

Audit Committee

Agenda

Meeting reference: Audit 2024-25/03

Date: Wednesday 26 March 2025 at 6:30pm

Location: ASW (Room 961)

Purpose: Rescheduled 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 11 December 2024		Chair	Paper 1
5	Actions arising from previous minutes			
6	Monitoring & Compliance			
*6.1	Enterprise Risk Management Report & Strategic Risk Register	Depute Principal (Operations)	Depute Principal (Operations)	Paper 2
*6.2	Cybersecurity – Half-Year Report	Director ICT	Director ICT	Paper 3
7	Audit Plans, Reports & Updates			
*7.1	Internal Audit Progress Report to March 2025	Internal Auditor	Internal Auditor	Paper 4
*7.2	Internal Audit report 2025/04 - International Activity	Internal Auditor	Internal Auditor	Paper 5
*7.3	Audit Committee Report to the Board of Management	Clerk	Depute Principal (Operations)	Paper 6

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8	FOI & Data Protection			
*8.1	Freedom of Information & Data Protection quarterly update	Clerk	Clerk	Paper 7
9	Committee Updates (for noting by Committee)			
9.1	Health and Safety Committee: <ul style="list-style-type: none"> 13 November 2024 		Chair	Paper 8
9.2	Health & Safety Risk Register	HS&W Adviser	Chair	Paper 9
10	Date and time of next meeting: <ul style="list-style-type: none"> Wednesday 28 May 2025 	Clerk		
*11	Review of Meeting (Committee to check against the Terms of Reference to ensure all competent business has been covered)			Paper 10

Audit Committee

DRAFT Minutes

Meeting reference: Audit2025-25/02

Date: Wednesday 11 December 2024

Location: ASW (Room 961)

Members present: Derek Waugh, Chair, Audit Committee
Debbie McIlwraith Cameron, Board Member & Vice Chair Audit
Ian Robotham, Board Member (from Item 5)
Alistair Wylie, Board Member
Patrick O'Donnell, Staff Board Member
Andi Garrity, Student Board Member

In attendance: Margaret Cook, Principal
Lorenz Cairns, Depute Principal (Academic) – (from Item 7.2)
Lynn Murray, Depute Principal (Operations)
Gavin Stevenson, Director of Finance
Katy Lees, Director of HR & Organisational Development
Ian McCartney, Clerk to the Board
Stuart Inglis, Henderson Loggie, Internal Auditor
Nicola Wright, Deloitte's, External Auditor
Thomas Rotherham, Deloitte's, External Auditor

Apologies: David Archibald, Henderson Loggie, Internal Auditor

Chair: **Derek Waugh**

Minute Taker: Ian McCartney

Quorum: 3

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MINUTES

Item		Action
1.	Welcome & Apologies Chair welcomed all to meeting and noted apologies.	
2.	Additions to the Agenda Depute Principal (Operations) advised Com that terms of liquidity payment had been received from UHI EO immediately prior to the meeting, and Committee was provided with a brief update re terms.	
3.	Declaration of Conflict of Interest in any Agenda Item There were no conflicts of interest noted.	
4.	Minutes of Meeting of Audit Committee, 09 October 2024 The minutes were approved as a true and accurate record of the meeting.	
5.	Matters Arising from previous minutes <u>Item 6.1 – Annual Health & Safety Report</u> Director of HR confirmed that a corrected Report was submitted to the Board of Management meeting in October 2024. <u>Item 7.1 – Enterprise Risk Management Report</u> Depute Principal (Operations) confirmed a People category had been added, and readability improvement made - per Paper 2 in this meeting's Agenda. <u>Item 8.4 – Internal Audit Report – Fraud Prevention, Detection & Response</u> Depute Principal (Academic) noted that this action would be taken forward when a full Finance Team was in place. <u>Item 9.1 – FOI & Data Protection Quarterly Update</u> Clerk confirmed that the ICO Accountability Framework had been completed, and was on today's Agenda under Paper 8.	
6.1	Enterprise Risk Management Report & Strategic Risk Register Depute Principal (Operations) presented Paper 2, a Full Risk Report showing progress against risks outlined by the ERM Risk Register. Committee were advised that the ERM process is being embedded to PLG level and controls are being worked through. Depute Principal (Operations) noted that a new People Risk	

	<p>category had been added per action point from previous meeting. Some overlaps have been identified and these will be worked through during future iterations. Committee APPROVED the addition of People Risk to the ERM.</p> <p>Depute Principal (Operations) noted that some Financial Controls continued to be worked on, and these will be picked up by new Finance Manager and Associate Finance Business Partner.</p> <p>Chair queried whether recent lost momentum around Financial Controls is a cause for concern. Depute Principal (Operations) advised that this was a key area in objective setting within Professional Reviews within the finance team, which should ensure all key areas of concern are addressed.</p>	
7.1	<p>External Audit 2023/24 – Progress Update</p> <p>Depute Principal (Operations) and External Auditor provided an update on the current state of play around the External Audit.</p> <p>Committee were advised that both parties had agreed that the best course of action is to pause External Auditor activity on the 2023/24 External Audit to allow the Perth team to address the backlog of questions/responses that have built up. External Auditors will return in January to complete process with a view to the final audit and annual accounts to be ready for Board approval by end of February 2025.</p> <p>Management will continue to review progress through December, and additional support contract will be extended to end January. Further extension will be considered if end February completion date is at risk</p>	
7.2	<p>Internal Audit Annual Report 2023/24</p> <p>Internal Auditor presented Paper 3, identifying a positive report for the year demonstrating that the College has adequate and effective arrangements in place.</p> <p>Internal Auditor drew attention to Section 1.10, which showed limited progress on Follow-Ups (6 of 34 items fully implemented) – this would be covered in more detail under Item 7.5.</p> <p>Internal Auditor noted that Committee had previously approved the Internal Audit Plan for 2024/25 plan.</p> <p>Chair queried whether there was high-level summary available for the Students' Association Audit planned to commence early in the new year. Internal Auditor reported that the outline scope had been provided and a planning meeting would be organised with involved parties prior to fieldwork commencing. Student Board Member</p>	

	<p>sought clarification as to whether HISA would be involved at a regional as well as a local level. Principal agreed that this would be a sensible course of action.</p> <p>Student Board Member queried why the Equality & Diversity review was showing as a low priority, noting that accessibility had been recently raised by student reps given the main lift will be out of action for a significant period of time. Internal Auditor noted that the Plan was allocated over a 3-year period so there was flexibility available if management agree to move this item to an earlier review slot. Management to consider.</p> <p>Committee noted Paper 3.</p>	
7.3	<p>Internal Audit Report 2023/24 – Student Activity Data</p> <p>Internal Auditor summarised Paper 4, noting this was a required audit. Report contained only minor recommendations and positive assurance was provided.</p> <p>Committee noted Paper 4.</p>	
7.4	<p>Internal Audit Report 2023/24 – Student Support Funds</p> <p>Internal Auditor summarised Paper 5, noting this was a required audit and contained a single return from a number of funds. Report was submitted without reservation, although a slight over-claim in Education Maintenance Allowance had been recorded.</p> <p>Internal Auditor highlighted that a minor issue had been raised re Attendance Monitoring which had been identified and addressed by management.</p> <p>Committee noted Paper 5.</p>	
7.5	<p>Internal Audit Report 2023/24 – Follow-Up Reviews</p> <p>Internal Auditor presented Paper 6, which highlighted lack of progress on a number of outstanding internal audit actions. Details around completion rates and individual action plans were provided within appendices of the paper.</p> <p>Principal offered assurances that management were conscious of the work that needs done to address these shortfalls, and there would be a focus on these items over the coming months with a view to providing a full progress update to next Audit Committee meeting including actions and timetables.</p> <p>Board Member sought clarification around whether listed completion dates are still being worked towards or will these require to be amended. Depute Principal (Operations) advised that</p>	

	<p>outstanding actions had been reviewed with the action owners and there are some dates which are felt to be unachievable and would require review.</p> <p>Chair noted that, while progress is disappointing, it is understandable given uncertainties around UHI transformation, shared systems & availability of finance resource.</p> <p>Committee noted Paper 6.</p>	
8.1	<p>Freedom of Information & Data Protection – Quarterly Update</p> <p>Clerk presented the Freedom of Information & Data Protection quarterly update, noting that requests are in line with recent trends.</p> <p>Board Member requested that details on nature of response be added to the report. Clerk to action.</p> <p>Committee NOTED Paper 7.</p>	Clerk
8.2	<p>ICO Accountability Tracker</p> <p>Clerk introduced ICO Accountability Tracker, noting that several improvement opportunities have been identified. Clerk advised that it was intended to provide a progress report to Committee on the Tracker every 6 months.</p> <p>Board Member queried whether proposed actions would have an impact on ERM. Depute Principal (Operations) advised that the overall assurance framework is being reviewed which will cover off a number of areas and will provide evidence of controls.</p>	
9	<p>Committee Updates</p> <p>Committee received & noted minutes of the Health & Safety Committee from 04 September 2024</p> <p>Committee noted that a Board Health & Safety Champion is still to be nominated for the Health & Safety Committee. This matter is to be raised at the next Board meeting.</p>	Chair
10	<p>Date & Time of Next Meeting</p> <ul style="list-style-type: none"> Wednesday 19 March 2025 	
11.	<p>Review of Meeting</p> <p>Committee confirmed that the meeting had been conducted in line with its Terms of Reference.</p>	

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** ☒

Committee Cover Sheet

Paper No.2

Name of Committee	Audit Committee
Subject	Risk Report
Date of Committee meeting	26/03/2025
Author	Depute Principal Operations/Risk and Project Officer
Date paper prepared	12/03/2025
Executive Summary Please provide a concise summary of the Paper outlining the purpose, impact and recommended future actions if approved	Full Risk Report showing progress against risks outlined by the ERM Risk Register. And update on progress against outstanding interna audit actions. Please note the risk appetite exercise for the new People Risk Category.
Committee Consultation Please note which Committees this paper has previously been tabled at, and a brief summary of the outcomes/actions arising from this.	Members of Perth Leadership Group were all consulted to provide their updates.
Action requested	<input type="checkbox"/> For information <input checked="" type="checkbox"/> For discussion <input type="checkbox"/> For endorsement <input type="checkbox"/> For approval <input type="checkbox"/> 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.	This is the Strategic Risk Register for UHI Perth identifying the risks to its financial sustainability and success.

Committee Cover Sheet

<p>Resource implications</p> <p>Does this activity/proposal require the use of College resources to implement?</p> <p>If yes, please provide details.</p>	<p>Yes</p> <p>Where resource is required to mitigate against risk</p>
<p>Risk implications</p> <p>Does this activity/proposal come with any associated risk to UHI Perth, or mitigate against existing risk?</p> <p>If yes, please provide details.</p>	<p>Yes</p> <p>Financial and strategic sustainability.</p>
<p>Equality & Diversity</p> <p>Does this activity/proposal require an Equality Impact Assessment?</p> <p>If yes, please provide details.</p>	<p>No</p>
<p>Data Protection</p> <p>Does this activity/proposal require a Data Protection Impact Assessment?</p> <p>If yes, please provide details.</p>	<p>No</p> <p>Click or tap here to enter text.</p>
<p>Island communities</p> <p>Does this activity/proposal have an effect on an island community which is significantly different from its effect on other communities (including other island communities)?</p>	<p>No</p> <p>If yes, please give details:</p> <p>Click or tap here to enter text.</p>
<p>Status</p> <p>(ie confidential or non-confidential)</p>	<p>Non-Confidential</p> <p>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:</p> <p>Click or tap here to enter text.</p>

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

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

Enterprise Risk Management (ERM)

Risk Management Report March 2025

CHI | PERTH

Prepared by Risk & Project Officer/ Depute Principal Operations

Risk Approach March 2025

Overview

The ERM Strategic Risk Register was reviewed with PLG members at the end of January 2025 in order to give assurances to the UHI Perth Board of Management, via the Audit Committee, that risks are being appropriately controlled.

Changes to the Risk Environment

UHI Perth Recovery Plan

- In recognition that all the savings identified by the workstream exercise in 2024 have not yet been realised, SLT and PLG are working on a recovery plan to identify the options to achieve a balanced budget by 31 July 2027.

Financial Outlook

- At the Board meeting on 18 December 2024 a deficit budget of £1.288m was approved. A high-level forecast of £768k deficit was included for 2025/26 and £1.229m deficit for 2026/27.

UHI Context

- At UHI level work is beginning on outlining the initial project plans for the development of the FBC (Full Business Case) for the new operating model. It is important for UHI Perth that we continue to be an active participant in discussions, as work progresses to shape and refine what a more integrated partnership could look like.

Changes to Board Appetite

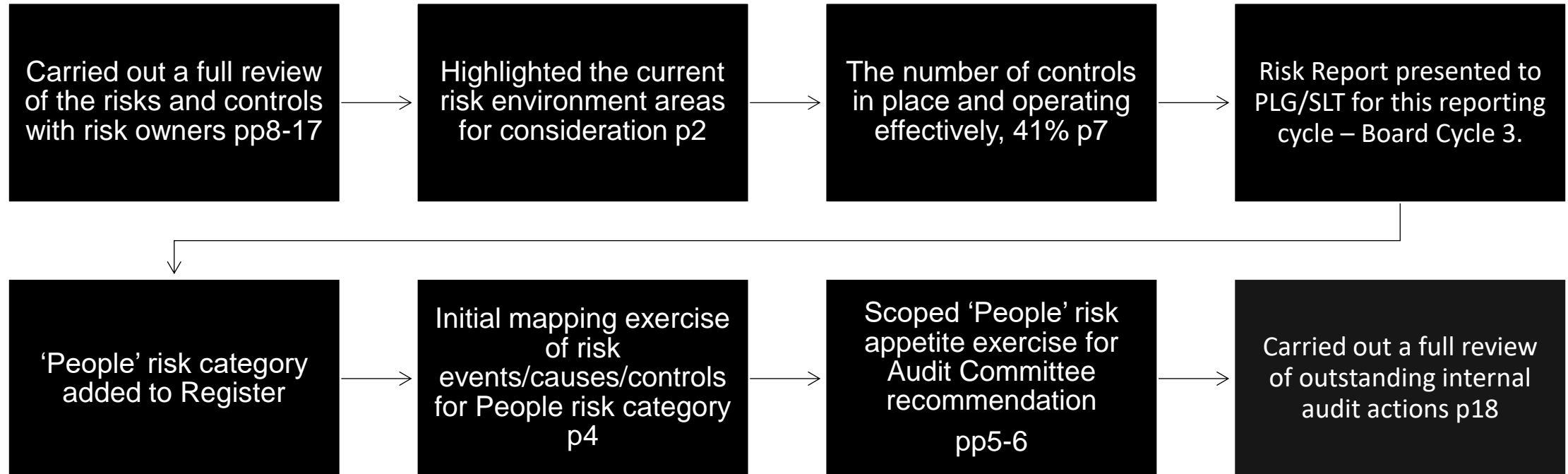
- No changes to existing categories for this cycle
- Risk appetite exercise for new People category tabled as part of this report– see following pages
- A full Risk Appetite exercise will be tabled at Audit Committee Board Cycle 4

Changes to Risk Register Since Last Reporting Cycle

- Addition of People risk category, following approval by the Audit Committee at Board Cycle 2. Risk mapping reallocated relevant existing risks to People.
- Financial control added to 'Financial Management - Bring regular reports on charitable trading company/ies financial position to the Board.
- Financial controls added to 'Other Significant Risks/Job Evaluation' – Position monitored by Principal and Director of HROD through attendance at College Employers Scotland meetings and updates.

Risk Overview March 2025

Risk Progress Update March 2025



All individual risk sheets can be accessed via the following link:
[ERM Risk Register 2024-25.](#)

Risk Approach March 2025

Risk Mapping People – From Existing Risks/Controls

Risk Category	Risk Event	Risk Cause	Control
Products & Delivery	Product/ Service Delivery	Workforce competence does not meet organisational needs	Staff development plans must be aligned with the competences for their role
Legal & Compliance	Employment Law	Staff do not follow policies/procedures	Provide staff training/updates for line managers
Operational	Staff	Staff do not have clear job descriptions	All staff must agree their job description as part of their annual Professional Review
		Succession planning is not in place eg single points of reliance	Each manager must agree a succession plan with their managers as part of the annual professional review.
Reputational	Culture	Poor organisational culture	A plan to ‘live’ by our values should be developed and implemented.
		Lack of understanding/adoption of strategic values	Survey staff on their understanding of UHI Perth culture and their adoption of our values.

Risk and Cause Review - People - New Risks/Controls

Risk Category	Risk Event	Risk Cause	Control
People	People and Processes	Staff do not follow policies/procedures	Ensure policies and procedures are current and published documents are up to date
			Provide relevant staff training or updates for line managers on current policies and procedures

Risk Appetite Overview

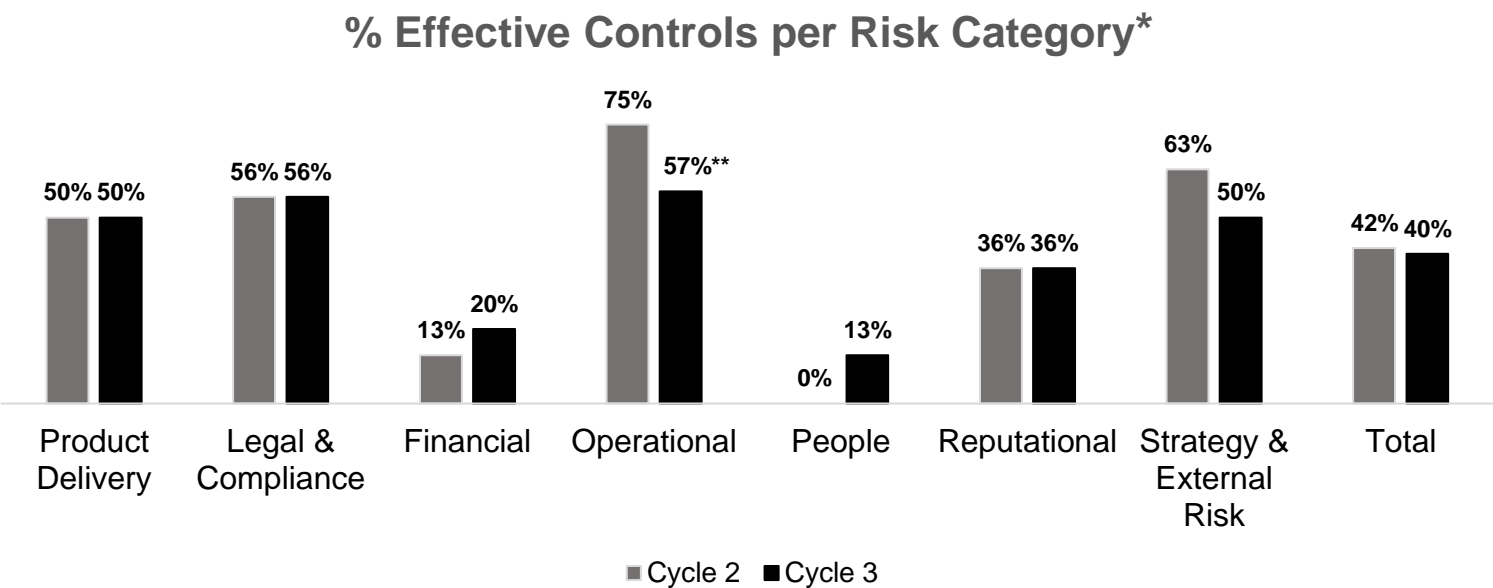
Risk Category	Risk Appetite	Max Risk Score	Risk Description	Risk Appetite Descriptor
Academic Income	Minimal	6	Academic SFC funding risk relates to the potential negative impact on student numbers, student retention, student outcomes, business partnerships and student experience.	The Board of Management will allow minimal risk in this Risk Category. Any decisions by managers or staff that would create a combined risk score (Likelihood x Impact) which is higher than the maximum 'Risk Range' for this Risk Category, should make and approval request to the Audit Committee before proceeding.
Commercial Income	Cautious	10	Non-SFC funding risk relates to potential negative impact on student numbers, student retention, student outcomes, business partnerships and student experience.	The Board of Management will allow a cautious approach to risk in this Risk Category. Any decisions by managers or staff that would create a combined risk score (Likelihood x Impact) which is higher than the maximum 'Risk Range' for this Risk Category, should make and approval request to the Audit Committee before proceeding.
Legal & Compliance	Averse	3	Legal & Compliance risk relates to any situation that would create a legal issue for UHI Perth or its partners or non-compliance with statutory or regulatory requirements. This category includes health and safety.	The Board of Management are averse to risk in this Risk Category. Any decisions by managers or staff that would create a combined risk score (Likelihood x Impact) which is higher than the maximum 'Risk Range' for this Risk Category, should make and approval request to the Audit Committee before proceeding.
Financial	Minimal	6	Financial risk relates to any financial matter that could have a significant negative impact on the cash position of UHI Perth. This area also covers the financial management of UHI Perth.	The Board of Management will allow minimal risk in this Risk Category. Any decisions by managers or staff that would create a combined risk score (Likelihood x Impact) which is higher than the maximum 'Risk Range' for this Risk Category, should make and approval request to the Audit Committee before proceeding.
Operational	Open	15	Operational risk relates to risks associated with the operational building blocks of systems, management of staff, staff competence and processes.	The Board of Management are open to risk in this Risk Category. Any decisions by managers or staff that would create a combined risk score (Likelihood x Impact) which is higher than the maximum 'Risk Range' for this Risk Category, should make and approval request to the Audit Committee before proceeding.
People	tbc	tbc	People risk arises in various forms, driven by the organisation's need to build a strong workforce, its approach and processes for the upskilling of its staff, ensuring legal and regulatory protection and staff wellbeing, resilience and agility.	To be agreed by the Audit Committee– see table below.
Reputational	Averse	3	Reputational risk relates to areas that could have a negative impact on the reputation of UHI Perth and includes business relationships, student satisfaction, culture, media relationships, social responsibility and environment.	The Board of Management are averse to risk in this Risk Category. Any decisions by managers or staff that would create a combined risk score (Likelihood x Impact) which is higher than the maximum 'Risk Range' for this Risk Category, should make and approval request to the Audit Committee before proceeding.
Strategic/External	Minimal	6	Strategic/External risk relates to external areas that could impact on the ability of UHI Perth to achieve its strategy or to the financial sustainability of the organisation.	The Board of Management will allow minimal risk in this Risk Category. Any decisions by managers or staff that would create a combined risk score (Likelihood x Impact) which is higher than the maximum 'Risk Range' for this Risk Category, should make and approval request to the Audit Committee before proceeding.
Failure to manage risks in any of these categories may lead to financial, reputational, legal, regulatory, safety, security, environmental, employee, customer and operational consequences.				

Risk Appetite - People Risk March 2025

Averse	Minimal	Cautious	Open	Eager
Priority to maintain close management control & oversight. Limited devolved authority. Limited flexibility in relation to working practices. Development investment in standard practices only.	Decision making authority held by senior management. Development investment generally in standard practices.	Seek safe and standard people policy. Decision making authority generally held by senior management.	Prepared to invest in our people to create innovative mix of skills environment. Responsibility for non-critical decisions may be devolved.	Innovation pursued – desire to ‘break the mould’ and challenge current working practices. High levels of devolved authority – management by trust rather than close control.

Note: Current UHI Perth approach could be defined as ‘open’ at the moment but may move towards eager as the organisation develops.

Risk Overview March 2025



* Calculated by Percentage of Controls 100% Complete and tested for effectiveness / Total No. of Controls per Category

Analysis

- **Product Delivery** Progress delayed by review of Business Development strategy and resourcing as part of Recovery Plan
- **Legal & Compliance** Progress delays attributable to staffing capacity issues in Finance now addressed and review of control around a litigation policy
- **Financial** Progress delayed by staffing capacity issues which have now been addressed.
- **Operational** Percentage drop caused by movement of risks/controls from Operational to People Category
- **People** New category
- **Reputational** Progress delayed pending review of business development and communications strategies
- **Strategy & External** Percentage drop pending Board approval for the proposed revision to the Balanced Scorecard-Strategic KPIs

All individual risk sheets can be accessed via the following link:
[ERM Risk Register 2024-25.](#)

Product Delivery Risk Overview March 2025

All individual risk sheets can be accessed via the following link:
[ERM Risk Register 2024-25](#).

Risks

Products & Services

The curriculum can impact on student numbers, retention, student outcomes, partnerships, costs and our overall reputation. Curriculum planning should ensure that all associated risks are managed.

The chart data shows

The risk control remains 100% and effective. Mitigations for this risk are addressed through the annual curriculum review, target-setting processes, reforecasting activities on student recruitment, and Self-Evaluation Action Planning (SEAP).

Competition & Market

Failure to understand the requirements of our markets or to react to the competition can result in missed opportunities, falling student numbers and negatively impact on our reputation.

The chart data shows

Both controls are <50%. Market and competition insights come from local and regional partnerships however a competitor income strategy and effective reporting needs to be discussed at strategic level. The commercial strategy is under review as part of the Recovery Plan.

Product/Service Delivery

If our delivery, whether it be through teaching or technology, is not at the required standard then it can impact on student numbers, retention, achievement and reputation.

The chart data shows

The risk control for workforce competence has moved to the People Category. The remaining control for learning and teaching remains effective at 100%. Mitigation is through the integration of SEAP, and the tertiary quality framework. Progress on this will be monitored.

Physical/Digital Estates & Infrastructure

Managing the campus to meet changing student and learning requirements is important. The campus plays an important role in student numbers and the student experience.

The chart data shows

The risk control to link estates planning with income strategy has moved from 60% to 100% complete and is on track with site planning activities including the use of the Learning Hub and the old Nursery building. The future of the physical/digital estate is also a key focus of the Recovery Plan work.



Legal & Compliance Risk Overview March 2025

All individual risk sheets can be accessed via the following link: [ERM Risk Register 2024-25](#).

Risks

Contracts

Entering into a contract that breaks the law or creates a high level of risk for UHI Perth could impact on reputation, student numbers and threaten financial sustainability.

The chart data shows

No change. Both controls 50% complete. The move to 100% complete is dependent on a review of the Contracts Management Procedure which is due by the end of the academic year. Robust procurement processes are in place to manage this risk.

Employment Law

It is critical that UHI Perth complies with all employment law. There could be significant damage to reputation and financial penalties for non-compliance.

The chart data shows

Both controls > 75% complete. Employment law updates are discussed by the HR Team with further development planned to enhance understanding in this area. Delays with the UHI single policy environment may require Perth to revert to its own policy for Equality & Diversity. The Staff awareness control has been mapped over to the 'People' category.

Litigation

Despite our controls there could be a situation where legal action is taken out against UHI Perth. This can have a negative impact on reputation leading to lower student numbers and partnerships with business. Litigation could also lead to financial penalties. UHI Perth needs to have a process to deal with litigations as they arise.

The chart data shows

The existing control to have a Litigation Policy will be reviewed to assess if other mitigations, such as legal advice from UHI Perth's solicitors, and appropriate insurance cover are more relevant. Up to date policies and procedures is another control and sits under the 'People' category.

Governance

Lack of robust/compliant/effective governance structure

The chart data shows

The risk control is 100% complete and effective. Compliance is assured by the [Code of Good Governance](#) annual checklist which was presented to Audit Committee in Board Cycle 1 each academic year, most recently in September 2024.

Last Report

Current

< 50% Complete

50%- 75% Complete

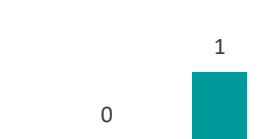
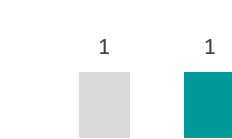
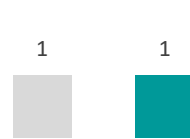
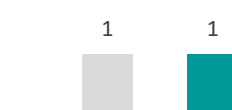
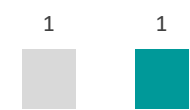
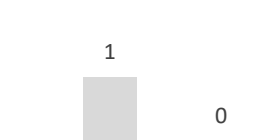
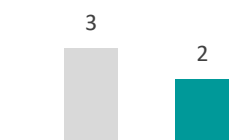
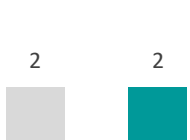
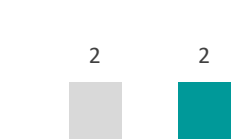
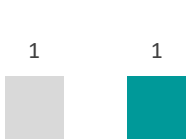
> 75% Complete

Risk Causes

Controls Identified

Controls 100% Complete & Effective

Progress Status of Incomplete Controls



Legal & Compliance Risk **Cont.** March 2025

All individual risk sheets can be accessed via the following link: [ERM Risk Register 2024-25](#).

Risks

Health & Safety
The health & safety of staff, students and visitors is a high priority for UHI Perth. Failure to achieve this would have a significant impact on our reputation.

International Business
Failure to comply with laws/regulations relating to the different countries we do our International business with could have a significant negative impact on UHI Perth.

The chart data shows
No change. Risk control is 100% complete. The H&S Committee maintains a strong approach to H&S culture across the organisation, with Board oversight through quarterly and annual Audit Committee reports.

The chart data shows
No change. Risk control is 75% complete. UHI has robust international business processes with due diligence at all stages. Perth is assessing its own processes for evaluating new international opportunities as part of the Recovery Plan.



Financial Risk Overview March 2025

All individual risk sheets can be accessed via the following link: [ERM Risk Register 2024-25](#)

Risks

Cash

To ensure financial sustainability it is essential that UHI Perth forecast their cash position and manage their cash to ensure that the college does not run out of money.

The chart data shows

No change. Work on the control to have in place monthly reporting of cash flow and a quarterly cash update is still expected to be completed by the end of March 2025 date previously set.

Financial Management

It is essential that the college has a budget and forecast process in place, provides management accounting information, all the way up to Board of Management level, on our performance versus target.

The chart data shows

Risk controls remain partially complete. The Finance Team's improvement plan will include a review of budget and forecasting processes and ensuring timely budget approval within the financial year. Progress will be monitored for effectiveness.

Financial Controls

The effective control of significant financial risks, through an ERM process, need to be in place. These controls should be designed to prevent or detect fraud, theft and/or loss of college assets.

The chart data shows

No change. There has been limited progress made with the risk control to implement financial controls and this will be reviewed to remove the reference to using COSO methodology. An internal audit looking at financial controls is planned for the end of academic year 2024/25.

Other Significant Financial Risk

If pension rates increase and are unfunded then it can threaten the financial sustainability of the college. Job evaluation outcome could result in significant financial exposure to UHI Perth.

The chart data shows

Risk control is 100% complete and effective. The quarterly Financial Outlook report provided to F&R each quarter includes other significant financial risks. The effectiveness of all financial reporting will be reviewed as part of the Finance improvement plan.



Operational Risk Overview March 2025

All individual risk sheets can be accessed via the following link: [ERM Risk Register 2024-25](#)

Risks

Systems/Technology

Unsuitable systems or the inability to optimise the capabilities of current systems would result in poor outcomes for staff and students and would have a negative impact on student numbers, retention and reputation.

The chart data shows

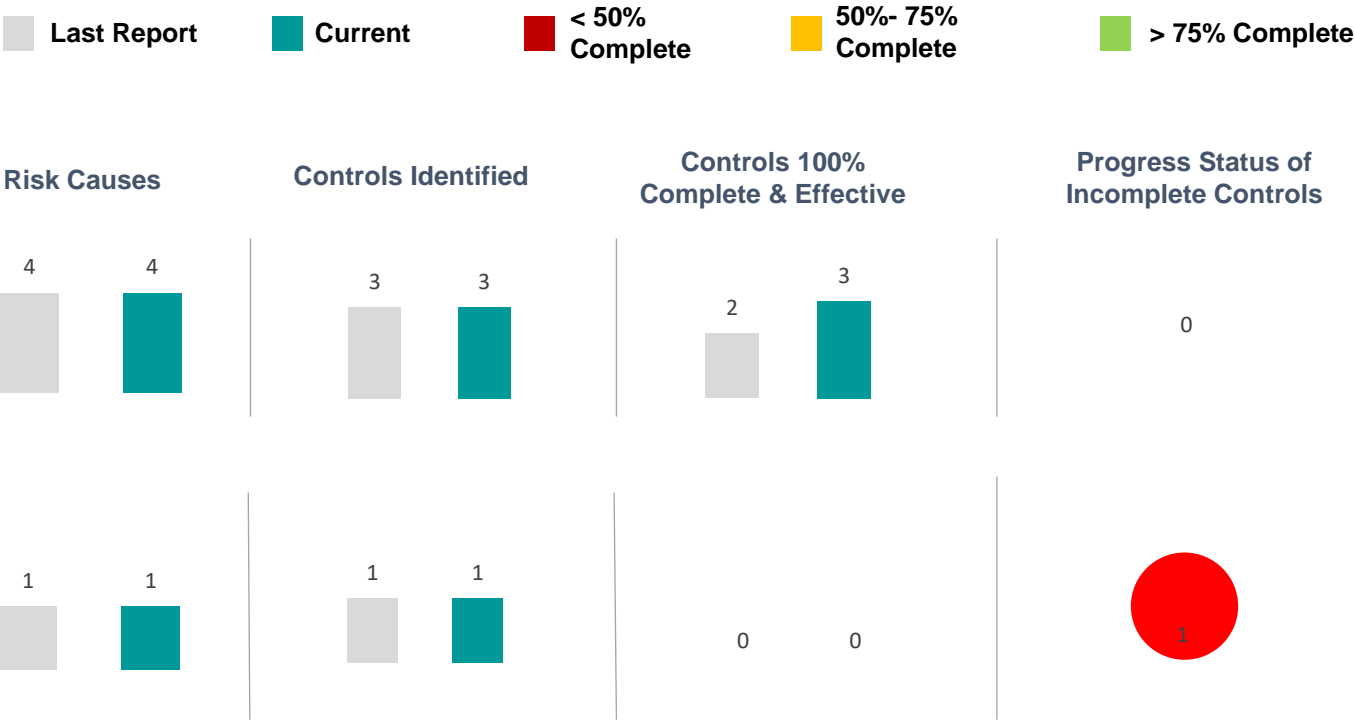
All 3 controls are fully implemented and effective*. Cybersecurity Essentials recertification was achieved in December; Cyber Essentials + certification achieved in February. *NB Risks related to cybersecurity can never be entirely eliminated or guaranteed against.

Processes

Poor processes can add significant cost and result in poor outcomes for staff and students. It is important that the college implements a system of continuous improvement to maximise performance

The chart data shows

No progress reported in the last 3 reporting cycles. The continuous improvement recommendations were discussed at PLG however there is currently no dedicated staff resource to support this activity.



People Risk Overview March 2025

All individual risk sheets can be accessed via the following link: [ERM Risk Register 2024-25](#)

Risks

People and Processes

Lack of compliance with regulatory requirements. Complexity of internal systems making processes and procedures difficult to follow. Poor records management of organisation and employee data. Lack of transparency around pay and conditions.

The chart data shows

A new control has been created to ensure the currency of policies and procedures. The 2nd control around staff awareness of policies and procedures was moved over from the Legal & Compliance category. Both are in progress with a date set for the end of September 2025 for their effective implementation.

Business and Organisation

An organisation without the right organisational structures to enable its strategy and vision to be achieved. That does not attract or retain the right talent and skills in its workforce or embed the right culture that will allow it to be successful.

The chart data shows

This risk area has 6 controls looking at staff development, workforce competence, succession planning and our culture and values. These are all being addressed to varying extents. Progress will be monitored, and further development of the risks and controls for this area as well as the overall 'People' category will take place before the next reporting cycle.



Reputational Risk Overview March 2025

All individual risk sheets can be accessed via the following link: [ERM Risk Register 2024-25](#)

Risks

Business Relationships

Business relationships are critical to curriculum development, student outcomes and our reputation.

The chart data shows

No change since the previous report. Both controls around a business relationship report and the review of the Communications Strategy are now running past their original completion dates. Business Development is one of the areas under review as part of the Recovery Plan.

Last Report

Current

< 50% Complete

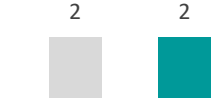
50%- 75% Complete

> 75% Complete

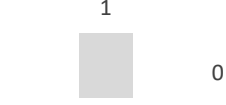
Risk Causes



Controls Identified



Controls 100% Complete & Effective



Progress Status of Incomplete Controls



Student Satisfaction

Poor student satisfaction feedback can have a negative impact on reputation, student numbers and retention.

The chart data shows

All 3 controls related to student surveys and feedback have been implemented, with 2 tested and found effective. The 3rd control, which focuses on 'closing the loop' on student feedback, is assessed through team self-evaluation and will be reviewed for effectiveness.

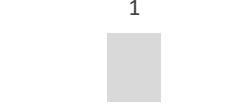
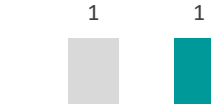


Media

Media has a number of risks to the success of UHI Perth. The ability of UHI Perth to develop and manage its media and public relations can significantly impact the reputation of the college and its student numbers.

The chart data shows

No change. The identified control around promotional activity is 100% complete. However, its effectiveness cannot be fully verified. While the Marketing team works well and has strong professional ties with local media, there is an identified risk from the lack of a dedicated Communications role within the organisational structure.



Reputational Risk March 2025 Continued

All individual risk sheets can be accessed via the following link: [ERM Risk Register 2024-25](#)

Risks

Social Responsibility

There would be risks to UHI Perth from not meeting its Social Responsibility.

The chart data shows

No change since last report. As an organisation there will be many examples of what we do that benefits others eg in the local community. However, the control to put a Social Responsibility Plan in place is still to be developed. This needs be reviewed at SLT level and progress made for the next reporting cycle.

Environment

The environment is a significant concern for staff, students and society. Governments set targets that, if not achieved, will impact on our reputation and income through lower student numbers.

The chart data shows

The control to report at Board level on an environmental plan is complete and effective. A quarterly Estates report is submitted to the Finance & Resources Committee. The Director of Estates is currently working on an Environmental/ Sustainability Plan that flows from UHI's Sustainability Strategy, this will function as an operational handbook.

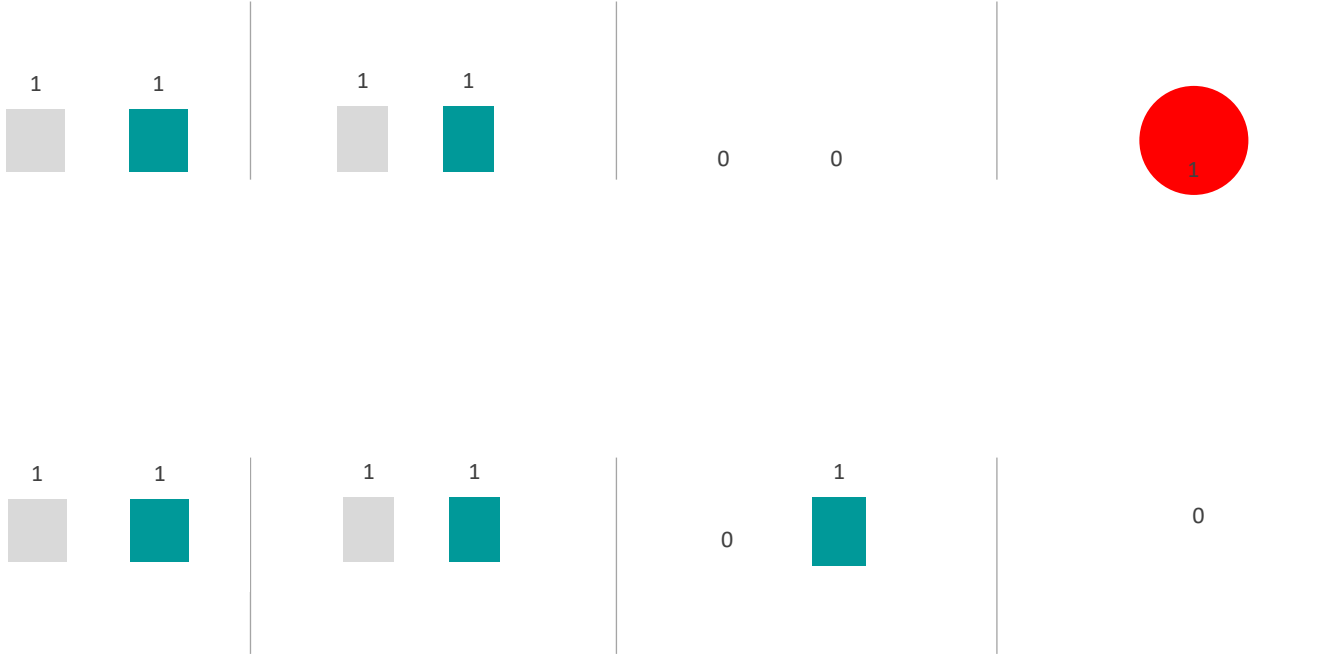


Risk Causes

Controls Identified

Controls 100% Complete & Effective

Progress Status of Incomplete Controls



Strategic/External Risk Overview March 2025

All individual risk sheets can be accessed via the following link: [ERM Risk Register 2024-25](#)

Risks

Strategy & Strategy Execution

UHI Perth's strategy sets our direction and culture. Strategies must be flexible and should be reviewed annually. Just as important is the ability of an organisation to execute the strategy.

UHI

The RSB and Executive Office have a significant amount of influence over what UHI Perth can and cannot do. UHI Perth must assess the risks associated with decisions made by the RSB and EO.

UK Governments

Actions and legislation through the UK and or Scottish Governments can have a significant impact on the college. We should assess the risks associated with Government decisions and plan to minimise any impact.

Global Events

Global events can impact UHI Perth in many ways from student numbers to increasing costs. UHI Perth should monitor global events and assess risk. Plans should be put in place to minimise impact.

The chart data shows

The control related to the Board-approved Strategic Plan is complete and effective. While the control for reporting Strategic KPIs at Board level is in place, it's effectiveness will be assessed by the Strategic Development Committee following a review of the Strategic KPIs by PLG. The 3rd control to carry out an annual review of the Strategic Plan is also captured by this activity.

The chart data shows

No change since the last reporting cycle. The risk control is achieved through the quarterly Principal's Report to the Board and is 100% complete and effective.

The chart data shows

No change since the last reporting cycle. The risk control is achieved through the quarterly Principal's Report to the Board and is 100% complete.

The chart data shows

No change since the last reporting cycle. The risk control is achieved through the quarterly Principal's Report to the Board and is 100% complete.



Strategic/External Risk Continued March 2025

All individual risk sheets, can be accessed via the following link: [ERM Risk Register 2024-25](#)

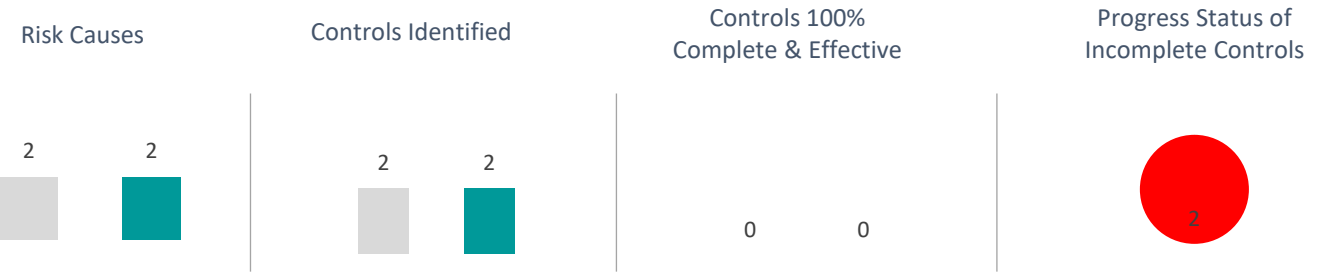
Risks

Other Significant Strategic/External Risk

AI is a growing risk which needs to be monitored and understood. Business continuity plans and operational resilience are key to anticipating and responding to strategic and external risk.

The chart data shows

Both controls remain <50. Reports on AI and Business Continuity will go to Board Committees from Cycle 4 24/25. Once these reports are established it will be possible to update the progress status of the controls for this risk area.



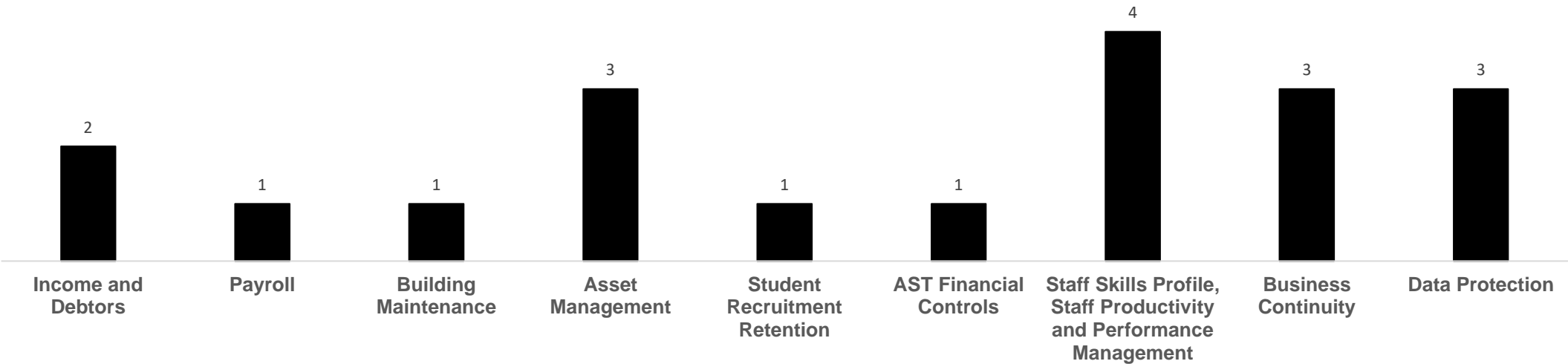
Internal Audit Follow Up Actions Overview March 2025

Progress report

Since the last Audit Committee meeting:

- A full progress review of outstanding actions from the Follow-Up Review 2024/09 internal audit report carried out with audit owners.
- Three further actions have been closed since the last report - 2 as 'Complete' and one as 'Considered not implemented'.
- There are 25 actions overall still outstanding from Follow-Up Internal Audit Report 2024/09
- See the following pages for a full break down of progress.

Internal Audit Follow Up Actions by Area March 2025



Action Grade:	Priority 1	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

Follow Up Report	Audit Report	Topic	Recommendation	Owner	Agreed Date	Revised Date	Status	March 2025 Update	RAG Status
	2022/06	Income and Debtors	Include a formal credit note procedure in the Finance team procedural guidance under development including requirement for an audit trail for credit notes approval on bluQube	Director of Finance	31/12/2022	31/03/2025	In progress	Little progress since last update for all outstanding actions. However, the Finance Team are now working to an Implementation Plan that will incorporate many of these actions and also allow the Director of Finance the capacity to ensure they are completed.	
	2022/06	Income and Debtors	Existing debt recovery process to be documented and approved internally and incorporated within the procedural guidance under development and communicated to stakeholders.	Director of Finance	31/12/2022	31/03/2025	In progress	The has been incorporated into the Finance Improvement Plan as above.	
	2022/07	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.	Director of HROD and Payroll Manager	31/12/2022	31/12/2026	Considered but not implemented	Considered but not implemented due to the lack of finance backing for the HR and Payroll system/project.	
	2022/08	Building Maintenance	The College should develop a proactive rolling five-year programme of building condition surveys to identify and meet future estate maintenance needs.	Director of Estates	31/03/2023	30/06/2025	Partial Completion	No further update on progress. The Estates Site Planning work is underway working to a June 2025 deadline.	
2022/10	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 assets, not just those with a capitalised value or assets which are IT related.	Director of Finance	31/12/2022	03/06/2025	In progress	The has been incorporated into the Finance Improvement Plan as above.	
2022/10	2021/04	Asset Management	To support the implementation of a revised approach to maintain a complete asset register in the College, guidance should also be prepared and implemented to support the revised approach.	Director of Finance	31/12/2022	31/07/2025	In progress	The has been incorporated into the Finance Improvement Plan as above.	
2022/10	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.	Director of Finance	31/12/2022	30/08/2025	In progress	The has been incorporated into the Finance Improvement Plan as above.	

Action Grade:	Priority 1	management and the Audit Committee.
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Follow Up Report	Audit Report	Topic	Recommendation	Owner	Agreed Date	Revised Date	Status	March 2025 Update	RAG Status
2022/10	2021/06	Student Recruitment & Retention	The online Attendance and Performance Monitoring Procedures should be updated with business continuity arrangements and in line with good version-controlled practices	Director of Student Experience	30/06/2022	30/05/2025	In progress	It had been hoped to complete this work by the end of February 2025 however the amount of work involved in updating the procedures and the prioritisation of the Recovery Plan work has meant this has not been possible. A new date has been set for 30/05/25 which would be timed for implementation at the beginning of the new academic year 2025/26.	
2022/10	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 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	28/02/2021	01/06/2025	Little or no progress	The has been incorporated into the Finance Improvement Plan as above.	
2022/10	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.	Director of HROD	30/04/2022	03/06/2025	Partial Completion	It will be a Workforce Plan rather than Strategic Workforce Plan. The Director of HROD will take forward with DPO working to the June 2025 timeline.	
2022/10	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.	Director of HROD	30/06/2022	03/06/2025	Little or no progress	Work has begun on this starting with looking at the leadership team.	
2022/10	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.	Director of Finance/ Directors of Curriculum	31/05/2022	03/06/2025	In progress	Action transferred by HR to Finance who are taking this forward as part of the CPR model.	

Action Grade:	Priority 1	management and the Audit Committee.
	Priority 2	Issue subjecting the organisation to significant risk and which should be addressed by management.
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Follow Up Report	Audit Report	Topic	Recommendation	Owner	Agreed Date	Revised Date	Status	March 2025 Update	RAG Status
2022/10	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 ongoing oversight	Director of HROD	31/05/2022	03/06/2025	Little or no progress	Still on time working to the June deadline given.	
2024/09	2023/06	Procurement & Creditors	Review 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.	Procurement Manager	31/10/2023	30/04/2025	Partial Completion	Procurement Manager is carrying out further edits of Procurement Strategy and Policy and will liaise with the Director of Finance to make final checks before submitting for approval. Procurement ensure any other developments are communicated through regular updates to staff and budget holders.	
2024/09	2023/06	Procurement & Creditors	identify any legacy non-compliant contracts in place and determine 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 Manager	Ongoing	31/12/2025	Partial Completion	No change. The spend analysis is reviewed monthly, there is currently 1 contract in this category which was recently tendered as a collaborative exercise however the contract has been put on hold for the moment and it is uncertain whether it will be going ahead. A fully compliant procurement exercise will take place if it does go ahead.	
2024/09	2023/06	Procurement & Creditors	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	Director of Finance/ Clerk to BOM	31/01/2024	30/05/2025	In progress	Further consideration on how to set this up is required. Clerk is working with Procurement and ICT to find a suitable solution.	

Action Grade:	Priority 1	management and the Audit Committee.
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	Priority 3	Matters subjecting the organisation to minor risk or which, if addressed, will enhance efficiency and

Follow Up Report	Audit Report	Topic	Recommendation	Owner	Agreed Date	Revised Date	Status	March 2025 Update	RAG Status
2024/09	2023/06	Procurement & Creditors	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.	Director of Finance	31/03/2024	31/03/2025	In progress	The has been incorporated into the Finance Improvement Plan as above.	
2024/09	2023/06	Procurement & Creditors	It is recommended that the College set and formally document a tolerable variance between the invoice value and the purchase order value.	Director of Finance	31/01/2024	31/03/2025	In progress	The has been incorporated into the Finance Improvement Plan as above.	
2024/09	2023/06	Procurement & Creditors	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.	Director of Finance	31/01/2024	31/03/2025	In progress	The has been incorporated into the Finance Improvement Plan as above.	
2024/09	2023-07	Data Protection	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.	Clerk to BOM	30/04/2024	30/04/2025	In progress	Item has been added to Owner's Objectives as part of their Professional Review for 2024-25.Still working to end of April timeline.	
2024/09	2023-07	Data Protection	The 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.	Clerk to BOM	30/04/2024	31/03/2025	In progress	Item will be included in FOI & Data Protection Report to Audit Committee from Board Cyce 3 2024/25.	
2024/09	2023-07	Data Protection	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.	Clerk to BOM	30/04/2024	18/12/2024	Complete	Completed. ICO Accountability Tracker presented to Audit Committee in December 2024 for scrutiny, and will be reviewed on a bi-annual basis.	

Action Grade:	Priority 1	management and the Audit Committee.
	Priority 2	Issue subjecting the organisation to significant risk and which should be addressed by management.
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Follow Up Report	Audit Report	Topic	Recommendation	Owner	Agreed Date	Revised Date	Status	March 2025 Update	RAG Status
2024/09	2023-09	Business Continuity	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.	Director of Information Services/ Director of Estates	01/04/2024	30/04/2025	Partial Completion	ICT business continuity will be integrated into the wider Business Continuity Plan as part of its update.	
2024/09	2023-09	Business Continuity	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.	Risk & Project Officer	31/01/2024	30/04/2025	Partial Completion	Grab bags have been purchased and potential locations identified. Will be put in place following the completion of the updating of the current Business Continuity Plan.	
2024/09	2023-09	Business Continuity	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.	Risk & Project Officer	31/01/2024	30/05/2025	In progress	As part of our insurance renewal this year our broker's Risk Management team will carry out a business continuity exercise with senior managers to give us insight on the robustness of our current systems and processes including our business continuity plan.	

Action Grade:	Priority 1	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

Follow Up Report	Audit Report	Topic	Recommendation	Owner	Agreed Date	Revised Date	Status	March 2025 Update	RAG Status
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Committee Cover Sheet

Paper No.3

Name of Committee	Audit Committee
Subject	Cybersecurity
Date of Committee meeting	26/03/2025
Author	Jill Martin, Director of ICT
Date paper prepared	12/03/2025
Executive Summary Please provide a concise summary of the Paper outlining the purpose, impact and recommended future actions if approved	Paper provides a summary of key issues and activities around Cybersecurity at UHI Perth
Committee Consultation Please note which Committees this paper has previously been tabled at, and a brief summary of the outcomes/actions arising from this.	n/a
Action requested	<input checked="" type="checkbox"/> For information <input type="checkbox"/> For discussion <input type="checkbox"/> For endorsement <input type="checkbox"/> For approval <input type="checkbox"/> 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.	College Growth & Ambition

Committee Cover Sheet

<p>Resource implications</p> <p>Does this activity/proposal require the use of College resources to implement?</p> <p>If yes, please provide details.</p>	<p>No</p>
<p>Risk implications</p> <p>Does this activity/proposal come with any associated risk to UHI Perth, or mitigate against existing risk?</p> <p>If yes, please provide details.</p>	<p>Yes</p> <p>Mitigates against Strategic Risk</p>
<p>Equality & Diversity</p> <p>Does this activity/proposal require an Equality Impact Assessment?</p> <p>If yes, please provide details.</p>	<p>No</p>
<p>Data Protection</p> <p>Does this activity/proposal require a Data Protection Impact Assessment?</p> <p>If yes, please provide details.</p>	<p>No</p> <p>Click or tap here to enter text.</p>
<p>Island communities</p> <p>Does this activity/proposal have an effect on an island community which is significantly different from its effect on other communities (including other island communities)?</p>	<p>No</p> <p>If yes, please give details:</p> <p>Click or tap here to enter text.</p>
<p>Status</p> <p>(ie confidential or non-confidential)</p>	<p>Non-Confidential</p> <p>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:</p> <p>Click or tap here to enter text.</p>

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

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



Audit – Cybersecurity Half-Year Report

11th December 2024 CE^{1*} ([Cyber Essentials](#)) Certification

27th February 2025 CE + ([Cyber Essentials Plus](#)) Certification

11th March 2025 An Introduction to the [Cyber Security Toolkit for boards](#) session hosted as part of the Board Development Cycle.

11th March 2025 AI “Threats and Opportunities” session hosted as part of the Board Development Cycle.

While this certification and compliance is a lot of work, we are confident it stands us in good stead in what is a rapidly evolving threat landscape.

To help mitigate this increased threat we have moved the majority of our wired network devices imported into AD to allow them to be managed by RADIUS authentication.

What does this mean? Unauthorised devices are now diverted to a separate VLAN (Virtual Local Area Network) that does not allow access to our internal networks.

This work will continue.

BYOD (Bring your own devices) for staff

Our [Bring Your Own Device policy](#) helps to protect against cybercrime by requiring that software is up to date, use of a PIN or password to secure the device, etc. It covers any device which is not managed by us which you use to access our data, for example:

- using a personal phone to read work email (includes a phone which has been issued to you)
- using a personal tablet for work

What is happening?

An automatic process will check if devices you use to access UHI systems are compliant with our policy and may enforce some security settings to protect your device.

What if my device does not meet the standard?

Set a PIN or password for the device

- Update the operating system (look for “system update” in the settings menu)

¹ “CE - Cyber Essentials is a government-backed certification scheme that helps keep your organisation’s and your customers’ data safe from cyber-attacks.”

UHI | PERTH

- Update the software installed (go into the App Store and look for updates)
- Install anti-virus software
- We have also restricted the ability to copy and paste and download on BYOD devices.

The above changes have been made partnership wide.

All staff that use a UHI Perth mobile device are now on a standard, supported and fully managed handset.

Microsoft A5 Licensing

All Academic and Professional services staff are now on Microsoft A5 Licences Microsoft 365 Education A5 offers comprehensive security features for educational institutions, including advanced threat protection, mobile device management, and phishing prevention tools, helping them to safeguard against cyber threats

Internal Audit Progress Report

Audit Committee – 26 March 2025

Issued: 11 March 2025



Internal Audit Progress Report

March 2025

Progress with the annual plan for 2024/25 is shown below.

Audit Area	Planned reporting date	Report status	Report Number	Overall Conclusion	Audit Committee	Comments
Strategic Internal Audit Plan 2024 to 2026 and Internal Audit Annual Plan 2024/25	May 2024	Draft: 03/05/24 2 nd Draft: 14/05/24 3 rd Draft: 15/05/24 4 th Draft: 21/05/24 5 th Draft: 11/09/24 Final: 02/10/24	2025/01	N/A	28/05/24 09/10/24	
Publicity and Communications	May 2025					Audit fieldwork in progress
Student Engagement – Students' Association	May 2025					Audit fieldwork largely complete. Waiting on final information to conclude audit findings for discussion at closing meeting
Financial Sustainability	May 2025					Fieldwork scheduled to commence 11 March 2025 but short delay due to compassionate leave
General review of Key Financial Controls	October 2025					Agreed start date for fieldwork 9 June 2025



Audit Area	Planned reporting date	Report status	Report Number	Overall Conclusion	Audit Committee	Comments
International Activity – Products, Partnerships and Student Recruitment	March 2025	Draft: 04/02/25 Final: 11/03/25	2025/04	Satisfactory	19/03/25	
Credits Audit	December 2024	Draft: 13/11/24 Final: 15/11/24	2025/02	Audit report unqualified	11/12/24	
Student Support Funds Audits	December 2024	Draft: 26/11/24 2 nd Draft: 02/12/24 Final: 02/12/24	2025/03	Audit reports unqualified	11/12/24	
Follow-Up Reviews	December 2025					Agreed start date for fieldwork 06/10/25

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.

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UHI Perth

International Activity

Internal Audit report No: 2025/04

Draft issued: 4 February 2025

Final issued: 11 March 2025



Contents

	Page
Section 1	
Management Summary	
• Overall Level of Assurance	1
• Risk Assessment	1
• Background	1
• Scope, Objectives and Overall Findings	2
• Audit Approach	3
• Summary of Main Findings	3
• Acknowledgements	3
 Section 2	
Main Findings and Action Plan	4 - 17

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 risks on the UHI Perth ('the College') Enterprise Risk Management (ERM) Risk Register (as at September 2024):

- There are no processes in place to identify and respond to risks that could result from not having the required products and services (Post Risk Management Score: 4, Low);
- UHI Perth does not have formal processes to identify and mitigate competitor and market risk associated with our products and services (Post Risk Management Score: 4, Low);
- The status of international legal / compliance requirements are not reported at Board level (Post Risk Management Score: 6, Low);
- A fall in income (Post Risk Management Score: 6, Low);
- Costs rising faster than income (Post Risk Management Score: 6, Low);
- No budget and forecast process in place and being utilised (Post Risk Management Score: 6, Low);
- Financial management information is not presented to SMT and the Finance & Resources Committee (Post Risk Management Score: 6, Low);
- Significant financial risks are not identified. Controls are not in place and being checked for effectiveness (Post Risk Management Score: 2, Very Low);
- Failure to meet agreements with existing partners (Post Risk Management Score: 4, Low);
- Negative reputation of existing / potential partners (Post Risk Management Score: 4, Low); and
- Global events, potential and actual, are not risk assessed and discussed at Board level (Post Risk Management Score: 4, Low).

Background

As part of the Internal Audit programme at the College for 2024/25 we carried out a review of the systems in place for international activities. The Audit Needs Assessment, agreed with management and the Audit Committee, 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.

The College has in recent years established links with educational institutions in several countries, including China, India and Nepal, which include institutional agreements, articulation agreements, and student and teacher exchange programmes. Separate agreements are in place between the College / the University of the Highlands and Islands (UHI) and each international partner. International activity also includes language school summer programmes.



Scope, Objectives and Overall Findings

The scope of the audit was to examine the key internal controls in place within the College in relation to its operations in the international market, covering students, partnerships (UHI and other parties) and products.

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

Objective		Findings				
The objective of our audit was to ensure that:		Grade	1	2	3	Action already in progress
			No. of Agreed Actions			
International Students						
1	Key markets and courses are identified for international students	Good	0	0	0	
2	Marketing and agency arrangements in place support the College with the recruitment of international students	Good	0	0	0	
3	Procedures are in place to assist students who wish to attend the College, including providing advice on UK Visas and Immigration requirements	Good	0	0	0	
4	The setting of targeted international student numbers is robust and there is an adequate system in place for monitoring achievement against targets	Good	0	0	0	
International Partnerships and Products						
5	An effective strategic planning process and management structure have been established	Satisfactory	0	0	1	
6	Key risks and opportunities in relation to international activities, including compliance with UK Visas and Immigration requirements, are identified and mitigated / exploited	Satisfactory	0	1	0	✓
7	Robust agreements are signed with partners which include clear objectives, income and expenditure sharing arrangements, and monitoring and review processes	Good	0	0	0	
8	Financial information on each specific international activity is provided, reviewed and reported upwards on a timely and regular basis	Good	0	0	0	✓
9	Staff undertake continuous development in order to widen the range of products available	Good	0	0	0	
Overall Level of Assurance		Satisfactory	0	1	1	
			System meets control objectives with some weaknesses present.			

Audit Approach

We discussed processes in place with the Principal and both of the Directors of Partnerships, and other relevant staff, and obtained key documents to evidence these assertions made in those discussions. We selected a sample of partnership and agency marketing agreements and ensured that these were robust and that information, including financial information, is reported on this partnership activity on a regular basis. Strategic planning, risk management and staff development documents were also reviewed in detail to ensure these are comprehensive.

Summary of Main Findings

Strengths

- We found that the College has identified a clear market strategy for establishing links and agreements with international educational institutions in markets such as the Middle and Far East regions. The College has developed strong links with partners in China and has ambitions to develop opportunities with these partners further;
- The College utilises a network of agents, which are approved by UHI, to market and recruit students under the direction of the College / UHI;
- The College provides a range of support to overseas students who are interested in coming to study at the College, particularly for students who reside in China, where the majority of the College's overseas activities are focussed. This includes providing English language support early in the students' academic experience, information on the cultural difference between the UK and China, pastoral care and guiding students through the UK Visas and Immigration (UKVI) visa application process;
- The financial arrangements clauses contained in partnership agreements provide some financial protection to the College by ensuring that the College receives a guaranteed minimum price per student where the target number of students on the course is not achieved;
- A robust process is in place for the review and approval of new agreements both by the College and UHI;
- Well established processes are in place to mitigate the risks of UKVI visa requirements; and
- Signed agreements are in place between the College / UHI and international academic partners.

Weaknesses

- The College International Strategy covers the period 2019 – 2014 and during our discussions this document was acknowledged as being out of date and in need of review / refresh.
- During our discussion with the Directors of Partnerships it was established that there are potential single points of failure within the International team, which have not been fully mitigated by the College due to limited resource. This includes staff responsible for the processing of visas for students for both the College and for AST.

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

International Students

Objective 1 - Key markets and courses are identified for international students

A College International Strategy is in place for the period 2019 – 2024, to support the College's ambitions to grow and develop international partnerships. The College operates across a number of markets, which are set out in the Strategy document as being:

- Established markets where relationships are maintained;
- Growing markets where partnerships have been formed and are continuing to evolve; and
- Target markets where the College hopes to form and expand relationships.

From review of the Strategy and discussion with key members of staff, we were able to establish that key markets for the College are largely in Asia, with well-established and longstanding partnerships in China. The College has continued to expand its international activity with partnerships in countries such as India, Japan, Sri Lanka and Nepal, and continues to seek out other suitable opportunities in other markets.

It was established that work is also undertaken by both the University of the Highlands and Islands (UHI) Executive Office (EO) and other UHI academic partners in relation to international activity. The UHI EO largely concentrates on direct recruitment, that is encouraging international students to apply to UHI to complete a course delivered by one of the UHI partners whereas the work of the College is largely focussed on partnership working, linking with institutions in other countries to deliver activity in collaboration with them. Partnership agreements established with educational institutions include delivery models where either the College delivers specific elements of the partners' degree programme through guest lecturing, or where College staff deliver the UHI ordinary degree programme at the partner institution. The College also offers articulation degrees, where two or three years may be delivered at the partner institution, and then the final one or two years, completed at the College. The College also delivered exchange programmes with some partnership organisations, allowing students to complete a semester in Perth.

Rather than developing courses specifically for international students, the College typically infills students onto existing courses. One of the growing markets established in the strategy document relates to delivery of Air Service Training (AST) courses to international students. Specialist courses such as those run by AST are widely promoted to international students as a niche which is not provided by many other UK institutions.

Specific markets within China are identified from direct discussions between the College and Chinese institutions, with the focus of the College's current agreements relating to Engineering degrees. From discussions with the Principal and Director of Partnerships – China and South East Asia we understand that several partners in China and Nepal are keen to develop broad institutional agreements which would provide students in China with access to UHI degrees in areas such as Business and Finance, and Master's programmes. Through the work of the Directors of Partnerships, a new type of international partnership has been devised, working towards creating a franchised partnership in Nepal which is due to begin in January 2025.



Objective 1 - Key markets and courses are identified for international students (Continued)

The College strategy to date has been to target institutions in large cities in provincial areas of China, avoiding the need to compete directly with larger UK universities that have been longer established in the large main cities of China and are therefore better placed to attract students from these areas. As UHI is not a ranked university, it is difficult to compete for students in regions such as Europe and North America who may already have access to high quality educational institutions and seek out the prestige of highly ranked universities. Instead, the College focusses on markets that value international education with consideration to affordability, perceived safety, and to gain experience on specific courses through completion of practical work and internships.

Whilst a large proportion of the College's international activity is currently focused in China, the College also delivers language school summer programmes, for which the College has developed links with educational institutions in Japan. Activity is also delivered in other counties within South-East Asia including India, Nepal and Sri Lanka, with these becoming increasingly important markets.

It should be noted that there have been ongoing tensions between the College and UHI EO regarding the approach to identification of key markets for delivery of international activity. As noted above, the College's international activity is largely based in South-East Asia, in part due to long-term established relationships with institutions and agents within countries in this region. It was established during discussions with the Principal and both Directors of Partnerships that this is in contrast to the strategic approach of UHI EO which is largely focussed on other markets such as North America and Europe. In addition to this, UHI EO has also began work with agents in some of the same areas as the College, such as Brunei, which has caused issues when considering who the students 'belong to' for enrolment numbers and income. We were advised that there have also been issues with the UHI 'one team' approach, and mixed success with cross-partnership delivery, with UHI Perth being able to work well with some other Academic Partner colleges. It was noted that there can be opportunities to expand into other areas of business with current UHI Perth partners and, although the College could do this work, this cannot be taken forward unless it is of interest to the Academic Partner college leading in that academic area. Where relevant, issues have been raised with UHI EO, however no resolution has been found as yet. Due to ongoing success, the College plans to continue largely marketing to institutions and students in Asia, with a focus on partnership work as opposed to direct student recruitment.

Objective 2 - Marketing and agency arrangements in place support the College with the recruitment of international students

Where the College operates in markets outside of China, such as other parts of Asia and the Middle East, the College has developed a network of partnerships or agents who market to and recruit students under the direction of the College / UHI.

The focus in China is Transnational Education (TNE) activity, where UHI degrees are delivered outside of the UK to students in their home country. Under these arrangements, each partner institution is responsible for recruitment of students onto the UHI programme. A minimum recruitment figure is set out in the partner agreements and where the target minimum number of students is not achieved, the College still receives a guaranteed minimum fee per student \times the target number, where the minimum fee has been calculated as enough to cover the costs of delivery to ensure viability.

The Director of Partnerships – China and South East Asia maintains close working relationships with the institutional partners in China and provides input into the College's student recruitment marketing plans, including:

- understanding strategically what is important for them as a university within their Province, based on their regional skills need and demand for places;
- understanding what China's education reform means for them and the status of their international partnership development and Chinese Ministry of Education relationships;
- reviewing recruitment targets for China;
- developing new marketing initiatives and ensuring their implementation;
- maintaining marketing statistics and marketing intelligence on the market in China;
- undertaking recruitment and promotional missions within China;
- undertaking relationship building with local student recruitment advisors in China; and
- liaising with the wider network of UHI approved agents in China.

From discussion with the International Partnerships Officer, we established that the College prepares and issues promotional information packs to advisors and agents to promote the College and UHI. The International team at the College develops and maintains strong relationships with the agents and partners based in key markets to ensure that UHI is promoted to potential students. There is regular contact between College staff and agents to ensure that they have sufficient and appropriate information to promote UHI, which is refreshed each year.

Seminars are arranged in-country, which are attended by staff from the College, UHI and the Chinese partner institution, as well as alumni, to promote the partnerships and programmes and to answer questions from prospective students. Where possible, specific curriculum staff will attend to give detailed information about the content and promote the benefits of the courses. The College also offers webinars which are promoted by agents and partners to students who may be interested in studying with UHI in some capacity.



Objective 3 - Procedures are in place to assist students who wish to attend the College, including providing advice on UK Visas and Immigration requirements

Brochures and information packs are produced for international students by UHI and College staff, which are distributed by agents and advisors in-country. These cover a range of topics, including: UK Visas and Immigration (UKVI) guidance; accommodation whilst studying at the College; details of the College student support network; and guides to living in Perth and Scotland.

The Compliance Officer at the College works closely with incoming international students at both the application and admissions stages. This includes helping with the assessment of applications, considering compliance requirements for successful visa application such as academic achievements, level of English language and other requirements needed for successful visa application. Once this has been assessed and the College has considered that the student meets all requirements and will be a strong candidate for a visa, an offer will be made to the student which is required for their visa application. Approved agents assist applicants through the visa application and UKVI student visa documentation process. Only registered bodies can give general UK immigration advice to migrants and as the College is a Sponsor it can provide advice and support with respect to student visa applications. In order to increase the chances of applications being successful, students applying for a visa are required to submit documentation to the College for review.

The English language ability test is an important part of the UKVI student visa criteria. As the College's strategy in China is to seek agreements with educational institutions in Tier 2, 3 and Tier 4 cities in China where English may not be as widely spoken, the College has worked with partner institutions in China to incorporate the IELTS (International English Language Testing System) training into years one and two of TNE activity. Once a visa has been obtained by a student and they have successfully enrolled at the College, continuous checks are undertaken to ensure appropriate attendance levels and academic achievement. The Compliance Officer acts as the key point of contact for liaison between international students and UKVI and advises on any queries or issues that may arise. The Compliance Officer works closely with staff at EO and other institutions through sector groups and forums to ensure that the information they are providing is up to date and in line with best practice.

The College website also has a dedicated section for international students, providing a range of information to assist students who wish to attend the College, including on courses, English requirements, information about qualifications, fees, UHI, student life, information about the College and Perth, accommodation, UKVI requirements and travel requirements although, at the time of the audit, the link to guidance on how to apply did not work. Overseas students have access to the College's information, advice and guidance service which is provided to all students and prospective students. Details of how the service can be accessed are included within information packs issued to prospective students and within welcome packs provided to enrolled students.

As part of the College International Induction Programme, there is an established International Students' Social Programme, designed for international students that are newly enrolled at the College and are new to the area. As part of this, International Centre staff organise a number of activities, including excursions around Perth and Scotland, and outdoor adventure activities, which are designed to introduce students to Scottish culture and history and allow them to meet and interact with other international students. The College also operates a homestay programme which is designed to support students in adapting to life at the College and in Scotland by allowing both international and non-international students the opportunity to stay with a local host that has been approved by the College's International team. The scheme allows students to enhance their English language skills and understanding of Scottish culture in a safe environment.



Objective 3 - Procedures are in place to assist students who wish to attend the College, including providing advice on UK Visas and Immigration requirements (Continued)

It should be noted that it is UHI that holds the license for Confirmation of Acceptance for Studies (CAS) so it has final say on allocation to students but much of the work is done within the colleges themselves to support students in obtaining a visa.

Objective 4 - The setting of targeted international student numbers is robust and there is an adequate system in place for monitoring achievement against targets

The College's annual budget setting process includes setting a budget for income from international student fees, which is driven by the number of expected international students. This is based on a number of factors including the financial arrangements set out in partnership agreements; and feedback obtained from partner institutions, agents and discussions the College's International Centre staff have with students and international institutions to identify students considering applying to study at the College.

International activity can largely be split into two categories – delivery of programmes 'in-country' or 'on campus'. In-country refers to programmes that are delivered abroad at international institutions by either College staff or staff from the international institution, depending on the agreement. On campus refers to any international students studying in Perth at the College itself. In-country numbers are largely fixed, based on contracts, and due to the desirable and established nature of these programmes, typically perform at the numbers produced.

On campus delivery is more difficult to predict because although the agreement identifies target student numbers taking up this option it is difficult to forecast as there are a number of economic, social and other factors which influence a student's decision to come to the College. The College has implemented measures to address some of these influences such as incorporating English language ability testing into the design of TNE programmes to improve the confidence of students in overcoming language and communication barriers and to enhance the students' chances of satisfying UKVI licensing requirements. These factors make it difficult to robustly determine the number of international students and therefore international student income, and the College budgets for modest levels of tuition fee income from international students.

It should be noted that other factors also limit the work of the International team at the College including availability of accommodation, both Halls of Residence and local private accommodation, and the availability of courses in which international students would be eligible due to visa requirements. Students must participate in a certain amount of in-person teaching but due to the way teaching is currently delivered, often by academic staff across multiple campuses, it means many courses do not meet the threshold of in-person teaching a student would be required to attend to meet visa requirements.

International Partnerships and Products

Objective 5 - An effective strategic planning process and management structure have been established

The College's current Strategic Plan for the period 2022 - 2027 sets out four areas of College Vision: Excellence in Learning and the Learner Experience; College Growth and Ambition; Partnerships and Collaboration; and Sustainability. Under each of these areas are key strategic objectives with supporting key performance indicators (KPIs). Key objectives linking to international activity within the College include:

- Excellence in Learning and the Learner Experience:
 - Academic Partnerships - We will create synergy, ensuring the best outcomes for our learners, our staff and our stakeholders through collaborative partnerships, nationally and internationally;
- College Growth and Ambition:
 - Our College - We will positively showcase our outstanding learner experience, and the benefits of engaging with UHI Perth our local community, regionally, nationally and internationally; and
- Partnerships and Collaboration:
 - Commercial Enterprise and Innovation - We will maximise the benefits of our commercial, international and research opportunities to enable investment in projects that improve the learner experience. We will reduce reliance on core grant funding by ensuring our commercial businesses deliver an acceptable level of return.

As noted under audit Objective 1, the College also maintains a specific International Strategy, the current iteration of which runs for the period 2019 – 2024. It is noted within the Strategy that the College has an influential role within UHI in increasing international business through the delivery of TNE partnerships and the hosting of both students and staff from partner institutions.

International activity is crucial for supporting the College and UHI as an increased proportion of non-government income is required to maintain continued financial sustainability. This has been particularly important post-Brexit as, prior to this, approximately 10% of College revenue was from EU sources. At a University level, the proportion of non-Scottish students at UHI is much lower than in other Scottish universities, however it was noted in the Strategy document that approximately 50% of UHI international business was originated from recruitment and delivery led by UHI Perth.

Having a formal written strategy has a number of benefits, including giving comfort to the Board, UHI and potential international partners that the College's approach to international activity is coherent, structured and aligned with the College's and UHI's educational values and aims.



Objective 5 - An effective strategic planning process and management structure have been established (Continued)

Observation	Risk	Recommendation	Management Response
From discussion with the Principal, we noted that while the College does have an International Strategy in place covering the period 2019 – 2024, it is acknowledged as being out of date, having being established in 2019, prior to events such as Brexit and the COVID-19 pandemic, both of which have had an impact on recruitment of international students. Due to other issues taking priority, the Strategy has not yet been revised. As detailed under Objective 7 below, the College is currently undertaking a detailed review into the financial viability of all international courses which will steer priority aims going forwards. Once this process has been completed, the College will be in a stronger position to set strategic priorities and aims.	The current International Strategy is out of date following significant events such as Brexit and COVID-19. This results in international activity not being aligned with the College's or UHI's strategic objectives and failing to meet recruitment targets.	R1 Following the completion of the ongoing financial viability review, the College should ensure that the formal International Strategy is reviewed to ensure alignment with the wider College strategy. Areas for further consideration also include: <ul style="list-style-type: none"> • Contextual analysis including identifying current international strengths; • Aspiration / Vision; • Key outcomes / objectives; • Strategic themes, e.g. Student recruitment, Research, Engagement, etc.; • Priorities / actions under each strategic theme; and • Measures of success. 	<p>The draft of the International Partnership Strategy has been developed and is currently under review by various stakeholders. The International team will engage with colleagues to gather feedback and insights, ensuring a comprehensive and informed approach.</p> <p>To be actioned by: Lin Shen (Director of Partnerships)</p> <p>No later than: 31 May 2025</p>
			<div>Grade</div> <div>3</div>

Objective 6 - Key risks and opportunities in relation to international activities, including compliance with UK Visas and Immigration requirements, are identified and mitigated / exploited

Due diligence is undertaken by UHI EO and the College's International Centre prior to establishing agreements with international partners. New collaboration proposals outline the business case and associated risks, and these must satisfy both the College's and UHI's standards. Both the College and UHI regularly receive information from the British Council and Foreign Office about 'in country' risks. The Director of Partnerships – China and South East Asia liaises regularly with the College's representative in China who feeds back any relevant information that may impact the College's activities in China. The College International Centre also maintains regular contact with the network of UHI approved agents in other markets such as India.

From discussions with the Director of Partnerships and the Compliance Officer, it was established that one of the key risks to the College in relation to international activity is UKVI visa requirements. As detailed above under Objective 3, there are processes in place to support students with visa requirements but the College also has other mitigations in place including:

- using networks of UHI approved and trusted overseas agents;
- directing approved agents to provide clear information to students of the UKVI process and to provide support in completing the visa application;
- applications to the College, and for study visas, are reviewed by experienced staff in the College's International Centre prior to any application being submitted to UKVI; and
- international students at the College are supported throughout their studies and made clear of the UKVI requirements in terms of attendance, working whilst studying and entitlement to remain in the UK.

Within the International Strategy 2019 – 2024 document, SWOT analysis has been undertaken for two key markets, China and India, considering both the opportunities and threats specific to these markets. A number of potential risk areas were identified which include:

- Academic ranking;
- Competitor institutions;
- English language proficiency of prospective students;
- Tuition fees; and
- Brand awareness.

In establishing an understanding of key threats, the College has been able to consider mitigations to minimise impact to the College. As highlighted in the objectives above this has included targeting markets in which the College has a competitive advantage, provision of summer language schools and promotion of the UHI brand through various promotional activities and work with established agents.

Objective 6 - Key risks and opportunities in relation to international activities, including compliance with UK Visas and Immigration requirements, are identified and mitigated / exploited (Continued)

The SWOT analysis has also identified opportunities available to the College. These include:

- Possibility of expanding into wider curriculum areas;
- Development of new partnerships;
- Expansion from Tier 3 and 4 cities into Tier 2 cities;
- Alumni engagement;
- Demand for MBAs; and
- High demand for Aircraft Engineering through AST.

The College considers how opportunities can be exploited. As noted under Objective 5, the International Strategy is due to be reviewed at which stage the College can consider how best to further opportunities through identification of potential new regions in which to operate, or delivery of new qualifications.

Objective 6 - Key risks and opportunities in relation to international activities, including compliance with UK Visas and Immigration requirements, are identified and mitigated / exploited (Continued)

Observation	Risk	Recommendation	Management Response
<p>Discussions with the Directors of Partnerships established that a key risk sits with the International team based at the College. The team consists of a small number of highly experienced individuals however due to lack of resource, there are few people that are trained in these roles which may lead to a single point of failure should a member of staff be absent from or leave the College.</p> <p>One member of staff is one of only two level one users who are responsible for day-to-day management of visa licencing at UHI. This individual is also the only level 1 user for AST. Additional resource is required to ensure that appropriate cover is in place in the event of an unexpected absence and for effective succession planning purposes.</p>	<p>There are potential single points of failure relating to staffing within the International team</p>	<p>R2 In collaboration with UHI, the College should conduct an exercise to identify any single points of failure in relation to international activities, particularly in relation to the support provided to international students and around support activity re visas and the issuing of visas. The College and UHI should then consider whether there is a need for additional members of staff to be trained, to assist the staff already in post and in order to build capacity and resilience in instances where key staff may be absent from the College and/or UHI.</p>	<p>In response to the College's financial challenges, a decision has been made to allocate support from the Admissions team to assist with international compliance tasks as needed during peak application periods. This will not be a dedicated international compliance role but will provide additional help when required.</p> <p>UHI will be delivering training sessions on the new online application system as processes continue to stabilize. Additionally, the International Compliance Officer will provide guidance to enhance the Admissions team's understanding of UKVI regulations as appropriate.</p> <p>There have been longstanding arrangements already in place for the issuance of CAS and the provision of immigration advice to students in the absence of the International Compliance Officer. For example, there are other individuals within both UHI and AST who can issue CAS if required in the event of their absence.</p> <p>To be actioned by: Sharon Porter (International Compliance Officer)</p> <p>No later than: 31 May 2025</p>
			<p>Grade</p> <p>2</p>



Objective 7 - Robust agreements are signed with partners which include clear objectives, income and expenditure sharing arrangements, and monitoring and review processes

The College currently has formal partnership agreements in place with a number of educational institutions in countries such as China and Japan, which include collaboration agreements, articulation agreements and student and staff exchange agreements. At the time of our review the College was in the process of developing a franchise agreement in Nepal. All agreements are jointly signed by the College and UHI.

We reviewed copies of a sample of three active agreements in place with the Hunan Institute of Engineering and UHI. In each case we noted that these covered arrangements for programme delivery, responsibilities of the respective parties, programme management and quality assurance, financial arrangements and, where applicable, articulation arrangements. In all cases, the agreements were signed by the partner institution, and the Principal and Vice Chancellor of UHI with no issues noted.

Before entering into a collaborative agreement for any UHI programme, reports prepared by the International Centre are first considered by the Senior Leadership Team (SLT) at the College and are then submitted to the UHI Faculty and to the UHI External Partnership Steering Committee for approval to progress. Formal approval for the collaborative arrangement is required from the UHI Learning, Teaching and Quality Committee (LTQC).

Before LTQC and the UHI Academic Council can approve any collaborative proposal, UHI must satisfy itself that the details of the collaborative arrangement accord with relevant UHI policies, the Quality Assurance Agency for Higher Education (QAA) codes of practice and awarding body guidelines. Due to the nature of the potential risks to UHI academic standards and other aspects of UHI's reputation, the College is required to accompany its collaborative submission to LTQC with a completed due diligence and risk assessment report.

Following LTQC approval, the College in consultation with UHI, develops an institution to institution agreement for approval by the Academic Council which includes:

- specific programme arrangements;
- duration of the agreement;
- use of UHI name;
- student complaints and discipline;
- health and safety;
- equal opportunities, racial equality and provision for students with disabilities;
- termination of the agreement;
- resolution of disputes and arbitration;
- severance terms; and
- limitation of liabilities.

Objective 8 - Financial information on each specific international activity is provided, reviewed and reported upwards on a timely and regular basis

As per the International Strategy, based on the current MicroRam funding model, any Academic Partner within UHI that is generating increased revenue from international students on campus-based network programmes, or delivered on a TNE basis, receives a share of that revenue.

Spreadsheets are in place for each partnership which calculate income, expenditure, and overall profitability of each partnership. These provide detail about income, with consideration to number of learners and fees per learner, and expenses such as staff time, materials, and travel where relevant. The reports detail the staff that are assigned to each partnership, estimated teaching hours, conversion to cost of these teaching hours, as well as other factors such as flights, accommodation and subsistence for visits to international partners.

From discussions with the Principal, it was established that as of December 2024, a project is currently being undertaken by the College to assess profitability of all courses, including those relating to international activity. This is being undertaken by the former Director of Finance who is working with the College as a consultant due to their knowledge and understanding of College activity. Consideration is being given to ensure that profitability calculations are accurate and account for all expenditure that may be outlaid during provision of a course. Once complete, this will help inform the approach and strategy to international activity.

Separate project codes have been established in the College's finance system for each international market. Monthly management accounts are produced by the Finance Department which include performance of actual against budgeted income and expenditure. Results are monitored by the Principal and the Director of Partnerships – China and South East Asia and discussed at regular SLT meetings.



Objective 9 - Staff undertake continuous development in order to widen the range of products available

Within the College's Strategic Plan 2022 – 2027, is the College vision includes College Growth and Ambition. Within this are five Strategic Objectives, one of which is based around 'Our Staff'. Here it is noted that *'Our staff are the foundation of the learner experience. Through a shared sense of purpose, we will engage with and develop our staff to empower them, actively enhance their opportunities to reach their full potential and support their resilience and wellbeing. We will cultivate an empowered team, agile, and creative, responsive to our local and national educational priorities and challenges.'* Under this aim are objectives to support staff training and development to ensure all staff have appropriate skills and qualifications through opportunities for training, scholarship and research.

Training needs can be identified by individual staff members or managers as part of the annual appraisal process or at any time during the year. All staff undergo the staff review and development process at least annually which provides the opportunity for identifying training and development needs in order to contribute to the achievement of departmental and College objectives. This helps ensure that the College has the staff resource available to deliver a curriculum which is responsive and attractive to the demands of students from home and overseas markets both now and in the future.



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Committee	Audit Committee
Subject	Audit Committee Annual Report to the Board of Management 2023-24
Date of Committee meeting	26/03/2025
Author	Ian McCartney, Clerk to the Board of Management Lynn Murray, Depute Principal (Operations)
Date paper prepared	14/03/2025
Executive summary of the paper	<p>Purpose:</p> <p>In line with the College's Financial Memorandum, the Audit Committee is required to produce an annual report to the Board of Management.</p> <p>Impact:</p> <p>This report is presented to the Board of Management primarily to provide an assessment of the adequacy and effectiveness of the College's system of internal control.</p> <p>Course of Action:</p> <p>Attached is the draft report for the Audit Committee's consideration and approval. This will then be forwarded to the Board of Management for consideration.</p>
Consultation Please note which related parties, stakeholders and/or Committees have been consulted	This paper is for the Audit Committee's consideration and approval prior to submission to the Board of Management.
Action requested	<input type="checkbox"/> For information <input checked="" type="checkbox"/> For discussion <input type="checkbox"/> For endorsement <input checked="" type="checkbox"/> For approval

Perth College UHI

<p>Resource implications</p> <p>Does this activity/proposal require the use of College resources to implement?</p> <p>If yes, please provide details.</p>	<p>Yes/ No</p>
<p>Risk implications</p> <p>Does this activity/proposal come with any associated risk to the College, or mitigate against existing risk?</p> <p>(If yes, please provide details)</p>	<p>Yes/ No</p> <p>This is a requirement of governance within the Financial Memorandum.</p>
<p>Link with strategy</p> <p>Please highlight how the paper links to the Strategic Plan, or assist with:</p> <ul style="list-style-type: none"> • Compliance • National Student Survey • partnership services • risk management • other activity [e.g. new opportunity] – please provide further information 	<p>Compliance</p> <p>Risk Management</p>
<p><u>Equality and diversity</u></p> <p>Does this activity/proposal require an Equality Impact Assessment?</p> <p>If yes, please give details:</p>	<p>Yes/ No</p>
<p><u>Data Protection</u></p> <p>Does this activity/proposal require a Data Protection Impact Assessment?</p> <p>If yes, please give details:</p>	<p>Yes/ No</p> <p>Click or tap here to enter text.</p>

Perth College UHI

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

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

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

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

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

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

Audit Committee Annual Report to the Board of Management - Session 2023/24

1 Introduction

The Scottish Funding Council's mandatory requirements require the Audit Committee to produce a report to the Board of Management primarily to provide an assessment of the adequacy and effectiveness of the College's system of internal control.

The Smith Guidance to Audit Committees also suggests that this annual report should focus on internal financial control and be provided to the Board, normally prior to the signing of the financial statements, and taking into account the Board's statement of responsibilities in particular.

This report covers the accounting period of 12 months to 31 July 2024.

The terms of reference of the Audit Committee are attached for information at **Appendix 1**. During the period under review the Committee met on 4 occasions: 05 October 2023, 07 December 2023, 19 March 2024 and 28 May 2024. Details of the membership of the Committee during this period are shown at **Appendix 2**.

2 Internal Audit

Henderson Loggie were re-appointed as the College's Internal Auditors in July 2016 for the period 1 August 2016 to 31 July 2020. An extension of this contract was implemented in March 2020 to enable completion of internal audits for the period to July 2021. This extension was implemented as a COVID related tender exemption.

A subsequent tender process was implemented for the 3-year period to July 2024, whereupon Henderson Loggie were reappointed as the College's Internal Auditors. An extension clause for this contract was approved by Audit Committee on 19 March 2024 to allow Henderson Loggie to act as the College's Internal Auditor until July 2026.

A comprehensive Audit Needs Assessment (ANA) and three-year Strategic Audit Plan was presented to, discussed with and approved by, Audit Committee at the meeting held on 16 March 2022 based on consideration of areas of higher risk and need from a review of the College's Strategic Risk Register, and a review of previous internal audit coverage.

The agreed plan focused on the key strategic risks of reputation, student experience, staffing, Estates & Facilities, Finance, Commercial, Organisation and Information & IT, alongside required annual audits and follow-up reviews. It was agreed that the number of Internal Audit days be increased to better reflect current risk, with annual review of prioritisation, and would total 122 days over the 3-year period of the Plan, with 38 Audit days assigned to 2023/24.

The Annual Report of the Internal Auditors for 2023/24 was considered by the Audit Committee at its meeting on 11 December 2024. In the 2023/24 Annual Report, Henderson Loggie state that:

“In our opinion, with the exception of the follow up issues* ... the College has adequate and effective arrangements for risk management, control and governance. Proper arrangements are in place to promote and secure Value for Money. This opinion has been arrived at taking into consideration the work we have undertaken during 2023/24 and in previous years since our initial appointment.”

*[Henderson Loggie] found that the College had made limited progress in implementing the internal audit recommendations followed-up as part of 2023/24 Follow Up reviews. Only six of the 34 recommendations followed-up were assessed as ‘fully implemented’. Two recommendations were considered but not implemented, with 15 recommendations classified as ‘partially implemented’ and 11 categorised as showing ‘little or no progress’.

In Section 2 of the Annual Report prepared by Henderson Loggie a summary of the results and conclusions relating to the audit work carried out by them in the following areas is given. Recommendations were made by Henderson Loggie in each of the internal audit reports, as follows:

Number	Title	Overall Grade	Recommendations	Priority 1	Priority 2	Priority 3
2024/01	Internal Audit Annual Plan 2023/24	N/A	-	-	-	-
2024/02	2022/23 Student Activity Data	Audit opinion unqualified	3	-	-	3
2024/03	2022/23 Student Support Funds	Audit opinion unqualified	2	-	1	1
2024/04	Risk Management	Good	2	-	-	2
2024/05	Health, Safety and Wellbeing	Satisfactory	3	-	2	1
2024/06	Cyber Security	Satisfactory	1	-	-	1
2024/07	ICT and Digital Transformation Strategy Implementation	Satisfactory	-	-	-	-
2024/08	Fraud Prevention, Detection and Response	Satisfactory	5	-	1	4
2024/09	Follow-Up Reviews	N/A	29 of 34 recommendations	-	9	20

			required further action			
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Recommendation grades are defined as follows:

Priority 1 – Issues subjecting the College to material risk and which requires to be brought to the attention of management and the Audit Committee.

Priority 2 – Issues subjecting the College to significant risk and which should be addressed by management.

Priority 3 – Matters subjecting the College to minor risk or which, if addressed, will enhance efficiency and effectiveness.

The Internal Audit Reports referred to above were reviewed in detail by the Audit Committee and accepted.

3 External Audit

Deloitte was appointed by Audit Scotland as the College's external auditors from Academic Year 2023.

The external audit of the Annual report and financial statements for the year to 31 July 2023 (2022/23) was subject to significant delays, resulting in approval during 2024/25 and deadlines for submission to OSCR being missed. Performance improved for the 2023/24 audit following a change of partner and increased resources.

Deloitte is proposing to charge additional fees for 2022/23 and 2023/24 external audits, which have been discussed with Audit Scotland but still have to be discussed with management at UHI Perth.

The draft Report and Financial Statements including accounting policies, disclosures and the external auditor's opinion for the year ended 31 July 2024 were reviewed by the Board of Management at an Extraordinary Meeting of the Board on 06 March 2025 as well as a draft report from the external auditors.

The Corporate Governance statement included in the audited Financial Statements for the year ended 31 July 2024 was reviewed along with the Financial Statements.

4 Effectiveness of the Audit Committee

A 'Review of Meeting' item at the end of every agenda was conducted by the Audit Committee throughout 2023/24. This was to enable members the opportunity to reflect on and discuss the effectiveness of the meeting. No concerns about the conduct of the meetings have been raised.

5 Value for Money

The College continues to work closely with Government forums and Advanced Procurement for Universities and Colleges (APUC) and follows the guidelines that have been developed to support the sector in line with best practice.

In response to a recognition of the need to improve procurements procedures, in November 2018 the College has contracted APUC to provide direct support in the development of more robust systems and processes. Since July 2019 APUC staff have been contracted to work directly for the College.

6 Review of the Effectiveness of Internal Control and Risk Management

The Committee undertook a formal review of the effectiveness of internal control and risk management in November 2016. This report is based on guidance produced by the Turnbull Committee and invites the Board to confirm that:

- It is satisfied with the scope, frequency and quality of the reports received during the year.
- It is satisfied with the College's ability to respond to changes in the operating environment.
- It is satisfied with the scope and quality of senior level involvement in monitoring risks.
- It is satisfied with the extent and frequency of reports to the Board.
- It agrees that there had been no significant control failings or weaknesses identified during the year.
- It is satisfied with its public reporting processes.

It is recommended that an informal review of effectiveness is undertaken on an annual basis. During the financial year 2023/24, Audit Committee reviewed the Internal Audit plan and took the decision to prioritise Audit days towards Risk Management, Cyber Security, Digital Transformation, Fraud Prevention and Health & Safety, as these were felt to be higher current risk issues for the College.

7 Other Matters

The Board undertook an External Effectiveness Review, as required under the Code of Good Governance for Scotland's Colleges during 2024. The Review report was tabled at the Board meeting of 23 October 2024 and an action plan to adopt these recommendations was presented to the Board.

The College's Scheme of Delegation was reviewed during 2024, including the membership, Terms of Reference and meeting quorums. The Terms of Reference for each Board Committee have been updated to reflect recent role changes and the addition of nominated Trade Union Board Members to some committees.

Audit Committee reviewed the College's Code of Good Governance Compliance Checklist at its meeting on 09 October 2024, to provide comfort to Audit Committee that the College maintains its required levels of compliance.

8 Opinion and Conclusion

It is the opinion of the internal auditors, Henderson Loggie CA, accepted and endorsed by the Audit Committee, that the College operates adequate and effective internal control systems as defined in the audit needs assessment and that proper arrangements are in place to promote and secure value for money.

It is the opinion of the external auditors, Deloitte, and endorsed by the Audit Committee that the financial statements give a true and fair view and are properly prepared in accordance with the Further and Higher Education (Scotland) Act 1992 and the Accounts Direction made thereunder.

It is the opinion of the Committee that the Board of Management's responsibilities as described in the Responsibilities of the Board of Management Statement included in the financial statements for the year to 31 July 2024 have been satisfactorily discharged.

It is also the opinion of the Committee that compliance with the SFC audit requirements as incorporated in Financial Memorandum have been ensured, whilst noting the Disclosures detailed within Appendix 4 of the External Audit Report.

Perth College UHI Audit Committee, 19 March 2025

AUDIT COMMITTEE

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 Staff Member of the Board, to be determined by Staff Members of the Board

- Board members not eligible for appointment are the Chair of the Board, the Principal, the Chair of the Finance & Resources Committee, the Staff Board Member nominated to Finance & Resources Committee, and the Student Board Member nominated by HISA Perth to Finance & Resources Committee.
- No member of the Finance and Resources Committee shall also be a member of the Audit Committee.
- The Chair of the Board, the Principal and the Chair of the Finance and Resources Committee shall be invited to attend meetings.
- The Committee may sit privately without any non-members present for all or part of a meeting if they so decide.
- The College Executive will attend meetings at the invitation of the Committee Chair and provide information for Agenda items

In attendance

Depute Principal (Academic)

Depute Principal (Operations)

Other appropriate staff members of the College by invitation

Representatives of Internal and External Auditors of the College by invitation

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.

Appendix 2 - Membership of the Audit Committee during the period 1 August 2023 – 31 July 2024

Jim Crooks (Chair – resigned 06 June 2024)

Derek Waugh (Vice Chair)

Debbie McIlwraith Cameron

Ian Robotham (from 28 May 2024)

Alistair Wylie

Patrick O'Donnell

Fiona Smith (resigned 30 June 2023)

PERTH COLLEGE

Audit Committee

Annual Assessment of Effectiveness of Internal Control

1 Introduction

The Board of Management is required to make a statement on corporate governance in the annual accounts, in accordance with the UK Corporate Governance Code issued by the Financial Reporting Council in September 2012. To support its statement on corporate governance, the Board should undertake an annual assessment of the effectiveness of internal control systems and risk management.

2 Review of Reports Received During the Year

During 2023/24, the Audit Committee received the following internal audit reports from Henderson Loggie:

Procurement, Creditors & Purchasing
Data Protection
Business Continuity
Performance Management & KPIs
Space Management & Room Utilisation
Student Activity Data
Student Support Funds
Health, Safety & Wellbeing
Risk Management
Follow-Up Reviews

All recommendations therein and the College response to them are noted. The College's actions in response to previous Internal Audit report recommendations are monitored by the Audit Committee.

During 2023/24, the Finance and Resources Committee and the Board received quarterly reports on income and expenditure, excepting for a period when resources in the Finance Team were constrained.

The Board is invited to confirm that it is satisfied with the scope, frequency and quality of the reports received during the year, as set out above.

3 Changes During the Year

Changes and developments in the external operating environment which were substantive agenda items at the Committee meetings in 2023/24 are listed as follows:

1. Flat-cash Government Funding: Continued limitations in funding for the College sector means funding has not increased for several years, which effectively means a real term reduction in funding. There is continued financial pressure on Scottish Government (SG), other funding that was previously available has been withdrawn eg Flexible Workforce Development Fund, and the majority of colleges in Scotland are currently undergoing the implementation of savings proposals.
2. Reduction in FE Credits and HE full time equivalent numbers: During 2023/24, the number of FE credits were reduced nationally by 10%. The Scottish Funding Council (SFC) indicated in March 2024 that Colleges will require to deliver the same credit values with less funding. Based on the last two financial years, the level of clawback for UHI Perth was approximately £1m each year.
3. National Pay Bargaining: While academic staff roles have been agreed nationally, the professional services job evaluation exercise remains ongoing and will continue into at least 2024/25. This is a significant risk for the college sector due to the loss of direct control over staffing costs, a major element of the College cost base.
4. Increasing costs: Staff costs and costs for goods, services, energy costs, investment in ICT and estates maintenance and repairs are all increasing due to inflation. Staff costs account for over 80% of the funding received, and there will be no additional Government funding for these costs.
5. Increased Pension Contribution: Teacher's pension (SPPA) contributions increased from 23% to 26.1%.
6. UHI 2030 Strategy: A Business Case is currently being developed across the UHI Partnership to enable funding for significant restructuring, however it is as yet unclear what this will mean for UHI Perth and the other academic partners.
7. Top-Slice Levy: There is continuing impact on the proportion of levy placed on partner colleges by UHI Executive Office; UHI Perth pay ~£4.7m but this is not considered value for money as it remains unclear how the money is spent and there is duplication between some services at Executive Office and UHI Perth.
8. Implications of UK visas and immigration policy (UKVI)/UKVI changes and the UHI international recruitment process: There is increasing competition to attract international students on campus, which impacts on our income. Factors such as foreign currency collapses abroad can have a huge impact on the number of students coming to the UK and to Perth as well as turnaround times for applications and restrictions on higher risk countries. As a result, our international partnerships have focused on delivering UHI qualifications in overseas markets, a potential area of growth where investment would enable us to generate more of this activity.

The Board is invited to confirm that it is satisfied with the College's ability to respond to changes in the operating environment.

4 Scope and Quality of Risk Monitoring

Following a review of monitoring and insight, Audit Committee approved the establishment of an Enterprise Risk Management model for the College, linked to Strategic Key Performance Indicators. The Risk Register continued to be reviewed quarterly by Audit Committee on an interim basis to ensure continuity while the ERM was fully populated. Continuing and emerging risks were recognised in the annual report as:

HE student numbers; a “flat cash” funding outlook; National Pay Bargaining outcomes; Job Evaluation; Inflation, especially with respect to the cost of energy; and continuation of the top slice payment to the University (UHI) of c£4.7m for HE students, as it is recognised that this does not represent value for money for UHI Perth.

The Board is invited to confirm that it is satisfied with the scope and quality of management's monitoring of risks.

5 Communication to the Board and its Committees

Board Responsibility:

‘The Board should consider the extent and frequency of the communication of the results of monitoring to the Board and its Committees, which enables it to build up a cumulative assessment of the state of control in the College and the effectiveness with which risk is being managed’. (Turnbull Guidance)

Response

The system of reporting to the Board is covered in the draft Statement of Corporate Governance.

Henderson Loggie were re-appointed as the College's Internal Auditors in July 2016 for the period 1 August 2016 to 31 July 2020. An extension of this contract was implemented in March 2020 to enable completion of internal audits for the period to July 2021. This extension was implemented as a COVID related tender exemption. A subsequent tender process was implemented for the 3-year period to July 2024, whereupon Henderson Loggie were reappointed as the College's Internal Auditors. This period was subsequently extended to July 2026.

Audit Committee receives regular progress reports against the Internal Audit Action Plan at each scheduled meeting,

The Board is invited to confirm that it is satisfied with the extent and frequency of reports to the Board.

6 Control Failings or Deficiencies

During the year ending 31 July 2024, the following control weakness was identified as requiring action:

Area	Issue	Action
Authorisation of Journal Entries	<p>Journal entries are not approved before being posted into the general ledger, thereby increasing the risk of fraudulent postings being made.</p> <p>External Auditor recommends that a process of journal authorisation be put in place. All journal entries should be authorised by someone other than the one preparing the posting after reviewing any supporting documentation to assess the accuracy and appropriateness of the posting. Evidence of preparation and authorisation should be documented against the journal.</p>	<p>Recommendation is accepted subject to an acceptable value of journal authorisation being agreed with Deloitte.</p> <p>Director of Finance to ensure completion by 30 April 2025.</p>
No documentation of review of Management Accounts	<p>Management accounts are prepared and reviewed on a quarterly basis before being presented to the board. There is no documentation kept to evidence this review taking place prior to presentation to board.</p> <p>External Auditor recommends that minutes are taken, documenting issues raised during the review of the quarterly management accounts.</p>	<p>Recommendation accepted.</p> <p>Director of Finance to ensure completion by 31 March 2025.</p>
Search for unrecorded liabilities	<p>Lack of effective review of post year end invoices received and payments made in the search for liabilities that existed at year end that should have been accrued for.</p> <p>External Auditor recommends that a process is put in place that documents the review of post year end invoices received and payments made in the search for unrecorded liabilities</p>	<p>Recommendation accepted.</p> <p>Director of Finance to ensure completion in preparing the financial statements from 2024/25 on.</p>
Closed Bank Accounts with GL Codes	<p>General Ledger codes are still open and have balances attached to them for bank accounts that have now been closed.</p> <p>External Auditor recommends the GL codes are updated so that only active bank accounts are included within the accounts, allowing for more accurate balances to be displayed and reconciliations to be performed.</p>	<p>Recommendation accepted.</p> <p>Director of Finance to ensure completion by 31 March 2025.</p>
Review of bad debt provision	<p>Duplicate items and items included in error within the bad debt provision as at 31 July 2024. This indicates a lack of review of the provision at year end.</p> <p>External Auditor recommends that management perform a detailed review of their bad debt provision at year end to ensure the amounts being provided for are correct.</p>	<p>Recommendation accepted.</p> <p>Director of Finance to ensure completion in preparing the financial statements from 2024/25 on.</p>

Review of Remuneration Report	<p>Our testing of the Remuneration Report identified a number of disclosure adjustments, highlighting a lack of effective review of the report by management.</p> <p>External auditor recommends that management perform a detailed review of the Remuneration Report, including confirming that the disclosures within the draft financial statements meet the requirements set out within the Financial Reporting Manual (FreM).</p>	<p>Recommendation accepted.</p> <p>Director of Finance to carry out a detailed review on the 2024/25 financial statements and subsequent years in accordance with FReM requirements.</p>
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7 Effectiveness of Public Reporting Procedures

- The College is committed to the principles of openness and accountability in all its activities. In response to our obligations under the Freedom of Information Act (Scotland) 2002, the College has adopted and will maintain the Model Publication Scheme for Scotland's Colleges.
- The Board is updated annually on the requests for information received under the Freedom of Information Act (Scotland) 2002 and Data Protection requests.
- The College completes and lodges a number of statutory returns to demonstrate appropriate use of public funds.
- Information about the Board and its members is available on the website, including the Register of Interests.
- Board of Management minutes and papers are published on the website.
- The College Annual Accounts are published on the website. The Annual Accounts for Air Service Training (Engineering) Limited are lodged with Companies House.
- The Annual Report is published on the website. A hard copy is available to anyone who makes a request.

The Board is invited to confirm that it is satisfied with its public reporting processes

Committee Cover Sheet

Paper No. 7

Name of Committee	Audit Committee
Subject	FOI & Data Protection Quarterly Update
Date of Committee meeting	26/03/2025
Author	Ian McCartney, Clerk to the Board
Date paper prepared	12/03/2025
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 and other data protection issues raised for the Quarter to 31 January 2025
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 provided to the Scottish Information Commissioner
Action requested	<input checked="" type="checkbox"/> For information <input type="checkbox"/> For discussion <input type="checkbox"/> For endorsement <input type="checkbox"/> For approval <input type="checkbox"/> 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.	College Growth & Ambition SO4 – Our Ways Of Working

Committee Cover Sheet

<p>Resource implications</p> <p>Does this activity/proposal require the use of College resources to implement?</p> <p>If yes, please provide details.</p>	<p>No</p>
<p>Risk implications</p> <p>Does this activity/proposal come with any associated risk to UHI Perth, or mitigate against existing risk?</p> <p>If yes, please provide details.</p>	<p>Yes</p> <p>Trends inform Enterprise Risk Management</p>
<p>Equality & Diversity</p> <p>Does this activity/proposal require an Equality Impact Assessment?</p> <p>If yes, please provide details.</p>	<p>No</p>
<p>Data Protection</p> <p>Does this activity/proposal require a Data Protection Impact Assessment?</p> <p>If yes, please provide details.</p>	<p>No</p> <p>Click or tap here to enter text.</p>
<p>Island communities</p> <p>Does this activity/proposal have an effect on an island community which is significantly different from its effect on other communities (including other island communities)?</p>	<p>No</p> <p>If yes, please give details:</p> <p>Click or tap here to enter text.</p>
<p>Status</p> <p>(ie confidential or non-confidential)</p>	<p>Non-Confidential</p> <p>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:</p> <p>Click or tap here to enter text.</p>

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

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

Quarterly Freedom of Information & Data Protection Update

Academic Year 2024/25 | Quarter 2 | November 2024 – January 2025

1. Summary

FOI requests for 2024/25 Q2 are in line with recent trends, and continue the trend of increasing proportions being requested through the WhatDoTheyKnow website. Additional information provided re Response Type. Subject Access Requests and Data Breaches continue trend of limited reporting.

2. Freedom of Information

a. Total Number of FOI Requests 2024/25

2024/25 Q2	2024/25 YTD	2023/24 Full Year	2022/23 Full Year	2021/22 Full Year	2019/20 Full Year	2018/19 Full Year
11	22	54	39	22	28	39

b. FOI Request Topics – 2024/25

Type	Q2	YTD
Academic-Related	1	5
Student-Related	2	3
Compliance	0	1
Finance/Procurement	1	2
Estates	2	2
HR/Legal	2	5
Operational Management	2	3
IT	1	1
TOTAL	11	22

c. FOI Request Sources – 2024/25

Type	Q2	YTD
Legal Representative	0	0
Campaigning Groups	1	2
Trade Union	3	4
Press/Media	1	2
Scottish Parliament	0	0
Staff	0	2
Student	0	0
University Research	0	0
Industry	2	3
Unknown/Anonymous	4	9
TOTAL	11	22

d. FOI Response Times – 2024/25

Response Time	Q2	YTD
Replied within Statutory Time	11	21
Late (completed)	0	1
To be completed	0	0
TOTAL	11	22

e. Nature of Response Provided – 2024/25

Type of Response	Q2	YTD
Fully disclosed	8	14
Partially disclosed	1	2
Exemptions applied	0	0
No data held	2	6
Request rejected	0	0
TOTAL	11	22

3. Data Protection

a. Total Number of Requests/Incidents

	2024/25 Q2	2024/25 YTD	2023/24 Full Year	2022/23 Full year	2021/22 Full year	2020/21 Full Year	2019/20 Full Year	2018/19 Full Year
Subject Access Requests	1	2	2	5	5	6	6	10
Data Breaches	1	2	3	5	6	7	13	13

b. Subject Access Request Response Time

Response Time	Q2	YTD
Replied within Statutory Time	1	2
Late	0	0
To be completed	0	0
TOTAL	1	2

c. Data Breach Information

Incident	Action Taken	ICO informed?
<p>Member of staff uploading the wrong feedback to Brightspace.</p> <p>Investigation revealed that, when mass file upload to Brightspace was not permitted, staff member selected incorrect file to upload due to lack of attention paid re file selection, resulting in an essay and associated feedback being uploaded to the wrong recipient.</p> <p>File contained non-specific details regarding student receiving PLSP.</p>	<p>Incorrect file was removed before it was accessed and correct version uploaded.</p>	<p>No. Error corrected before any personal data accessed.</p>

Ian McCartney
12 March 2025

Health and Safety Committee – Meeting 2

Minutes

Date and time: Wednesday 13 November 2024, 2.00pm – 4.00pm

Location: MS Teams / Rm 019

Members present: Christiana Margiotti (CM), Director of Curriculum – AHE
Christine Paton (CP), General Manager, ASW
Deborah Lally (DL), Director of Student Experience
Gavin Stevenson (GS), Director of Finance
Ian Bow (IB), Health, Safety and Wellbeing Advisor
Jill Martin (JM), Director of Information Services
Sarah-Louse Heap (SH), Deputy Training Manager, AST
Winston Flynn (WF), Unison Rep

Apologies: David Gourley (DG), Director of TLQE
Steve Scott (SS), EIS H&S Representative
Katy Lees (KFL), Director of HR and Organisational Development
Lynn Murray (LM), Depute Principal, Operations
Nicky Inglis (NI), Director of Curriculum – BSTW
Rosalind Bryce (RB), Director Of CMS
Xander McDade (XM), HISA Perth President
Andy Budge (AB), Senior Training Manager, AST

In Attendance: N/A

Chair: Gavin Whigham (GW), Director of Estates

Note Taker: Carolyn Sweeney-Wilson

Minute

Item	Action
1. Welcome and Apologies GW welcomed all to the meeting. Apologies were noted.	
2. Additions to the Agenda for AOCB None.	

Item	Action
<p>3. Minute of Previous Meeting (Paper 1)</p> <p>The minute of the meeting held on 4 September 2024, having been previously circulated, was approved, as a true and accurate record of discussions.</p>	
<p>4. Review of actions from previous meeting / Matters arising that are <u>not included elsewhere on the agenda</u>:</p> <p>4.1 <u>Serious Assault:</u></p> <p>The action from the last meeting was not completed so would be carried forward to the next meeting.</p> <p>Action: The relevant policy/s relating to violence against staff/students to return to HSC for review, but to first of all be reviewed outwith the meeting, via email.</p> <p>4.2 <u>First Aiders – HISA Contact</u></p> <p>There was an action from the last meeting for IB to check which HISA contact received the list of on call First Aiders.</p> <p>IB confirmed he had carried out an investigation on this and was aware of how the incident happened and this had now been rectified.</p>	KFL
<p>5. Feedback on the Policies and Procedures (PPs) Sub-Group</p> <p>5.1 Policy and Procedure Review</p> <p>IB clarified the process the group undertook towards getting Policies and Procedures (PPs) published and explained he had suggested that, if there was no response to his request for feedback after 2 weeks, then the assumption would be that the H&S PPs would be approved. However, IB noted that LM had queried this at the last meeting, so IB had now suggested he would be more explicit in his communication that, if there were no comments, then the PPs would be approved.</p> <p>GW asked IB to liaise with the Risk and Project Officer, to ensure that nothing was being missed. GW said it was about closing the loop to ensure that IB was aware that PPs were being reviewed.</p>	IB
<p>6. Minutes from the Stress Management Group (SMG) (Paper 2)</p>	

Item	Action
<p>6.1 <u>The minutes of the previous SMG meeting</u>, a formal sub-committee of the HSC, were circulated to Committee members for their information and was noted.</p> <p>These minutes were noted.</p> <p>6.2 <u>ToR Stress Management Group</u> (Paper 3)</p> <p>This item to be carried forward to the next meeting.</p>	KFL
<p>7. Internal Audits</p> <p>IB said these Audits were carried out in August, but there were some minor actions. IB provided a brief review of each of the Audits.</p> <p>7.1 <u>New Audits Completed</u></p> <p>7.1.1 <u>Science</u> (Paper 4)</p> <p>Noted.</p> <p>7.1.2 <u>Electrical Workshop</u> (Paper 5)</p> <p>Noted.</p>	
<p>8. Health & Safety Accident & Incident Statistics – Quarter 1 - AY24-25 (Paper 6)</p> <p>IB reviewed his Paper 6 and indicated that all the injuries were either negligible or low.</p> <p>IB referred to the ‘near-miss’ where the ribbed surfaces in stairwells had been replaced, as the new surface was slippery, but within a couple of days this had gone away.</p> <p>In terms of Fire Alarms, IB said if there were any, then he would treat these as fire drills. He advised ASW and Webster still required to have a fire drill, however, the issue with a fire drill in ASW might be annoyed customers.</p> <p>CP said if she was there to speak to any clients, then a fire drill should not be a problem. However, she advised that there were certain times of the day when it would not be suitable to have a fire drill.</p> <p>IB said he would liaise with CP regarding the best time for a fire drill and he would also speak with SM for Health, Wellbeing and</p>	IB

Item	Action
<p>Sports, regarding the best time in relation to the Hair and Beauty clients.</p> <p>IB noted that there were not many reports and asked if staff could raise this at their team meetings, to ensure that all incidents were reported.</p>	ALL
<p>9. Health, Safety and Wellbeing Advisor update (any other items not included elsewhere on the Agenda)</p> <p>IB updated HSC on other matters, including:</p> <p><u>Final Audits for AY23-24</u> – going forward for AY24-25 these Audits would all be carried out on low or medium risk areas with 24 to be conducted. IB said he had uploaded the draft programme to the Teams folder for today's meeting and advised the timing of when some of these audits would take place. IB said he did not want the programme to fall behind and these dates would not be moved.</p> <p>CM referred to potential delays and asked if this was communicated in a way that meant departments could swap with each other, to ensure IB's schedule was adhered to, but mindful of staff workloads.</p> <p>IB said he would be liaising with areas to be audited regarding a date for their audit.</p> <p>IB asked for access to department online areas where their audits, inspections and RAs were stored. He suggested if he had read-only access to these documents, then he could carry out a desk exercise on them, prior to visiting departments.</p> <p><u>Previous Audit Action Plans</u> - Actions from previous audits should be completed in full in order of priority unless there were mitigating circumstances, ie. financial resource.</p> <p><u>Training</u> – IB issued a request for departments to advise him of any specific H&S training their staff might need as he had not had much response yet. IB wanted to be able to schedule the training appropriately, therefore, IB was asking HSC members to look at their own areas for any training required.</p> <p>IB said he could deliver training on the following: general risk assessor, COSHH risk assessor and COSHH awareness, manual handling, working at height, lone working, first aid refresher including AED and anaphylaxis and fire extinguisher.</p> <p><u>Workplace Inspections</u> – IB advised he had issued a reminder to departments to complete these inspections and send a copy of the</p>	<p>ALL</p> <p>ALL</p>

Item	Action
<p>completed inspections to IB. However, the response rate had been low for this and IB now asked HSC members to remind their teams about carrying out these inspections.</p> <p><u>First Aiders administering medication to students</u> – IB referred to previous enquiries about First Aiders (FAs) administering medicines and that there had also been an enquiry regarding issuing controlled drugs for a student. To clarify, IB said this was beyond the remit of the FAs and the College First Aid Policy clearly stated this. The only intervention FAs would be able to provide was the administering of epinephrine (autoinjector) for anaphylaxis if the casualty could not administer it themselves. However, IB noted that this stance had been quite contentious.</p> <p>DL queried if this was something that needed to be reviewed and she referred to the increasing numbers of students attending College with serious medical conditions and when students were advised of the College policy on administering medication, that news was not well received. DL said it would be better to have a policy to cover these situations.</p> <p>CM agreed that there should be a policy to cover these situations and suggested that the DoCs and DL should meet to discuss this and draft a policy. There was a need to be clear what the roles of people were and where responsibility lay and what the College was not liable to provide.</p> <p>GW also suggested that a check of the College's insurance should also be made to see what the College was/was not covered for.</p> <p>Action: DoCs and DL to meet to draft a policy to cover situations regarding First Aiders administering medications to students. Also to review the College insurance to check what was/was not covered in this regard.</p> <p><u>Security Incidents reporting on Accident/Incident form</u> – IB referred to having received reports, relating to security issues, on the accident report form. This was not the correct form to use for this reporting and staff should use the appendix to the Campus Security Policy, which he had revised and had been approved by the Director of Estates. The form had been uploaded to the Teams folder for today's meeting and would be published shortly.</p>	<p>DoCs, DL</p>
<p>10. Director of Estates – Update</p> <p>GW provided a brief update on Estate matters, including:</p>	

Item	Action
<ul style="list-style-type: none"> • There were a lot of youths hanging about ASW and GW was looking at purchasing mirrored film for the windows and engaging with clients regarding this option. • The roof repairs on Brahan were now completed. • Currently the air conditioning unit in the server rooms was being replaced. • The issue of the Brahan lift was now out for tender and the timescale for replacing this was for the end of March/April 2025, for the full replacement, new, lift to be in place. Curriculum areas were currently reviewing classes that would likely be affected and rescheduling them. <p>DL asked for an 'all staff' email to be issued with this update, rather than teams cascading this information down.</p> <p>GW said that, with the addition of the lift bill, which was an unexpected expenditure, the repairs/maintenance programme would probably have to operate on a broken/emergency repair basis only.</p> <p>10.1 <u>Priority List for Work on Campus:</u></p> <p>GW confirmed this action from the last meeting was not complete and this to be carried forward to the next meeting.</p> <p>Action: GW to send a copy of the Priority List for Work on Campus to WF.</p>	<p>GW</p> <p>GW</p>
<p>11. H&S Risk Register</p> <p>11.1 <u>Evening Sign-in by Staff:</u></p> <p>CM confirmed that this item was discussed at PLG and it was agreed that anyone staying beyond 6pm, on Tuesdays, would have to sign in.</p> <p>This item was now completed.</p> <p>11.2 <u>Process for review of H&S items within Departmental meetings:</u></p> <p>This matter was discussed in a previous item. However, IB noted that this was in connection with adding this item to team meeting agendas.</p> <p>This item was now completed.</p>	

Item	Action
<p>12. Annual Health, Safety and Wellbeing Report AY23-24 (Paper 7)</p> <p>IB explained the purpose of this document and that the report would be submitted to the Board for approval. Once it had been approved it would be uploaded to the H&S area of SharePoint.</p> <p>DL queried if the IOSH training for PLG members should be refreshed.</p> <p>IB said that it should be refreshed and IB would be providing an internal refresher course for this.</p>	
<p>13. Sickness Statistics</p> <p>Item carried forward to next meeting.</p>	
<p>14. AOCB</p> <p><u>Staff Event:</u> CP indicated there had been a discussion at the Stress Management Group about having a staff event. CP said it was hoped to expand on Lindsay Brown's ideas and have socially inclusive sessions, which would commence after January. This would include, for example, a drop in climbing session. It was hoped to have a programme of events where there would be something for everybody, so staff had something to leave their desks for and that the aim was to have a bigger event in the summer.</p> <p><u>RAs for Work Placements:</u> CM referred to replacement RAs for work placements and asked if IB needed to have copies of these.</p> <p>IB said that he did not need a copy sent to him, but he would prefer to have access to the team areas where these documents were stored as this would be more helpful.</p> <p><u>Action:</u> CM to arrange a time for her, NI and IB to meet to look at this.</p>	CM
<p>15. Date of Next Meeting:</p> <ul style="list-style-type: none"> 19 February 2025, 10.00am-12.00noon <p>All meetings take place on Wednesdays, in Room 019</p>	
<p>Meeting finished at: 15.03.</p>	

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

The College may also be asked for information contained in minutes about living individuals, under the terms of the Data Protection Act 2018. It is important that fact, rather than opinion, is recorded.

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

DRAFT

Committee Cover Sheet

Paper 9

Committee	Audit Committee
Subject	Health & Safety Risk Register
Date of Committee meeting	26/03/2025
Author	Ian Bow, Health, Safety and Wellbeing Adviser
Date paper prepared	12/03/2025
Executive summary of the paper	Updated version of Health & Safety Risk Register
Consultation How has consultation with partners been carried out?	Due for discussion at H&S Committee
Action requested	<input checked="" type="checkbox"/> For information only <input type="checkbox"/> For discussion <input type="checkbox"/> For recommendation <input type="checkbox"/> For approval
Resource implications (If yes, please provide details)	No
Risk implications (If yes, please provide details)	
Link with strategy Please highlight how the paper links to the Strategic Plan, or assist with: <ul style="list-style-type: none"> • Compliance • National Student Survey • partnership services • risk management • other activity [e.g. new opportunity] – please provide further information 	
<u>Equality and diversity</u> Yes/ No	No

Committee Cover Sheet

If yes, please give details:	
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
Data Protection Does this activity/ proposal require a Data Protection Impact Assessment?	No
Status (e.g. confidential/non confidential)	Non-Confidential
Freedom of information Can this paper be included in "open" business?	Open Business

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

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

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

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

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

Ref ID	Hazard	Description of associated activity	Hazard location	Risk	Existing Evidence	Likelihood	Impact	Gross Risk	GR Rank	Actions in place to minimise the risk	Reference to policies, procedures etc	Residual Likelihood	Residual Impact	Residual Risk	GR Residual Rank	Further action required	Target Date	Person Responsible for Actions
HS01	Display Screen Equipment (DSE)	Use of Display Screen Equipment	Site Wide	Musculoskeletal, upper limb disorders. Stress. Eye Strain	Staff Absence. Claim for compensation. Reported problems to Line Manager/H&S Adviser. Litigation. Lack of DSE Assessments Increased requests for formal DSE Assessments, advice and guidance Increase in purchase of DSE Equipment specific to user requirements identified by risk assessment	3 Possible	3 Significant	9	9	Health and Safety Policy. Display Screen Equipment Policy. DSE Self- Assessment Forms with guidance. Mandatory on-line DSE awareness, online training via Marshalls (H&S 2) containing DSE package. Occupational Health assessment for new staff, if required, within one month, and current staff if required within two months following completion of DSE self- assessment form. H&S included in staff induction session. Staff provided with ergonomic equipment as required. 6 monthly reminder from HSWA to staff and managers ref review of DSE Risk Assessment, particularly of changes to work station for both Campus and Home Working.	Health & Safety Policy (incl Organisation & Arrangements) Display Screen Equipment (DSE) Policy	3 Possible	2 Minor	6	6	Confirmation required from LM's that employee DSE self assessments for Campus and Home Working are up to date and negative issues resolved.	As per Inspection and Audit programme	HSWA/LM's
HS02	Driving for Work	Use of motor vehicles (lease, hire or personal vehicle) for College business	Various locations	Inclement weather. Vehicle breakdown. Accident. Insufficient training for vehicle type. Illegal driving, driving without correct license and/or insurance. Driver fatigue. Medical condition. Un-road worthy vehicle.	Accident/Incident Reports. Sickness Absence figures. Insurance claims. Emergency Services Reports. Speeding Fines. Prosecution eg invalid licence	3 Possible	4 Major	12	12	All Staff who drive a college vehicle for work complete Motor Insurance Declaration form. Copy of driving licence held by Property Secretary for all staff driving hired and leased vehicles on College business. Any staff driving minibus must prove possess D1 or equivalent and undertake MIDAS training and obtain certificate. Fork lift and tractor certificated/trained drivers. Vehicle booking form completed on line with drop down list of eligible drivers. Electronic copy of vehicle booking form passed to Property Secretary for checking. Driving for Work Policy in place. General vehicle winter checklist issued to all staff. Risk assessments for driving activities completed and centrally held by HSWA. Driving for Work Risk Assessments completed and reviewed annually. Estates Maintenance and Sustainability Coordinator conducts periodic licence check. Estates Dept to conduct weekly driver inspections of college owned and leased vehicles.	Health & Safety Policy (incl Organisation & Arrangements) Driving for Work Policy	1 Very Rare	4 Major	4	4			
HS03	Fire	Fire Alarm Activation, False Alarms, Willful Fire Raising	Various Locations	Mains gas. Cylinder gas. Electrical equipment. Electrical installation. Catering activities. Welding areas. Motor vehicle spraybooth. Fire-raising. Flammables. Flammable Liquids and Solids Combustibles. Student Residences.	Burns. Smoke inhalation. Injury/death. Explosion. Fire entrapment leading to injury/death/prosecution. Insurance claims. Emergency Services Reports. Sickness absence. Accident/Incident Reports. Accident Investigations. Prosecution.	3 Possible	5 Catastrophic	15	15	Fire Marshalls assist emergency evacuation. Personal Emergency Evacuation Plans (PEEP) developed where a person (employee or student) declares an impairment and requires assistance and/or procedures in place in the event of an emergency. Duty Fire Officer/nominated person for each building during standard business hours. Fire Evacuation Drill twice per year. Fire Risk Assessment completed for all buildings including accommodation and reviewed annually by HSWA. Training and refresher training for Evacuation Team. Workplace Inspection. Emergency fire fighting equipment. Relevant staff trained in use of fire -fighting equipment Visitor sign-in register. Fire alarm system installed in all College buildings. Fire notices in all rooms and at exits. Safe Fire Assembly points. Fire Emergency Evacuation Procedure revised and in place and available on web. On-call Duty Manager system in place for evening opening. Automatic fire door closures in high risk areas. Duty Wardens on site at Student Residences at all times. Heat and smoke detectors in Student Residences. Mandatory on-line Fire Awareness and Safety Training. Fire Marshall training elearning for nominated persons/academic staff to maintain competence Review of Flammable substances held in storage facilities Systems and procedures in place for recording Fire Safety checks and inspections by Estates Staff (building Fire Log Books).	Health & Safety Policy (incl Organisation & Arrangements) Fire Safety Management Policy and Procedures	3 Possible	4 Major	12	12			

HS04	Stressors in the Workplace	Staff reporting work related stress	Site Wide	Management standards for work related stress in the following areas: •Demands •Control •Support •Relationships •Role •Change are not being met	Staff Sickness Absence. Staff Survey. Claim for compensation. Poor performance. Employment Tribunal claim.	4 Likely	4 Major	16	16	Annual Stress Survey Organisational Stress Risk Assessment (individual where requested and/or identified as a requirement) Occupational Health referral and confidential independent counselling service, Employee Assistance Programme in place. Stress Management Group a Sub-Group of the Health and Safety Committee Sickness absence procedures. Stress Awareness and Managing Stress for Managers training throughout academic year. All managers to attend Manager training Phased return to work following sickness absence. Professional reviews for all staff. Stress Management Policy in place Flexible Working Policy in place Management soft skills training to address stress management standards	Health & Safety Policy (incl Organisation & Arrangements) Stress Management Policy	4 Likely	4 Major	16	16	Stress Management Group to address findings of January 2025 Stress Survey with initial Stress Action Plan. Continue with Awareness and Managers training. Dept/Team/Individual Stress Survey and Risk Assessments to be conducted	June 2025.	Stress Management Group. Director of HR&OD/HSWA. Director of function/ Line Managers
HS05	Contractors on Site	Contractors conducting major and minor works on-site	Site Wide	Contractors do not comply with College safety measures and cause injury/death to persons or damage to property/equipment.	Accident/Incident Reported. Sickness Absence. H&S Adviser/Estates Management observations/inspections. Litigation	3 Possible	4 Major	12	12	Contractors sign Visitors Book. Contractor Certificate of Employer's and Public Liability. Contractors receive Site H&S induction from Estates Dept. Contractors complete a health and safety questionnaire for pre-tender of planned works. Permit to Work issued to contractors when required. Estates Management attends pre-planning meetings for tendered works. CDM Regs, a CDM Co-ordinator appointed as required. Managing Contractors On Site Checklist to ensure induction, RAMS, PTW, Insurance certificates etc are all in order. Estates Management meet to plan on-site contractors activities and inspect/observe contractors working practices to ensure safety standards are met. Director of Estates and Estates Officer to monitor contractor work and satisfactory completion Management of Contractors Policy – in place	Health & Safety Policy (incl Organisation & Arrangements) Managing Contractors On Site Policy Asbestos Policy	2 Unlikely	4 Major	8	8			
HS06	Asbestos	Staff, Students, Contractors and Visitors coming into contact with asbestos containing materials (ACM's)	Site Wide	Risk of employees, contractors and others coming into contact with asbestos containing materials and inhalation of asbestos fibres.	Asbestos related diseases. Asbestos contamination and resultant disruption. Staff sickness. Claims for compensation.	3 Possible	4 Major	12	12	Asbestos Policy in place Asbestos Register held in Estates Office and updated as asbestos is removed or new ACM's identified. Approved contractors used for asbestos removal. All College staff email to advise when asbestos removal is taking place. All contractors advised of any asbestos at induction. Asbestos removal programme in place to ensure all remaining asbestos is minimised in all College premises. Annual review of progress. Permit to Work System as per contractors checklist. Asbestos awareness delivered to relevant staff. Regular review of asbestos register Periodic inspection of known ACM's according to register	Health & Safety Policy (incl Organisation & Arrangements) Asbestos Policy	2 Unlikely	4 Major	8	8			
HS07	Academic and Work Equipment	Use of plant and machinery including office equipment, woodworking machines, lathes, milling machines, lasers, knives, slicers etc.	Site Wide	Risk of injury or death caused by poorly maintained and/or faulty equipment, including plant, tools, machinery, vehicles, ICT and office equipment. Risk of HAVS, NIHL.	Accident/Incident/Near Miss statistics. Maintenance/Service Reports. Breakdown of Equipment. Sickness Absence. Claim for compensation. Enforcing Authority notice.	3 Possible	4 Major	12	12	Academic and Work Equipment (including PAT) Register held by Estates Dept. Estates maintain record of inspections and servicing of equipment on rolling programme of works to ensure legal compliance and acceptable standards of maintenance (LOLER - PUWER - Pressure Systems). Statutory inspections for pressure systems, gas safety, lifting equipment, local exhaust ventilation. Risk assessments and training in place for all high risk activities - priorities identified. Hazard/Near Miss reporting system in place. Health surveillance checks conducted by Occupational Health Provider. Spot Audit/ workplace inspections. Procedure in place for HR to advise HSWA of any staff off sick due to work related absence. HSWA safety compliance inspections of higher risk areas. Aero Engineering Laser Safety Officer with staff trained in Laser Safety	Health & Safety Policy (incl Organisation & Arrangements) Control of Noise and Vibration at Work Policy Electrical Safety Policy	2 Unlikely	4 Major	8	8			
HS08	Manual Handling Operations	Moving and Handling of items / loads	Site Wide	Musculoskeletal injuries as a result of poor manual handling techniques. Damage to College property/goods etc.	Accident Reports. Sickness Absence. Requests for mechanical aids. Claims for injuries Damaged property, goods etc.	3 Possible	4 Major	12	12	Risk Assessments compiled as identified from Manual Handling Hazard Survey Training in manual handling operations provided for staff as identified. HSWA reviews risk assessments for hazardous manual handling activities. Manual Handling Policy in place. Manual Handling aids in place where required and identified.	Health & Safety Policy (incl Organisation & Arrangements) Manual Handling Policy	3 Possible	3 Significant	9	9			

HS09	Slips, Trips, Falls	N/A	Site Wide	Injury as a result of exposure to slips, trips and fall hazards in the internal and external working environment	Accident/Incident Reports. Hazard Reporting Sickness Absence Records. Insurance claims.	3 Possible	4 Major	12	12	Track-Plan online reporting system in place to report faults, repairs and maintenance. Signage/barriers available and used. College owned tractors with plough and salt spreader for snow clearing and gritting. Grit bins and salt storage located across campus. Grounds maintenance contractor in place. Floor mats in place at building entrances cleaned and replaced weekly. Record of autumn and winter ground maintenance. Designated Day Cleaner also on call to deal with spillages promptly. Workplace inspections. Workplace risk assessments referencing slips, trips and falls and control measures. Hazard/Near Miss Report card in use for staff and students. Handrails installed on external path	Health & Safety Policy (incl Organisation & Arrangements) Manual Handling Policy	3 Possible	3 Significant	9	9			
HS10	Electricity and Gas (Utilities)	Use of electricity and/or natural gas	Site Wide	Burns Carbon monoxide poisoning Electrocution Explosion Fire Faulty equipment	Accident /Incident Reports. Sickness Absence. Insurance claims. Disruption to business continuity.	3 Possible	5 Catastrophic	15	15	Fixed Wiring Testing – rolling programme in place Portable Appliance Testing. Maintenance Electrician on site. Student induction on use of academic and personal equipment. Staff induction. Workshop and Laboratory Technicians complete visual inspections. Distributions Boards comply with Electricity Regulations and 19th edition of IEE (Institute of Electrical Engineers) Electricity at Work Regulations. Electricity at Work Policy in place Annual gas safety checks	Health & Safety Policy (incl Organisation & Arrangements) Electrical Safety Policy	2 Unlikely	5 Catastrophic	10	10			HS10.5P HSWA HS10.10P Head of Estates
HS11	Working at Height	Conducting Work at Height (WAH)	Site Wide	Injury from a fall from height, falling objects, and includes injury at below ground level.	Accident/Incident Reports. Sickness Absence. Insurance Claim	3 Possible	5 Catastrophic	15	15	Suitable height access equipment complies with British Standards and readily available. Relevant staff have received WAH training. Signage and barriers available when required. Significant works timetabled for minimum disruption. Competent contractors used under tender process. HSWA undertakes inspections and spot checks Specialist contractors for specific works eg. roof, boiler house chimney stack. Managing Contractors On Site Checklist with H&S induction, RAMS etc Working at Heights Policy in place Working at Heights risk assessments in place.	Health & Safety Policy (incl Organisation & Arrangements) Work at Height Policy Managing Contractors On Site Policy	2 Unlikely	5 Catastrophic	10	10	HSWA/LM's to monitor WAH activities and Risk Assessments.		
HS12	Water Management	Use of mains fed and storage tank water	Site Wide	Contaminated water systems. Legionnaire's Disease	Sickness Absence. Water Temperature Monitoring Sheet. Bio Testing. Positive Sample Report	3 Possible	5 Catastrophic	15	15	Water Temperature Monitoring on Campus and Student Residences. Water tanks and pipes cleansed annually in all buildings. Legionella Risk Assessments. External consultancy providing required checks and College fully compliant with L8 legionella legislation. Water Management Policy in place Two water hygiene and Legionella control management programme trained Responsible People on site in Estates Department	Health & Safety Policy (incl Organisation & Arrangements) Water Management Policy	2 Unlikely	3 Significant	6	6			
HS13	Lone Working	Staff working alone and/or without close supervision	Site Wide	Accidents/incidents when staff lone working. Inability to seek emergency assistance. Risk of violence and aggression. Staff may feel vulnerable/stressed etc.	Accident/Incident Report. Insurance claim. Sickness Absence	3 Possible	4 Major	12	12	Risk assessments in place for lone work On-Campus and Off-Site. Arrangements at dept level for staff pre-arranged check-in time whilst off site eg Work based assessors. Staff working late on-site must sign in at reception. Lone Working Policy in place. Lone Working training offered to staff (incorporating managing violence and aggression.) Review of Risk Assessments, Lone Working procedures and training	Qual 030 - Health & Safety Policy (incl Organisation & Arrangements) Qual 068 - Lone Working Policy	3 Possible	3 Significant	9	9			
HS14	Noise and Vibration at Work	Use of plant and equipment	Site Wide	Noise Induced Hearing Loss (NIHL). Tinnitus. Work Related Upper Limb Disorder (WRULD) Hand Arm Vibration Syndrome (HAVS) Whole Body Vibration (WBV)	Sickness absence. Accident/incident reports. Occupational Health Reports. Compensation claims. Hazard Reporting	3 Possible	4 Major	12	12	Students and staff given information on safe noise levels. Students and staff required to wear ear protection in music practice rooms etc. Ear protection for staff and students in engineering and technical workshops. Information posters in work areas. High spec moulded personal ear plugs provided to Music and Audio staff. Health Surveillance Audiometry Testing for staff by Occupational Health provider Noise and Vibration at Work policy in place	Health & Safety Policy (incl Organisation & Arrangements) Noise and Vibration at Work Policy Health Surveillance Policy	3 Possible	3 Significant	9	9			
HS15	Control of Substances Hazardous to Health (COSHH)	Storage, use and disposal of hazardous substances	Site Wide	Dermatitis. Respiratory problems. Burns Poisoning Fire and Explosion	Sickness Absence. Accident/Incident Reports. Occupational Health Reports. Compensation claims. Environmental and/or HSE enforcement action	3 Possible	5 Catastrophic	15	15	COSHH Assessments in place. Hazardous Substances (COSHH) covered in staff induction. Skin care, hand wash and hand protection gloves provided. LEV in high risk areas. COSHH Policy in place. Annual review of COSHH Assessments. Staff awareness and self-assessment skin checks for dermatitis. COSHH risk assessment and awareness training provided.	Health & Safety Policy (incl Organisation & Arrangements) Control of Substances Hazardous to Health (COSHH) Policy	3 Possible	3 Significant	9	9			


HS16	Campus Security	Security On Site	Site Wide	Vandalism, graffiti, theft, violence and aggression, arson/ wilful fire raising Ant-social behaviour	Fire damage Theft Graffiti on buildings Property and equipment vandalised Reported incidents	3 Possible	4 Major	12	12	Security: alarms & fire alarms Evening & weekend security patrols Sign in/out system Gates/doors locked out of hours Lone Working Policy CCTV coverage. Campus Security Policy	Health & Safety Policy (incl Organisation & Arrangements) Campus Security Policy	3 Possible	3 Significant	9	9			
HS17	Infectious Diseases	Infectious diseases, respiratory illness, etc.affecting organisational functions.	Site Wide	Ineffective controls in place to mitigate risk of spread of infectious diseases, primarily respiratory viruses, transmission and infection	Monitoring of national and regional guidance (Scot Gov, UK Gov and NHS), cases reported of staff and students affected. Informed by Scot Gov, UK Gov and NHS when when infewctious viral strains affect numbers and identify cause for concern . Procedures in place to mitigate risk as per Covid 19 pandemic.	4 Likely	5 Catastrophic	20	20	Adherence to UK and Scottish Government Guidance including Sector Specific, Covid-19/winter flu vaccinations offered to staff and students via NHS. Organisational Risk Assessments conducted by HSWA following advice and guidance fro NHS Scotland, Scot Gov etc.	Business Continuity Plan	3 Possible	3 Significant	9	9	None at present		

Health & Safety Committee will review twice yearly.
Audit Committee will review the profile every 6 months.

IMPACT						
	Safety	Quality of Service	Reputation	Environment	Cost	Legal
5 - Catastrophic	Incident leading to fatality. Multiple permanent injuries or irreversible ill health. Multiple patients involved	Severe impact on the quality of service by the College resulting in significant increase in complaints from service users (50% or more)	External reputation irrevocably destroyed or damaged. Severe impact on staff turnover (increase of >20% above average levels)	Would cause catastrophic environmental damage leading to fines against the College and significant resources to rectify	>£2.5M	Numerous Major Litigations
4 - Major	Major injury or illness requiring absence greater than 14 days. Long term ill health or incapacity	Considerable impact on the quality of service by the College resulting in a marked increase in complaints from service users (25-50%)	External reputation severely damaged: considerable effort and expense required to recover. Major impact on staff turnover (increase of 10-20% above average levels)	Would cause extensive environmental damage requiring significant resources to rectify	£1-2.5M	Single Major Litigation or numerous Moderate Litigations
3 - Significant	Injury or illness requiring professional intervention. Absence <14 days. Reportable to regulatory agency.	Some impact on the quality of service by the College resulting in an increase in complaints from service users (10-20%)	External reputation damaged: some effort and expense required to recover. Moderate impact on staff turnover (increase of 10-20% above average levels)	Would cause some environmental damage requiring the allocation of some resources to rectify	£500K-1M	Single Moderate Litigation or Numerous Minor Litigations
2 - Minor	Minor injury or illness requiring minor intervention. Absence may be up to 7 days	Minor impact on the quality of service by the College resulting in an increase in complaints from service users (<10%)	External reputation minimally affected: little effort or expense required to recover. Minor impact on staff turnover (increase of 5-10% above average levels)	Minor environmental damage. Rectification occurs from within existing budget	£100-500K	Single Minor Litigation
1 - Insignificant	Minimal effect requiring little or no intervention. No absence	No impact on quality of service delivered by the College	External reputation not affected. No impact on staff turnover	No environmental damage	£0-100K	Threat of litigation requiring small compensation

LIKELIHOOD				
1 - Very Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Almost Certain
Remote, the event may only occur in exceptional circumstances	Unlikely, the event could occur at some time	Possible, the event is expected to occur at some point	Fairly likely, the event will probably occur	More than likely, the event is anticipated to occur

 Means risk is accepted and further controls could still be created if felt justified.

 Means we recognise the level of risk and where practicable we shall have future actions planned to further reduce the risk level in a reasonable timeframe.

 Means we are not comfortable with this risk and either there are no actions planned or none that are practicable to reduce the risk to an acceptable level in a reasonable timeframe.

Risk Matrix (for Gross and Residual Risk)

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					

AUDIT COMMITTEE

Membership

No fewer than 3 Independent 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 Staff Member of the Board, to be determined by Staff Members of the Board

- Board members not eligible for appointment to Audit Committee are the Chair of the Board, the Principal, the Chair of the Finance & Resources Committee, the Staff Board Member nominated to Finance & Resources Committee, and the Student Board Member nominated by HISA Perth to Finance & Resources Committee.
- No member of the Finance & Resources Committee shall also be a member of the Audit Committee.
- The Chair of the Board, the Principal and the Chair of the Finance & Resources Committee shall be invited to attend meetings.
- The Committee may sit privately without any non-members present for all or part of a meeting if they so decide.
- The College Executive will attend meetings at the invitation of the Committee Chair and provide information for Agenda items

In attendance

Depute Principal (Academic)

Depute Principal (Operations)

Other appropriate staff members of the College by invitation

Representatives of Internal and External Auditors of the College by invitation

Quorum

The Quorum shall be 3 members.

Frequency of Meetings

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

Terms of Reference

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

Internal Control

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

Internal Audit

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

12. Responding appropriately to notification of fraud or other improprieties received from the internal auditors or other persons.
13. Reviewing the Risk Management Register.

External Audit

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

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

Value for Money

1. Establishing and overseeing a review process for evaluating the effectiveness of the college's arrangements for securing the economical, efficient and effective management of the college's resources and the promotion of best practice and protocols, and reporting to the Board of Management thereon.
2. Advising the Board of Management on potential topics for inclusion in a programme of value for money reviews and providing a view on the party

most appropriate to undertake individual assignments considering the required expertise and experience.

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

Advice to the Board of Management

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

Reviewed October 2024