Adverse impact of Regional funding and allocation Low allocation of funded student numbers from the region Reduction in funded credits by SFC for 23/24	• Lack of marketing focus • Intra regional competition • Curriculum offered does not meet demand • Slow conversion of application to acceptance • Impact of school profile and jobs market • Likely impacts of Brexit, eg ESIF, reduction in FTE funding **COVID-19 impact** **Increase in university funded places**	• Financial. • Reputation. • National appetite for increased funded numbers. •Reduction in EU students. • £3m funding not guaranteed • Implications for students without settled/pre-settled student status • Fall in enrolments related to UCAS 2nd choice institutions • Increase in SDS 16+ dataset remaining in school or going straight into employment • Impact of expansion of University HE numbers on College	Depute Principal / VP External Engagement/ VP Academic	5	5	25	~~•~~Curriculum Review completed. • Maintaining engagement with applicants. • Well informed with strong/robust evidence/business case for local demand. • Strong representation on PPF for FE and HE and on the Regional ~~FE~~ Strategy Committee. • Clear understanding and management of criteria within the ROA. • Endorsement of Community Planning Partnership. • Liaise with adjoining regions, colleges and providers for out of region provision. • Strategic discussions with PKC Education Department on Schools/College volume. •Ensure student numbers align to strategic plans.	20 (5,4)	↑	Increased engagement with applicants over summer period. Faster conversion from application to offer. Ongoing communications to promote online enrolment. New approach to induction based on learner feedback, reducing duplication for continuing students. Increase in Open days and interactive engagement with schools.	Vice Principal Academic Vice Principal Academic Vice Principal Academic Vice Principal Academic Vice Principal Academic	Sept 23 Sept 23 Sept 23 Sept 23 April 24

Ref	Risk Status	Strategic Category	RISK AREA, Risk Description & Primary Sub-Committee	Causes	Impacts/ Evidence	Owner	Likeli-hood	Impact	Gross Risk	Actions to minimise risk IN PLACE	Residual Risk	Trend	Current Action Plan: Actions to minimise risk TO DO	Action Owner	Completion Date
			Adverse publicity **Learner Experience**	**Increase in school remainers** **Change in Scottish Govt. policy** 10% reduction in funded credits by SFC for 23/24 Cut in number of students studying at FE level Real term cut in SFC FE funding UHI distribution model for credits for FA and FE places **Negative press will have a negative impact on recruitment**	HE student numbers • Cut in the number of students studying at FE levels • Real term cut in SFC FE funding. • Students expected to return to articulate into 2nd, 3rd and 4th years move to alternative college/university					• Effective marketing plan in place. • Student Number Planning using more robust data • EREP Action Plan Implementation – in suspension due to COVID • Implementation of effective messaging system • Courses with highest EU student cohorts identified • Learner Journey Strategic Group implementation Develop collaborative transitions programmes with schools Analyse gaps in regional labour markets and focus on mid semester/academic year opportunities to commence F/T or P/T learning programmes Review focus and strategy of recruitment campaigns • Curriculum Strategy • Involvement with Tay Cities Deal (24 additional HE FTE places) Additional places not required at this stage. Review of programmes initially identified in the Curriculum Review leading to amalgamation of groups and classes where appropriate.			Increase in social media with student profile stories. Promotion of awards and short listing for awards Transitions work with schools maximised Increased engagement with employers and managing agents. Renewed focus on international recruitment. SDDs working on Course Profitability model with VP Opps to maximise potential of future academic offer. VP Academic strongly represents UHI Perth on Academic Planning Committee along with Head of Student Experience. VP Academic represents UHI Perth on Sector VP group to challenge and canvass the SFC for changes to current practices negatively impacting college sector. Review of timetabling to accommodate reduction in course credits. Review of timetabling to ensure integration of subject where possible to maximise viability of teaching groups.	Vice Principal External & Academic Vice Principal External & Academic Vice Principal Academic Vice Principal External & Academic Vice Principal External & Academic Vice Principal Academic Vice Principal Academic Vice Principal Academic Vice Principal Academic	April 24 April 24 April 24 April 24 April 24 Jan 24 Ongoing Jan 24 Jan 24

Ref	Risk Status	Strategic Category	RISK AREA, Risk Description & Primary Sub-Committee	Causes	Impacts/ Evidence	Owner	Likeli-hood	Impact	Gross Risk	Actions to minimise risk IN PLACE	Residual Risk	Trend	Current Action Plan: Actions to minimise risk TO DO	Action Owner	Completion Date
3 *	Active	Developing a successful and sustainable organisation.	**International Student recruitment** Lack of International student recruitment. Lack of RUK student recruitment. Sustaining International Partnerships Student recruitment behind targets International instability **F&R**	• UK Regulation Registration (UKVI) • In country adverse political environment • Availability of suitable product • Marketing and attraction strategy Insufficient resources in UHI to support development of international opportunities **COVID-19** Ongoing conflict in Europe UK immigration policy focussing on elite universities.	• Loss of income. • Bad publicity. ○Lack of student diversification **Likely downturn in international recruitment** Potential impact on foreign markets allied to Russia	VP External Engagement	5	4	20	• Student Testimonials. • Closer links with the curriculum areas. • Working with UHI VP International and External Engagement • Explore combined product offering between College and AST. • Delivery of Trans National Education • Protection of UKVI Student Licence • Review opportunities for employing staff in market • New International Strategy Approved by Board • Strategy is connected to UHI Sustainability Pan • Recruitment data resulting from Chinese website being monitored within International Strategy • Growth in new markets, eg Icelandic MBA • Review delivery models inc commercial subsidiary • Review of EU fee policy	20 (5.4)	↔	• Deepen and establish new relationships • Develop exchange opportunities for students and staff • Enhance comms-and social channels • Engage with UHI re development of UHI International Strategy • Collaborate with rest of Scottish College sector re bidding for vocational education options • Capitalise on opportunities arising from Chinese website • Recruitment of additional International recruiter	VP External Engagmenet	Ongoing Ongoing Ongoing ongoing Ongoing Ongoing March 2023
4 *	Active	Developing a successful and sustainable organisation. UHI Common Risk	**Institutional reputation** The institution has a poor reputation. **F&R**	• Inequitable distribution of income across Partnership • Consistent poor student experience/ performance • Breakdown in Partner and Staff relations • Confusion of brand identity re. Perth and UHI • Adverse publicity • Negative external perceptions due to internal processes (eg Consultation)	• Loss of income • Increased costs • Staff retention/ recruitment • Student retention/ recruitment. • Loss of accreditations. • Damage to reputation • Evidence of increased FOI requests on sensitive issues • Increase in referrals to ICO related to College activity	Principal	3	4	12	• Heightened awareness of causes of poor reputation. • Heightened reinforcement of the value of Perth College. • Building trust with Partners. • Effective marketing of College and UHI. • Maintain communication via employer engagement. • Annual marketing and PR Plan in place. Agreement reached with UHI on roll out of UHI brand – UHI Perth.	8 (2,4)	↔	Review, update and implement communications and PR strategy Adoption and roll out of UHI brand – UHI Perth.	Principal	7/10/21 Target completion now Jan 2022. June 2023
5 *	Active	Inspiring and supporting our	**College Estate**	• Reduction of Capital Grant.	•Estate poorly maintained	Depute Principal	5	3	15	• Attracting external investment. • Backlog maintenance risk	9 (3,3)	↑	•Commission of Conditions Survey	Head of Estates	Completed

Ref	Risk Status	Strategic Category	RISK AREA, Risk Description & Primary Sub-Committee	Causes	Impacts/ Evidence	Owner	Likeli-hood	Impact	Gross Risk	Actions to minimise risk IN PLACE	Residual Risk	Trend	Current Action Plan Actions to minimise risk TO DO	Action Owner	Completion Date
		students to achieve their potential. Developing a successful and sustainable organisation. UHI Common Risk	College estate not fit for purpose. **F&R**	• Backlog of essential maintenance. • Uncertainty of future Governance model. • Lack of available funds. O Age of current campus • Priority to increase classroom accommodation Exponential increase in utility costs	• Inability to deliver a new improved estate fast enough. • Availability of classrooms and academic equipment does not match demand. • Immediate and recurring costs associated with COVID, eg PPE • Poor building quality causes inability to achieve sustainability/environmental targets • Inability to segment/compartmentalise energy usage due to aged heating systems					register has now been developed. • Weekly 'Walk the Campus' and engage staff – Visible Management. • Approval of identified major building projects. • Update estates planning to ensure optimum use of space freed up by completion of ASW • Ensure additional funding allocated by SFC for backlog maintenance is spent appropriately. • Tender process to commission outline plans for campus options re Estates Strategy under way • Average £650k pa ring-fenced for spring & summer works • Estates Strategy/PKC Masterplan under development Commission tender process for Estates Strategy Phase 1 and 2 of new Estates Strategy completed			& prioritisation of required work • Phase 3 of new Estates Strategy Introduction of a 5yr rolling programme of building condition surveys Master budget template created for all planned/funded repairs Sustainability review Waste Management Policy and Procedure	 Depute Principal/ Head of Estates Depute Principal/ Head of Estates Depute Principal/Head of Estates Head of Estates Head of Estates	 Ongoing Ongoing Ongoing August 2023 October 2023
6 *	Active	Inspiring and supporting our students to achieve their potential.	**IT infrastructure & implementation** Technology not fit for purpose. No replacement or upgrade of critical ICT and academic equipment. Heightened risk of cyber attack Licenses for specialist software classroom-based rather than individual **F&R**	• Changes in ICT development and technology. • Changing in Learning and Teaching practices. • Increase in network delivery of teaching. • Increased use of social networking. • Inadequate VC facilities/ digital platforms to support larger classes. • Additional requirements from curriculum development and growth. In-equitable digital access for students (equipment and connectivity) • Technological innovation. • Lack of Integrated Information Systems	• Higher investment in resources required. • Need to continually alter accommodation. • Available resources limit delivery options. Digital/ cloud-based services inadequate for curriculum and professional needs. • Poor student and staff feedback. • Lack of knowledge of system design • Duplication of data and processes	VP External Engagement	4	3	12	• Developed robust Curriculum Development Plan. • Link ICT changes in L&T practice to Estates Planning. • Review and implement working practices to optimise available space and working times through use of CELCAT Management Reports. • Operational Planning process and resource commitments system in place. • Prioritise investment required for resources for key curriculum areas. • Ongoing evaluation of VC capacity and teaching space in line with curriculum delivery plan.- complete • ICT rolling programme of replacement – focus changed from classroom-based PCs to provision of laptops and BYOD for students • Shared licence purchases with UHI • UHI Wi-Fi Service upgrade: Continue existing Wi-Fi network service until the new service has been proved through a pilot • Bright Space consolidation -Staff training sessions available on demand • VC Application change to Webex and MS teams.	9 (3,3)	↔	Implement agreed priorities from College Sector Digital Ambition	VP Operations	Ongoing

													Current Action Plan		
Ref	**Risk Status**	**Strategic Category**	**RISK AREA, Risk Description & Primary Sub-Committee**	**Causes**	**Impacts/ Evidence**	**Owner**	**Likeli-hood**	**Impact**	**Gross Risk**	**Actions to minimise risk IN PLACE**	**Residual Risk**	**Trend**	**Actions to minimise risk TO DO**	**Action Owner**	**Completion Date**
										• GDPR Training sessions: Awareness of issues around transferring data • New Operational Planning Process • Change tracker for Payroll Process • Communicate changes to staff and students • Opportunities/impetus presented by Scottish Government Digital Strategy • Digital Poverty transition project • ICT rolling programme transitioning from desktop renewal to RAM upgrade and staff laptop allocation. • ICT budget and replacement influenced by curriculum needs • Commission tender for integrated Finance/Payroll/HR system • ICT & DT Strategy developed and approved – incorporating digital strategy • Common UHI Information Security Framework • Updated ICT Asset Register					
7	Active	Developing staff to successfully deliver our Vision. UHI Common Risk	**(Senior) staffing levels** Disruption to services/projects and/or partnership working resulting from loss of a key staff member. **F&R**	• Poor performance management of competence issues. • Fast pace of curriculum development. • Excessive demand on CPD. • Lack of staff capability. • Poor workforce planning. ○Affordability/ cost of staff	• Inability to compete. • Loss of business and reputation. • Potential requirement to buy in specialist staff ○High staff turnover. ○Poor staff satisfaction.	Principal	3	3	9	• CPD reports to SMT re progress against CPD targets for professional reviews, mandatory training etc • Prioritise an appropriate level of CPD investment linked to financial sustainability. • Assessment Action Plan in place and monitored • Maintain Healthy Working Lives accreditation – Gold Award • Succession Planning • Minimisation of single-person dependencies • Staff Survey completed and results distributed	4 (2,2)	↔	Continue to improve completion levels for Mandatory Training	Head of HR & OD	Ongoing
8 *	Active	Developing a successful and sustainable organisation. UHI Common Risk	**Research outputs** Research outputs are sub-standard. Overall number of Research activities/outputs are small. Insufficient momentum to build capacity in	• Low numbers of staff with relevant skill-set to conduct research • Lack of time permitted/ incentives provided for research activities • Research not integral part of staff contracts	• Inability to identify and agree appropriate projects • Research strategy not clear • Small number Perth college staff contributing to UHI Education Unit of Assessment in REF	Principal	4	3	12	• Annual Review of R&KE strategy. • Develop relationships with wider UHI colleagues. • Prioritise R&KE research activities where appropriate for REF income. • Investigate SFC Innovation Funding and maximise • Work with University SMT, Research Clusters and PKC • Tay Cities Deal developments. • Effective and purposeful operation of Scholarship &	9 (3,3)	↔	Link with KE specialists in UHI. Review EO funding streams for fostering and supporting research at AP	Principal Principal	7/10/21 Ongoing 7/10/21 Ongoing

Ref	Risk Status	Strategic Category	RISK AREA, Risk Description & Primary Sub-Committee	Causes	Impacts/ Evidence	Owner	Likeli-hood	Impact	Gross Risk	Actions to minimise risk IN PLACE	Residual Risk	Trend	Current Action Plan: Actions to minimise risk TO DO	Action Owner	Completion Date
			most curriculum areas. **Learner Experience**	Inadequate support for bidding for research contracts • Funding methodology						Research Committee and links to UHI structures. • Active & ongoing engagement with research organisations • Research Strategy updated and approved • Significant investment in research activity					
9 *	Active	Working in partnership to meet the needs of our local economy and beyond. Developing a successful and sustainable organisation.	**Growth opportunities** Missing viable opportunities for development and growth **Decrease in MA funding will have a detrimental impact on partnership working** Potential reduction in staff to carry out employer engagement <u>Tay Cities Deal:</u> Funds withdrawn elsewhere may result in rationalisation of local project	• Insufficient research. • Lack of horizon scanning. • Lack of ability to invest in opportunities. • Insufficient planning. • Being too risk averse. • Failing to develop at the required pace. • Funding allocations • Resource limitations • Changes to ESIF Funding. **Impact of COVID-19** **Increase in employment opportunities without any formal or vocational qualifications** **UHI Curriculum Review** **Changes to Scottish Govt. policy** **Reduction in Scottish Government funding of apprenticeships**	• Loss of share of potential market/earnings. • Loss of reputation. • Miss the market. • Stagnation of product offering. • Missed opportunities for staff. • Missed opportunities for students. • Funding criteria changes. **Uncertain future for development activities and appetite for external engagement post-outbreak, including Tay Cities Deal** **Reduced opportunities due to post-COVID climate** **Divestment of courses not deemed sustainable by UHI SNLs which relate to continuing professional development and provision of apprenticeship or vocational programmes** <u>Tay Cities Deal:</u> • Loss of capital funding • Loss of opportunity for developments	VP External Engagement/ VP Academic	4	4	16	• Effective new product development processes/reviews. • Clear review of product development processes / communication International and Home. • Collaborative UHI Partnership process in place. • Scanning and planning cycles and process communicated. • Collecting staff ideas by their involvement. • Encouraging a staff culture of enterprising behaviour. • Legislative change mapping for new courses. • Tayside RSA + H & I RSA to be used as baseline intelligence. • Flexibility in approval Cycle and proportionate responses. • Liaison with UHI re ESIF and LUPS. • Monitor and review international opportunities and costs. International Strategy. • Continuous collaboration with Learner Journey Strategic Group re school/college curriculum to achieve objectives re apprenticeships & employability • Contracting of Associates to overcome shortage of lecturing staff Perth College PLs and curriculum managers to participate in full in UHI curriculum review Analyse the impact of any divestment on PC programmes Reengage in face to face meetings with employers, professional bodies and associations. • Curriculum Review FE and HE 2019 <u>Tay Cities Deal:</u> Proposal passed by Board:	16 (4,4)	↔	Full curriculum review 22/23 • Review of School-College Partnership Rationalisation of School offer to ensure viability • Representation at UHI APC Promotion and development of innovative skills to meet future demands. Eg Green Skills Academy Learner Journey Strategic group under review Associates will be delivering any commercial work due to lack of flex in lecturing staff. Ongoing consideration of course profitability model. Increase reliance on bank staff and associates	VP Academic	March 2023 Underway Ongoing Ongoing March 2024 Ongoing June 2023

													Current Action Plan		
Ref	**Risk Status**	**Strategic Category**	**RISK AREA, Risk Description & Primary Sub-Committee**	**Causes**	**Impacts/ Evidence**	**Owner**	**Likeli-hood**	**Impact**	**Gross Risk**	**Actions to minimise risk IN PLACE**	**Residual Risk**	**Tre nd**	**Actions to minimise risk TO DO**	**Action Owner**	**Completion Date**
					Reduction in Scottish Govt. funding of apprenticeships Reduction in the supply of qualified apprentices across a number of key sectors Decrease in MA funding will have detrimental impact on partnership working Reduction in the supply of qualified apprentices across a number of key sectors Voluntary Severance resulting in skills gaps in specialist curriculum and commercial course delivery					5-year Plan = £320k new revenue (net of allowances for costs) Enact Business Development Strategy following Board approval Presentation of financial reporting reflect margins rather than revenues Target international developments towards areas where product is requested eg Business degrees Representation to Scottish Government and SDS via UHI to reconsider substantial reduction and reallocation of funding based on LUPS					
10 *	Active	Inspiring and supporting our students to achieve their potential. Providing a progressive curriculum which meets economic and social needs and aspirations. UHI Common Risk	**Academic Quality** Academic quality is sub standard Increase in risk associated with VS of Quality Manager and Maternity Leave – resulting in only one part time member of quality team remaining. **Learner Experience**	• Insufficient tracking of student. • Poor understanding of student requirements. • Product not fit for purpose. • Poor delivery. • Insufficient support for students. • Mis-selling of courses/provision. • Delivery impacted by ongoing industrial action **Impact of COVID-19** **UHI "Curriculum Review"** **Further review of curriculum to ensure sustainability post reduction in funding**	• Loss of students. • Loss of earnings. • Adverse PR and poor reputation. • Poor future recruitment. • Poor achievement and retention. **Fall in the standard of Quality** **Failure to follow processes and procedures** **Failure to meet the external criteria for approval and verifications** ~~**Potential confusion re approaches to progression across curriculum;**~~ ~~**Future students recruited at inappropriate levels**~~ ~~**Impact of COVID on student survey performance based on delivery (-ve and +ve)**~~	Depute Principal / VP Academic	3	3	9	• Student tracking programme and reviews by Student Advisers. • Heightened student focus on internal communication and training evidenced by the BRAG reporting system. • Managing student expectations. • Active listening to student voice and acting on evidenced by feedback to students. •Act on Student Survey outcomes evidenced by action planning with quality reviews. • Ensure regular/ constructive formative assessment feedback to students/ customers. • Implement Complaints Procedure in line with new legislation and refresh training. • ASW opportunities roll out. • Student Partnership Project • NSS Action Plans implemented for courses with poor results. • Appointment of Head of Student Experience. • Self-evaluation process redesigned. • Working with HISA to conduct student focus groups.	9 (3,3)	↔	• Increase HE/FE credits to meet shortfall and targets Focus on amalgamation of courses Further explore potential for international students to supplement reduction in funding Monitoring of Internal and external verification of SQA courses Regular QAA audit of degree provision Peer observation Induction learner experience feedback HISA Student Voice Reps HISA regular monthly meetings with SMT	VP Academic VP Academic VP Academic Quality UHI Head of LTE Head of SE/SDDs HISA P HISA P/SMT	Sept 2023 August 2023 Ongoing Ongoing Ongoing Ongoing Ongoing Ongoing Ongoing

													Current Action Plan		
Ref	**Risk Status**	**Strategic Category**	**RISK AREA, Risk Description & Primary Sub-Committee**	**Causes**	**Impacts/ Evidence**	**Owner**	**Likeli-hood**	**Impact**	**Gross Risk**	**Actions to minimise risk IN PLACE**	**Residual Risk**	**Tre nd**	**Actions to minimise risk TO DO**	**Action Owner**	**Completion Date**
				Artificial Intelligence (AI)	**Threats to academic integrity from chatbot software applications (but also awareness of the opportunities the technology offers)**					• A Student Experience Committee has been convened • Ensure findings are reported on with regards to the complaints procedure and actions identified and followed up on • Quality review process redesigned (course KPIs by exception) • Identification of protected characteristics and KPIs • Student Support Review • Revamp website with regards to the services available to support learning • Regular discussion of key issues at Student Experience Committee • Attainment & Retention KPIs • Perth College PLs and curriculum managers to participate in full in UHI curriculum review • Clarity about the student learning strategy and format for learning Focus on amalgamation of courses Further explore potential for international student to supplement reduction in funding			Regular engagement with Education Scotland Engagement with UHI re guidance on the use of Chatbots/AI Academic and Head of Learning, Teaching and Enhancement covering as many aspects of Quality as possible	VP Academic Depute Principal VPA/Head of LTE	Ongoing Ongoing Ongoing
11 *	Active	Providing a progressive curriculum which meets economic and social needs and aspirations. UHI Common Risk	**Regional curriculum plan** Regional curriculum plan and delivery not aligned to local demand. **Learner Experience**	• Fragmented ownership. • Lack of planning. • Over ambitious change in delivery methodology. • Wrong blend between online and face to face. • ESIF changes • Not fully within gift of PC UHI, need others/UHI to contribute • UHI curriculum strategy proposals **COVID-19**	• Lose students. • Financial risk through reallocation. • Students choose another provider. • Poor retention and achievement. • Disputed ownership/ responsibility for failings. **PKC Learner Strategy now recommenced**	VP Academic	3	3	9	• Influence/engage with development. • Meetings arranged with UHI Deans & subject network leaders • Keep in touch/listen to student views. • Active engagement in appropriate committees • UHI to commission research on impact of changed delivery methodologies. • Work with UHI, SDS and local stakeholders to enhance demand analysis. • Regional Outcome Agreement development and implementation. • In liaison with PKC re Learner Strategy • Continuous review of FE Curriculum • Principal on UHI HE/ FE Curriculum Review groups UHI 2024 Curriculum Review UHI Perth Curriculum Review	9 (3.3)	↔	• Proactively engage in implementation of UHI 2024. UHI 2024 Curriculum Review	SMT	Ongoing April 2023

													Current Action Plan		
Ref	**Risk Status**	**Strategic Category**	**RISK AREA, Risk Description & Primary Sub-Committee**	**Causes**	**Impacts/ Evidence**	**Owner**	**Likeli-hood**	**Impact**	**Gross Risk**	**Actions to minimise risk IN PLACE**	**Residual Risk**	**Trend**	**Actions to minimise risk TO DO**	**Action Owner**	**Completion Date**
12 *	Active	Developing a successful and sustainable organisation.	**Business Continuity** Threat to Business Continuity **Audit**	• Major incident. • Pandemic. • Major fire. • Terrorist Activity. • Cyber Incident UHI ICT loss of service. • Radicalisation	• College closure. • Reduced/loss of service. • Potential financial implications, eg fines imposed by ICO	Principal	5	5	25	• Annual Reviews of Business Continuity Plan. • Fibre ring installed mitigating risk of network collapse • ICT Risk Register developed and dynamic review. • Live ICT shutdown test. • Desktop exercise with CMT successfully completed (historic) •UHI wide live exercise concluded (historic) • Business Continuity Plan reviewed around Coronavirus • Regular Partnership-wide crises management meetings Review protocols re back-up systems utilised to identify at-risk non-Cloud systems following cyber incident Complete transition of data from network to cloud platforms Review non-COVID Business Continuity Plans to absorb learning from recent approaches/ Solutions and cyber incident	20 (5,4)	↔	Review non-Covid business continuity plans to absorb learning from cyber incident learnings/solutions Encourage staff to identify and report cyber risk incidents	Clerk to BOM/ Project & Planning Officer SMT	July 2023 Ongoing
13 *	Active	Developing a successful and sustainable organisation.	**Shared services** Lose control of critical processes and systems through Shared Services Shared Service Model controlled by UHI EO and UHI Finance & General Purposes and University Court. **F&R**	• Insufficient planning. • Inadequate backup. • Poor training and inadequate communications. • Loss of control of direct employees. • Reduced service level. • Additional cost. □Lag in service improvement. • Loss of control over capital investment.	• Disruption to business systems and student learning. • Increased costs. UHI2024 Shared Services stream likely to conclude that serious investment is required before Shared Services can be realised.	Principal	3	3	9	• Involved in thorough planning. Members of the LIS Shared Service Board. • Member of the Shared Service Programme Board. • Maintain Perth College input into development of shared services. Access SLA from LIS to ensure clarity of central functions and local ICT responsibilities Proactive within commissioning board. • Principal leading UHI2024 Shared Services workstream • UHI 2024 shared services workstream project plan being developed	9 (3,3)	↔	• Agree principle of Service Level Agreements with UHI	SMT	7/10/21 Ongoing
14 *	Active	Developing a successful and sustainable organisation.	**Financial sustainability** Unable to achieve a breakeven Adjusted Operating Profit (AOP) on a sustainable basis. **F&R**	• Significant fall in income. • Staff costs + non-staff costs are higher than income. • Local consequences of National bargaining • Occurrence of event on disaster recovery plan.	• College does not have enough cash to operate and or grow. • Accounts show a deficit AOP for more than one year.	VP Operations	4	5	20	Continued development of cashflow forecasting model Management Accounts Forecasting – FFR Budget process	15 (3,5)	↔	• Development of Management Accounting Information. • Development of financial forecasting models. • Development of cash flow forecasting. • Development of budget process.	VP Operations	Ongoing – work will continue to evolve Ongoing as part of strategic objectives Underway, now has more focus and will continue to evolve First 2 cycles complete

													Current Action Plan		
Ref	**Risk Status**	**Strategic Category**	**RISK AREA, Risk Description & Primary Sub-Committee**	**Causes**	**Impacts/ Evidence**	**Owner**	**Likeli-hood**	**Impact**	**Gross Risk**	**Actions to minimise risk IN PLACE**	**Residual Risk**	**Trend**	**Actions to minimise risk TO DO**	**Action Owner**	**Completion Date**
				• Drastic increase in fuel and energy costs											and will continue to evolve
15 *	Active	Developing a successful and sustainable organisation. UHI Common Risk	**Internal controls** Internal controls do not exist or are not effective in preventing a significant issue/event. **F&R**	No ERM strategy in place. Existing controls not tested regularly. Risk not identified, therefore controls not in place. Staff have not been trained in risk identification and control development. **COVID-19**	Significant events occur where no controls are in place. Significant events occur where controls are in place. 2020/21 External Audit Report stresses need for improved systems due to current reliance on manual inputs **Financial impact of reduced student numbers, commercial income, etc**	VP Operations	3	5	15	ERM model developed and being rolled out. Regular Internal Audit programs. Annual External Audit.	15 (3,5)	↔	Design an ERM strategy and implement a system of control e.g. SOX 404 or ISO31000	VP Operations	Continuing to evolve, we have full time resource working on this.
17	Active	Developing a successful and sustainable organisation.	**Statutory compliance** Non-compliance of Statutory Health and Safety Legislation and Equality Legislation **Audit**	• Introduction of amendments to existing legislation or new unforeseen and unplanned legislation. Failure to comply with Equalities Duties and contingent statutory reporting	•Introduces financial and staffing resources to administer. • Legal Action. • Risk to Business Continuity. • Financial fines. • Reputational damage. 2020/21 External Audit Report stresses need for improved back-up governance arrangements re Board Secretary absence	Depute Principal	5	4	20	•Produced and implemented a detailed Health and Safety Operational Risk Management Register. Updated quarterly and reviewed by Audit Committee every 6 months. • Produce Annual Report on Health and Safety. • Equalities Outcomes and Mainstreaming Report – Action Plan completed. • Regular review of HSE publications, website and notifications. • Health and Safety Management System annual review • Equality & Diversity lead appointed July 2019, with specific initial focus on statutory reporting requirements • Improvement in Mandatory Training stats – 90% Completion Rate target established • New reporting mechanisms for Health & Safety • Increase in prevalence of risk assessments across organisation • COVID Response Group codified as sub-committee of H&S Committee • Plans in place to enforce completion of Compulsory H&S training	16 (4,4)	↔	Board presence on H&S committee Increased profile /improved stats re compliance for mandatory training for H&S H&S update as a standard item at every staff conference Publication of Integrated Progress Report 2023/4 ensuring currency of existing legislation Monthly meeting of Equality & Diversity group with cross-college staff and student representation	BOM Head of HROD Head of HROD E&D Adviser Head of HROD	Ongoing Ongoing Ongoing June 2023 Ongoing

													Current Action Plan		
Ref	**Risk Status**	**Strategic Category**	**RISK AREA, Risk Description & Primary Sub-Committee**	**Causes**	**Impacts/ Evidence**	**Owner**	**Likeli-hood**	**Impact**	**Gross Risk**	**Actions to minimise risk IN PLACE**	**Residual Risk**	**Tre nd**	**Actions to minimise risk TO DO**	**Action Owner**	**Completion Date**
										New Equality & Diversity Adviser appointment 2021					
18	Partly Active	Developing a successful and sustainable organisation.	**Brexit** Implication of outcome of EU Referendum Leading to: Loss of EU Funding. Decrease in overseas (EU) students. Loss of EU national staff. **F&R**	○Lack of numbers. ○Students wishing to study within EU ○Economic and fiscal uncertainty over EU exit.	•	Principal	5	4	20		15 (5,3)	↔	• Scottish Government looking to protect Erasmus + programme	Principal	May 2022 tbc
19	Active	UHI Common Risk	**HE student numbers** College does not achieve allocated HE student number targets **Learner Experience**	Failure to recruit sufficient students due to various factors such as: over ambitious PPF target, poor marketing, curriculum gaps, poor NNS results etc. **Impact of COVID-19** **Delivery methods** **Grade inflation associated with SQA qualifications** **Increase in university places**	Reduction of income from UHI, regional student number target at risk resulting in possible claw back to SFC from UHI in year or reduction in future years grant. **Financial impact of reduced student numbers** • Impact of expansion of University HE numbers on College HE student numbers **Imposed/restricted HE/FE numbers by SFC** **Imposed/restricted HE/FE numbers by UHI**	Depute Principal / VP Academic	5	5	25	○Review curriculum to ensure robust and up to date complete ○Continue close partnership working within UHI. ○Ongoing dialogue with PPF and academic partners. ○Plan, monitor and review student numbers/applications. • Improved marketing has reduced curriculum gap • Improved NSS scores • Trend analysis for student targets • Curriculum review 2019	25 (5,5)	↑	• Implementation of full Curriculum Review UHI Curriculum Review 1st phase September 2021 Replaced by UHI2024 – 1st phase consultancy Further explore potential for international students to supplement reduction in HE numbers	VP Academic UHI, Depute and VP Academic VP Academic	Sept 2023 April 2023 Ongoing
20	Active	UHI Common Risk	**FE student numbers** College does not achieve allocated FE Credit targets. **Learner Experience**	Failure to recruit sufficient students due to various factors such as: over ambitious target, curriculum gaps, ineffective marketing and engagement with local schools/ employers.	Reduction of income from UHI, regional student number target at risk resulting in possible claw back to SFC from UHI in year or reduction in future years grant.	Depute Principal Academic / VP Academic	5	5	25	○Review curriculum to ensure robust and up to date complete ○Develop external partnerships with schools. DYW and employers – Associate Principal sits on DYW Strategy Group. ○Plan, monitor and review student numbers/applications. 2019 Curriculum Review Focus marketing activities on p/t FE courses	25 (5,5	↑	• • Implementation of full Curriculum Review Continue progress made with partnerships developed through Learner Journey Strategy Group	VP Academic VP Academic	Sept 2023 Ongoing

Ref	Risk Status	Strategic Category	RISK AREA, Risk Description & Primary Sub-Committee	Causes	Impacts/ Evidence	Owner	Likeli-hood	Impact	Gross Risk	Actions to minimise risk IN PLACE	Residual Risk	Trend	Current Action Plan: Actions to minimise risk TO DO	Action Owner	Completion Date
				Impact of COVID-19 **No curriculum linkage to regional skills assessment** **Failure to produce an ROA** **Increase in school returners** **Increase in employability opportunities**	**Financial impact of reduced student numbers** **Potential for specific courses to be paused/ Discontinued** **Imposed/restricted HE/FE numbers by SFC** **Imposed/restricted HE/FE numbers by UHI** 10% reduction in funded credits by SFC for 23/24 Cut in number of students studying at FE level Real term cut in SFC FE funding								UHI curriculum review Replaced by UHI2024 – 1st phase consultancy Review courses originally identified by Perth curriculum review and amalgamate where appropriate	Principal VP Academic	May 2023 August 2023
21	Active	UHI Common Risk	**Statutory Compliance** Non-compliance with relevant statutory regulations. **Audit**	Lack of awareness of relevant laws and penalties. Management failures. E.g. UK GRPR (Data and Information Security), Health and Safety Regulations, PREVENT legislation etc.	Failure to meet appropriate legislative standards likely to result in significant reputational damage and/or possible legal action. Additional scrutiny from statutory bodies such as Auditor General, HSE, OSCR, Information Commissioner, etc	Depute Principal	4	3	12	○Robust governance policy. ○Robust management policies, procedures and systems in place. ○Dedicated Health & Safety officer. ○IT/Data Protection staff in place. ○Mandatory staff training. ○Close working relationship within UHI. ⊖ Policies & procedures produced and published, including Model Publication Scheme and Privacy Notices • Work with/respond to ICO and OSIC to minimise risk of breaches where appropriate Reviewed Work From Home practices around remote access of sensitive data Reviewed protocols re back-up systems utilised to identify at-risk non-Cloud systems following cyber incident Robust internal audit schedule providing additional rigour and feedback on compliance/ progress/best practice	9 (3,3)	↔	• Continuous update and reinforcement of GDPR policies and procedures. Improvement in Mandatory Training stats – 90% Completion Rate target established Introduce mandatory cyber and information security training to increase awareness of cyber risks Information security embedded in all job roles (see also risk 24) Process for continuous updating of Policy & Procedures to ensure currency	Principal Head of HR & OD Head of HR & OD Head of HR & OD /Head of ICT & DT Depute Principal	Ongoing Completed but ongoing monitoring tbc Ongoing tbc
22	Active	UHI Common Risk	**Governance** Governance Failure.	Governing body does not have an appropriate balance of skills and experience.	Challenge to recruit new Board Members High turnover of Board Members	Chair, BoM	3	3	9	○Recruitment process robust, transparent and open. ○Skills matrix approach in place.	3 (1,3)	↔			

Ref	Risk Status	Strategic Category	RISK AREA, Risk Description & Primary Sub-Committee	Causes	Impacts/ Evidence	Owner	Likeli-hood	Impact	Gross Risk	Actions to minimise risk IN PLACE	Residual Risk	Trend	Current Action Plan: Actions to minimise risk TO DO	Action Owner	Completion Date
			Audit	Role of a governor/director is onerous and it is difficult to attract a broad range of high calibre individuals to serve for non-remunerated roles. Board members not provided with enough support or information to fully discharge their responsibilities	Action Plans arising from recent Audits are not sufficiently monitored and reported Failure to comply with Code of Good Governance External Auditor noted risk around reliance on single individual re Board Secretary and advised College should have back up to ensure governance activities continue as normal during any periods of absence.					○Networking/proactively encouraging diversity of applicants ○ Robust Action Plan falling out of various Audit Reports produced • Board External Effectiveness Review completed June 2020 • Successful recruitment & induction of new Board Members summer 2020 • Review of Committee membership summer 2020 • Code of Good Governance Compliance Checklist reviewed Oct 2020 • Successful recruitment of new Board Members winter 2021 • Reallocation of Committee positions completed Jan 2022 • Board Effectiveness Review Action Plan Audit Action Plan in place with robust monitoring system • Internal arrangements in place re secretariat duties in event of absence of Board Secretary, and national and regional support re governance advice is available via RSB and CDN					
23	Active	UHI Common Risk	**Student Experience** Poor Student Experience **Learner Experience**	Poor college estate. Dispersed campus with limited facilities for social interaction. Technology failures. Limited teaching/library resources. Societal issues around Digital Poverty Cyber-Security Incident Poor recruitment & development of student-facing staff **COVID-19**	Poor performance in national student satisfaction surveys. Reputational damage. Impact on ability to recruit future cohorts. Risk to core income streams. Impact on students of Cyber-Security response measures on risk minimisation of systems, eg restrictions on availability of hardware and software affected **Likely down-turn in Survey scores due**	Depute Principal	4	3	12	○Partnership approach with HISA ○Continuous student engagement, feedback and dialogue. ○Ongoing Estate Maintenance and minor Refurbishments • Completion of Scottish Government information survey around COVID local outbreak responses • Student Survey re VLE/Brightspace conducted and shared with SDDs – action plan devised • Significant investment re availability of laptops and WiFi access for students during COVID (versus potential limitations caused by Cyber-Security incident response measures) • Improved CPD (Per Risk 7) • New Estates Strategy commissioned – Phase 3 of 3 • Conditions Survey and prioritisation of required work	12 (4,3)	↔	▪Commission of Conditions Survey & prioritisation of required work • Phase 3 of new Estates Strategy Introduction of a 5yr rolling programme of building condition surveys Master budget template created for all planned/funded repairs Review of room utilisation/learner spaces across College to improve service design Review of catering provision/quality/value	Head of Estates Depute Principal/ Head of Estates Depute Principal/ Head of Estates Depute Principal/Head of Estates Depute Principal Head of Estates	 October 2023 Nov/Dec 2023

Formatted: Font: 9 pt, Font color: Text 1

Formatted: List Paragraph, Bulleted + Level: 1 + Aligned at: 0 cm + Indent at: 0.63 cm

													Current Action Plan		
Ref	**Risk Status**	**Strategic Category**	**RISK AREA, Risk Description & Primary Sub-Committee**	**Causes**	**Impacts/ Evidence**	**Owner**	**Likeli-hood**	**Impact**	**Gross Risk**	**Actions to minimise risk IN PLACE**	**Residual Risk**	**Tre nd**	**Actions to minimise risk TO DO**	**Action Owner**	**Completion Date**
					to lack of contact time from March 2020										
24	Active	UHI Common Risk	**Data protection** Institutional, personal and sensitive data is corrupted, lost, stolen or misused or services are disrupted through malicious and illegal activities by external individuals or bodies. **F&R**	Poor IT security measures. Equipment with security holes. Poor patching regime. Anti-virus is not up-to-date/ comprehensive. Firewalls are configured incorrectly. Coordinated DDOS attack on university infrastructure. Increasing number of security alerts. DDOS attacks on UK academic institutions up to 527 in 2015 - Janet CSIRT. Increase in cyber-attacks such as ransomware reported in national media.	Information Commissioner fine of up to £500k. Adverse press coverage. Loss of confidence by regulators, stakeholders and HE sector. Ransomware encryption has been detected on UHI network.	Principal	3	4	12	○Firewalls and filters updated regularly. ○Anti-virus software on all corporate devices. ○UHI protocols applied and adhered to. ○Passwords changed regularly. • Dual authentication processes rolled out • Reviewed Work from Home practices around remote access of sensitive data • Reviewed protocols re back-up systems utilised to identify at risk non-Cloud systems following cyber incident	12 (3,4)	↔	• Monitoring of UHI wireless network hardware and process Embed data and information security within all job roles (see also risk 21)	Head of ICT & DT Head of ICT & DT/Head of HR & OD	7/10/21 Ongoing Ongoing
25	Active	Developing a successful and sustainable organisation	**Commercial subsidiary** Financial failure of commercial subsidiary International instability **F&R**	Deterioration in economic viability of subsidiary Dramatic increases in fuel and energy costs Ongoing conflict in Europe **COVID-19**	Reduction in profitability Potential impact on international markets **Poor outlook due to worldwide collapse in aviation market** **Fluctuating cash position**	VP External Engagement	4	5	20	• AST management structure reviewed. • Policies identified • Best practice adhered to • College Governance applied. • Advice given to AST Management Team • General Manager appointed • Going Concern work prioritised leading to increased focus on cash management & projections • Job Retention Scheme/Salary Holidays/Rent Reduction to reduce costs while not trading • Growth Plan agreed • AST reported profit of +£190k in 2020/21 annual accounts • 2022/23 Business Plan reviewed once return dates are confirmed	12 (3,4)	↔	Implement robust cashflow forecasts – Develop financial sustainability program for 23/24 EY have been asked to comment on ability of College to fund AST with loan.	VP Operations VP Operations VP Operations	Underway and will cont. to evolve Being Developed May/June 2023 May 2023
26	Active	Developing a successful and	**Payroll**	Lack of integrated HR, Payroll and Finance systems	Recorded instances of erroneous NI payments	VP Ops	5	3	15	• Internal Audit Action Plan commissioned and partially actioned	9 (3,3)	↔	Review recruitment & induction processes	Head of HR & OD	June 2020

													Current Action Plan		
Ref	**Risk Status**	**Strategic Category**	**RISK AREA, Risk Description & Primary Sub-Committee**	**Causes**	**Impacts/ Evidence**	**Owner**	**Likeli-hood**	**Impact**	**Gross Risk**	**Actions to minimise risk IN PLACE**	**Residual Risk**	**Tre nd**	**Actions to minimise risk TO DO**	**Action Owner**	**Completion Date**
		sustainable organisation	Failure of payroll systems & procedures results in non-compliance with standards **Audit**		Incorrect reporting of pensions liabilities and tax payments arising from erroneous NI payments Staff dissatisfaction with issue and/or steps taken to rectify 2020/21 External Audit Report stresses need for improved systems due to current reliance on manual inputs Salaries Double Payment recorded Nov 2021					• Amended the payroll system user access rights to ensure that that these are appropriate for user roles and remove all generic users from the payroll system • Strengthened controls around variations to staff salaries on the payroll system to reduce the opportunity for unauthorised entries to be added to the tracker and inadvertently processed • Introduced mechanisms to ensure that payroll checklists are always completed and held on file and that these checklists are always checked and signed off by someone independent of the payroll team prior to processing of the payroll.			Compliance with relevant areas of Audit Action Plan	Head of HR & OD	Ongoing
28	Active	Developing a successful and sustainable organisation	**Procurement** Procurement processes are not fully compliant with regulations **F&R**	Internal processes not suitably robust	Contracts register incomplete Historic contracts contain higher level of risk than anticipated upon review (eg catering)	VP OPs	4	3	12	• APUC team in place • Strategy updated • Procurement Policy updated	6 (2,3)	↔	• Compliance with relevant areas of Audit Action Plan	VP Operations	Ongoing
29	Active	Developing a successful and sustainable organisation	**Asset Management** Insufficient levels of Asset Management are in place **F&R**	Lack of systems/controls to record and manage changes to Asset Register	Asset Register not complete Creates difficulty in producing accurate accounts	VP OPs	4	3	12	• ICT have list of ICT related assets • Review of Financial Regulations carried out • Codification & approval of Land & Buildings valuation calculation • Independent valuation of key assets for External Audit • Codification & approval of Land & Buildings valuation calculation • Independent valuation of key assets for External Audit	12 (4,3)	↔	• Update Asset Register	VP Operations	Ongoing

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

LIKELIHOOD CRITERIA TIMESCALE 3 YEARS

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

IMPACT CRITERIA TIMESCALE 3 YEARS

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

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

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

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

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

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

Audit Report	Topic	Recommendation	Owner	Agreed Date	Revised Date	Status	September 2023 Progress
	Payroll	As part of the procurement process for the new HR and Payroll System, management should explore the potential inclusion of a timesheet module which will automate the submission and approval of timesheets for effective and efficient review and processing by the HR and Payroll teams.	Head of HROD and Payroll Manager	31/12/2024		Not yet started	Procurement of a new HR and Payroll System has been delayed as the APUC framework is not yet available, we hope that this will be available by the end of the calendar year
	Payroll	Timesheet Guidelines should be documented and communicated to all SDDs, line managers and staff paid through timesheets, to enhance general awareness and remove the current ambiguity. In the absence of a digital process, every effort should be made by line managers to ensure that staff submit timesheets in a timely fashion for the month they have worked by actively warning staff of the consequences of non-submission within the agreed timelines.	Head of HROD	31/03/2023	n/a	Complete	n/a
	Payroll	Record keeping arrangements for leavers should be strengthened to ensure that the full suite of relevant information (such as leaver forms or contract extensions) are retained on file. Consideration should be given to the recording of file contents on a checklist, in the absence of automated controls typically found in a document management system.	Head of HROD	31/03/2023	n/a	Complete	n/a

	Building Maintenance	We recommend that the FRC and the Board should be provided with an annual update report on Estates issues and risks, which should include a summary of expected costs for ongoing maintenance requirements and any maintenance backlog and provide explicit assurances to confirm that statutory building inspections and works have been completed.	Head of Estates	30/06/2023	31/08/2023	Complete	The estates team now produce a quaterly report showing, progress on projects, statutory inspections, KPI's on day to day maintenance and utilities usage. This also includes any issues and future works.
	Building Maintenance	Consideration should also be given to future investment in facilities management software to make estates maintenance information more easily accessible (via a dashboard format for example) and will enhance the ease of monitoring and reporting on the entire repair and maintenance programme	Head of Estates & ICT	30/06/2023	31/08/2023	Partial Completion	We have engaged with UHI and are in the process of a group tender process. We have spoken seperately with Trackplan FM and have got a quote of £5300 for year one and £3500 for future years. This can be progressed as soon as possible
2022/08	Building Maintenance	We recommend that the Estates master budget template should be amended to include a breakdown of all planned funded repairs and maintenance. In the future, the maintenance budget position should be discussed at monthly meetings between the Finance business partner and the Head of Estates. Any actions agreed should be recorded and subsequently followed up, and a summary of these actions should be included in the updates provided to FRC meetings	Head of Estates/ Head of Finance	28/02/2023		Complete	A site master planning exercise is underway with a digital twin of the Brahan building recommended. This allows feasibilty studies to be completed and future budgeting to be more robust. The master plan should tie up with the academic planning.

	Building Maintenance	The College should develop a proactive rolling five-year programme of building condition surveys to identify and meet future estate maintenance needs.	Head of Estates	31/03/2023	31/08/2023	In progress	Estates have proposed a joint survey between building users and the estates team. This will allow prioritisation to take place, which takes into account the users needs as well as the fabric condition. On completion of the survey and linking this to the academic/staffing strategy a 5 year plan will be able to be produced fairly quickly.
2021/04	Asset Management	The College should develop a comprehensive approach to the identification, maintenance and security of all of its assets held. The revised approach should ensure that a complete asset register is created and maintained for all College assets and not just those with a capitalised value or assets which are IT related.	Head of Finance	31/03/2023	31/07/2023	Little or no progress	Unchanged, remains a resourcing and prioritisation issue
2021/04	Asset Management	To support the implementation of a revised approach to maintain a complete asset register in the College (see R1 above), guidance should also be prepared and implemented to support the revised approach. This guidance should outline the revised approach and detail roles and responsibilities for: • Identification of current assets and their inclusion within a College wide register: • Additions to the register: • Amendments to assets held on the register, including change of the asset location: • Loans from the asset registers; • Disposal of assets; and • Security of the assets with regular audits in place.to confirm their continued existence.	Head of Finance	31/03/2023	31/07/2023	Little or no progress	Unchanged, remains a resourcing and prioritisation issue

2021/04	Asset Management	Until a full asset management solution has been developed and put in place (as described in R1 and R2), Finance should be informed by the Procurement team when a new asset is purchased over the capitalised value of £5,000 and the asset register should be updated on at least a quarterly basis.	Head of Finance	31/01/2023	n/a	Complete	In place
2021/04	Asset Management	The College should develop a programme of regular inspections to confirm assets are still held and in operational use or identify where they are lost or missing. As part of this approach a process should be developed on how to identify, report and investigate any missing assets. This approach should be aligned to align with the guidance described in R2 within this report.	Head of Finance	31/12/2022	n/a	Little or no progress	Unchanged, remains a resourcing and prioritisation issue

2021/06	Student Recruitment & Retention	A lessons learned review of the Cyber Incident should be completed and contingency measures for monitoring student attendance and performance during scenario events, such as where the BRAG is not accessible. Contingency processes should also be documented to ensure that a consistent approach is used across the College. The online Attendance and Performance Monitoring Procedures should be updated with business continuity arrangements and in line with good version-controlled practices	Head of Student Experience	30/04/2023	31/08/2023	Partial Completion	Complete re-design of the BRAG system, due to be implemented mid-Sept for staff use. Carried out GDPR DPIA and cloud based, and behind firewalls. Driven by user roles and access, and references LDAP logins, therefore very limited risk of others being able to access the tool. PS Not all users will have direct access to BRAG, but instead will access the information as a suite of reports in METIS Attendance/Performance Procedure is still work in progress
2013/07	Health & Safety	Risk assessments should be reviewed annually by College managers. The H&S Adviser should also perform an annual review of risk assessments in place to ensure that these have been updated.	Head of HROD	30/04/2023	30/06/2023	Complete	Completed
2020/05	Health & Safety	The College should ensure that all health and safety policies are reviewed and updated in line with the agreed review schedule	Head of HROD	31/03/2023	30/11/2023	Partial Completion	One outstanding policy

2020/05	Health & Safety	The College should ensure that risk assessments are completed in accordance with the agreed standard approach and should also be reviewed and updated on time. The Health and Safety Committee should be provided with regular reports detailing the level of compliance with the cycle of updating of risk assessments and should be informed where there are areas of significant non-compliance with the regular review and updating process.	Head of HROD	30/04/2023	30/06/2023	Complete	Completed
2020/06	Procurement & Creditors	Staff placing an order should be required to raise a purchase order for all procurement activities, as this will ensure that the liability is accurately and timeously recorded as required within accrual accounting requirements.	Head of Finance	31/07/2023	n/a	Complete	Compliance is significantly improved. Ongoing improvements are always required and subject to wider discussions.
2020/08	AST Financial Controls	The current update of the Perth College UHI's Financial Regulations should take account of AST business requirements to ensure they are adequately addressed. Alternatively, consideration could be given to excluding AST from the Perth College UHI Financial Regulations and creating specific Financial Regulations which meet the business needs of AST; the AST Board and the governance requirements of the Perth College UHI Board of Management. Any separate Financial Regulations developed for AST will require the approval of the AST Board, as well as Perth College UHI's Board of Management, to ensure that they satisfy the public sector financial and governance requirements.	AST GM	31/07/2023	22/11/2023	In progress	Other business priorities meant the document has not been drafted and this failure has already been discussed with Armstrong Watson as part of the FY2022/23 audit. Best endeavours for Nov-23 AST Board Meeting is the revised internal target

2021/08	Staff Skills Profile, Staff Productivity and Performance Management	Management should ensure that there is a strategic workforce plan in place that reflects the vision for Perth College and aligns with its review of the Corporate Strategy and Learning, Teaching, and Assessment Strategy around the following: • Staff profile for the academic and professional services workforce • Teaching training • Digital skills • Industry standard skills • Wellbeing and resilience, • Equality and diversity agenda, • How the workforce will meet other agendas, such as STEM or industry/ business partnerships, • Recruitment, turnover, and retention • Performance management, • Succession planning, and • Leadership development	Head of HROD	30/06/2023	31/12/2024	Not yet started	On hold until restructuring is completed
2021/08	Staff Skills Profile, Staff Productivity and Performance Management	Management should develop a timeline and action plan to implement a formal succession planning process for its management and leadership teams and this should be aligned with the strategic workforce plan highlighted in R2.	Head of HROD	31/12/2023	31/12/2024	Little or no progress	On hold until restructuring is completed
2021/08	Staff Skills Profile, Staff Productivity and Performance Management	Management should consider developing a change process and documenting the arrangements for Sector Managers to request, and obtain formal approval, for securing outsourced staff from other departments. Outsourced staff should be accurately accounted for within the new department's budget.	Head of HROD	31/03/2023	31/12/2024	Little or no progress	On hold until restructuring is completed

2021/08	Staff Skills Profile, Staff Productivity and Performance Management	Management should update the CPD policy and ensure that procedures are updated, and version controlled in line with good practice. This work should dovetail with the actions on developing a revised strategic workforce plan set out in R2. The governance arrangements should be updated in the revised policy, with specific reference made to the role of the Engagement Committee and the Finance and General Purposes Committee in providing	Head of HROD	31/05/2023	31/12/2024	Little or no progress	On hold until restructuring is completed
2021/08	Staff Skills Profile, Staff Productivity and Performance Management	All line managers should ensure timely submission of completed induction documentation to the HR Department. Management should consider automating the induction process, as an integral part of the current evaluation of the HR system specification, to allow line managers to self service employee records and to allow HR to readily and effectively identify gaps or support	Head of HROD	30/06/2023	31/12/2024	Little or no progress	Induction review still underway, but not likely to progress until restructuring is completed
2021/08	Staff Skills Profile, Staff Productivity and Performance Management	During the review of the new HR system (R7), management should consider automating the probationary reviews process so that managers are updating the new system as probation progresses. In the interim period, line management should also be reminded of their responsibilities to complete induction, in line with agreed requirements, through targeted manager training. Staff who have not completed formal reviews during the COVID-19 pandemic should be reviewed to identify any additional pay due to them and to confirm that they have had their training needs assessed. The financial consequences of any CPD requirements identified should be	Head of HROD	30/06/2023	n/a	Complete	n/a

2021/08	Staff Skills Profile, Staff Productivity and Performance Management	During the current ongoing review of the HR System (R7), management should consider the user requirements for Occupational Development and define what constitutes an effective CPD management system for UHI Perth. A process should be established to ensure all training is accredited within training records.	Head of HROD	30/06/2023	31/12/2024	Little or no progress	Procurement of a new HR and Payroll System has been delayed as the APUC framework is not yet available, we hope that this will be available by the end of the calendar year
2021/08	Staff Skills Profile, Staff Productivity and Performance Management	Guidance made available to managers and staff should be enhanced, with explicit instructions provided on where to store the completed Review Meeting Forms. Consideration should be given to allowing Line Managers to access employee records on SharePoint to support HR in delivering the ongoing administrative tasks required. Management should seek confirmation that 2021 annual reviews have been completed by their line managers and provide an update on the status of completion rates to the SMT and appropriate Board committee	Head of HROD	31/03/2023	n/a	Complete	n/a

Paper 5

LEVEL OF ASSURANCE
Satisfactory

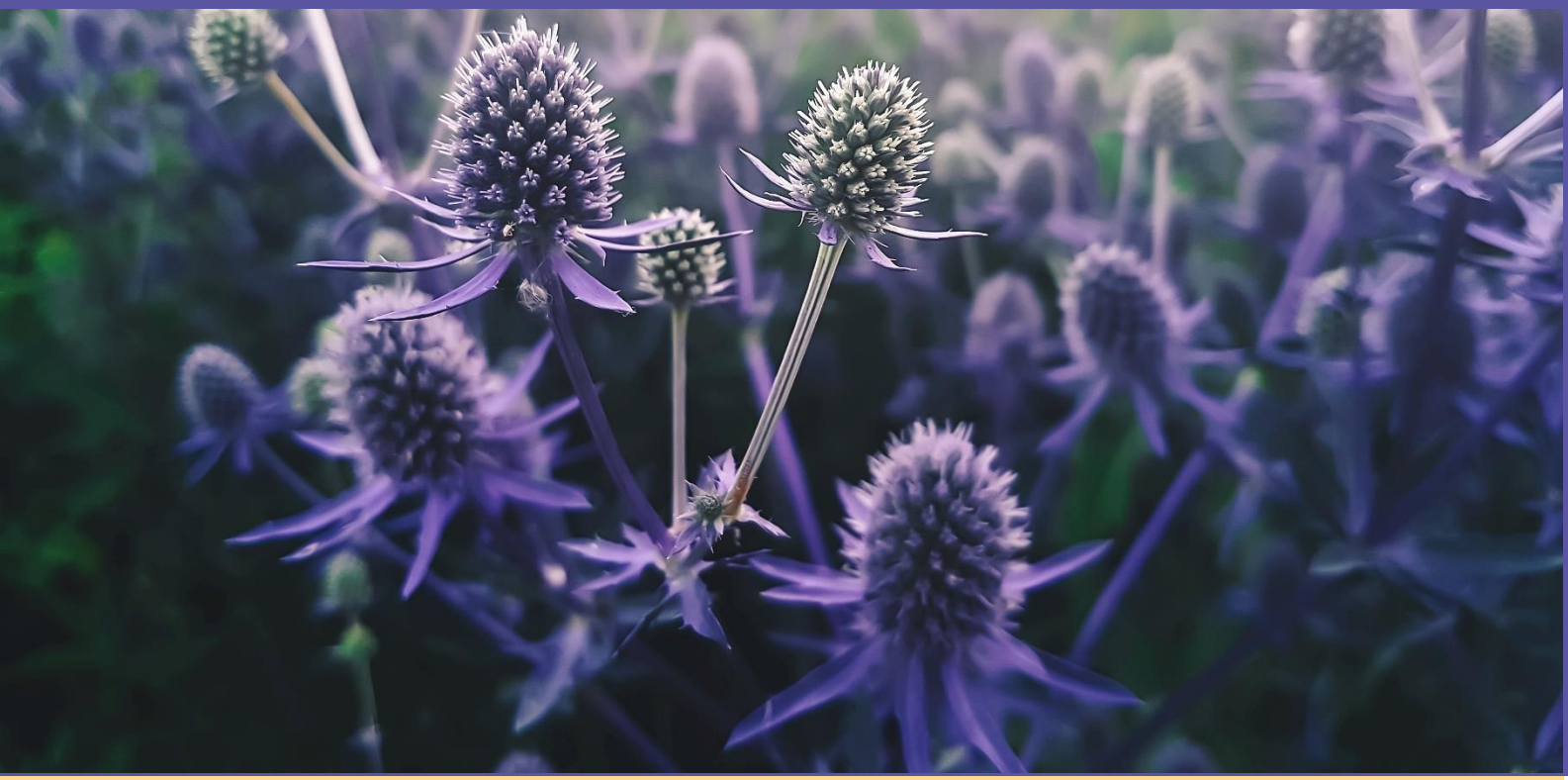
Perth College

Procurement & Creditors / Purchasing – Sustainable Procurement

Internal Audit report No: 2023/06

Draft issued: 2 August 2023

Final issued: 21 September 2023



Henderson Loggie

Contents

Level of Assurance

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

Gradings are defined as follows:

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

Action Grades

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

Management Summary

Overall Level of Assurance

Satisfactory	System meets control objectives with some weaknesses present.

Risk Assessment

A review of the Perth College risk register, identified the following specific risks relating to Procurement & Creditors / Purchasing – Sustainable Procurement:

- Risk 14 - Unable to achieve a breakeven Adjusted Operating Profit (AOP) on a sustainable basis.
- Risk 28 - Procurement processes are not fully compliant with regulations.

Background

As part of the Internal Audit programme at Perth College for 2022/23 we carried out a review of the systems in place in relation to Procurement & Creditors / Purchasing – Sustainable Procurement. The ANA identified this as an area where risk can arise and where Internal Audit can assist in providing assurances that the related control environment is operating effectively, ensuring risk is maintained at an acceptable level.

Oversight of the college's purchasing and procurement processes is undertaken by the Head of Finance, who oversees the finance team, with the procurement processes managed at an operational level by the Procurement Manager.

The college's financial processes are defined in a formal Financial Regulations document which is available to all staff via the college's intranet, and is also available on the college's website. There is also a Procurement Policy and Procurement Strategy in place, with the Procurement Strategy due to be updated to incorporate changes in the overall college strategy. Both documents are also available to all staff via the college's intranet, and are currently published on the College's website. In addition to this documentation, there is a step-by-step procurement guidance document in place which details the key steps to be followed when undertaking a procurement exercise, to ensure that the process undertaken is in line with both the college's processes and its regulatory obligations.

The Procurement Manager oversees all procurement exercises, and works closely with the department requesting the goods/ services, to ensure that the specifics of what is required are being sufficiently communicated and that the college is obtaining the best value for money provider. All contracts procured are recorded on a contracts register, which is managed and updated by the Procurement Manager.

The Finance Assistants undertake the operational side of the purchasing processes, reviewing purchase orders (POs) raised through the respective departments in PECOS against the invoices received for goods/ services provided, and subsequently recording the amounts incurred in the finance system.

Scope, Objectives and Overall Findings

This audit focussed on the systems of internal control in place for the ordering of goods and services and the payment of invoices. We also considered whether the procurement strategy followed and procedures in place support best value purchasing across the College in relation to non-pay spend

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

Objective	Findings				
The objective of the audit was to obtain reasonable assurance that:		1	2	3	Actions already planned
		No. of Agreed Actions			
1. The organisation's Procurement Policy, Strategy and procurement guidance are comprehensive, kept up-to-date and in line with the Procurement Reform (Scotland) Act 2014 ('the Act') and The Procurement (Scotland) Regulations 2016 ('the Regulations').	**Satisfactory**	-	-	1	
2. Procurement procedures ensure that: - areas of high spend across the organisation are monitored appropriately; - opportunities for pooling of expenditure are identified in order to achieve best value; - collaborative procurement and frameworks available to the organisation are utilised where appropriate.	**Good**	-	-	-	
3. The organisation's procurement guidance on quotes and tenders are being complied with.	**Satisfactory**	-	-	1	
4. Purchase orders are completed for relevant purchases and are approved by members of staff with sufficient delegated authority prior to issue to suppliers, with the risk of unauthorised and excessive expenditure being minimised.	**Satisfactory**	-	-	1	
5. All liabilities are fully and accurately recorded.	**Satisfactory**	-	-	1	
6. All payments are properly authorised, processed and recorded.	**Satisfactory**	-	-	1	

Objective	Findings				
7. Appropriate controls are in place over the amendment of standing supplier data on the finance system.	**Requires Improvement**	-	1	-	
Overall Level of Assurance	**Satisfactory**	**-**	**1**	**5**	
		System meets control objectives with some weaknesses present.			

Audit Approach

From discussions with Procurement staff, and a sample of budget holders, we established the procurement strategies, procedures and monitoring arrangements in place within the College. These were then evaluated to establish the extent to which they followed recognised good practice. We also documented controls in place within the purchasing / payments system through interviews with Finance staff and established whether the expected key controls were in place. Compliance testing was also performed to determine whether the key controls are working effectively.

Summary of Main Findings

Strengths

- A Financial Regulations document is in place and available to all staff;
- A Procurement Policy & Strategy are in place and available to all staff;
- There is a step-by-step procurement document in place which outlines the process to be undertaken;
- A full contracts register is in place to record all current contracts held by the College;
- The College follows the APUC framework approach for procurement exercises;
- A stakeholders' pre-tender pack is in place for the relevant contract managers to utilise in order to ensure that they perform the procurement process correctly;
- User groups are in place for procurement exercises to help ensure that sufficient expertise is obtained, with the Data Protection Officer (DPO) also involved;
- From a sample of five procurement exercises reviewed, to establish whether these followed agreed procedures, no issues were identified;
- With the exception of a procurement exercise completed in 2007, the authorisations of the contract from the Principal were in line with procedures;
- From a sample of 10 purchase orders (POs) examined, it was established that controls are in place, including electronic sign off, and that there were no significant variances between the POs sampled and the invoices prior to being processed for payment;
- All current historical liabilities were noted as being recorded accurately to reflect the amounts due to be paid / what has already been paid (for historical liabilities);
- Payments runs are reviewed by the Head of Finance or finance business partner prior to payment; and
- An informal checking process is in place for changes to standing supplier data.

Weaknesses

- The College's Procurement Strategy aligns with the College's previous Strategic Plan and is noted as being overdue for review against the scheduled review date;
- From inspection of the procurement evidence, it was noted that one of the contracts was procured in 2007 and as such, there was minimal evidence in place to demonstrate the procurement process undertaken;
- From inspection of the sample of purchases, there is no evidence of the Board approving the expenditure for the refurbishment of the hair salon, with the total order exceeding £180k;
- There is no invoice approval / goods received check undertaken in the Finance system to ensure that all payments made are for goods/services which have been confirmed as having been provided to the College;
- There is no comprehensive system control in place to ensure that invoice amounts agree to PO amounts (and therefore the amounts approved for purchase), with the Finance Assistant currently manually inspecting and querying any variances between the PO value and the invoice value; and
- Changes to standing data are manually checked by the Finance team, with no system controls in place to ensure that all changes are reviewed and independently approved prior to being actioned.

Acknowledgments

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

Main Findings and Action Plan

Objective 1 – The organisation's Procurement Policy, Strategy and procurement guidance are comprehensive, kept up-to-date and in line with the Procurement Reform (Scotland) Act 2014 ('the Act') and The Procurement (Scotland) Regulations 2016 ('the Regulations').

The Procurement Reform (Scotland) Act 2014 ('the Act') was enacted on 18 April 2016 and created new public procurement rules aimed at improving public sector purchasing of goods, works and services in Scotland. The Act applies to the further & higher education sector. All purchases for services and supplies above £50,000 in value and all works above £2 million are now defined as 'regulated contracts' which comes with specific procurement requirements. The Act also stipulates that contracting authorities with significant procurement spend (where the total value of regulated contracts in a year exceeds £5 million) need to produce and annually review a Procurement Strategy before the start of any given financial year, allowing the contracting authority to set out how it intends to ensure that its procurement activity achieves value for money and contributes to the achievement of the authority's broader aims and objectives. Bodies with significant procurement spend would also be required to publish an Annual Procurement Report which addresses performance and achievements related to the procurement activities. The College had a total non-pay influential spend of £3,565,699.31 in 2020/21 and £3,152,002.48 in 2021/22 – meaning that the level of spend does not exceed the threshold for "significant procurement spend" according to the Act. Despite this, the College elected to produce an Annual Procurement Report for the period 2021/22 and is likely to do so again for the period 2022/23. This report allows the College to monitor their performance in relation to procurement activity, such as the degree of utilisation of frameworks, and provides a wide range of information on the procurement processes and developments in the year. We noted the report to be comprehensive and useful for monitoring and decision purposes.

The College is also not required to publish a Procurement Strategy – however it had done so previously. The Procurement Strategy was last updated in January 2020 and covered the period 2019 to 2021. The Strategy was developed with the support of APUC. We found that the Strategy set out how it will support the College's strategic objectives and the Scottish Government's strategic outcomes, and that it will:

- Be transparent.
- Be driven by desired results.
- Create the most economically advantageous balance of quality and cost.
- Reduce the burden on administrative and monitoring resources.
- Lead to simplified or routine transaction.
- Encourage open and fair competition.
- Follow all appropriate regulations and legislation.

The Strategy states that a successful implementation requires staff involved in the procurement of goods and services to work in partnership with the Perth College Procurement Team and collaboratively with partners across the wider education and public sector. It considers the importance of value for money, transparency, sustainability, environmental, social and economic issues relating to procurement, and aligns the strategic procurement objectives to those in the College's Strategic Plan. The Strategy confirms what the College's procurement reporting arrangements should be, including those around the Annual Procurement Report. It also clearly states the overall responsibilities in relation to the governance, management, and implementation of procurement arrangements. Finally, it contains an action plan that outlines how the strategic procurement objectives will be achieved, how the achievement of these will be measured, who is responsible, and when they require to be attained by.

Objective 1 – The organisation's Procurement Policy, Strategy and procurement guidance are comprehensive, kept up-to-date and in line with the Procurement Reform (Scotland) Act 2014 ('the Act') and The Procurement (Scotland) Regulations 2016 ('the Regulations'). Cont.

We have also reviewed the College's Procurement Policy – which was last updated March 2020, and confirmed that relevant arrangements are included regarding the available procurement routes and corresponding thresholds, value for money considerations, sustainable procurement duty, collaborative procurement considerations, and staff responsibilities. These were found to be in line with the applicable legislation, although we noted that some of the provisions (e.g. regarding procurement thresholds) are outdated in comparison to the actual procedures currently employed by the College. Please refer to Objectives 2 & 3, below, for details on the College's procurement procedures and guidance.

Finally, we reviewed the procurement stipulations present in the College's Financial Regulations – which were last updated in June 2021.

We noted that the following authorisation levels for purchasing have been set out:

- Budget Holder: Up to £3,000 exclusive of VAT.
- CMT: Up to £10,000 exclusive of VAT.
- SMT: Up to £25,000 exclusive of VAT.
- Finance Director: Up to £50,000 exclusive of VAT.
- Principal: Up to £100,000 excluding VAT.
- Board of Management: Over £100,000 exclusive of VAT.

According to the Financial Regulations, budget holders cannot authorise their own expenditure, and central control by the Finance Director shall be exercised over the creation of requisitioners and authorisers and their respective financial limits within any electronic requisitioning system.

Objective 1 – The organisation's Procurement Policy, Strategy and procurement guidance are comprehensive, kept up-to-date and in line with the Procurement Reform (Scotland) Act 2014 ('the Act') and The Procurement (Scotland) Regulations 2016 ('the Regulations').

Observation	Risk	Recommendation	Management Response	
The College's Procurement Strategy and Procurement Policy are not reflective of the College's most recent Strategic Plan.	There is a risk that the strategic procurement objectives and/or approaches may no longer be relevant or effective and efficient.	**R1 -** Although the College would not be considered to be a contracting authority with significant procurement spend (and as such be required to publish and revise a Procurement Strategy) it has previously produced one for the period 2019-2021. It is therefore recommended that the College reviews the procurement documentation in place, and applies the following: • Revise the Procurement Strategy objectives and align them with the College's Strategic Plan 2022-2027. • Update the Procurement Policy, including procurement thresholds currently utilised in practice. • Communicate any other developments such as movements in spending priorities, changes in responsibilities, additional considerations in regard to value for money, sustainability, transparency etc.	The current Procurement Strategy and Policy are in the process of being updated to align with the new UHI College Strategic plan update 2022 - 2027. An updated procedure regarding spending priorities, ordering process and changes in responsibilities (within Pecos) is currently out for final review to be distributed to all staff. **To be actioned by:** Procurement Manager **No later than:** 31 October 2023	
			Grade	**3**

Objective 2 - Procurement procedures ensure that:
- areas of high spend across the organisation are monitored appropriately;
- opportunities for pooling of expenditure are identified in order to achieve best value;
- collaborative procurement and frameworks available to the organisation are utilised where appropriate.

The Procurement team has a step-by-step document which outlines the process to be undertaken during a procurement exercise. These tie in with the College's Financial Regulations, and the delegation of authorities within them. The lowest approval limit within the Financial Regulations (for Budget Holders) is £3,000, and these are built-in controls in the PECOS system, to ensure that only certain members of staff can approve initial purchase requests, with the system guiding the requisitioner through the process.

Roughly half of the College's supplier spend goes through the available procurement frameworks, and therefore, each of these suppliers is identified and obtained in the same manner. It was noted from discussions with the Procurement Manager that the frameworks are the first route explored when it comes to procurement activity and must be used where there is already an appropriate contract in place, unless agreed otherwise between the relevant Budget Holder and the Finance Director.

Regarding the quality / price weightings, the College can go through a direct process using the APUC framework with the split being 60% Quality and 40% Price. However, the College can also undertake a competition process for the suppliers on the framework and can set their own weightings based on the specific nature of the contract. In this case the stakeholders are able to develop their own technical questions, define the technical specifications and work with the Procurement Manager to decide on the weightings required. It was noted that even for contracts with low values, the college may utilise the quality / price weightings if they believe this may add value.

There is a full Contracts Register in place, which is maintained using a system called Hunter. All contracts above £5,000 (the majority of which are £10,000 and above) would be input onto the Contracts Register for central recording and monitoring. They are also classified depending on their status such as In Progress, Contracted, Closed, Research. A scheduled record is also set up if the contract is to recur, and this is downloadable for use by the relevant budget holder.

Objective 3 – The organisation's procurement guidance on quotes and tenders are being complied with.

In order to establish whether the College is in compliance with its procurement guidance, we selected a sample of five existing contracts, and obtained the procurement documentation and current contracts for inspection to establish whether the processes in place were suitably followed.

During our testing, we confirmed that the College utilises a robust procurement process. Once a need to make a purchase subject to procurement is identified, a Contract Strategy is normally prepared (though this is not always necessary, especially for lower value procurements). This document sets out the responsibilities of different individuals involved in the process, describes the goods or services being sought and their estimated value, shows the intended contract duration (including any potential extensions) and a breakdown of the costs incurred under the existing contract for comparison, if applicable. Reasons are given as to why a procurement exercise requires to be carried out, and the process to be followed is described, including consultation, market research, a summary of technical requirements, the development of tender documents including the established quality / price weighting, and how the tender will be advertised, evaluated, and awarded. Consideration is given to the potential use of available framework agreements, sustainability issues, and any associated risks and lessons learned from previous procurement projects. A timetable is also produced showing the intended implementation dates of tasks from start to finish. Finally, the document is signed off – this includes authorisations from the appropriate persons in the Finance and Procurement Team, normally the Head of Finance and the Procurement Manager. The Contract Strategy document is effectively often used as a permission to proceed with the procurement exercise.

From our testing, we noted that for one procurement exercise, with an annual value of £129,730 and current total value of £389,190, the Contract Strategy document was not present. This contract was entered into just prior to the previous Procurement Manager leaving their role at the College. It was stated that a signed copy may have gone directly to the Procurement Manager's email account and this was never transferred to the College's server. All other necessary documentation (such as the Invitation to Tender, bids received, and the Award Recommendation Report) were confirmed as present. We also noted that for one procurement exercise, with an annual value of £118,000 and current total value of £230,000, there was similarly no Contract Strategy document. It was explained that the tender was originally published in 2019, cancelled due to the COVID-19 pandemic, and republished in 2020. Again, all other necessary documentation was confirmed as being available. No documentation could be obtained for one contract, and this was noted as being the result of a procurement exercise undertaken in 2007, prior to the current procedures and wider regulations being put in place.

Depending on the procurement route adopted, the College issues and collects a range of different documentation, whether this is a Request for Quotes or an Invitation to Tender. We noted that, with the exception of the instance identified below, all of the necessary documentation was available for the procurement exercises sampled, including Invitations to Tender, technical specifications, pricing schedules, bids received and bid evaluations, notices of award and signed contracts. Award Recommendation Reports were prepared for higher-value procurement exercises. Authorisations and signatures were present, where necessary, and the content of the contracts reconciled with the tender publications.

Objective 3 – The organisation's procurement guidance on quotes and tenders are being complied with.			
Observation	**Risk**	**Recommendation**	**Management Response**
During our testing, we noted that one of the contracts sampled was a legacy non-compliant contract for the College's HR system – Ciphr, which has been in place since around 2007. No documentation was available regarding the contracting process, and it was entered into prior to the College having a non-competitive action process in place. The College was planning to migrate to another service provider (Tech One) via a compliant contract, but this system never materialised. It was stated that the College is in the process of carrying out a fully compliant collaborative tender for a new HR system.	There is a risk that procurement exercises are not carried out in line with the College's procurement guidance. Risk of procurement fraud, inadequate value-for-money and lack of transparency.	**R2 –** It is recommended that the College identifies any legacy non-compliant contracts in place and determines whether they are still fit-for-purpose, and subsequently carry out fully compliant procurement exercises where there are currently legacy contracts in place to achieve better effectiveness and value-for-money and demonstrate a transparent approach to purchasing.	Procurement has a list of non-compliant contracts which are being reviewed and retendered where possible. Focus is directed on the basis of highest spend first. Other legacy contracts are sometimes identified through spend analysis and this process will be ongoing to ensure complete coverage. There are currently "5" legacy non-compliant contracts in place and "4" are due to be retendered by 31 July 2024. **To be actioned by:** Procurement Manager **No later than:** Ongoing
			Grade **3**

Objective 4 – Purchase orders are completed for relevant purchases and are approved by members of staff with sufficient delegated authority prior to issue to suppliers, with the risk of unauthorised and excessive expenditure being minimised.

We selected a sample of 10 purchases made between July 2022 and April 2023, which had a PO raised through the PECOS system, to determine whether these were suitably approved by the appropriate budget holder in line with the appropriate delegated authority limits and whether the orders were receipted by the requisitioners and transmitted to the suppliers. It was noted that the key control in this process is the approval of the PO, as this is then used as the basis for the invoice which is receipted by the college (and subsequently paid) at a later date. All POs should have evidence of electronic sign off within PECOS, with the exception of those approved by the Board of Management as this would be evidenced in the minutes of the relevant meeting to which the proposal was taken.

From the sample testing undertaken, the following was identified:

- Nine of the 10 POs had been suitably approved;
- One purchase was required to be approved by the Board per the Financial Regulations, and this was not undertaken, though it was noted that the initial capital funding spend in which the purchase was included, was approved by the Board;
- Electronic sign off was evident for the POs which had been approved;
- Three of the 10 POs had not yet been invoiced;
- Three of the invoices agreed correctly to the POs, with an additional four having variances, however suitable explanations were provided for these;
- No instances were identified where the invoiced amount was higher than the PO value.

Objective 4 – Purchase orders are completed for relevant purchases and are approved by members of staff with sufficient delegated authority prior to issue to suppliers, with the risk of unauthorised and excessive expenditure being minimised.

Observation	Risk	Recommendation	Management Response	
We were unable to verify that one order for the value of £155,000 (exclusive of VAT) strictly followed the delegated budget authority limits as set out in the College's Financial Regulations, which require the Board of Management to approve any purchases over £100,000 in value (exclusive of VAT). Although the purchase was requisitioned in PECOS by a member of staff in the Estates department (and was subsequently approved by the Head of Estates, the Depute Principal, and finally the Principal), there is no record of this contract having been presented to the Board of Management for approval.	There is a risk that high-value payments are made without sufficient approval.	**R3 -** The College should progress the Head of Finance's request to provide the Board with access to the PECOS system to ensure that items exceeding the delegated authority limit for the Principal can be authorised on PECOS by a representative from the Board of Management prior to being issued to the supplier	The approval limits in PECOS need to be changed along with its structure. We need agreement from the Board as to who will be their PECOS approver. The expenditure tested was part of the capital grant expenditure, which as a block was approved by the Board. **To be actioned by:** Head of Finance and Clerk to the Board **No later than:** 31 January 2024	
			Grade	**3**

Objective 5 – All liabilities are fully and accurately recorded.

For the sample of 10 purchases selected, we reviewed whether invoices corresponding to the POs were available, that their value matched the POs raised, and that they were received in the PECOS system by the requisitioners or other appropriate members of staff. For three of the items sampled, we were not able to confirm that an invoice has been received because the orders raised covered accrued expenses for future periods and the services have not yet been rendered or invoiced.

For the remaining seven items sampled, we verified whether the invoices were received by the requisitioners, and if this was recorded in the PECOS system. One of the transactions was included within a bulk order approved on 1 Nov 2022 for the rest of the financial year and as such was not individually received. This bulk order was for recurring equipment hire expenses.

In three instances we noted that the invoice was received by an individual other than the requisitioner – in one case this was done by the Supply Chain Specialist on behalf of the requisitioner (who was also the budget holder for the relevant area). In another instance this was done by the authorising manager rather than the requisitioner, and in one case the order was requisitioned directly by the Procurement Manager but received by the manager for the relevant area.
For four of the purchases, we noted that the invoice did not seem to appear to match the raised PO in value – however we have obtained explanations for each of the instances identified. In one case the amount invoiced was less than the PO value, and this was queried with the supplier to establish why the amount was under the expected value, with estimations on the supplier side being the explanation. Ultimately the invoice was received by procurement on behalf of the requisitioner. In another instance the invoice total was less than the PO value as the call-out costs for the service were overestimated at the time of the order. In one case the total invoiced was less than the PO value because over the course of the equipment rental one of the items hired was made unavailable. As the order was already set in place and it was unclear if the hired item would be replaced, the PO was not adjusted - instead the commitment on this order will be cleared down at the end of the year. In the final instance noted, one order was raised for a number of different journal subscriptions and as the subscriptions begin and end at different times this can create multiple entries and alterations covering months.

A manual control is in place whereby the Finance Assistant will review an invoice provided by a supplier, and confirm with the requisitioner that the goods/ services were received, prior to processing the invoice for payment. Additionally, any invoices which do not have a PO will be put into a GRA (Goods Receipt Authorisation) process within bluQube which requires a chosen individual to authorise the invoice as received. From discussions with the Head of Finance, it was noted that the implementation of a potential automated control has been raised with the system supplier and other users in Scottish colleges, however, there has been no appetite from those involved to develop a system control to resolve this.

It was noted that amounts recorded in bluQube are initially the amounts per the invoices received from the suppliers, with these filtering through the system to the creditors balance until the amounts are signed off in the system as having been uploaded into a BACS run and paid. The amounts paid are then recorded against the relevant cost code as committed expenditure, with the creditors balance updated to note that this is no longer outstanding. It was noted from discussions, however, that there is no formal process in place to ensure that all amounts paid are reflective of goods received/ services provided to the College.

Objective 5 – All liabilities are fully and accurately recorded.

Observation	Risk	Recommendation	Management Response	
There is no comprehensive system-based invoice approval/goods received control in place within the Finance system to ensure that all payments being made are for goods/services which have actually been received by the College.	There is a risk that the College pays for goods/ services which have not been provided.	**R4 –** It is recommended that the College implement a formal check within the system, of all invoices to ensure these are matched to POs and Goods Received Notes (GRN) or confirmations of the receipt of the goods/ services from the purchaser prior to the relevant invoice being paid.	This can be achieved by requiring goods receipting to take place in Bluqube and expecting budget holders to do this in a timely manner. That is a substantial change which requires updates to Pecos and Bluqube as well as the buy in of budget holders. This is not a quick process. As has already been explained, the PO match control does not exist in Bluqube so the system control is not an option and will not be implemented. **To be actioned by:** Head of Finance **No later than:** 31 March 2024	
			Grade	**3**

Objective 6 – All payments are properly authorised, processed and recorded.

From a walkthrough of the process, it was established that following the Finance Assistant reconciling the invoices receipted against the POs raised, and clarifying whether any goods ordered were received (on an ad-hoc basis), these are processed for payment within bluQube and compiled into a BACS run. The BACS run is then inspected for any unusual payments/ large amounts by the Finance Business Partner, who queries these with the Finance Assistant to ensure that these are correct and legitimate. Following this, the Finance Business Partner approved the run in bluQube and passes this to the college's banking clerk for upload into the banking system. The Head of Finance then logs into the banking system and authorises the run for payment.

It was noted that there are checks in place over the payment runs. However, the controls in place to ensure that the amounts paid are agreed to the amounts raised in the PO are not currently robust, as there is no detective control in place to ensure that the amounts invoiced (and subsequently paid) agree to the amounts raised (and authorised by a member of staff with the relevant authority) in the PO.

Objective 6 – All payments are properly authorised, processed and recorded.

Observation	Risk	Recommendation	Management Response	
There is no inbuilt system control in place to ensure that invoice amounts agree to PO amounts (and therefore the amounts approved for purchase), with the Finance Assistant currently manually inspecting and querying any variances with the relevant purchaser. It was noted that these checks are evidenced via emails/ notes from telephone calls, with no system evidence retained due to the potential impact on the system's functionality.	There is a risk that invoices are processed for amounts which are not within the limits of the initial PO.	**R5 –** It is recommended that the College set and formally document a tolerable variance between the invoice value and the purchase order value.	Agreed re tolerance but we do not have the capacity to continually request updates to PO's. Therefore, if a PO does not match within tolerance then the invoice will be recorded as a No PO invoice. **To be actioned by:** Head of Finance **No later than:** 31 January 2024	
			Grade	**3**

Objective 7 – Controls are in place over the amendment of standing supplier data on the finance system.

It was noted from our discussions, that there are no procedural documents in place which describes the process for dealing with amendments to supplier standing data, including bank account details.

Through discussion with the Finance Assistant, we examined the controls in place in place for the amendment of supplier data on the bluQube Finance system. From these discussions it was established that the process for changes to supplier data are as follows – once a request to amend standing data is received from the supplier, the Finance Assistant would call the supplier using details that are already on the bluQube system to verify that the request is genuine and that the revised details are correct. Thereafter, a note would be put in the supplier area on bluQube explaining that the supplier was contacted and when, and that the change to data was confirmed. Afterwards, the Finance Assistant would inform the Procurement Team through e-mail of the change made and ask them to perform an additional check and confirm that it has been processed correctly. The Procurement Manager would then inspect the changes against the initial request for accuracy, and confirm their check via an email response to the Finance Assistant. It was also noted from discussions with the Head of Finance, that the bluQube system has a function whereby system controls could be put in place for this process.

Objective 7 – Controls are in place over the amendment of standing supplier data on the finance system.

Observation	Risk	Recommendation	Management Response	
The Finance Assistant is currently able to amend supplier data on the College's Finance system – bluQube - without any separate authorisation being required. There are no built-in controls to prevent amendment of standing supplier data without prior approval. There is also no formalised process for reviewing the changes made to standing supplier data – although we were advised that the Procurement Team do routinely perform a check over all changes made and they would first need to be informed by the Finance Assistant that a change has been processed.	There is a risk that incorrect changes to supplier details go undetected, resulting in erroneous payments being made.	**R6 –** It is recommended that the College introduce an approval process for the amendment of supplier standing data. This could be done in the form of built-in preventive controls in the Finance system that prevent unilateral processing of any changes without suitable independent approval.	Agreed subject to timescales. It is not as simple as just turning it on though as access classes will have to be updated and we have no systems accountant to do this so it will have to fit in with other demands. **To be actioned by:** Head of Finance **No later than:** 31 January 2024	
			Grade	**2**

Henderson Loggie

Aberdeen 45 Queen's Road AB15 4ZN — **T:** 01224 322 100 — **F:** 01224 327 911
Dundee The Vision Building, 20 Greenmarket DD1 4QB — **T:** 01382 200 055 — **F:** 01382 221 240
Edinburgh Ground Floor, 11-15 Thistle Street EH2 1DF — **T:** 0131 226 0200 — **F:** 0131 220 3269
Glasgow 100 West George Street, G2 1PP — **T:** 0141 471 9870

Paper 6

LEVEL OF ASSURANCE
Satisfactory

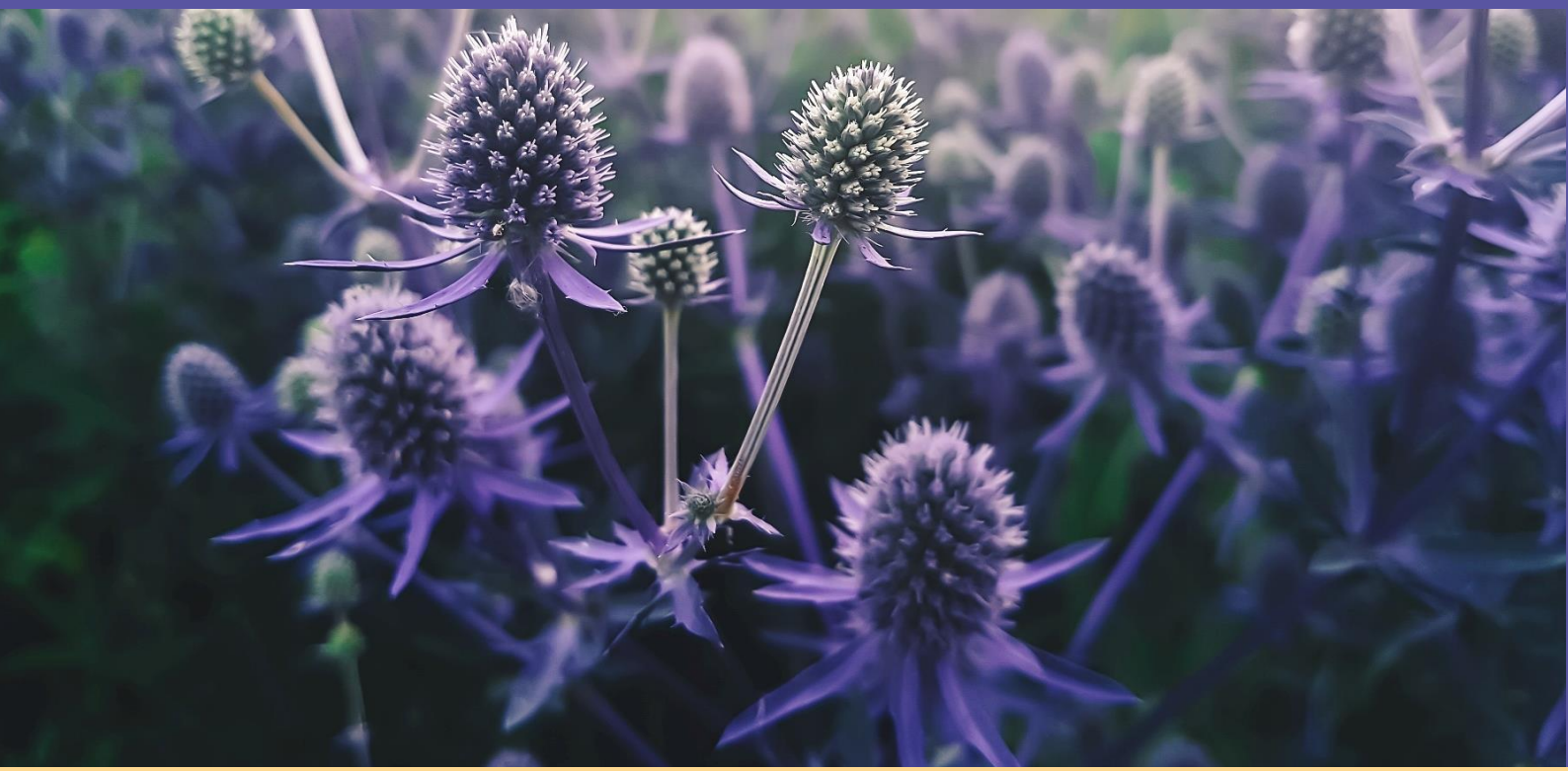
Perth College

Data Protection

Internal Audit report No: 2023/07

Draft issued: 21 September 2023

Final issued: 26 September 2023



Henderson Loggie

Contents

Level of Assurance

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

Gradings are defined as follows:

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

Action Grades

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

Management Summary

Overall Level of Assurance

Satisfactory	System meets control objectives with some weaknesses present.

Risk Assessment

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

- Risk 21 – non-compliance with relevant statutory obligations (risk rating: moderate).

Background

As part of the Internal Audit programme at the College for 2022/23, we carried out a review of the organisation's data protection arrangements. Our Audit Needs Assessment identified this as an area where risk can arise and where Internal Audit can assist in providing assurances to the Principal and the Audit Committee that the related control environment is operating effectively, ensuring risk is maintained at an acceptable level.

The Data Protection Act 2018 (DPA) sets out the framework for data protection law in the UK. It updated and replaced the Data Protection Act 1998 and came into effect on 25 May 2018.

The EU General Data Protection Regulation (GDPR), which came into force on 25 May 2018 and was enshrined in law as part of the Data Protection Act 2018 (DPA 2018), included an expanded definition of what personal data was, a greater number of specific responsibilities, and implemented significant fines for non-compliance.

The EU GDPR no longer applies in the UK after the end of the Brexit transition period on 31 December 2020. With effect from 1 January 2021, the DPPEC (Data Protection, Privacy and Electronic Communications (Amendments etc) (EU Exit)) Regulations 2019 amended the EU GDPR to form a new, UK specific data protection regime that works in a UK context after Brexit to sit alongside the DPA 2018. This new regime is known as 'the UK GDPR'.

Scope, Objectives and Overall Findings

We carried out a review of the College's implementation of the Data Protection Act 2018, including the UK GDPR, to ensure that processes and procedures are in place to allow compliance with this.

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

Objective	Findings			
To obtain reasonable assurance that:		**1**	**2**	**3**
		No. of Agreed Actions		
1. appropriate action has been taken by the College to comply with the Data Protection Act 2018, including the UK GDPR.	**Good**	-	-	1
2. adequate procedures are in place for the ongoing monitoring of compliance with data protection legislation.	**Satisfactory**	-	-	2
Overall Level of Assurance	**Satisfactory**	**-**	**-**	**3**
		System meets control objectives with some weaknesses present		

Audit Approach

Through discussion with the Clerk to the Board of Management (who is the appointed Data Protection Officer for the College) and review of the College's data protection procedures, we established the action taken to date by the College, and any further action planned, to implement the Data Protection Act 2018, including the requirements of the UK GDPR. The Information Commissioner's Office guidance was used as the basis for this discussion, and any additional action required has been highlighted in this report.

Summary of Main Findings

Strengths

- The College has established a data protection compliance framework, which now includes a mandatory programme of training for all staff supported by a suite of policies, procedures, guidance, privacy notices, data breach and Subject Access Request reporting monitoring arrangements, and mechanisms for identifying and assessing data protection risks.
- An internal data protection team is in place responsible for all operational aspects of data protection, which is supported by an external DPO accessed through HEFESTIS; and
- Governance structures are in place to maintain oversight of data protection compliance across the organisation and these arrangements are working effectively.

Opportunities

No significant weaknesses were identified during our review; however, we did identify several opportunities to strengthen existing practices, including:

- Consider establishing a network of data protection champions to support the data protection team and DPO, comprising of a data protection lead within each support department / academic team responsible for communicating training to team members and for assisting the data protection team with data breaches, subject access requests, data retention and general data protection queries.
- There is an opportunity for data protection metrics reported to the Audit Committee to be expanded to include details of SAR responses being completed within statutory timescales and compliance rates achieved for staff data protection training.
- Formalise a data protection compliance monitoring procedure and audit plan which reflects and builds upon existing practices which identifies the form, frequency and method of compliance monitoring and describes how the results of this activity should be reported.

Acknowledgments

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

Main Findings and Action Plan

Objective 1: Appropriate action has been taken by the College to comply with the Data Protection Act 2018, including the UK GDPR.

Our audit included a review of the specific arrangements in place within the College to obtain reasonable assurance that robust procedures have been established, and are operating, to ensure compliance with data protection legislation. We reviewed key policies and procedures, and we also met with the Clerk to the Board of Management and the Data Protection Officer (DPO) to obtain an understanding of the College's compliance environment. We then reviewed the processes controls that have been established for identifying, processing, and securing personal data.

The College has developed a data protection framework which incorporates, data protection and information security training; records management, including access and retention; ICT security; risk identification and assessment; data sharing; governance; and compliance monitoring. The College's approach has been externally reviewed by the HEFESTIS (HE/FE Shared Technology & Information Services) DPO, who continues to advise on ongoing compliance. The DPO has formed the view that the College is able to demonstrate a relatively good level of data protection compliance, although areas for improvement have been identified which we noted that the College was addressing at the time of our review. Our review also identified additional opportunities for improvement, which are highlighted further below in this report.

Based on our review we are, overall, satisfied that the College has good data protection policies and procedures in place and a number of areas of good practice were identified, including:

- A centralised Record of Processing Activities (RoPA) has been produced for the UHI partnership which covers the key requirements of the GDPR / DPA, such as identifying the types of personal data being collected, the lawful basis for processing personal data, data retention, data security classification and data transfers with third parties. The findings documented in the RoPa have informed the development of the College's, and wider UHI partnership data protection related policies, procedures, privacy notices and data protection training and guidance made available to staff. We noted that a local RoPA reflecting the specific data processing activities of the College is not currently in place, however this has been recognised by the Clerk to the Board of Management and the DPO and work is ongoing to develop this.
- Data protection training was provided to staff as part of the organisation's preparations for the implementation of the GDPR in 2018. Training continues to be made available to all new staff as part of the annual staff development programme, although until recently training was optional and not mandatory. We noted that the College's training provision has recently been revised with data protection now included within the suite of mandatory training for 2023/24 and compliance will be monitored by HR. Ad hoc training will continue to be provided by the DPO and day-to-day data protection delivery team to support staff in response to data breaches. Documented procedures for handling subject access requests, data breaches and data protection impact assessments.
- Guidance has been produced for staff which includes the College's policies and procedures around the use, management, security and confidentiality and disclosure of information.

Data Protection

Objective 1: Appropriate action has been taken by the College to comply with the Data Protection Act 2018, including the UK GDPR (continued).

- Staff, led by the Clerk to the Board of Management, have been assigned responsibility to oversee the development and implementation of data protection procedures. The team is supported by an external Data Protection Officer (DPO), through its subscription to HEFESTIS for one day per fortnight. The DPO provides advice on the development of data protection related policies and procedures, data sharing agreements, reviews evidence of compliance and participates in the College's internal compliance checks.
- Data Protection Impact Assessments (DPIAs) have been undertaken, where appropriate, as part of the implementation of new systems and technology to ensure that data protection risks are identified and mitigated. Guidance on when and how to complete a DPIA has been developed by the DPO.
- All subject access requests (SARs) are made through a dedicated mailbox which the DPO has access to. We noted that SARs are managed directly by the College team responsible for data protection, including data gathering, reviewing, and redacting the data and responding to the data subject. However, all SAR responses are processed through the dedicated mailbox and complex or sensitive cases are discussed with the DPO prior to the College issuing a formal response. A register of SARs is maintained by the DPO.
- A Data Protection Policy which reflects Information Commissioner's Office (ICO) guidance.
- A granular approach has been adopted to developing a suite of Privacy Notices, which also reflects the ICO's guidance.
- Regular reporting of data protection issues to the Senior Management Team, and to the Audit Committee as they arise.

Based on the work conducted as part of our review we are, overall, satisfied that the College has sound data protection policies and procedures in place.

Objective 1: Appropriate action has been taken by the College to comply with the Data Protection Act 2018, including the UK GDPR (continued).

Observation	Risk	Recommendation	Management Response	
The UK GDPR clearly provides that an organisation must appoint a single DPO to carry out their tasks, but this doesn't prevent it appointing other data protection specialists as part of a team to help support the DPO. The Clerk to the Board of Management is assisted by one other member of staff to oversee the day-to-day compliance arrangements within the College, who consult with the DPO where required on more complex matters. Good practice implemented in other further and higher education institutions includes establishment of a network of privacy or data protection champions responsible for ensuring compliance within support departments and academic teams.	There is no organisational structure in place for managing data protection and information governance, and therefore does not provide strong leadership and oversight, clear reporting lines and responsibilities, and effective information flows.	**R1** Consideration should be given to establishing a network of data protection champions to support the data protection team and the DPO. This network of data protection champions should comprise of a data protection lead within each support department / academic team who would have defined responsibility for communicating information on data protection training to team members and assisting the data protection team in dealing with any data breaches, subject access requests, data retention and general data protection queries.	The recommendation will be taken forward once the Clerk to the Board returns to work on a full-time basis following a period of absence. **To be actioned by:** Clerk to BOM **No later than:** 30 April 2024	
			Grade	**3**

Objective 2: Adequate procedures are in place for the ongoing monitoring of compliance with data protection legislation.

The College's data protection team and DPO, as well as the wider staff group, all play a key role in the oversight and application of the College's data protection procedures. The Clerk to the Board of Management regularly consults with the DPO on relevant issues and challenges. One aspect of the DPO's role is to ensure that the College has systems and procedures in place for ongoing application and monitoring of data protection compliance, although the DPO is not personally responsible for ensuring that those systems are being followed in practice. The Clerk to the Board of Management leads the operational and day-to-day responsibility for monitoring implementation of the College's procedures and therefore compliance with legislation. They also participate in the UHI data protection forum. If required, data protection issues, including any significant instances of non-compliance with procedures or legislation would be reported to the Senior Management Team and Audit Committee, with any improvement actions also communicated to the staff.

Observation	Risk	Recommendation	Management Response	
High level data protection metrics are reported to the Audit Committee during the year which provide an update on the College's performance in complying with its obligations under the data protection legislation. Metrics include the number of SARs and other types of requests made under the legislation, and the number and type of data breaches reported. SARs are recorded and monitored by the data protection team and detailed metrics in relation to completing SARs within the one-month statutory timescales are monitored by the Clerk to the Board of Management. We noted that there was scope for the existing metrics reported to the Audit Committee to be expanded to include details of SAR responses being completed within statutory timescales. We also noted that there is an opportunity to further enhance reporting by including the compliance rates achieved for staff data protection training once the programme of mandatory training has been established.	Reporting does not clearly demonstrate that the College has fulfilled key compliance requirements.	**R2** The current data protection metrics reported to the Audit Committee should be expanded to include details of the number and proportion of SAR responses being completed within statutory timescales and the compliance rates achieved for completion of staff data protection training.	Agree with the recommendation and will take forward once the Clerk to the Board returns to work on a full-time basis following a period of absence. **To be actioned by:** Clerk to BOM **No later than:** 28 February 2024	
			Grade	**3**

Objective 2: Adequate procedures are in place for the ongoing monitoring of compliance with data protection legislation (continued).

One aspect of the DPO's role is to ensure that systems are in place for ongoing monitoring of data protection compliance. We noted that the College has processes in place for:

- monitoring of reporting of data breaches and security incidents and implementation of any learning actions from the resulting reviews of the causes;
- ensuring that subject access requests are responded to within statutory timescales; and
- quarterly reporting to the Audit Committee on key compliance metrics.

In order to demonstrate compliance with the GDPR, checks should be put in place; the findings from these reviewed; and any issues followed up on a timely basis. We were advised by the Clerk to the Board of Management that a formal compliance framework has yet to be put in place. The implementation of a network of data protection champions as proposed at **R1** may have a future compliance role.

To help organisations assess, report and improve data protection compliance, the ICO has developed an accountability self-assessment tool and an accountability tracker to assist in developing an action plan to track progress in demonstrating accountability over time.

Objective 2: Adequate procedures are in place for the ongoing monitoring of compliance with data protection legislation (continued).

Observation	Risk	Recommendation	Management Response	
We consider that a good practice compliance framework would include: • Identifying data protection risks; • Considering which of these areas are of higher risk and choosing which should be focussed on for compliance checks; • Identifying what controls are in place over the areas that have been chosen, and strengthening these controls where necessary; • developing a formal programme of checks which identifies the controls that are tested, how these are tested, the frequency of the testing and who is responsible for undertaking these checks; and • periodic reporting from the staff who complete the checking (which could be via the proposed data protection champions) to the Clerk to the Board of Management.	Without robust and effective procedures for monitoring and testing compliance with the organisation's data protection policies, there is an increased risk of insecure data handling practices and potential data breaches not being detected in a timely manner. Fines may be imposed by the Information Commissioner's Office if it is found that data breaches could have been prevented if adequate monitoring procedures had been in place.	**R3** A data protection compliance monitoring procedure and audit plan should be developed, which reflects and builds upon existing practices. This procedure and plan should identify the form, frequency and method of compliance monitoring and should describe how and when the results of this activity should be reported. Completion of the ICO accountability self-assessment and tracker tools, with advice provided by the DPO, will assist in identifying any areas where further work requires to be undertaken to demonstrate accountability and compliance with data protection legislation.	Agree with the recommendation and will take forward once the Clerk to the Board returns to work on a full-time basis following a period of absence. **To be actioned by:** Clerk to BOM **No later than:** 30 April 2024	
			Grade	**3**

Henderson Loggie

Aberdeen 45 Queen's Road AB15 4ZN
Dundee The Vision Building, 20 Greenmarket DD1 4QB
Edinburgh Ground Floor, 11-15 Thistle Street EH2 1DF
Glasgow 100 West George Street, G2 1PP

T: 01224 322 100
T: 01382 200 055
T: 0131 226 0200
T: 0141 471 9870

F: 01224 327 911
F: 01382 221 240
F: 0131 220 3269

LEVEL OF ASSURANCE
Satisfactory

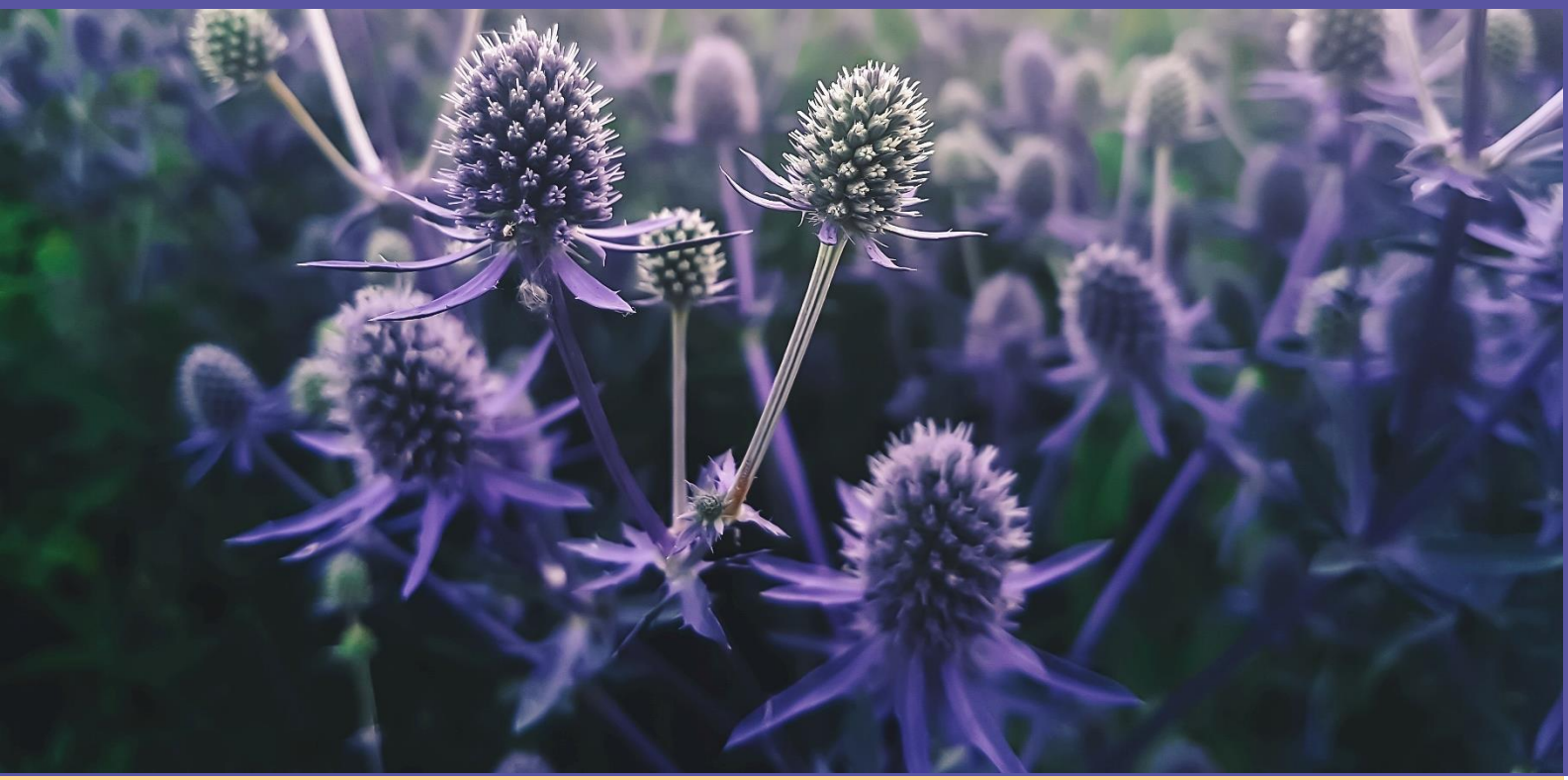
Perth College

Business Continuity

Internal Audit report No: 2023/09

Draft issued: 22 September 2023

Final issued: 26 September 2023



Henderson Loggie

Contents

Level of Assurance

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

Gradings are defined as follows:

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

Action Grades

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

Management Summary

Overall Level of Assurance

Satisfactory	System meets control objectives with some weaknesses present.

Risk Assessment

A review of the UHI Perth ('the College') Strategic Risk Register, identified the following specific risk relating to Business Continuity:

- Risk 12 – Threat to Business Continuity (Residual risk score 20).

Background

As part of the Internal Audit programme at the College for 2022/23 we carried out a review of the systems in place in relation to Business Continuity. The ANA identified this as an area where risk can arise and where Internal Audit can assist in providing assurances that the related control environment is operating effectively, ensuring risk is maintained at an acceptable level.

Oversight of the business continuity processes at the College rests with the Senior Management Team (SMT) who help to ensure that the College has sufficient contingencies in place to manage a major incident impacting the College's operations. Responsibility for preparing the documentation and making it available to all staff who may require it, sits with the Project and Planning Officer, who maintains the documentation on the College's Microsoft Sharepoint site.

The College has high level business continuity documentation in place, with action cards defining the steps to be undertaken in the event of a major incident, across all the directorates and the support service teams. It also has high level documentation around the process to be followed in the event of an emergency, as well as a list of key contacts both within the College and external parties including contractors and emergency services.

A short life working group was put in place by the College in 2023, with the aim of developing formal business continuity plans for all risk areas within the College and ensuring that these are understood by the potential users to help ensure that plans can be enacted at short notice. The group is chaired by the Project and Planning Officer, who monitors the progress of all actions raised.

The College has experienced major incidents in recent years, with the COVID-19 pandemic being the most disruptive of these events. As such, reactive measures were agreed by the College's SMT to help ensure compliance with the Scottish Government guidance, continuation of the College's teaching requirements, and safety of its staff and students. A COVID-19 Response Group was also established to engage with the Corporate Management Team (CMT) to gain feedback from operational staff on the challenges faced within their respective departments. The running of the group, and the measures required by the Scottish Government, were maintained throughout the COVID-19 pandemic, until all restrictions were lifted including the requirement for face coverage etc.

The College reports on its business continuity practices via the Corporate Management Team (CMT) and this allows the Board members and SMT/ CMT members to raise any concerns or highlight any changes in risk for the College and embed these into their business continuity plans.

Scope, Objectives and Overall Findings

We undertook a review of business continuity planning to allow us to consider whether there are adequate plans in place to minimise disruption to the College's operations following loss of life, buildings or equipment. This included a specific focus around the work that was undertaken to allow College operations to continue during the COVID-19 pandemic and reopen College campuses as the lockdown was eased. The review also looked at the student experience through the lockdown period.

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

Objective	Findings				
The objective of the audit was to obtain reasonable assurance that:		1	2	3	Actions already planned
		No. of Agreed Actions			
1. Business Continuity / Contingency Plans are in place covering all of the College's activities and locations.	**Satisfactory**	-	-	1	✓
2. The Business Continuity Plans / Contingency Plans are workable, properly communicated to members of staff, and have been adequately tested.	**Satisfactory**	-	-	2	✓
3. The processes and procedures in place follow recommended good practice.	**Good**	-	-	-	✓
4. The work that was undertaken to allow College operations to continue during the COVID-19 pandemic minimised, as far as possible, the impact on the student experience.	**Good**	-	-	-	
5. Appropriate preparations were made, and robust plans developed to ensure that College campuses could safely reopen when the COVID-19 lockdown was eased, taking into account all Scottish Government and Health and Safety Executive Guidance relevant to education providers.	**Good**	-	-	-	
Overall Level of Assurance	**Satisfactory**	**-**	**-**	**3**	
		System meets control objectives with some weaknesses present.			

Audit Approach

We obtained copies of Business Continuity / Contingency Plans in place and considered whether they covered all of the College's activities and locations. We also obtained and reviewed specific plans in place to continue College operations during the COVID-19 pandemic and plans developed for College campuses to reopen when lockdown restrictions were eased.

Summary of Main Findings

Strengths

- A Business Continuity Short Life Working Group is in place to refine the existing processes and add any new processes where relevant, to comply with the latest ISO standard. This work was ongoing at the time of this audit;
- The Incident Management Plan has been updated and action cards are in place to define the approach to a variety of major incidents and the key personnel responsible for managing them;
- Plans have been prepared to map out the fibre internet cables across the campus to assess risk of loss of cables to each building on the College campus;
- An emergency contact list is in place for out of hours incidents;
- Business continuity plans are made available on the College's Sharepoint site for ease of access;
- Response plans have been tested following the recent loss of water to the Brahan building;
- Lessons learned exercises have been undertaken following events, with changes communicated to the relevant staff and documentation also updated;
- The College reacted to the COVID-19 pandemic via ongoing engagement between SMT and staff and students, with the Scottish Government guidance acting as a basis for the College's decisions;
- The College arranged for laptops / devices to be provided to all staff and students to allow for continuation of teaching and learning at the beginning of the COVID-19 lockdown;
- A COVID-19 Response Group was put in place, including members from the CMT / SMT, Board, Health & Safety and Trade Unions;
- Engagement with students during the pandemic was ongoing between the Vice Principal Academic, CMT and Curriculum staff;
- Practical courses were prioritised for the return to campus following the initial lockdown based on the course requirements, with 'time pressured' courses also returned and the remaining students continuing to study remotely;
- Health Risk Assessments were undertaken for all staff to identify those most suitable for physical return, with those considered to be at risk not permitted to return to Collège based work;
- The College reviewed all Government guidance as it was issued, and issued College specific guidance to staff and students via the College website; and
- A text message system is in place to notify students to refer directly to the College website.

Weaknesses

- The College's IT Business Continuity plan is in the initial stages of preparation. However, as a result of the College's reliance on IT infrastructure to deliver academic and non-academic activity, this is key to the wider business continuity processes, and as such, should be prioritised;
- The physical copies of the business continuity plans are not up to date, for use in the event of a loss of power / internet connectivity; and
- There is no testing program in place for the business continuity documentation to help ensure that the College's staff sufficiently understand, and can implement, the plans in the event of a major incident.

Acknowledgments

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

Main Findings and Action Plan

Objective 1 – Business Continuity / Contingency Plans are in place covering all of the College's activities and locations.

Business Continuity Process

The College has put in place a short life working group to refine the business continuity processes which, at the time of this review in September 2023, had met three times, including scoping the work to be undertaken and the plans to be refined, and identifying any new areas to be addressed. The College has an existing business continuity plan in place, which was last formally updated in 2018, though ad hoc updates have been undertaken since then. The College had previously been compliant with ISO 22301 Business Continuity Management up until 2019 when the updated standard was published, however the College is working with an aim of achieving the most up to date ISO standard at the time of the completion of the documentation.

'Major incidents' are defined as anything which would significantly impact the College's operations and, as such, the College has identified the most likely events and has established formal plans for addressing these, with these being updated at the time of this review. All the updates to the current plans will be taken through the short life working group and then through the CMT, with the Vice Principal Operations taking these updates to the SMT.
Plans are also due to be updated based on any external updates from the relevant standards, as well as UHI partners.

The short life working group, by definition, has a short-term focus, which looks to ensure that the documentation is updated and reflects best practice, then once these are in place, business continuity processes will be monitored periodically through both CMT and SMT meetings. This includes a review and update of sections 1 to 3 of the plan, consisting of the Business Continuity Management Policy and Strategy, Business Impact Analysis and Work Area Recovery Strategy. Section 4 of the plan is the Incident Management Strategy, which the College updated in 2023 but is continuing to refine to define the approach for establishing an incident management plan, primarily by identifying the nature of the incident, controlling and containing the incident and communicating with stakeholders. For section 5 of the plan, Specific Risk Plans, the College has action cards in place, which cover various eventualities and areas within the College, with faculties, residences, student experience etc. all considered. As part of the ongoing review, the College will update the contents of its action cards where necessary, for which it currently has drafts for each area and these will be distributed to the relevant staff across the College for their review and understanding, and retained on the Sharepoint site for central access.

From inspection of the draft Global Incident Plan, Loss of Access to Individual Buildings and Act of Extreme Violence action cards, the following was noted:

- The key personnel for managing the incident are defined;
- High level steps are in place to dictate the response team's actions, including escalation where relevant;
- Contact information for the relevant CMT and SMT personnel is also recorded; and
- The Global Incident Plan (which covers issues such as pandemics, norovirus, volcanic ash etc.) provides information on the Incident Management Structure, the Internal and External Communications teams (including sample communications) and appendices detailing the steps to be undertaken for students and staff returning to campus.

Objective 1 – Business Continuity / Contingency Plans are in place covering all of the College's activities and locations (continued).

IT Business Continuity Plan

From discussions with the Head of ICT and Digital Transformation, the College is in the process of preparing a specific IT Business Continuity Plan, with an estimated draft date of the end of the calendar year, covering all the key areas under consideration within the College's ICT network. The College's previous Business Continuity Plan included sections that addressed general failures in the College's ICT infrastructure, including ICT server room failure and ICT infrastructure failure. There is also a UHI ICT Disaster Recovery Plan which covers the whole of the UHI network.

The ICT processes at the College are managed in the first instance by the UHI Executive Office in Inverness. It was noted from discussions with the Head of ICT and Digital Transformation, that the College no longer has on site servers, with data held in the cloud for the most part, and physical servers maintained at the UHI Executive Office. As part of the business continuity processes, the Head of ICT and Digital Transformation has compiled information regarding what is held at Perth and what is held at UHI Executive Office. From this exercise, it has been identified that some data on the College's infrastructure was not up to date and, as such, the Head of ICT and Digital Transformation has developed schematics detailing switchboards in place, as well as mapping out the location of fibre cables providing internet access to buildings across the campus.

The College achieved the Cyber Essentials Plus accreditation in March 2023 which also helped identify the areas which required improvement and also helped improve the College's security controls, with multifactor authentication implemented for all external applications, with an exercise underway to identify any contractors who use the College's systems who do not yet have this in place.

Objective 1 – Business Continuity / Contingency Plans are in place covering all of the College's activities and locations (continued).				
Observation	**Risk**	**Recommendation**	**Management Response**	
The College's IT Business Continuity plan is in the initial stages of preparation by the Head of ICT and Digital Transformation. However, as a result of the College's reliance on IT to deliver both academic and non-academic activity, this plan is key to the wider business continuity processes, and as such, should be prioritised.	There is a risk that the College is not sufficiently prepared to manage a loss of IT provision.	**R1 –** It is recommended that the College gives priority to finalising and issuing its IT Business Continuity plan so that it can be utilised in conjunction with the existing wider business continuity documentation in circulation.	Recommendation is accepted, will be taken forward by Head of ICT. Current BCP plan states that Teaching would revert to remote provision. L&T to be moved to within MS Teams across partnership. **To be actioned by:** Head of ICT & DT / Head of LTE **No later than:** 1 April 2024	
			Grade	**3**

Objective 2 – The Business Continuity Plans / Contingency Plans are workable, properly communicated to members of staff, and have been adequately tested.

Communication of Plans

The business continuity documentation in its current format, is held on Sharepoint, to which all SMT and CMT members have access. Hard copy business continuity documentation was previously in place however, as a result of the College's hybrid working practices, documentation being stored in all departments and remote working sites is no longer practical or feasible to maintain. Following the completion of the review and update of business continuity documentation by the short life working group, the updated documentation will be communicated to all staff for their review and understanding via Sharepoint, however no plans have been defined for hard copy documentation to be provided to mitigate the risk of loss of power / use of IT systems.

Effectiveness of Plans

The College has not tested its business continuity plans through organised exercises since prior to the COVID-19 pandemic, however a number of live incidents have taken place which have allowed for testing of the plans in place to an extent. These incidents included a fire in the grounds which took place in the early hours of a Sunday morning, which was initially identified by the security staff who are on site at the weekends. The guard contacted the fire service who attended the campus and extinguished the fire however, in doing so, burst the water main due to the pressure required by the hose, cutting off water to the College's Brahan building. The incident was then escalated to the Head of Estates and other operational management who contacted the contractor responsible for the College's water supply, and also the Depute Principal to assess whether the building could be inhabited the following day (Monday) and also to form the emergency response team. The emergency response team then identified the amount of fresh water available to the building, and calculated the capacity of staff and students which it could house under these conditions. The Depute Principal was kept updated by operational management and headed up the emergency response team through to the conclusion of the incident.

For the fire incident (and subsequent loss of water supply) a text was required to be issued to all staff and students (actioned by the Vice Principal External Engagement who heads up the Marketing team) to note that everyone should refer to the website for information relating to the incident and what they should do. Priority was given to students sitting exams and those in workshops for being on campus. The Student Records team then reviewed the available rooms elsewhere and reallocated staff and students where possible. Following this incident, the Head of Estates required the Estates team to draft an out of hours procedure to record key personnel and contractors who should be contacted. The Head of Estates, as part of their role in the short life working group, is in the process of drafting flowcharts documenting who within the Estates team is responsible for certain processes in the event of a major incident. This will also cover wider areas such as the curriculum and IT, with relevant personnel within each of the departments assigned responsibility for fulfilling the required processes in the event of a major incident.

Additional incidents, such as industrial action, also require an assessment from a business continuity point of view, as teaching is required to continue in some instances, and also running of the College's estate is required in others. For the most recent incident, which concerned teaching staff, the College took the decision that it would be physically closed and teaching / working would be undertaken from home, with notification of this provided through text messages informing the students to refer to the College's website for updates.

Objective 2 – The Business Continuity Plans / Contingency Plans are workable, properly communicated to members of staff, and have been adequately tested (continued).

Observation	Risk	Recommendation	Management Response	
The physical copies of the business continuity plans are not up to date, for use in the event of a loss of power and / or internet service.	There is a risk that the College cannot access the business continuity plans in the event of a loss of power.	**R2 –** It is recommended that the College consider storing hard copy business continuity documentation as part of an incident "grab bag" located in dedicated locations in each separate building within the College. Details of these specific locations - and the contents of the "grab bag" - should be disseminated to the relevant managers across the College.	Recommendation accepted and will be taken forward as part of the Business Continuity SLWG. **To be actioned by:** Project & Planning Officer **No later than:** 31 January 2024	
			Grade	**3**

Objective 2 – The Business Continuity Plans / Contingency Plans are workable, properly communicated to members of staff, and have been adequately tested (continued).

Observation	Risk	Recommendation	Management Response	
There is no testing program in place for the business continuity documentation to help ensure that the College's staff sufficiently understand and can implement the plans in the event of a major incident.	There is a risk that the College staff may not have an adequate understanding of how to administer the business continuity plans in practice due to a lack of training / testing.	**R3 –** It is recommended that the College develops a testing program for the business continuity plans, with scenario-based tests undertaken on a rolling basis, to help ensure that staff can demonstrate their understanding of the plans.	Recommendation accepted and will be taken forward as part of the Business Continuity SLWG. **To be actioned by:** Project & Planning Officer **No later than:** 31 January 2024	
			Grade	**3**

Objective 3 – The processes and procedures in place follow recommended good practice.

Good Practices

The documentation in place is accessible via Sharepoint, to which all SMT and CMT members have access, and therefore the relevant documentation can be applied by an appropriate person in the event of a major incident. The documentation created reflects the most likely events to impact the College, and the plans are prescriptive, however they were documented in a concise manner to ensure that they can be read and applied in a short period of time, with the expectation that the user will have the necessary skillset to apply the process effectively. The plan documentation in place is formatted in a consistent manner of: Plan Owner, Threat Background & Threat Strategy, Response Actions, Strategic Direction Team, and Additional Information, which helps ensure that the user can direct themselves to the information which they require immediately. As noted under Objective 1, the College had previously complied with the ISO Business Continuity Management standard and aims to achieve this again with the updated standard.

From a review of the College's processes against the HM Government Business Continuity Management Toolkit, good practices were identified regarding the College identifying and understanding the key risks to its operations, the likelihood and impact of these, and the measures in place to mitigate this in the event of the incident occurring. Additionally, the College has defined the timeframes for each of the measures and the consequent impact on its services should the incident last 24 hours, 48 hours, 7 days etc. in line with the best practices defined in the toolkit.

The College's decision to create a short life working group to refine the business continuity processes also demonstrates good practice as the final processes will have been determined by a variety of personnel and are therefore more likely to address the concerns of various departments and their associated risks.

The College has adopted hybrid working measures, with some of its courses now being taught entirely online, and this therefore provides an opportunity for minimising disruption to the College should it lose use of one or more of its buildings. This can also be applied to an event where the IT network is impacted at the College, as all staff are provided with devices on which they can work from a remote location, and therefore, they are not required to be at their desk on the College campus.

From discussions with relevant staff, it was identified that there is a good understanding of the processes in place, and the requirement to escalate the management of the incident to a senior member of staff with suitable decision-making powers.

COVID-19 Practices

From review of the processes undertaken by the College during the COVID-19 pandemic, it was noted that the College reviewed Scottish Government guidance on an ongoing basis, with the SMT reviewing it and making decisions on the College's next steps.

The College establishing a COVID-19 working group also demonstrated good practice as the necessary skills could be obtained from the relevant personnel at the same time, allowing for prompt decision making and clarity on the College's plans going forward. The communication of the information via the website then helped to ensure that a consistent message was provided to all staff and students across the College and reduced the risk of misinterpretation.

Objective 4 – The work that was undertaken to allow College operations to continue during the COVID-19 pandemic minimised, as far as possible, the impact on the student experience.

Covid 19 Processes

Upon the declaration of the COVID-19 pandemic by the Scottish Government and the immediately effective lockdown, the College's immediate response was to implement measures to support the students. Within this, the College was aware that all students and staff could access emails and texts and, as such, the texts issued to the students and emails to the staff referred to the website where the College provided all the links to curriculum areas. The College's Edutext system had previously been decommissioned (upon student request) however this was then brought back into place to ensure that the College could contact them. In terms of managing teaching materials, the use of MS Teams was not as widespread at the beginning of the pandemic and the College previously used Brightspace for HE and Mahara for FE, however, now MS Teams is used for both. Additional links for vocational courses were also required in conjunction with the companies supporting these.

The College's SMT identified mental health risks for those living alone, particularly with the unknown timeframes of the lockdown and further restrictions and the College uploaded information on living alone etc. onto its website, including health and wellbeing contacts, mindfulness sessions, and a counselling service which was provided via phone and email.

In order to ensure all students had access to the materials, the College's curriculum teams worked closely with the ICT team to secure as many laptops and tablets as possible, and then allocated these to students and had staff volunteers who distributed these to the students at their homes / accommodation, as well as any necessary audio visual equipment and furniture.

Scottish Qualifications Authority (SQA) updates were provided latterly, which were then utilised to plan for assessments etc. with vocational courses impacted the most. Personal Academic Tutors (PATs) were significantly involved in assessing students who had fallen behind to ensure that they fulfilled their courses in line with expectations.

The Vice Principal Academic prepared an action plan for 2020/21, and following College staff being provided with access to buildings in September 2020, the SMT forecasted that they would close down again so planned for all students who could work remotely to remain doing so, with practical students brought in with an aim to work through as much of the practical coursework as possible. The Vice Principal Academic reviewed the frameworks in each course and looked at the practical elements in each course, and reversed how they would order their curriculum under normal circumstances, and put all the practical work at the start to increase the chance of the students completing it.

For 2021/22, the College undertook a lessons learned exercise in the Curriculum and Student Experience Group meeting to discuss the processes undertaken and feedback from students obtained from the student surveys. HE students were engaging with other HE students on online forums to feedback on their experiences, which was also incorporated into this. The College decided to focus on FE students all being on campus, and HE students staying online upon further lifting of Scottish Government restrictions. From the lessons learned exercise, all materials were made available on Brightspace, before migrating these to MS Teams, thus providing access to discussion boards etc.

Objective 5 – Appropriate preparations were made, and robust plans developed to ensure that College campuses could safely reopen when the COVID-19 lockdown was eased, taking into account all Scottish Government and Health and Safety Executive Guidance relevant to education providers.

From discussions with the Project and Planning Officer, it was noted that the College developed a COVID-19 Response Group, which later became a sub-committee of the Health and Safety Committee, which is attended by the Depute Principal, a member of the Board, and key management staff from across the College, to manage the College's actions regarding the changing landscape of the pandemic. The SMT met regularly to review the information provided by the Scottish Government, with updates then discussed and the College's obligations established, and subsequently communicated to staff and students via the College website. The College's website acted as a central reference point for information, and as such, text messages were sent out to all students via the Edutext system, with emails sent to College staff with any actions to be undertaken as a result of the updated Government guidance.

The College as a public organisation had access to a COVID-19 advice line at the Scottish Government, which was regularly contacted by the SMT to ensure that they had interpreted the information accurately. In addition to this, the SMT regularly contacted the SQA to ensure that the requirements for teaching courses in a remote manner or on campus in a safe environment were appropriately managed. Communications were also made with the SQA to ensure that the examination processes were in line with the course requirements, including practical courses, with these being prioritised over desktop-based courses.

The SMT monitored the changes in government guidance, and when the College campus was given permission to open, plans were developed to ensure that the College provided the necessary safeguards, with measures such as the College installing CO2 monitors for each room, with some identified as being unworkable due to ventilation, enhanced cleaning processes from cleaning personnel, and the provision of sanitiser across the College. The Health & Safety Advisor also undertook corporate risk assessments which were signed off by the Depute Principal, with all individual assessments going through Health & Safety and the Trade Union representative for the area, with those identified as high risk not being permitted to work on the premises until the restrictions were fully lifted. Some of these measures remained in place following the lifting of all restrictions, including the monitoring of CO2 levels and improved hygiene practices to help ensure staff and students continue to work in a clean and safe environment.

Henderson Loggie

Aberdeen 45 Queen's Road AB15 4ZN — **T:** 01224 322 100 — **F:** 01224 327 911
Dundee The Vision Building, 20 Greenmarket DD1 4QB — **T:** 01382 200 055 — **F:** 01382 221 240
Edinburgh Ground Floor, 11-15 Thistle Street EH2 1DF — **T:** 0131 226 0200 — **F:** 0131 220 3269
Glasgow 100 West George Street, G2 1PP — **T:** 0141 471 9870

Strategic Plan 2021 to 2024 with previous internal audit coverage

Proposed Allocation of Audit Days

	Category	Priority	Actual 21/22 Days	Planned 22/23 Days	Planned 23/24 Days	Year last reviewed by Internal Audit
Reputation						
Publicity and Communications	Gov	M				2012/13
Health and Safety / Wellbeing	Gov	H			5	2019/20
Student Experience						
Curriculum	Perf	M				-
Quality	Perf	M	5			-
Student support	Perf	M				2015/16
Student funding BPR	Perf	M				2014/15
Student recruitment and retention	Fin/Perf	M/H				2020/21
Student welfare – Duty of Care	Perf	M				-
Students Association	Gov	L/M				-
College Nursery	Fin	M				2016/17
Distance Learning	Fin/Perf	M				2014/15
Staffing Issues						
Staff recruitment and retention	Perf	M				2009/10
Staff development	Perf	M				2020/21
Payroll	Fin	M/H	5			2019/20
Teaching staff utilisation	Perf / Fin	M				2017/18
Estates and Facilities						
Building maintenance	Fin/Perf	M/H	4			2011/12
Estates strategy / capital projects	Fin/Perf	M				2016/17
Space management / room utilisation BPR	Perf	H		5		2017/18
Asset / fleet management	Perf	M				2020/21
Campus Security	Perf	H				2013/14

	Category	Priority	Actual 21/22 Days	Planned 22/23 Days	Planned 23/24 Days	Year last reviewed by Internal Audit
Cleaning Management	Fin/Perf	H				2013/14
Financial Issues						
Budgetary control	Fin	M				2019/20
Student invoicing and debt management	Fin	M				2015/16
General ledger	Fin	L				2007/08
Procurement and creditors / purchasing – Sustainable procurement	Fin	M/H		5		2019/20
Debtors / Income	Fin	M/H	4			2007/08
Cash & Bank / Treasury management	Fin	M				2008/09
Fraud Prevention, Detection and Response	Fin	M			4	Covered in other audits
Financial sustainability	Fin	H				2019/20
Key Financial Controls – AST Ltd	Fin	M				2019/20
Commercial Issues						
Business Development	Fin/Perf	M				2015/16
Research and Development / IPR	Fin/Perf	M/L				2015/16
External Activities	Gov/Fin/Perf	M				-
International products, partnerships and student recruitment	Gov/Fin/Perf	H				2018/19
Organisational Issues						
Risk Management	Perf	M/H			5	2011/12
Business Continuity	Perf	M		5		2011/12
Corporate Governance	Gov	M				2016/17
Corporate Planning	Perf	M				2020/21
Performance reporting / KPIs	Perf	M/H		4		2020/21
Partnership Working (incl. Regional Engagement)	Gov/Perf	H	5			-
Equalities	Gov	L/M				2017/18
Environmental Sustainability	Gov/Perf	M				-

	Category	Priority	Actual 21/22 Days	Planned 22/23 Days	Planned 23/24 Days	Year last reviewed by Internal Audit
Information and IT						
Cyber security	Perf	M/H			5	2017/18
Data protection / records management	Gov	H		5		2010/11
FOI	Gov	M				2010/11
ICT and Digital Transformation Strategy implementation (with specific focus on digital capability)	Perf	M/H			4	-
Licencing	Perf	L				2017/18
Other Audit Activities						
Credits Audit	Required		5	5	5	All
Bursary, Childcare and Hardship Funds Audit	Required		4	4	4	All
EMA Audit	Required		1	1	1	All
Management and Planning)			3	3	3	All
External audit / SFC)						
Attendance at Audit Committee)						
Follow-up reviews			2	2	2	All
Payroll Double Payment			5			
Audit Needs Assessment			2			
			____	____	____	
Total			45	39	38	
			====	====	====	

Category: Gov – Governance; Perf – Performance; Fin – Financial

BPR = Business process review

UHI | PERTH

Committee Cover Sheet

Paper No. 9

Name of Committee	Audit Committee
Subject	FOI/DP Full Year Report 2022-23
Date of Committee meeting	04/10/2023
Author	Project & Planning Officer
Date paper prepared	21/09/2023
Executive Summary Please provide a concise summary of the Paper outlining the purpose, impact and recommended future actions if approved	Summary of data relating to FOI requests received and data protection issues raised for the Academic Year to July 2023.
Committee Consultation Please note which Committees this paper has previously been tabled at, and a brief summary of the outcomes/actions arising from this.	Information provided in this paper is provided within quarterly statistics submitted to the Scottish Information Commissioner
Action requested	☒ For information ☐ For discussion ☐ For endorsement ☐ For approval ☐ Recommended with guidance (please provide further information, below)
Strategic Impact Please highlight how the paper links to the Strategic Objectives of UHI Perth or the UHI Partnership: Strategic-Plan-2022-27.pdf If there is no direct link to Strategic Objectives, please provide a justification for	Informs risk register Regulatory compliance

Committee Cover Sheet

inclusion of this paper to the nominated Committee.	
Resource implications Does this activity/proposal require the use of College resources to implement? If yes, please provide details.	N/A
Risk implications Does this activity/proposal come with any associated risk to UHI Perth, or mitigate against existing risk? If yes, please provide details.	Yes Informs risk register Regulatory compliance
Equality & Diversity Does this activity/proposal require an Equality Impact Assessment? If yes, please provide details.	No
Data Protection Does this activity/proposal require a Data Protection Impact Assessment? If yes, please provide details.	No Click or tap here to enter text.
Island communities Does this activity/proposal have an effect on an island community which is significantly different from its effect on other communities (including other island communities)?	No If yes, please give details: Click or tap here to enter text.

Committee Cover Sheet

Status (ie confidential or non-confidential)	Non-Confidential If a paper needs to remain confidential for a prescribed period of time before being made 'open', please advise how long must the paper be withheld: Click or tap here to enter text.

Freedom of Information

Please note that **ALL** papers will be included within 'open' business unless a justifiable reason can be provided.

Please select a justification from the list, below:

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

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

Freedom of Information & Data Protection

Academic Year 2022/23 | Update to July 2022

1. Summary of Key Activities

- 2022/23 saw a significant increase in the number of FOI requests.
  The majority of requests were enquiries into Student and HR-related data

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

2. Freedom of Information

a. Total Number of Requests – Year to Date

2022/23 Full Year	2021/22 Full Year	2020/21 Full Year	2019/20 Full Year
39	22	28	28

b. Response Times

	Full Year
Replied within Statutory Time	39
Late	0
To be completed	0

c. Request Topics

Type	**No.**
Research	1
Estates	2
Academic Related	3
IT Related	4
Finance & Procurement	5
Student Related	11
HR Related	13
Total	**39**

d. Request Sources

Type	**No.**
Staff	1
Campaigning Groups	2
Industry	2
University Research	2
Trade Union	4
Press & Media	5
MPs/Scottish Parliament	8
Unknown/Anonymous	15

TOTAL	**39**

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 (SARs) Information

Three SARs were received throughout the year, related to:

- Two requests by students requesting student records
- One 3rd party request by Police Scotland requesting a student record

4. Data Breaches

A total of 5 Data Breaches were recorded for the year to July 2023.

One breach met the threshold for reporting to the Information Commissioner however, the ICO decision, based on the information we provided to them, was that no further action was required.

The broad detail of the breaches are recorded below:

Area	Nature of Breach	Resolution
Student Services	Letter containing personal data issued inappropriately	Apology issued and a breach report sent to ICO. Data protection refresher training delivered to Student Services team New guidelines for sending letters containing sensitive information issued to staff
Student Services	Email containing personal data issued inappropriately	Recall and deletion of emails
Student Admissions	Cyber security incident with external stakeholder compromised PC Admissions outlook inbox	PC Admissions password reset
Student Funding	Email containing personal data issued inappropriately	Confirmed that email was not opened by wrong recipient and email deleted by UHI LIS team
Lecturer	Assessment record shared with wrong recipient	Appropriate steps taken quickly to rectify the error

In all cases where there has been a breach, a report is sent to the Data Protection Officer (DPO) for their records and refresher data protection training organised for the member(s) of staff involved.

Kirsty Campbell
September 2023

Health and Safety Committee

Minutes

Date and time: Thursday 11 May 2023, 2.00pm – 4.00pm

Location: MS Teams / Rm 019

Members present: Gareth McKenna (GMK), Head of Business Development
Henry Nicholson (HN), Head of Finance
Ian Bow (IB), Health, Safety and Wellbeing Advisor
Jane Edwards (JED), Unison Representative
Jessica Borley (JB), Quality Manager
Jill Martin (JM), Head of ICT
Kathleen Connor (KC), Library Team Leader
Lorenz Cairns (LC), Depute Principal Academic
Nicky Inglis (NI), SDD – STEM
Steve Scott, EIS H&S Representative
Ype van der Schaaf (YS), SM – Food Studies & Hospitality

Apologies: Andrew Budge (AB), Gavin Whigham (GW), Christiana Margiotti (CM), Lesley Connaghan (LCO), Charlea Jefts (CJ), Ros Bryce (RB), Jill Elder (JEL), Caroline Taylor (CT), David Gourley (DG), Deborah Lally (DL), Iain Wishart (IW)

In Attendance: John Small (JS), SM Language School, in attendance for Christiana Margiotti
Suzanne Miller (SM), SM for Beauty Therapy, Hairdressing & Wellbeing in attendance for Lesley Connaghan

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

Note Taker: Carolyn Sweeney-Wilson

Summary of Actions

Ref	Action	Responsibility	Time Line
4.	**Review of actions from previous meeting / Matters arising that are <u>not included elsewhere on the agenda</u>:**		
	4.1 <u>Serious Assault:</u> The relevant policy/s relating to violence against staff/students to be reviewed outwith the meeting, via email.	Katy Lees	By end of 2023

Summary of Actions

Ref	Action	Responsibility	Time Line
	4.2 Leisure Classes in ASW		
	4.2.2 Waste Management Review: HoE to update HSC at the next meeting on the waste management review he was undertaking.	Gavin Whigham	First HSC mtg in AY23-24
	4.3 Dog Walkers on Campus: HoE to investigate signage to remind dog owners to remove their dog's waste.	Gavin Whigham	First HSC mtg in AY23-24
	4.4 Health & Safety Risk Register: HSC members to forward any questions, comments, or concerns, to IB asap.	All	ASAP
10.	**Health & Safety Accident & Incident Statistics – Quarter 3 - AY22-23**		
	10.2 Quarter 3 – AY22-23 Statistics		
	• IB to inform Reception staff that they could phone for a taxi on behalf of students, but that the student was required to pay for the taxi themselves.	Ian Bow	First HSC mtg in AY23-24
	• IB to investigate with HSE where the correct reporting should take place, particularly in regard to work related ill-health symptoms.	Ian Bow	First HSC mtg in AY23-24
12.	**Health, Safety and Wellbeing Advisor update** *(any other items not included elsewhere on the Agenda)*		
	12.2 PKC 'Warm Spaces' Initiative: KFL to ask the Head of Student Experience for an update on the PKC 'Warm Spaces' Initiative and circulate that information to HSC members.	Katy Lees	First HSC mtg in AY23-24
	Other HSW Adviser Updates:		
	• H&S Audit returns: Action Plans (APs): Union Reps and IB to meet outwith HSC to discuss how the matter of completion of the Action Plans could be escalated, if they were not completed and returned timeously.	Union Reps, Ian Bow	First HSC mtg in AY23-24
	Unison Items		

Summary of Actions

Ref	Action	Responsibility	Time Line
14.	14.1 <u>H&S Management Regulation 13</u> • KFL to send a reminder notice to all Heads of Department to clarify that when they sign-off an RA they must ensure that any training is actioned and monitored by the department. • This item to be added to the agenda of the next HSC meeting for an update. 14.2 <u>Mandatory Training Completion Rates:</u> KFL to review the checklist for mandatory training to ensure that statistics were not distorted for the different types of staff (Academic/Professional Services).	Katy Lees Carolyn Sweeney-Wilson Katy Lees	First HSC mtg in AY23-24 First HSC mtg in AY23-24 First HSC mtg in AY23-24
15.	**AOCB** <u>Informing Staff of Maintenance Work Taking Place:</u> KFL to advise the HoE of managers' concern that they were not always being informed of maintenance work taking place in their areas.	Katy Lees	First HSC mtg in AY23-24

Minute

Item		Action
1.	**Welcome and Apologies** KFL welcomed all to the meeting. Apologies were and those in attendance were noted.	
2.	**Additions to the Agenda for AOCB** None.	
3.	**Minute of Previous Meeting** (Paper1) The minute of the meeting held on 2 February 2023, 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 Serious Assault: SS to submit his questions to KFL and KFL and IB to ascertain whether processes were followed correctly and feedback to SS. KFL indicated she would follow-up the questions that SS had sent to her and feedback to SS outwith this meeting. IB said that, if anything like this incident happened in the future, the incident log should be completed on the day of the incident. IB asked Committee members to make sure their teams were aware that any assaults should be notified to IB the same day. There followed an in-depth discussion regarding this incident and whether or not the College should have reported it to the Police. There was debate in terms of the organisation reporting any assaults to the police, and having a zero tolerance policy, and matching that with the individual's right to make their own decision. There was discussion around whether there were certain offences that would legally be required to be reported. There was also concern that, if an individual chose not to report an incident in the first instance, then months later changed there mind that they did want the incident reported, then any investigation would be compromised by that delay in reporting it. There was also a discussion about a person's medical condition potentially meaning violence was part of that condition.	

Item	Action
LC asked committee members to be clear what they were agreeing to was that, against the express wishes of any individual, the College was now to report any incidence of violence to the police.	
Agreed: HSC members agreed that, going forward, the College was now going to report any incidence of violence to the police, regardless of the express wishes of any individual.	
In light of this decision, KFL suggested the relevant policy/s to return to HSC for review. However, due to the dates of the HSC meetings, KFL suggested that the policy/s should be reviewed outwith the meeting, via email. HSC members agreed.	
Action: The relevant policy/s relating to violence against staff/students to be reviewed, but to be reviewed outwith the meeting, via email.	**Chair**
4.2 Leisure Classes in ASW:	
4.2.1 IB to ensure that the appropriate Hazard and RA forms were provided by the Lecturer for the glass class and to liaise with DL regarding anything else.	
IB confirmed this action was completed. The General RA and COSH Assessment had been completed.	
4.2.2 IB to liaise with the Senior Caretaker in regard to appropriate disposal of the glass and any information provided by Biffa.	
IB confirmed this action was completed. Biffa had indicated College staff could use the general waste bin for disposing of glass.	
LC advised that the Head of Estates (HoE) was undertaking a general review of waste disposal across the College - how this was approached and how to get better at disposing of waste . Part of that review would be to assess the use of skips etc.	
Action: HoE to update HSC at the next meeting on the waste management review he was undertaking.	**HoE**
4.2.3 GMK to liaise with DL regarding what, if any, support was expected to be provided by his staff for this Lecturer to run the class.	

Item	Action
GMK confirmed this action was completed. GMK said that the Head of Student Experience had made it clear that ASW staff were not required to support Lecturers when they were using ASW classrooms. These Lecturers were to be supported by their own curriculum staff, if any support was required.	
4.3 Dog Walkers on Campus: KFL and IB to investigate the rules that PKC apply to their parks in regard to people walking their dogs in these areas.	
IB confirmed he had checked with PKC and they did not issue any public guidance about keeping dogs on leads in their parks. However, they ask dog owners to ensure they clear up their dog's mess. IB thought that, as long as dogs did not cause a hazard, they should be allowed on College land.	
LC advised that there was a right of way through the entire College campus, so the College could not rightly stop dog walkers from entering the campus. In terms of dealing with dog waste, it was LC's understanding signage would need to be erected before the College could take any action. However, LC was not sure if there was anything that the College could do to enforce this.	
KFL said that if the College provided dog poo bins, it would then be up to the College to ensure these bins were emptied. At the moment, dog walkers take their dog poo bags away with them.	
Agreed: HSC members agreed that general signage should be erected to remind dog owners to remove their dog's waste.	
Action: HoE to investigate signage to remind dog owners to remove their dog's waste.	**HoE**
4.4 Health & Safety Risk Register: HSC members to review the Risk Register document and to forward any questions, comments, or concerns, to IB by the end of February.	
KFL advised that she had not received many responses regarding this item.	
Action: HSC members to forward any questions, comments, or concerns, to IB asap.	**All**
5. Feedback on the Policies and Procedures (PPs) Sub-Group	
IB advised HSC that the following policies were going to be reviewed, or were currently under review:	

Item	Action

- Staff Overseas Travel Policy
- Travel RA had been amended
- Stress Management Policy was being reviewed by the Stress Management Group
- Drug and Alcohol Policy would not be brought to HSC but would, instead, go to JNCs
- Fire Safety PPs

IB advised a number of other PPs which were also being reviewed and, once all these were finalised, this would mean the 2-year 'round robin' review would all be completed.

6. Minutes from Health & Wellbeing Group (HWBG) (Papers 2a, 2b & 2c)

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.

JED said there was not much in the way of outputs from this group.

IB said that outputs from the group were promoted regularly, but there had been a lack of input from staff previously to these, although this was gaining. IB provided HSC members with an update on the group's activities, with particular focus on the outputs from the group.

KFL said there was a lot happening, but the information did not appear to be reaching all staff. The group were trying to use other methods of communication, other than email, but that seemed to have had an adverse effect in that the outputs did not appear to be as visible as they used to be. This group were looking at other ways of making their activities more visible.

JED raised a concern regarding the general theme around College communications etc where there was a group of staff who did not have access to view electronic communications and they then missed out on all this information. This group of staff also did not have dedicated time to read this information. It was important to try and find a way to bring back these disenfranchised staff.

JM advised that ICT had committed to installing some PCs in the Estates area, for the group of staff that JED was referring to and, in the meantime, these staff could use the facilities in the Library.

KFL said that the HoE was actively looking to ensure all Estates staff had access to electronic facilities, including training.

Item	Action

7. Minutes of the Student Health & Wellbeing Group (SHWBG) (Paper 3)

The minutes of the previous SHWBG meetings were circulated to Committee members for their information and were noted.

8. Minutes from the Stress Management Group (SMG) (Paper 4a & 4b)

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.

9. Internal Audits

9.1 INTERNAL AUDITS

Actions from 02/02/2023 Meeting – update:

9.1.1 Plumbing Workshop

9.1.1.1 NI to update the group as to whether a caged area for waste and gas storage was part of his plan for the department, for a permanent outdoor sheltered cage.

NI confirmed his action was completed.

9.1.1.2 NI to provide LC with more accurate costs for the skip in the suggested, new, site.

NI confirmed this action was completed.

9.1.1.3 LC to discuss all options with the new HoE and take this forward as a matter of priority for the College – to investigate what could be done this year, or make the issue a priority for next year.

NI confirmed this action was completed.

9.1.2 Hair & Beauty: DG and IB to discuss the matter of digitalising H&S Induction information, outwith the meeting.

IB confirmed that the presentation was being formatted using the new brand and was in the process of being digitised.

This action was now completed.

Item | **Action**

9.2 NEW AUDITS COMPLETED (Paper 5)

IB spoke to his reports in Paper 5 and gave a general update covering all the audit items listed on the agenda from point 9.2.1 – 9.2.12.

There was a discussion about Mandatory Training and KFL confirmed the requirement was for 100% compliance for new staff completing Mandatory Training. KFL said HR were currently reviewing whether mandatory training updates needed to be completed all at the same time, as most staff would have completed all courses at the same time of year, which meant they would then have to update their training all at the same time.

IB said that some of the key points noted in the majority of Audits were reminders for staff to keep their RAs up-to-date. Many of the issues being found through the Audits were, for example, that staff did not know how to access HSC minutes, or who, from their area, represented them on the H&S Committee. There were no major issues raised by the Audits, just a few things that needed tightening up.

JED raised a concern regarding the priority levels given to some of the recommendations and why some were Priority 2 (P2), when they were not legislative and why legislative items were noted as P2, when they should be P1.

IB said there were some generalisations in these recommendations which meant that not all of them were legislative. IB wanted to ensure that areas were compliant, but they needed to continue to operate at the same time.

JED explained why she thought some P2s should be changed to P1s. There followed a more detailed discussion between JED and IB regarding this matter.

JED also raised a concern regarding the Welfare Regulations because there were some areas which did not have thermometers, which meant they were not compliant.

IB said this applied when areas were informed they were required to have them in place.

There followed a further detailed discussion between JED and IB regarding the legislative requirements, which JED advised the regulations said the College “shall” have these and that if areas did not, then they needed to move to level P1. JED also felt that if staff had been advised an action needed to be carried out to

Item	Action

ensure their area was compliant, and they had not completed that action, then that action should definitely be moved to P1 level.

JED also raised a matter regarding the Nursery and that staff should be wearing protective footwear. She commented on there also not being a representative from the Nursery on the H&S Committee.

KFL said that the Nursery Representative on HSC was the Head of Student Experience, as the Nursery fell within their remit.

JED still thought it would be beneficial to have someone from the Nursery on this committee.

JED referred back to the discussion regarding Mandatory Training and wanted to raise a concern that it had been reported to her that some staff were allowing their training to be completed by other members of staff. She referred, in particular, to staff who did not have access to electronic means of completing the training, which was then being completed by other members of staff.

KFL requested JED advise her, outwith this meeting, of these areas she was referring to, where these instances were occurring, as that was not acceptable.

10. Health & Safety Accident & Incident Statistics – Quarter 3 - AY22-23 (Paper 6)

Actions from 02/02/2023 Meeting – update:

10.1 IB to email Estates to request urgent action for fitments to windows on the upper corridors, to ensure they could not be fully opened, to be carried out urgently.

KFL confirmed that this action had been completed.

10.2 Quarter 3 – AY22-23 Statistics

IB spoke to his report and reviewed the statistics therein.

There was a brief discussion about the incident which took place in the Nursery and whether or not that it should have been recorded as 'serious'. JB suggested that IB should include an explanation of this type of incident in his reports, going forward.

JB expressed concern regarding the incident of the person who wished their blood pressure taken and the College's refusal to call a taxi to take the student to their GP and requested some more background on this incident.

Item	Action
IB advised that First Aiders were not medics and were not able to take blood pressure readings. There was some further discussion around why the College did not provide a taxi for the student so the student could get to their GP and IB said it was his understanding that the student was expecting the College to pay for the taxi. After further discussion it was agreed that, in order not to be perceived as failing in its duty of care for students, going forward, if a student required a taxi, the College would provide them with the telephone number of a taxi firm, for the student to make the phone call themselves or, if they did not have a phone, then the College would call a taxi for the student. However, it should be made clear that the College would not pay for the taxi.	
Action: IB to inform Reception staff that they could phone for a taxi on behalf of students, but that the student was required to pay for the taxi themselves.	**IB**
LC said the HoE was investigating a button lock for the main doors of College buildings, which would assist securing main entrances if there was an incident and doors needed to be locked.	
JED commented on the AST statistics which, although high, were likely to be due to the rigorous nature of AST's reporting of incidents. JED said that it was important to ensure that staff should be encouraged to use 'near-miss' reporting, including for work related ill-health.	
KFL advised that the College did not expect work related ill-health to be reported on these forms as there were other ways of recording this type of ill-health.	
JED said she had previously requested that this type of ill-health be reported on these forms and she referred to other examples of industrial-type injuries, which should also be recorded. JED said that it could then become difficult to separate these out, as one ill-health reason could lead on to the other.	
KFL said the College did not expect ill-health, such as work related stress, to be recorded on accident and incident forms and this had been confirmed by the College with HSE and that this was now the stated position of the College. Staff were able to report ill-health of this type through their line management and on the absence forms.	
There was a further discussion about HSE's guidance, and what they were indicating was required, as JED had said she'd been advised differently by HSE and she, therefore, did not agree with the College's position in this regard.	

Item		Action
	IB said he would carry out some further checking on where reporting should take place, particularly in regard to work related ill-health symptoms. JED suggested a separate form for work related ill-health symptoms would be helpful. She said that she may need to register a failure to agree in regard to the current College position, as it might affect members claims in the future. **Action:** IB to investigate with HSE where the correct reporting should take place, particularly in regard to work related ill-health symptoms.	**IB**
11.	**Sickness Statistics** (Paper 7) KFL spoke to her paper and the statistics therein. There were no questions from committee members regarding these statistics.	
12.	**Health, Safety and Wellbeing Advisor update** *(any other items not included elsewhere on the Agenda)* Actions from 02/02/2023 Meeting – update: 12.1 Audits: IB to circulate the Audit checklist to HSC members. This action was completed. 12.2 Cost of Living Crisis – PKC 'Warm Spaces' Initiative: DL to contact PKC to ask them what the uptake was for their Warm Spaces initiative. There was no further action in regard to the 'Warm Spaces' Initiative and this action was to be removed in the meantime. However, KFL said she would ask the Head of Student Experience for an update and circulate that information to HSC members. **Action:** KFL to ask the Head of Student Experience for an update on the PKC 'Warm Spaces' Initiative and circulate that information to HSC members. Other HSW Adviser Updates: IB updated HSC on a variety of other matters, including: • Audits were still to be completed on the following areas: Learning and Teaching, Sport & Fitness, Library, Quality,	**KFL**

Item	Action
Humanities, CMS and SLLE – once these were finalised that would be all Audits completed. • During the last week of May/beginning June there would be further training dates issued for: Manual Handling, Risk Assessment, Lone Working, Work at Height. • H&S Audit returns: Action Plans (APs) had now been circulated. It was the responsibility of the Manager's for the particular actions within these Plans for their areas. Twenty APs had been circulated, all had been returned, except for 2, which still had to be received. The majority of actions had now been completed. KFL said it was important that when departments had their Audits, they then needed to ensure they completed their actions in a timely manner. **Action:** Union Reps and IB to meet outwith HSC to discuss how the matter of completion of the Action Plans could be escalated, if they were not completed and returned timeously. • RA Compliance was poor and there had been a lot of follow-up since then, so the majority of RAs had now been completed. The drawback was trying to get people to review their RAs at the appropriate time. IB said that all RAs, including templates, were available on SharePoint.	**Union Reps, IB**
13. Head of Estates – Update Although GW was not able to be present at the meeting, he did provide a written update to the actions, as noted below. Actions from 02/02/2023 Meeting – update: 13.1 Parking: LC to advise the new HoE about the parking situation and for the new HoE to provide an update on this at the next HSC meeting. GW advised that the signage had been reviewed and gathered historic information of problem areas from the parking attendant. Some of the duplicate signage has been removed and alternation road markings and signage may be trialled across the coming term. A trial of opening the rear gate was conducted to relieve congestion during local diversions caused by road works. No negative reports were submitted during this trial. LC said there were issues in regard to parking around Goodlyburn PS.	

Item	Action

13.2 Residences: HoE to arrange for annual checks on the bolts in the showers in the Residences, so that this helped ensure that there was no leakage. This to be done at the same time as the deep clean at the end of the year – an annual check to ensure everything was okay in terms of plumbing.

GW advised that no further issues had been experienced with flooding caused by the showers. There had been one flood, however, it was thought this was caused by a tenant rather than a fixture failure.

Other Head of Estate Updates:

GW also advised that the PPM inspections calendar would be relaunched in the coming months. This would coincide with new contractors being brought on board. These new contractors had been appointed as the contracts for the existing ones expire. This would include fixed wire and PAT testing which was planned to begin over the summer holidays to minimise disruption as much as possible.

LC said that GW was also investigating waste disposal and also the catering contract and sustainability across the campus.

14. Unison Items:

14.1 H&S Management Regulation 13

JED referred to Management Regulation 13 and said the issue she wanted to discuss was in relation to training that was recommended in RAs. Unison had carried out a review of some of the RAs and found training was being used as a control measure in some. JED was concerned that, if training was a control measure, the person responsible for the RA must ensure the appropriate training was put in place for those individuals required to be trained.

KFL said that, if this was the case, and the person completing the RA had indicated training was required, then it was their responsibility to emphasise the importance of this training. This had to be recorded, actioned and budgeted for within the department.

Action: KFL to send a reminder notice to all Heads of Department to clarify that when they sign-off an RA they must ensure that any training is actioned and monitored by the department. **KFL**

Item		Action
	JED said she thought this was also an organisational responsibility, for the reason that if something went wrong and was prosecutable, then it was the head of the organisation's responsibility. KFL reiterated this was why she had said it was up to the Head of Department to record and action any training required by the RA. JED requested that this item be kept on the agenda for the next meeting, for any update. **Action:** This item to be added to the agenda of the next HSC meeting for an update.	**CSW**
	14.2 Mandatory Training Completion Rates JED indicated that she had raised this matter because at the last Audit in 2019, there was an action to ensure that mandatory H&S training on Induction had to be 100% completed and JED asked KFL for statistics on this. KFL confirmed that this training was now 100% completed, as staff were not allowed to pass their probationary period without completing this. JB said the checklist was not clear that this was mandatory. Also, some of the statistics were distorted, as it included academic training, which was not relevant for Professional Services staff and vice-versa. **Action:** KFL to review the checklist for mandatory training to ensure that statistics were not distorted for the different types of staff (Academic/Professional Services).	**KFL**
	14.3 Recording Work-Related Stress This matter was discussed under item 10.2 above.	
15.	**AOCB** Informing Staff of Maintenance Work Taking Place JB said that she had not been aware of the recent maintenance work being undertaken along the ground floor corridor where her office located. This work had affected her health and she felt that not all managers were being informed of maintenance work that was taking place in their areas. KFL said she would advise the HoE of JB's concern.	

Item	Action
Action: KFL to advise the HoE of managers' concern that they were not always being informed of maintenance work taking place in their areas.	KFL

16. Date of Next Meeting:

- Next Academic Year: 2023-24 – dates tbc

Meeting finished at: 16.00.

AUDIT COMMITTEE **Paper 11**

Membership

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

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

- No member of the Finance and General Purposes Committee shall also be a member of the Audit Committee.

- The Chair of the Board, the Principal and the Chair of the Finance and General Purposes Committee shall be invited to attend meetings.

- The Committee may sit privately without any non-members present for all or part of a meeting if they so decide.

- The College Executive will attend meetings at the invitation of the Committee Chair and provide information for Agenda items

In attendance
Vice Principal (External)
Depute Principal (Academic)

Quorum
The Quorum shall be 3 members.

Frequency of Meetings
The Committee shall meet no less than three times per year.

Objectives

The Audit Committee's main responsibilities include advising the Board on whether:

- There are systems in place to ensure that the College's activities are managed in accordance with legislation and regulations governing the sector.

- A system of governance, internal control and risk management has been established and is being maintained, which provides reasonable assurance of effective and efficient operations and produces reliable financial information.

- There are systems in place to ensure the Committee engages with financial reporting issues

Terms of Reference

Internal Control

1. Reviewing and advising the Board of Management of the internal and the external auditor's assessment of the effectiveness of the college's financial and other internal control systems, including controls specifically to prevent or detect fraud or other irregularities as well as those for securing economy, efficiency and effectiveness; and

2. Reviewing and advising the Board of Management on its compliance with corporate governance requirements and good practice guidance including a strategic overview of risk management.

3. Strategic oversight of Health and Safety, Freedom of Information and Data Protection on behalf of the Board.

Internal Audit

1. Advising the Board of Management on the selection, appointment or reappointment and remuneration, or removal of the internal audit provider.

2. Advising the Board of Management on the terms of reference for the internal audit service.

3. Reviewing the scope, efficiency and effectiveness of the work of internal audit, considering the adequacy of the resourcing of internal audit and advising the Board of Management on these matters.

4. Advising the Board of Management of the Audit Committee's approval of the basis for and the results of the internal audit needs assessment and the strategic and operational planning processes.

5. Approving the criteria for grading recommendations in assignment reports as proposed by the internal auditors.

6. Reviewing the internal auditor's monitoring of management action on the implementation of agreed recommendations reported in internal audit assignment reports and internal audit annual reports.

7. Considering salient issues arising from internal audit assignment reports, progress reports, annual reports and management's response thereto and informing the Board of Management thereof.

8. Informing the Board of Management of the Audit Committee's approval of the internal auditor’s annual report.

9. Ensuring establishment of appropriate performance measures and indicators to monitor the effectiveness of the internal audit service.

10. Securing and monitoring appropriate liaison and co-ordination between internal and external audit.

11. Ensuring good communication between the Committee and the internal auditors.

12. Responding appropriately to notification of fraud or other improprieties received from the internal auditors or other persons.

13. Reviewing the Risk Management Register.

External Audit

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

1. Considering the college's annual financial statements and the external auditor's report prior to submission to the Board of Management by the Finance Committee. Care should be taken, however, to avoid undertaking work that properly belongs to the Finance and General Purposes Committee. If within its terms of reference, the Committee should consider the external audit opinion, the Statement of Members' Responsibilities and any relevant issue raised in the external auditor's management letter.

2. Reviewing the external auditor's annual Management Letter and monitoring management action on the implementation of the agreed recommendations contained therein.

3. Advising the Board of Management of salient issues arising from the external auditor's management letter and any other external audit reports, and of management's response thereto.

4. Reviewing the statement of corporate governance.

5. Establishing appropriate performance measures and indicators to monitor the effectiveness of the external audit provision.

6. Reviewing the external audit strategy and plan.

7. Holding discussions with external auditors and ensuring their attendance at Audit Committee and Board of Management meetings as required.

8. Considering the objectives and scope of any non-statutory audit work undertaken or to be undertaken, by the external auditor's firm and advising the Board of Management of any potential conflict of interest.

9. Securing appropriate liaison and co-ordination between external and internal audit.

Value for Money

1. Establishing and overseeing a review process for evaluating the effectiveness of the college's arrangements for securing the economical, efficient and effective management of the college's resources and the promotion of best practice and protocols, and reporting to the Board of Management thereon.

2. Advising the Board of Management on potential topics for inclusion in a programme of value for money reviews and providing a view on the party most appropriate to undertake individual assignments considering the required expertise and experience.

3. Advising the Board of Management of action that it may wish to consider in the light of national value for money studies in the further education sector.

Advice to the Board of Management

1. Reviewing the college's compliance with the Code of Audit Practice and advising the Board of Management on this.

2. Producing an annual report for the Board of Management.

3. Advising the Board of Management of significant, relevant reports from the Scottish Funding Council and National Audit Office and successor bodies and, where appropriate, management's response thereto.

4. Reviewing reported cases of impropriety to establish whether they have been appropriately handled.