

Audit Committee

Agenda

Meeting reference: Audit 2024-25/04

Date: Wednesday 28 May 2025 at 5:00pm

Location: Online

Purpose: Scheduled meeting

* Denotes items for approval or discussion.

Members should contact the Secretary in advance of the meeting if they wish to request an item be starred.

	Agenda Items	Author	Led by	Paper
	As part of the Board Reset process, prior to the commencement of Committee Business Clerk will clarify the Terms of Reference for the Committee and Committee Members will be asked to provide an overview of their relevant experience.			Paper 1
1	Welcome and Apologies		Chair	
2	Additions to the Agenda		Chair	
3	Declaration of a Conflict of Interest in any Agenda Item		Chair	
4	Minutes of the Meeting of Audit Committee held on 19 March 2025		Chair	Paper 2
5	Actions arising from previous minutes		Chair	
6	Monitoring & Compliance			
*6.1	Enterprise Risk Management Report & Strategic Risk Register	Depute Principal (Operations)	Depute Principal (Operations)	Paper 3
7	Items For Approval			
*7.1	Risk Appetite Review	Depute Principal (Operations)	Depute Principal (Operations)	Paper 4
*7.2	Internal Audit Service – Direct Award	Depute Principal (Operations)	Depute Principal (Operations)	Paper 5
*7.3	Health & Safety Committee – Terms of Reference Review	Director of HR & OD	Director of HR & OD	Paper 6

UHI Perth is a registered Scottish charity, number SC021209

We will act with integrity in everything we do

Student Centred + Innovative + Ambitious + Respectful + Inclusive + Collaborative

8	Audit Plans, Reports & Updates			
*8.1	Internal Audit Progress Report to May 2025	Internal Auditor	Internal Auditor	Paper 7
*8.2	Internal Audit report 2025/05 – Student Engagement	Internal Auditor	Internal Auditor	Paper 8
*8.3	Internal Audit report 2025/06 – Publicity & Communications	Internal Auditor	Internal Auditor	Paper 9
*8.4	External Audit – Draft Annual Plan - Year to 31 July 2025/26	External Auditor	External Auditor	Paper 10
9	FOI & Data Protection			
*9.1	Freedom of Information & Data Protection quarterly update	Clerk	Clerk	Paper 11
*9.2	ICO Accountability Tracker – Progress Report	Clerk	Clerk	Paper 12
10	Committee Updates (for noting by Committee)			
10.1	Health and Safety Committee: <ul style="list-style-type: none"> 19 February 2025 		Chair	Paper 13
11	Date and time of next meeting: <ul style="list-style-type: none"> tbc 	Clerk		
*12	Review of Meeting & Key Messages (Committee to check against the Terms of Reference to ensure all competent business has been covered & to note Key Messages to be communicated to appropriate stakeholders)			Paper 1

AUDIT COMMITTEE**Paper 1****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 & Resources Committee. Care should be taken, however, to avoid undertaking work that properly belongs to the Finance & Resources 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 May 2025

Audit Committee

DRAFT Minutes

Meeting reference: Audit2025-25/03

Date: Wednesday 19 March 2025

Location: ASW (Room 961)

Members present: Derek Waugh, Chair, Audit Committee
Debbie McIlwraith Cameron, Board Member
Ian Robotham, Board Member (from Item 5)
Alistair Wylie, Board Member (from Item 6.2)
Patrick O'Donnell, Staff Board Member
Andi Garrity, Student Board Member

In attendance: Margaret Cook, Principal
Lorenz Cairns, Depute Principal (Academic)
Lynn Murray, Depute Principal (Operations)
Gavin Stevenson, Director of Finance
Katy Lees, Director of HR & Organisational Development
Jill Martin, Director of Information Systems (Item 6.2 only)
Ian McCartney, Clerk to the Board
Stuart Inglis, Henderson Loggie, Internal Auditor

Apologies: David Archibald, Henderson Loggie, Internal Auditor
Nicola Wright, Deloitte's, External Auditor
Thomas Rotherham, Deloitte's, External Auditor

Chair: **Derek Waugh**

Minute Taker: Ian McCartney

Quorum: 3

UHI Perth is a registered Scottish charity, number SC021209

We will act with integrity in everything we do

Student Centred + Innovative + Ambitious + Respectful + Inclusive + Collaborative

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, 11 December 2024 The minutes were approved as a true and accurate record of the meeting.	
5.	Matters Arising from previous minutes <u>Item 6.1 – Enterprise Risk Management Report</u> Vice Principal (Operations) noted that the People Risk had been added to the ERM per Paper 2, <u>Item 7.1 – External Audit 2023/24</u> Principal provided update noting that the audit process had been completed, with sign-off due by 31 March 2025, however in the context of the ongoing issues around AST, Chair of the Board of Management was of the view that it was not appropriate for him sign off the accounts pending additional advice to be received from the External Auditors. <u>Item 8.1 – FOI & Data Protection Quarterly Update</u> Clerk noted that the action around the nature of the response had been added to the report, per Paper 7. <u>Item 9 – Committee Updates</u> Clerk advised that a new process for monitoring Board scrutiny of Health & Safety had been agreed at Chairs Committee, and this would be reflected in the papers being submitted to the Board of Management.	

6.1	<p>Enterprise Risk Management Report & Strategic Risk Register</p> <p>Depute Principal (Operations) presented Paper 2, a Full Risk Report showing progress against risks outlined by the ERM Risk Register. Committee were advised that a new People Risk category had been added and recommended that this be considered an Open risk appetite category. Committee AGREED with this approached.</p> <p>Depute Principal (Operations) noted that detail had been added to Financial Controls around regular reporting on charitable trading companies and Job Evaluation.</p> <p>Chair queried whether risk around staff morale and stress is recorded within the ERM. Director of HR advised this was recorded within the H&S section.</p> <p>Depute Principal (Operations) advised that the backlog in Financial Controls were on an action plan to be progressed, however resources were being expended in other areas within the finance team, so these remained a work in progress.</p> <p>Principal noted that F&R Committee had recommended that Internal Auditors be brought in to look at areas around budgeting and processing within the Finance function, and advised that the Terms of Reference for this work were currently being looked at with some urgency. Chair noted the sense of tying this in with the overall Improvement Plan.</p> <p>Committee NOTED Paper 2.</p>	
6.2	<p>Cybersecurity – Half-Year Report</p> <p>Director of Information Systems summarised Paper 3.</p> <p>Board Member queried whether, given the shared concern around the loss of cyber essential across the partnership, consideration had been given to provision of cybersecurity via another route, such as HEFESTIS. Director of Information Systems advised that the college does make use of HEFESTIS for some services, however they do not provide the internal co-ordination that is currently required.</p> <p>Principal noted that UHI had undertaken some restructuring which may result in some exposure in areas such as IT, and this is effectively left to the college to address with no associated reduction in top-slice.</p> <p>Chair requested that the associated risks identified around cyber essentials be addressed within the ERM, which was AGREED.</p>	

	Committee received and NOTED Paper 3.	
7.1	<p>Internal Audit – Progress Report to March 2025</p> <p>Internal Auditor provided update on progress re Internal Audits, noting that work around the Publicity & Communications and Students’ Association Engagement audits were on track and should be ready for review at the next meeting.</p> <p>Internal Auditor reported that the work on the Financial Sustainability audit had been delayed but it is still hoped that this work could be concluded to allow tabling at the next meeting.</p> <p>Internal Auditor referred to the additional piece of work noted by the Principal in Item 6.1, and suggested that there would be an option to reallocate days from one the planned audits scheduled for next year to enable this work to take place. Committee APPROVED this approach.</p> <p>Internal Auditor would circulate Scope of additional work when available for approval.</p>	Internal Auditor
7.2	<p>Internal Audit Report 2025/04 – International Activity</p> <p>Internal Auditor presented Paper 5, noting the Satisfactory status identified, and the recommendations which reflected the actions in progress.</p> <p>Chair noted the references in the report to disconnection with UHI Executive Office and queried whether this was an area that should be addressed. Principal advised that there were wider issues around how UHI Perth and UHI approached International Activity, and there had been attempts to run both teams as a single unit.</p> <p>Board Member sought clarification around compliance re UKVI and asked for reassurance that the processes around reviewing arrangements had been considered within this context. Principal advised that UHI Perth used different types of UKVI licenses for different aspects of the business (staff, students, AST) that were each reviewed regularly. Principal was unsure of the last dates of these reviews, but would circulate to Committee.</p> <p>Committee noted Paper 5.</p>	
7.3	<p>Audit Committee Report to the Board of Management</p> <p>Committee were advised that the Report outlined in Paper 6 normally accompanies the Annual Audit reports, however was being presented for Audit Committee’s consideration and approval at this time. This will then be forwarded to the Board of Management for consideration.</p>	

	<p>Committee were advised that the key points in the report referenced previously-advised information contained in both External and Internal Audit annual reports.</p> <p>Board Member queried whether the level of audit fees had been challenged. Depute Principal (Operations) advised that more detail had been requested around the £16k uplift in fees, but none had been provided at this stage. The matter has also been raised with UHI Executive Office.</p> <p>Committee APPROVED 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.</p> <p>Committee NOTED Paper 7.</p>	Clerk
9.1	<p>Committee Updates</p> <p>Committee received & NOTED minutes of the Health & Safety Committee from 13 November 2024.</p>	
9.2	<p>Health & Safety Risk Register</p> <p>Committee received & NOTED Paper 9.</p>	
10	<p>Date & Time of Next Meeting</p> <ul style="list-style-type: none"> Wednesday 28 May 2025 	
	<p>Any Other Business</p> <p>Board Member raised concerns around the budgeting errors and approval oversights that had been advised to Finance & Resources Committee and how these were being addressed.</p> <p>Chair summarised these errors for all Committee Members.</p> <p>Clerk advised that the approval oversight processes had been addressed, and Internal Auditor had been advised of the situation. Clerk further advised that an update report was due to be provided to the full Board meeting on these issues next week.</p>	
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.3

Name of Committee	Audit Committee
Subject	Full Risk Report Board Cycle 4 including Internal Audit Follow Up Actions
Date of Committee meeting	28/05/2025
Author	Depute Principal Operations/Risk and Project Officer
Date paper prepared	22/05/2025
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 internal audit actions.
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 checked="" 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 achieving strategic objectives.

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 May 2025

UHI | PERTH

Prepared by Risk & Project Officer/ Depute Principal Operations

Risk Approach May 2025

Overview

The ERM Strategic Risk Register was reviewed with PLG members at the end of April 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 Leadership

An increased governance risk has arisen following changes to the Senior Leadership, including the resignation of the Director of Finance in April and the Principal's resignation announced on 14 May 2025.

Financial Outlook

- The latest financial forecast at 31 January 2025 predicted a deficit of £1.8m and the 2025/26 Budget will go to the Board meeting on 5 June for approval. A financial Recovery Plan is still under development, supported by an external consultant appointed by the Executive Office of UHI.

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. UHI Perth will continue to be an active participant in discussions, as work progresses to shape and refine a more integrated partnership.

Sector Landscape/External Risk

- Potential risk to recruitment from universities lowering HE entrance requirements in response to financial challenges the sector is facing.
- Competitor risk from the colleges/universities with a higher profile and better facilities for students.

Changes to Board Risk Appetite

- No changes to existing categories for this cycle.

Changes to Risk Register Since Last Reporting Cycle

- Two new controls have been identified: one in the Financial risk category and the other in the Reputational risk category.
- Four controls have been updated to better reflect the current position.
- See below for full details.

Risk Approach May 2025

New Risk Cause/Controls

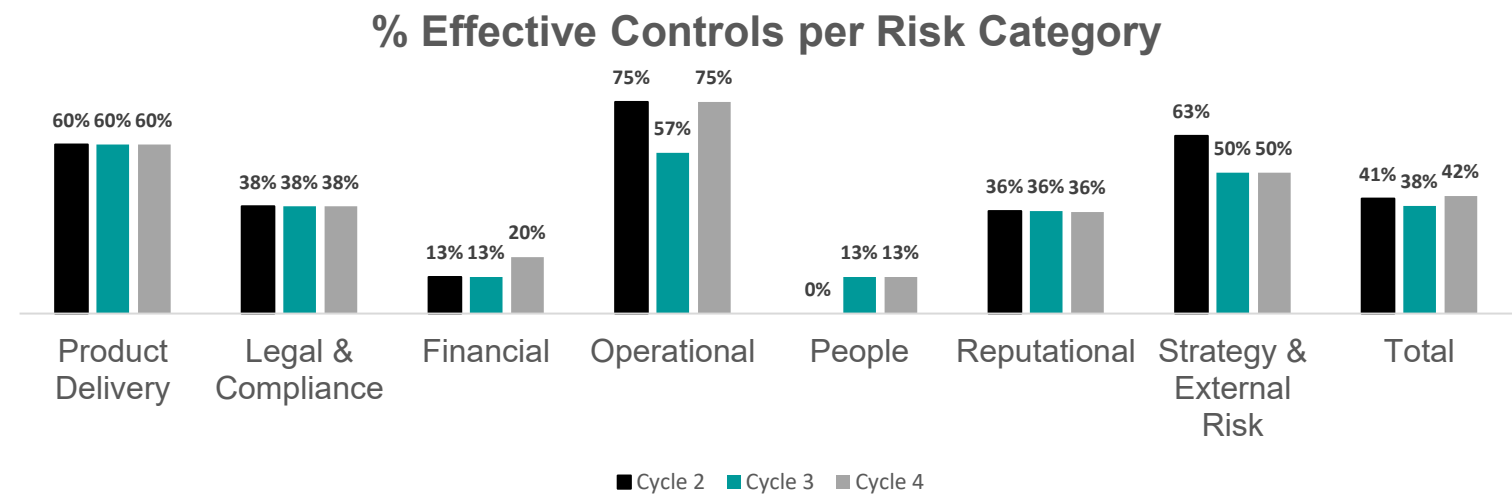
Risk Category	Risk Event	Risk Cause	Control
Financial	Other Significant Financial Risks	Job evaluation could result in significant financial exposure to UHI Perth	Monitor position through attendance at College Employers Scotland meetings and updates
Reputational	Social Responsibility	Lack of commitment to the investment required to achieve net zero	Develop environmental management system for campus

Risk Approach May 2025

Changes to Controls

Risk Category	Risk Event	Risk Cause	Old Control	New Control	Rationale for Change
Product Delivery	Physical/Digital Estates & Infrastructure	Estates planning is not incorporated into the curriculum	Incorporate and align Estates with our income strategy	Incorporate and align Estates with our curriculum strategy	Wording changed from 'income' to 'curriculum' strategy to better reflect the alignment between Estates and the curriculum.
Financial	Financial Management	Financial management information is not presented to SLT or F&R	Bring regular reports on charitable trading company(ie)'s financial position to Board	Assess the requirements for a charitable trading company.	UHI Perth does not currently have any charitable trading companies but should have a clear understanding of the requirements in case it establishes one in the future.
	Financial Controls	Significant financial risks are not identified. Controls are not in place and being checked for effectiveness.	Implement a complete set of financial controls using COSO methodology	Ensure effective controls are in place for key processes and reviewed by internal audit.	The reference to the COSO methodology has been removed and replaced with internal audit, which better reflects our current approach to financial controls.
People	Business/Organisation	Workforce competence does not meet organisational needs	Staff development plans must be aligned with the competences for their role	Staff development plans are aligned and discussed as part of Professional Review.	To specifically link this control to the professional review process.

Risk Overview May 2025



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

Analysis

- **Product Delivery** Progress continues to be delayed by review of Business Development strategy and resourcing as part of Recovery Plan
- **Legal & Compliance** Progress delays continue however are being proactively addressed within Finance
- **Financial** Progress delayed by staffing capacity issues which are being proactively addressed within Finance
- **Operational** Percentage drop caused by movement of risks/controls from Operational to People Category
- **People** The percentage of effective controls remains at 13% however progress is being made with individual controls eg succession planning
- **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 in Cycle 4

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

Product Delivery Risk Overview May 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 remain <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 remains 100% and effective. Mitigation is through the integration of SEAP, and the tertiary quality framework. The planned transition within Desk Top Publishing presents A risk to but also an opportunity for enhancing learning and teaching provision.

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 remains 100% and effective. A Board SLWG has been established to look at priorities and from that a 4/5 stage plan will be identified with set timelines. Existing priorities include the use of Learning hub and old Nursery building.



Legal & Compliance Risk Overview May 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

Both controls remain at 50% completion, pending a review of the Contracts Management Procedure due by the end of the academic year. Robust procurement processes exist, but non-procurement contracts also require attention.

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 90% complete. A written process to be documented to show how Employment law updates are discussed and disseminated by the HR Team. Additional HR policies and procedures are expected in 2025/26 to meet legislative requirements.

Litigation

Despite our controls there could be a situation where legal action is taken out against UHI Perth. This can have 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

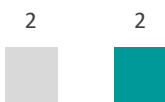
50%- 75% Complete

> 75% Complete

Risk Causes



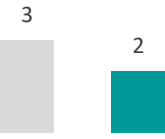
Controls Identified



Controls 100% Complete & Effective

0 0

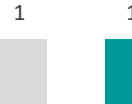
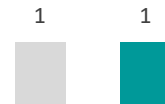
Progress Status of Incomplete Controls



0 0



0 0



0

Legal & Compliance Risk **Cont.** May 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.

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.

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 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 May 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, 75% complete. The Finance Manager will put the control to have monthly reporting of cash flow and a quarterly cash update in place by the end of May 2025.

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

Progress has been made across all six risk controls, with two now fully implemented. New budgeting and forecasting processes have been introduced and will be reviewed for effectiveness. An additional control has been identified concerning the requirements for establishing a charitable trading company.

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

This control has moved down from 100% to 60% complete following replacing the reference to COSO methodology with internal audit, which better reflects the approach to financial controls. The business improvement review currently underway by our internal auditors will also assess financial controls.

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

The control to report on other significant financial risks has moved down from 100% to 80% and will the quarterly Financial Outlook report provided to F&R will be reviewed. The control to monitor job evaluation is 100% complete.



Operational Risk Overview May 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 related to ICT and cybersecurity are fully implemented and effective.
Note: Cybersecurity risks can never be completely eliminated or fully guaranteed against. Additionally, latent risks may arise when budget constraints delay system updates,.

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

This control has progressed from 10% to 60% complete following the appointment of a Continuous Improvement Manager. Initial priorities include eliminating duplication in the School/College Partnership Attendance reporting and analysing aggregated feedback from previous Continuous Improvement workshops to identify quick wins.



People Risk Overview May 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.

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

The 2025/26 renewal schedule will be finalised with designated owners to highlight outstanding policies and procedures. Training sessions are conducted for significant updates, and there will be a review to determine if this can be captured on both the master schedule and the 2025/26 schedule. Given the considerable volume of work involved, the deadline has been extended to June 2026.

The chart data shows

Three risk controls are fully implemented but have been assessed as ineffective due to limited capacity for assessing compliance and insufficient budget for staff development. Progress has been made in succession planning, with a development plan for PLG and SLT submitted to the Remuneration Committee; however, this plan may be subject to change.



Reputational Risk Overview May 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

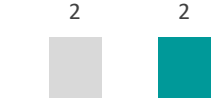
No change since the previous report. Both controls around a business relationship report and the review of the Communications Strategy are now running past their original completion dates. Business Development is one of the areas under review as part of the Recovery Plan.

■ Last Report ■ Current ■ < 50% Complete ■ 50%- 75% Complete ■ > 75% Complete

Risk Causes



Controls Identified



Controls 100% Complete & Effective



Progress Status of Incomplete Controls

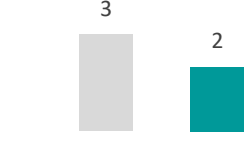
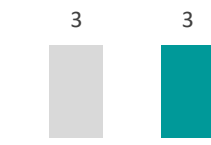


Student Satisfaction

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.

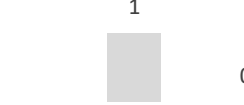


Media

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 media activity is 100% complete; however, its effectiveness cannot be fully verified. Recent events have underscored the importance of communications. The requirement for a dedicated Communications role within the organisational structure is currently being addressed.



Reputational Risk May 2025 Continued

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

Risks

Social Responsibility

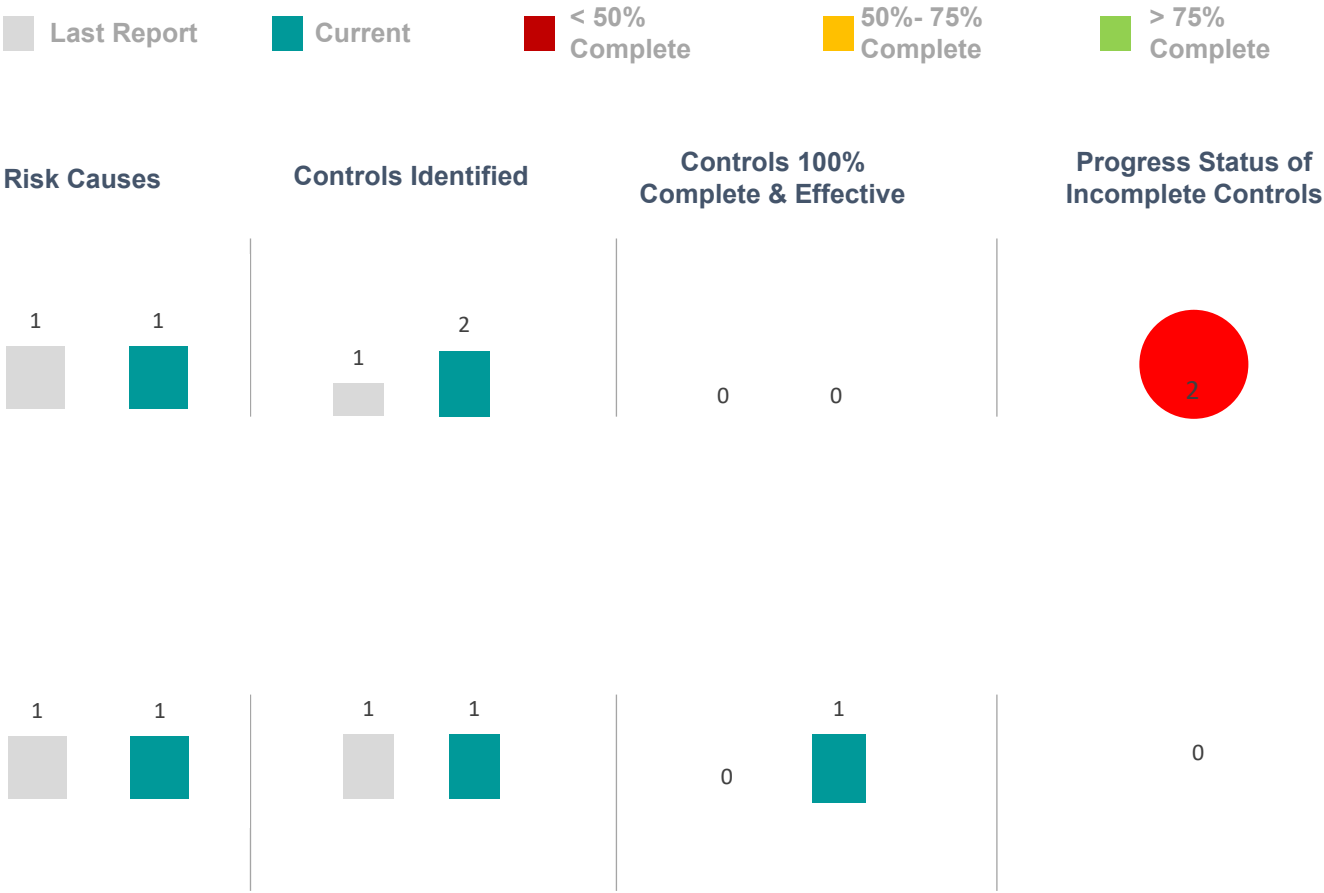
There would be risks to UHI Perth from not meeting its Social Responsibility.

The chart data shows
A Social Responsibility Plan has yet to be developed and requires SLT review, with progress expected in the new academic year. A new net zero-related risk has been identified and scoped. There is a need to centrally document and monitor existing positive initiatives across both areas

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.



Strategic/External Risk Overview May 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.

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 Board in Cycle 4. This also applies to the 3rd control to carry out an annual review of the Strategic Plan.

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.

The chart data shows

Changes in Perth's senior leadership pose a risk to this control, which is maintained through the quarterly Principal's Report to the Board.

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.

The chart data shows

Changes in Perth's senior leadership pose a risk to this control, which is maintained through the quarterly Principal's Report to the Board.

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

Changes in Perth's senior leadership pose a risk to this control, which is maintained through the quarterly Principal's Report to the Board.



Strategic/External Risk Continued May 2025

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

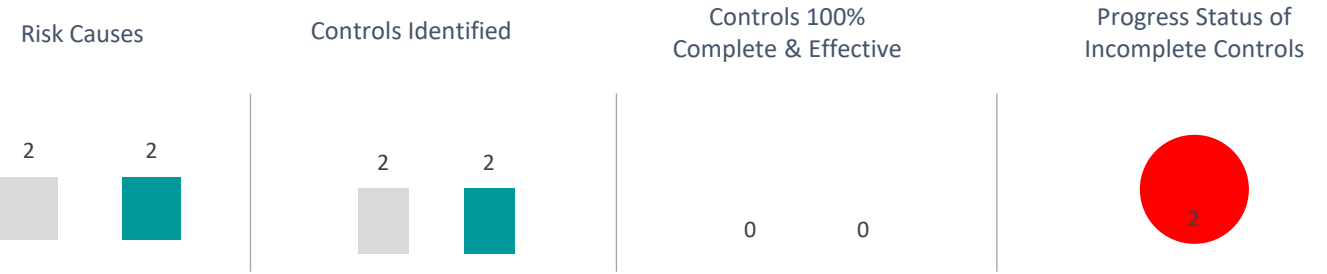
Risks

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 below 50. The AI report still needs to be scoped, and the Business Continuity report is dependent on the Business Continuity Management exercise scheduled for June 2025. Both reports will be finalised in time for the start of the 2025/26 Board cycle.



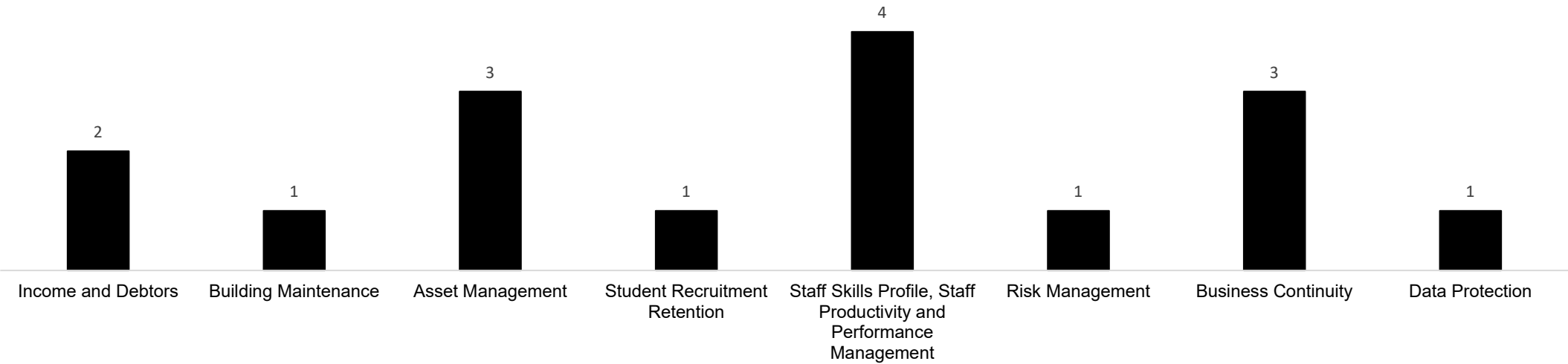
Internal Audit Follow Up Actions Overview May 2025

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 and to set realistic targets to complete these actions.
- Two further actions have been closed since the last report - 2 as 'Complete' and one as 'Considered not implemented'.
- There are **16** actions overall still outstanding from Follow-Up Internal Audit Report 2024/09 from an original total of **26**
- See the following pages for a full break down of progress.

Internal Audit Follow Up Actions by Area May 2025



		Action Grade:	Priority 1	Issue subjecting the organisation to material risk and which requires to be brought to the attention of					
			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	May 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	31/05/2025	In progress	To look at whether this can be included in Financial Review work being carried out by Henderson Loggie in May 2025	
	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	31/07/2025	In progress	Due date now 31/07/2025 as part of the Finance Improvement Plan	
	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	Board SLWG to review site master planning with the Board expected to give their feedback and suggested direction of travel at the next Board meeting in June.	
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	Due date now 31/07/2025 as part of the Finance Improvement Plan	
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	Due date now 31/07/2025 as part of the Finance Improvement Plan	
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	Due date now 31/07/2025 as part of the Finance Improvement Plan	

		Action Grade:	Priority 1	Issue subjecting the organisation to material risk and which requires to be brought to the attention of					
			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	May 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	30/08/2025	In progress	It had been hoped to complete this work by May 2025 however the amount of work involved and the priority given to the Recovery Plan work has meant this has not been possible. A new procedure is expected to be in place for the beginning of 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	Considered but not implemented	This action has been superseded by the event of AST going into Administration on 10 April 2024	
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	30/06/2026	Partial Completion	Individual elements are being done. How it is brought together into an overall plan is dependent on output from the Recovery Plan eg staff numbers, skills gaps. Will continue with the individual elements in the meantime to ensure we have the data to support the overall process and revisit once recovery plan is sufficiently developed. New date end of June 2026 which may be brought forward depending on progress.	
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	In progress	An outline development plan for SLT and PLG will go to the Remuneration Committee on 19 May 2025 for initial review.	

		Action Grade:	Priority 1	Issue subjecting the organisation to material risk and which requires to be brought to the attention of					
			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	May 2025 Update	RAG Status
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/D irector of HROD	31/05/2022	31/10/2025	In progress	DPO will review process to ensure that it is effectively captures the requirements for budget, staff resourcing and HR purposes. New date end of Oct 2025.	
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	30/06/2025	In progress	Still working to June 2025 deadline for the updated policy to go to JNC and then PLG for approval. New date end of June 2025.	
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	31/10/2025	Partial Completion	Drafts of the revised Strategy and Policy documents have been produced and will go forward for endorsement and/or approval at PLG and the Audit Committee respectively.	

		Action Grade:	Priority 1	Issue subjecting the organisation to material risk and which requires to be brought to the attention of					
			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	May 2025 Update	RAG Status
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 one 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/Procurement Manager	31/01/2024	30/05/2025	In progress	The Depute Principal Operations will speak with the Clerk to Board and the Procurement Manager to confirm what needs to be in place.	
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/Procurement Manager	31/03/2024	31/07/2025	In progress	The Depute Principal Operations will speak with the Procurement Manager to confirm what is already in place and what further needs to be done.	
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	31/07/2025	In progress	This action will be looked at as part of the Henderson Loggie Financial Sustainability business performance review scheduled for May 2025.	
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	31/07/2025	In progress	This action will be looked at as part of the Henderson Loggie Financial Sustainability business performance review scheduled for May 2025.	

		Action Grade:	Priority 1	Issue subjecting the organisation to material risk and which requires to be brought to the attention of					
			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	May 2025 Update	RAG Status
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	31/10/2025	Not yet started	It was not possible to make any progress with this action due to the need to prioritise other governance matters.	
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	Complete	SAR reporting now included in the data protection metrics reported to Audit Committee.	
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	30/06/2025	Partial Completion	ICT Business Continuity documentation has been developed and will 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	30/06/2025	Partial Completion	This will be done once the feedback and learnings from the Business Continuity Management Exercise planned for May/June 2025 and in place for the beginning of the new academic year.	
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	This will be done once the feedback and learnings from the Business Continuity Management Exercise planned for May/June 2025 and in place for the beginning of the new academic year.	

		Action Grade:	Priority 1	Issue subjecting the organisation to material risk and which requires to be brought to the attention of					
			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	May 2025 Update	RAG Status
	2024-04	Risk Management	The standard section included in the format for committee cover papers entitled 'Risk Implications' should be enhanced by the development of supporting instructions for report authors which directs them to identify: a) the associated risk(s) from the ERM Risk Register that the paper relates to; and b) the relevant risk appetite level set by the Board for each of the risks which link to the report content.	Risk & Project Officer/Clerk to BOM	30/09/2024	31/07/2025	Little or no progress	The Risk & Project Officer will collaborate with the Clerk to BOM to put this in place for the beginning of the 22025/26 Board cycle.	
	2024-04	Risk Management	R2 – The Project and Planning Officer should proactively contact the UHI Governance and Records Management Team at Executive Office, which provides support to Academic Partner risk managers, Boards and Audit Committees, to discuss information requirements in relation to the UHI Risk Register	DPO	31/05/2024	30/06/2025	Partial Completion	Contact has been made with the UHI Deputy Secretary, and access to the central Risk SharePoint site has been provided. A follow-up meeting will be arranged to discuss how Perth aligns with other Partners. This topic is also being discussed at the Finance Directors' meeting, which is actively reviewing risk reporting for the partnership and is currently attended by our Depute Principal Operations.	
	2024/08	Fraud Prevention, Detection and Response	R1 To develop an Anti-Money Laundering Policy and communicate to all staff	Director of Finance	30/04/2025	31/07/2025	Little or no progress	The Depute Principal Operations will take this forward wokring to a new date of July 2025	
	2024/08	Fraud Prevention, Detection and Response	R2 To update Fraud Prevention Policy and Response Plan and: assign responsibility to SLT member appoint a fraud champion set up staff communication channel on risks for awareness communicate these changes to staff	Director of Finance	30/04/2025	31/07/2025	Little or no progress	The Depute Principal Operations will take this forward wokring to a new date of July 2025	
	2024/08	Fraud Prevention, Detection and Response	R3 Undertake a fraud risk assessment across all operations, document key risks and assign priorities, document the controls in place	Director of Finance	31/07/2025	31/07/2025	Little or no progress	To look at whether this can be included in Financial Review work being carried out by Henderson Loggie in May 2025	
	2024/08	Fraud Prevention, Detection and Response	R4 Establish programme of specific fraud training including IT risks for staff operating in high-risk areas eg with access to SLT mailbox, to help them identify potential fraudulent activity	Director of Finance	30/04/2025	30/05/2025	Partial Completion	Cyberfraud training for senior leadership, Finance and Executive Support teams arranged for 27 May 2025.	

		Action Grade:	Priority 1	Issue subjecting the organisation to material risk and which requires to be brought to the attention of					
			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	May 2025 Update	RAG Status
	2024/08	Fraud Prevention, Detection and Response	R5 Update the Whistleblowing Policy to assign responsibility for the maintenance of the policy to a named member of the SLT, to define a nominated person with whom staff can raise concerns if they require someone independent of their business area, as well as updating to reflect the current terms for management teams, also defining the technology which should be used to report an issue.	Director of HROD	30/04/2025	30/09/2025	In progress	Currently checking the policy against legislative requirements and the updated policy will then go to JNC/PLG for approval. New date end of September 2025 to allow for this to happen (JNC does not meet over the summer academic break).	
	2024/05	Health, Safety & Wellbeing	R1 - It is recommended that the College implements an annual management review process, whereby the dates of risk assessment expiry are recorded by the process owner and provided to their line manager for follow up purposes, with line managers also signing and dating their review on an annual basis. Additionally, it is recommended that a reminder be issued to all process owners to review their risk assessments to ensure that these have been reviewed in line with the required timeframes, updating any documentation where lapses have been identified.	Director of HROD	31/12/2025		In progress	We are no longer purchasing the system that would have automated this process. Will now look to implement a process of departmental checks, where Directors will sign off to confirm that all assessments within their areas have been reviewed and approved.	
	2024/05	Health, Safety & Wellbeing	R3 - It is recommended that the College reviews the escalation process where mandatory training has still not been completed after reminders have been issued, with reporting to senior management and overall completion rates reviewed by the Health and Safety Committee at each meeting	Director of HROD	30/09/2024	30/09/2025	In progress	On track to go to August Health and Safety Committee and meet end of September deadline.	

Committee Cover Sheet

Paper No.4

Name of Committee	Audit Committee
Subject	Risk Appetite Review
Date of Committee meeting	28/05/2025
Author	Depute Principal Operations/Risk and Project Officer
Date paper prepared	23/05/2025
Executive Summary Please provide a concise summary of the Paper outlining the purpose, impact and recommended future actions if approved	An overview of the current UHI Perth Board Risk Appetite for initial consideration which will feed back to the Perth Leadership Group to further review and make recommendation on the risk appetite scoring to go forward to the Board.
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 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.	The risk appetite defines the acceptable levels of risk, which are then aligned with the Strategic Risk Register.

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 Appetite May 2025

CHI | PERTH

Prepared by Risk & Project Officer/ Depute Principal Operations

Risk Appetite Review May 2025

Overview of Current Risk Environment



Governance

Four Board directors resigned in April, including the Chair. An increased governance risk has arisen following changes to senior leadership, including the resignation the Director of Finance in April and the Principal on 14 May 2025.



Financial Sustainability

The latest financial forecast at 31 January 2025 predicted a deficit of £1.8m and the 2025/26 Budget will go to the Board meeting on 5 June 2025 for approval. As requested by the Scottish Funding Council and Regional Strategic Body, a financial Recovery Plan is being developed, supported by an external consultant appointed by the Executive Office of UHI.



Reputation

There has been a period of negative and persistent media scrutiny of the leadership and financial deficit at UHI Perth.

Comment

Proactively managing this risk environment is essential to establishing strong governance and leadership and building a platform to achieve the financial sustainability, growth, and long-term success of UHI Perth. This may require reassessing a minimal or cautious approach to risk, in favour of one that balances prudence with a willingness to take carefully considered risks—where the potential value justifies the exposure and adequate controls are in place to mitigate negative impacts.



Definition of Risk Appetite

What is Risk Appetite?

“Risk appetite is the overall level of risk exposure that an organisation is prepared to accept.

(**Source:** HM Treasury – Orange Book).

“It is a responsibility of the Board to define Risk Appetite and then ensure implementation. Establishing the risk appetite therefore helps the Board (and management) to consider the way it responds to risks, and what it is prepared to undertake or not.”

(**Source:** Getting to Grip with Risks)



Benefits of Setting a Risk Appetite

What is the Purpose of Setting a Risk Appetite?

“By determining the amount of risk it is prepared to accept the Board is able to improve organisational control, enhance decision-making, revitalise performance, recognise how to reduce risks and make better decisions on the deployment of resources to the delivery of the business objectives.”

The above quote is drawn from the HM Treasury guidance ‘Thinking about Risk - Managing your Risk Appetite: A practitioner’s guide’ which describes a framework for setting an organisation’s risk appetite.



Reviewing the Risk Appetite

Exercise

To review the current risk appetite level for each of the agreed UHI Perth risk categories and make any initial observations or recommendations for change.

Recommendations will be fed back to the Perth Leadership Group for review and then go forward to the June Board for a full risk appetite exercise.

Key Factors to Consider

- Strategic objectives
- Financial sustainability
- Organisational capacity and resources
- Regulatory and legal environment
- Stakeholder expectations
- Historical risk experience
- Risk v Opportunity



UHI Perth Risk Categories

Summary of Categories

- **Product Delivery:** Academic/Commercial Income
- **Legal & Compliance:** Legal and regulatory compliance
- **Financial:** Financial sustainability and management
- **Operational:** Systems and processes
- **People:** Workforce behaviour, skills, succession
- **Reputational:** Public trust and brand
- **Strategic/External:** Risk to achieving strategy/ financial sustainability

Current UHI Perth Board Risk Appetite

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 an 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 an 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 an 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 an 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 an approval request to the Audit Committee before proceeding.
People	Open	15	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.	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 an approval request to the Audit Committee before proceeding.
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 an 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 an 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	Description
Averse	Avoidance of risk and uncertainty in achievement of key deliverables or initiatives is key objective. Activities undertaken will only be those considered to carry virtually no inherent risk.
Minimal	Preference for very safe business delivery options that have a low degree of inherent risk with the potential for benefit/return not a key driver. Activities will only be undertaken where they have a low degree of inherent risk.
Cautious	Preference for safe options that have low degree of inherent risk and only limited potential for benefit. Willing to tolerate a degree of risk in selecting which activities to undertake to achieve key deliverables or initiatives, where we have identified scope to achieve significant benefit and/or realise an opportunity. Activities undertaken may carry a high degree of inherent risk that is deemed controllable to a large extent.
Open	Willing to consider all options and choose one most likely to result in successful delivery while providing an acceptable level of benefit. Seek to achieve a balance between a high likelihood of successful delivery and a high degree of benefit and value for money. Activities themselves may potentially carry, or contribute to, a high degree of residual risk.
Eager	Eager to be innovative and to choose options based on maximising opportunities and potential higher benefit even if those activities carry a very high residual risk.

[*The Orange Book Risk Appetite Guidance Note](#)

HM Treasury Orange Book Risk Appetite Levels Defined by Category

	Risk appetite level definition				
	Averse	Minimal	Cautious	Open	Eager
Commercial	<u>Zero</u> appetite for untested commercial agreements. Priority for close management controls and oversight with limited devolved authority.	Appetite for risk taking limited to low scale procurement activity. Decision making authority held by senior management.	Tendency to stick to the status quo, innovations generally avoided unless necessary. Decision making authority generally held by senior management. Management through leading indicators.	Innovation supported, with demonstration of benefit / improvement in service delivery. 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 / lagging indicators rather than close control.
Legal	Play safe and avoid anything which could be challenged, even unsuccessfully.	Want to be very sure we would win any challenge.	Want to be reasonably sure we would win any challenge.	Challenge will be problematic; we are likely to win, and the gain will outweigh the adverse impact.	Chances of losing are high but exceptional benefits could be realised.
Financial	Avoidance of any financial impact or loss, is a key objective.	Only prepared to accept the possibility of very limited financial impact if essential to delivery.	Seek safe delivery options with little residual financial loss only if it could yield upside opportunities.	Prepared to invest for benefit and to minimise the possibility of financial loss by managing the risks to tolerable levels.	Prepared to invest for best possible benefit and accept possibility of financial loss (controls must be in place).

Orange Book Risk Appetite Levels Defined by Risk Category cont.

	Risk appetite level definition				
	Averse	Minimal	Cautious	Open	Eager
Operations	Defensive approach to operational delivery - aim to maintain/protect, rather than create or innovate. Priority for close management controls and oversight with limited devolved authority.	Innovations largely avoided unless essential. Decision making authority held by senior management.	Tendency to stick to the status quo, innovations generally avoided unless necessary. Decision making authority generally held by senior management. Management through leading indicators.	Innovation supported, with clear demonstration of benefit / improvement in management control. 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 / lagging indicators rather than close control.
People	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 noncritical 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.
Reputational	Zero appetite for any decisions with high chance of repercussion for organisations’ reputation.	Appetite for risk taking limited to those events where there is no chance of any significant repercussion for the organisation.	Appetite for risk taking limited to those events where there is little chance of any significant repercussion for the organisation.	Appetite to take decisions with potential to expose organisation to additional scrutiny, but only where appropriate steps are taken to minimise exposure.	Appetite to take decisions which are likely to bring additional Governmental / organisational scrutiny only where potential benefits outweigh risks.

Orange Book Risk Appetite Levels Defined by Risk Category cont.

	Risk appetite level definition				
	Averse	Minimal	Cautious	Open	Eager
Strategy	Guiding principles or rules in place that limit risk in organisational actions and the pursuit of priorities. Organisational strategy is refreshed at 5+ year intervals	Guiding principles or rules in place that minimise risk in organisational actions and the pursuit of priorities. Organisational strategy is refreshed at 4-5 year intervals	Guiding principles or rules in place that allow considered risk taking in organisational actions and the pursuit of priorities. Organisational strategy is refreshed at 3-4 year intervals	Guiding principles or rules in place that are receptive to considered risk taking in organisational actions and the pursuit of priorities. Organisational strategy is refreshed at 2-3 year intervals	Guiding principles or rules in place that welcome considered risk taking in organisational actions and the pursuit of priorities. Organisational strategy is refreshed at 1-2 year intervals

Committee Cover Sheet

Paper No.5

Name of Committee	Audit Committee
Subject	Internal Audit Contract Retender 2026 Proposal Paper
Date of Committee meeting	28/05/2025
Author	Depute Principal Operations/Risk and Project Officer
Date paper prepared	20/05/2025
Executive Summary Please provide a concise summary of the Paper outlining the purpose, impact and recommended future actions if approved	Paper seeks Committee approval on the proposed approach for progressing to the tender stage for the UHI Perth internal audit contract, ensuring a compliant procurement route that delivers the best value and solution for the organisation.
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 type="checkbox"/> For information <input type="checkbox"/> For discussion <input type="checkbox"/> For endorsement <input checked="" 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.	Links with financial sustainability, continuous improvement and governance.

Committee Cover Sheet

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

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

Proposal Paper: Internal Audit Contract Procurement Approach

Date: May 2025

Prepared by: Depute Principal Operations / Risk & Project Officer

For Consideration By: Audit Committee

1. Purpose

To seek Committee approval on the proposed approach for progressing to the tender stage for the UHI Perth internal audit contract, ensuring a compliant procurement route that delivers the best value and solution for the organisation.

2. Background

We are currently in the final year of our existing internal audit contract. The current contract is set to expire in June 2026, and preparations are underway to procure a new contract commencing in July 2026.

Our existing provider, Henderson Loggie, has consistently delivered a high standard of service and has a well-established relationship with our organisation. It is important that there is continuity during these changing times. Under the newly launched procurement framework, Henderson Loggie is ranked as the top supplier on the relevant lots, giving us the option to proceed via Direct Award without a full tender process.

Henderson Loggie has further indicated a willingness to offer a discount on the framework's day rate of £500, in recognition of their long-term relationship with us. This discounted rate will be confirmed as part of the retender process; for reference, our current contract has maintained a day rate of £420 for several years.

3. Supplier Selection Options

The new framework offers 3 compliant procurement routes, each providing flexibility depending on organisational priorities:

- **Direct Award:** Engage the top-ranked supplier on the relevant lot without further competition.
- **Mini-Competition:** Invite all suppliers within the selected lot to tender competitively.
- **Desktop Award:** A more limited evaluation approach, with 2 defined sub-methods.

The previous contract was awarded following a Mini-Competition process.

4. Proposal and Next Steps

We propose the following 2 options for Committee consideration:

Option 1: Direct Award

- Utilise the framework's Direct Award route to retain Henderson Loggie as our internal audit provider.
- Benefit from continuity of service and a discounted rate on the framework pricing.
- Proceed with drafting and finalising contract terms for commencement in July 2026.

Option 2: Mini-Competition

- Conduct a full tendering exercise among all suppliers listed under the relevant lot.
- Assess potential for additional value or alternative solutions from the wider market.
- Take additional time and resources to prepare, evaluate, and award the contract.

5. Recommendation

Given the compliance of the Direct Award route, Henderson Loggie's strong performance history, the proposed cost benefits and continuity during these changing times, it is recommended that the Committee approves

Option 1: Direct Award to Henderson Loggie.

This approach ensures compliant procurement, minimises administrative burden, and provides continued value through a trusted provider.

Committee Cover Sheet

Paper No.6

Name of Committee	Audit Committee
Subject	Health & Safety Committee Terms of Reference Review
Date of Committee meeting	28/05/2025
Author	Katy Lees, Director of HR and Organisational Development
Date paper prepared	20/05/2025
Executive Summary Please provide a concise summary of the Paper outlining the purpose, impact and recommended future actions if approved	Following discussion at the Health & Safety committee, the Terms of Reference for the group have been updated to reflect updated membership and staff roles.
Committee Consultation Please note which Committees this paper has previously been tabled at, and a brief summary of the outcomes/actions arising from this.	Discussed at H&S Committee
Action requested	<input type="checkbox"/> For information <input type="checkbox"/> For discussion <input type="checkbox"/> For endorsement <input checked="" 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.	Click or tap here to enter text.

Committee Cover Sheet

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

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

Health and Safety Committee Terms of Reference

Membership / Constitution

- Chair (Director of Estates)
- Depute Principal, Operations
- Directors of Curriculum
- Unison Staff Side Representative
- EIS-FELA Staff Side Representative
- Director of Learning, Teaching and Quality Enhancement
- Director of Student Experience
- Director of HR and Organisational Development
- Director of Information Services
- Director of the Centre for Mountain Studies
- Director of Finance
- ASW General Manager
- Health, Safety and Wellbeing Advisor
- Student Body Representative (invited member)
- Member of AST (invited member)

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

Quorum

The Quorum shall be 40% of the required membership.

Frequency of Meetings

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

Objectives

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

Terms of Reference

1. To monitor the organisation's health and safety performance against legal and statutory requirements.
2. Delivery of health and safety policy, strategy and plans and in particular, the

College Health and Safety Programme and make recommendations.

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

Internal Audit Progress Report

Audit Committee – 28 May 2025

Issued: 22 May 2025



Internal Audit Progress Report May 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	Draft: 14/04/25 Final: 22/05/25	2025/06	Requires Improvement	28/05/25	
Student Engagement	May 2025	Draft: 02/05/25 Final: 22/05/25	2025/05	Satisfactory	28/05/25	
Financial Sustainability	May 2025					This review has been paused pending the outcome of the Independent Review of the Finance function in UHI Perth, which was commissioned at the request of the Finance Committee to review "the Finance Department around budgeting and core financial processes to allow lessons to be learned".



Audit Area	Planned reporting date	Report status	Report Number	Overall Conclusion	Audit Committee	Comments
General review of Key Financial Controls	October 2025					This work will be delivered in parallel with the newly commissioned Independent Review of the Finance function in UHI Perth highlighted above. The initial meeting was held on 21/05/25.
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.

Aberdeen: 1 Marischal Square, Broad Street, AB10 1BL
Dundee: The Vision Building, 20 Greenmarket, DD1 4QB
Edinburgh: Level 5, Stamp Office, 10-14 Waterloo Place, EH1 3EG
Glasgow: 100 West George Street, G2 1PP

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

Henderson Loggie LLP is a limited liability partnership registered in Scotland with registered number SO301630 and is a member of PrimeGlobal, a global association of independent accounting firms, the members of which are separate and independent legal entities. Registered office is: The Vision Building, 20 Greenmarket, Dundee, DD1 4QB. All correspondence signed by an individual is signed for on behalf of Henderson Loggie LLP. Reference to a 'partner' is a member of Henderson Loggie LLP. A list of members' names is available for inspection at each of these addresses.



UHI Perth

Student Engagement

Internal Audit report No: 2025/05

Draft issued: 2 May 2025

Final issued: 22 May 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	2
	• Summary of Main Findings	3
	• Acknowledgements	3
Section 2	Main Findings and Action Plan	4 - 13

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):

- UHI Perth do not comply with Code of Good Governance for Scotland's Colleges (Post Risk Management Score: 2, Low); and
- We don't gather student satisfaction surveys or ask the correct questions and fail to action feedback (Post Risk Management Score: 2, 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 student engagement. 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.

Oversight of student engagement and the College's relationship with the Students' Association sits with the Director of Student Experience, who works to ensure that adequate engagement is achieved within the College. The Director of Student Experience is also supported by a full-time Student Engagement Co-Ordinator.

The engagement targets for students are detailed in the College's five-year strategy, under the heading of Excellence in Learning and the Learner Experience. As established within the College Strategy, one of the key aims is to continue enhancing the journey of excellence in supporting and enhancing the learner experience and student wellbeing.

The Highlands and Islands Students' Association (HISA) has a presence at all UHI Academic Partners. Students elect local officers which is made up of a full-time President and Deputy President. There is also a HISA Development Manager who works with the College and another Academic Partner, and an additional HISA staff member based at the College.

Scope, Objectives and Overall Findings

Student engagement at the College is about students and staff working together to improve the learning and teaching experience. The College wants its students to be involved in all aspects of learning, helping to shape the College's direction by being a key part of the decision-making process in the College.

The scope of this audit was to review the College's student engagement activities including how the College works in partnership with the Students' Association (HISA).

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

Objective	Findings			
The specific objectives of our audit were to obtain reasonable assurance that:		1	2	3
		No. of Agreed Actions		
1. A comprehensive and robust Student Engagement Strategy is in place which is reviewed on a regular basis	Good	0	0	0
2. Student engagement is monitored and evaluated on a regular basis	Satisfactory	0	0	2
3. There is evidence of student engagement outcomes influencing planning and decision making	Satisfactory	0	0	2
4. Adequate resources are allocated to student engagement activities	Good	0	0	0
5. Training and support is provided to staff and students where necessary	Satisfactory	0	0	1
Overall Level of Assurance	Satisfactory	0	0	5
		System meets control objectives.		

Audit Approach

From discussion with the Director of Student Experience, the HISA Perth President, the HISA Chief Executive Officer and other members of the central HISA team, and the Student Engagement Co-Ordinator, we have established the College's approach to student engagement and how the College works in partnership with HISA, and compared with good practice.

Summary of Main Findings

Strengths

- One of the key values within the College's Strategic Plan (2022 – 2027) is to be 'student centred' which established the importance of students and student engagement within the College.
- There are a set of key performance indicators (KPI's) relating to learner experience and engagement.
- The UHI Student Partnership document sets out the priorities for all Academic Partners in relation to student engagement.
- There is an induction programme for all students which includes specific engagement sessions with each academic cohort ensuring that students are aware of the services available to them and the way in which they can be involved with the College.
- Students are encouraged to take part in the Student Voice Representative (SVR) system, electing a representative for each class.
- SVR meetings take place regularly during term time and provide an opportunity for representatives to provide feedback on behalf of students. Key members of staff attend the meetings to assist with resolving issues promptly and allowing for immediate feedback.
- The HISA Perth President and Depute President are both full members of the College's Board as Student Board Members.
- There is student representation on all Board Committees.
- There is regular and ongoing conversation between the Perth President and key staff including the Director of Student Experience and Student Engagement Co-Ordinator.
- There are sufficient staffing resources given to student engagement activities including a full-time sabbatical team, a full-time member of HISA staff based at the College, supported by a HISA Development Manager and a full time Student Engagement Co-Ordinator working within the College Student Services team.

Weaknesses

- During our review we found limitations in the methods with which students are communicated with. There is scope to expand this through use of a variety of methods such as enhanced use of social media and digital display boards on campus.
- It was noted that while HISA and the sabbatical team have dedicated office and working space located within the Webster building, there is no dedicated working space in any of the teaching buildings.
- The monthly meetings between HISA, student representatives and College Senior Leadership Team (SLT) have not been consistently taking place leading to issues with communicating any key updates or issues.
- The Student Engagement Group was dissolved in 2023 in an attempt to reduce duplication of efforts however due to changes to College structure, there is scope to reintroduce the group to ensure that all key stakeholders are aware of key updates and involved in enhancing student experience and engagement.
- Training for Student Officers and SVRs has been taking place in November of each year, several months after the start of the academic year. As at March 2025, it was established that training had still not been completed for all elected student officers.

Acknowledgments

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

Main Findings and Action Plan

Objective 1 - A comprehensive and robust Student Engagement Strategy is in place which is reviewed on a regular basis

As part of the College's Strategic Plan (2022 – 2027), it was noted that one of the key values is 'student centred', establishing the importance of student focused decision making within the College. The College vision comprises of four key areas including 'Excellent in Learning and the Learner Experience'. This is then divided into five strategic objectives:

- The Learner Experience;
- Co-Creative and Progressive Curricula;
- Industry focussed;
- Academic Partnerships; and
- Research and scholarship.

Within the Learner Experience objective, it was noted that the College *'will work with the Highlands and Islands Student Association (HISA) to proactively engage with the learner voice, and to ensure that all our learners have access to exceptional student services that support their education and their wellbeing.'* There are several key objectives which includes enabling learners to:

- Challenge and question what they believe to be true;
- Be open to change and interpret information more critically;
- Consider pursuing options for advancement that they instinctively or historically considered impossible;
- Bring their perspectives to the learning environment to influence and enhance their learning experience;
- Apply their skills and knowledge in real-world practice and challenge strongly held beliefs and opinions; and
- Recognise observable differences, from before, during and on completion.

There are also a number of key performance indicators (KPIs) relating to the learner experience, including increasing student response rates to learner surveys, increasing the proportion of classes with a Student Voice Representative (SVR), and increasing the number of student forums.

The College previously maintained a Student Engagement Strategy. The last iteration of the Student Engagement Strategy covered the period 2016 to 2019. Through our discussions with the Director of Student Experience it was determined that at the expiry of the Student Engagement Strategy, all key aspects of the strategy were already encompassed within the overarching Strategic Plan 2022 - 2027, as noted above. It was deemed that a separate Student Engagement Strategy would result in duplication of work and therefore the decision was made not to produce a revised Student Engagement Strategy. An accompanying action plan was previously in place. However, this has been removed to simplify the process and to ensure that elected student representatives are empowered to focus on progression of their manifesto.



Student Engagement

Objective 1 - A comprehensive and robust Student Engagement Strategy is in place which is reviewed on a regular basis (Continued)

There is currently a UHI Student Partnership agreement document in place, which covers the period from 2024 to 2026. The document is jointly owned by UHI and HISA and sets out how students and staff will work together to enhance the student experience across UHI and Academic Partners. The agreement sets out the ways in which student partnership and engagement is supported across the Academic Partners, including formal student representation through elected student representatives, SVRs for each class, and focus groups and consultation events when major changes are planned. The Partnership agreement also details other methods through which students are encouraged to engage with academic life through:

- Participation in volunteering;
- Giving feedback through surveys and focus groups;
- Sharing options with SVRs;
- Speaking directly with staff, whether academic or support; and
- Taking part in events and societies.

From our discussions with both College staff and HISA representatives it was established that this Partnership agreement document provides useful guidance around key engagement activities and ways to encourage students to actively participate and have an impact on the College in a meaningful way.



Objective 2 - Student engagement is monitored and evaluated on a regular basis

Student engagement activity is carried out across the year by College staff and student representatives, including the sabbatical team and SVRs. At the beginning of each year during induction week, the Student Engagement Co-Ordinator carries out engagement sessions with each academic cohort through in-class presentations. This provides an overview of services available to students, signposts them to key members of staff who will be able to assist during the year, and sets the tone for the year ahead, creating a student community. The Student Engagement Co-Ordinator is available on campus every day and welcomes students, encouraging engagement and fostering a positive relationship between students and staff so that students feel able to approach staff with any issues or suggestions they may have.

During the first semester, a range of in-class workshops are carried out covering a range of subjects. The subject areas covered vary dependent on student concerns and input and have covered topics such as bullying, hate crime, online safety, and financial concerns. These provide information to students during contact hours and allow students to engage with key services. These sessions are also used to advertise the services offered by HISA and to promote the work of the student representatives and encourage students to consider nominating themselves as SVRs, one of the key engagement routes. In the second semester, in-class sessions focus on academic support and engaging with students that require support with funding. Students are encouraged to suggest topics that are of interest or importance to them.

In addition to this, the College operates 'The Big Project' which offers food and other supplies to students free of charge. The initiative was designed to support students struggling financially, however during discussions with the Student Engagement Co-Ordinator it was established that staff are able to monitor the students that are accessing the project resources, and target engagement to encourage the use of other services that may be available to students.

As noted above, one of the key methods of student engagement is through SVRs, providing a direct link between students and staff. Each class is encouraged to elect a representative who will be invited to attend regular SVR meetings. Monitoring of student engagement is performed through reviewing the proportion of classes with an elected SVR, and class representative availability to other students, which then gives the formal picture of class representative engagement. Attendance at SVR meetings is also recorded to gauge the level of engagement SVRs have. It was noted during discussions with staff that there are currently a high level of SVR's representing students at the College, however, there have been ongoing issues with engagement and attendance at SVR meetings with engagement strong at the start of the year and gradually decreasing over time. It was noted that engagement can vary from year to year and between individual students.

One of the key roles of the HISA Perth President and Vice-President is to ensure student representation on key groups, including the Board and Board Committees as appropriate.

A key part of the Director of Student Experience's role is to maintain ongoing engagement with the elected Student Officers, with major events and any significant issues brought to their attention for their input, and to pass onto College staff for assistance where relevant. The Student Engagement Co-ordinator helps ensure students are appropriately engaging on a daily basis, by helping manage communications coming into the Students' Association from students and / or student groups.



Student Engagement

Objective 2 - Student engagement is monitored and evaluated on a regular basis (Continued)

Observation	Risk	Recommendation	Management Response	
<p><i>Communication</i></p> <p>During our discussions with staff and HISA representatives, it was established that one of the primary methods by which HISA and the student representatives, including the sabbatical team and SVRs, communicate with the student population at the College is by email. It was noted that while this can be an effective way of contacting a wide range of people, students are often not receptive to this communication channel. It would therefore be beneficial to expand communication methods to enhance the effectiveness of student engagement and to raise awareness of available services for students and upcoming events.</p>	Students are unaware of key updates and events	<p>R1 The College should explore, in collaboration with HISA representatives, the communication channels which could be deployed to most effectively engage with students, such as use of digital display boards on campus, social media channels, and additional physical presence on the College campus.</p> <p>These methods should be leveraged to share information with students about key services, upcoming events, and other information that may be of interest to students, with the effectiveness of each communication channel monitored to gauge effectiveness.</p>	<p>Agreed.</p> <p>To be actioned by: Director of Student Experience and UHI Perth HISA President</p> <p>No later than: 30 November 2025</p>	
			Grade	3

Student Engagement

Objective 2 - Student engagement is monitored and evaluated on a regular basis (Continued)

Observation	Risk	Recommendation	Management Response	
During discussion with College staff and HISA representatives, it was noted that while HISA and the sabbatical team have dedicated office and working space located within the Webster building, there is no dedicated working space in any of the teaching buildings. As such, their presence is largely focussed in the Webster building with students based elsewhere often unaware of events and unable to engage directly with HISA and the elected representatives on a regular basis.	Students in other buildings do not have regular contact with HISA or the student representatives	R2 An exercise should be conducted to explore the possibility of freeing up space for use by HISA and the student representatives within academic buildings, in order to support engagement with students based in these buildings.	<p>Agreed.</p> <p>To be actioned by: Director of Estates</p> <p>No later than: 30 November 2025</p>	
			Grade	3



Objective 3 - There is evidence of student engagement outcomes influencing planning and decision making

Student Voice Representative Meetings

SVR meetings take place during term time with frequency dependent on need and availability. From review of minutes from the 2024/25 academic year, meetings had taken place in November, December and February with more meetings to be planned. SVRs are encouraged to speak directly with the Students' Association for any urgent issues rather than waiting until the meetings arise. The meetings are led by the HISA Perth Officers, the Perth President and Perth Depute President, with input from SVRs and staff as appropriate. The content and structure of the meetings may vary each year dependent on the approach of the elected HISA Perth Officers. From review of the minutes of the SVR meetings from 2024/25 we were able to establish that the meetings are structured as:

- Officer Updates from the President and Depute President;
- You Said, We did – updates on progress against student requests; and
- Student Engagement update from the Student Engagement Co-Ordinator.

In addition, a focus topic is brought to each SVR meeting. These topics have previously included the College library, food and beverage provision on campus, and concerns about the College financial pressures. As part of these discussions, SVRs are asked to complete a questionnaire at the start of the meeting to capture current opinions on the matter being discussed. The results are then discussed and feedback recorded, which is then raised with relevant staff within the College, as required. Any course specific issues or feedback are provided to curriculum leads to allow more direct action.

As part of the SVR meeting in February 2025, a spreadsheet of feedback was provided to College staff in advance of the meeting so that staff comments could then be fed back to SVRs directly. Staff were also present in the meeting so key issues could be discussed with the SVRs.

Board and Committee Meetings

The HISA Perth President and Depute President are both full members on the College's Board as Student Board Members. At each Board meeting, the Perth President presents a paper to the Board describing the activities within the Association during the period since the last meeting, as well as raising any issues or concerns the Board should be aware of from a student perspective. There is also student representation on Board Committees, including the Finance Committee, Audit Committee, Learner and Experience Committee, and Strategic Development Committee.

Student Engagement

Objective 3 - There is evidence of student engagement outcomes influencing planning and decision making (Continued)

Observation	Risk	Recommendation	Management Response
During discussions with the HISA Development Manager – Perth and Moray, it was determined that an arrangement had been put in place to have monthly meetings between members of HISA staff, the HISA Perth President, and the College Senior Leadership Team (SLT) to allow regular discussion and feedback between the Association, students and the College. However, it was established that these meetings have not been taking place in line with the agreed monthly frequency, with regular cancellations of scheduled meetings.	There is no regular formal channel to allow HISA and College senior management to discuss issues.	R3 The monthly meetings between HISA staff, the HISA Perth President, and the College SLT, should be reinstated to ensure that there is a regular channel for all parties to raise and discuss issues around student engagement.	<p>Agreed.</p> <p>To be actioned by: College Principal</p> <p>No later than: 30 September 2025</p>
			<p>Grade</p> <p>3</p>



Student Engagement

Objective 3 - There is evidence of student engagement outcomes influencing planning and decision making (Continued)

Observation	Risk	Recommendation	Management Response
<p>A Student Engagement Group was previously in place, incorporating all key services and stakeholders relating to student engagement (including representation from College marketing, admissions, student records, student services, student finance, estates, international and academic staff and HISA).</p> <p>However, the decision was taken in 2023 to dissolve this group. We were advised that this decision was taken in order rationalise the number of meetings and groups that were taking place and to avoid duplication of effort. However, from discussion with the Director of Student Experience, the staffing structure within the College has subsequently changed. This has created a perceived gap in student engagement arrangements, which it is felt could be addressed by reinstating the Student Engagement Group.</p>	<p>There is no regular channel to allow HISA and College staff to discuss issues relating to student engagement.</p>	<p>R4 Consideration should be given to the reinstatement of the Student Engagement Group, which would include all key stakeholders relating to student engagement. This would include College support staff, academic staff, HISA representation, and student representation through SVRs.</p>	<p>Agreed.</p> <p>To be actioned by: Director of Student Experience</p> <p>No later than: To be reinstated for the start of the new academic year August 2025.</p>
			<p>Grade</p> <p>3</p>



Student Engagement

Objective 4 - Adequate resources are allocated to student engagement activities

The Students' Association is a key part of the College's arrangements for engaging with students, and specific resources are earmarked for the delivery of student engagement activities. HISA has a presence at each of the Academic Partners of UHI and at UHI Perth this includes the HISA Development Manager and an additional member of HISA staff based at UHI Perth on a full-time basis. In addition to this, the sabbatical team of elected students includes the full time Perth President, assisted by a Depute President, and SVRs. The Student Engagement Co-Ordinator works closely with both College and HISA staff. Our discussions with College management confirmed their feeling that there is adequate staffing resource around student engagement, although there is a clear recognition that funding will remain tight due to the ongoing financial constraints within the Further and Higher Education sector.

Key responsibilities of the individuals listed above include managing the full election process for the Students' Association presidency, managing relationships between the College and Association, assisting in progressing any long-term plans implemented by the Students' Association, and to participate in key groups and meetings to support student engagement.

The Student Officers engage with students to support the achievement of the initiatives outlined in their election campaign. The Student Officers can also engage more regularly with SVRs given that they are current students at the College, and therefore the overall visibility of the Association's representatives in the College is increased.

Objective 5 - Training and support is provided to staff and students where necessary

Training for the Student Officers and SVRs is provided by HISA with support from the Student Engagement Co-Ordinator. Training is delivered through a variety of methods including through Teams, face-to-face, and self-study. Training covers a variety of topics including detail on the individual roles, how to manage clashes and how to manage the range of areas that may be covered as part of their role.

In addition to this, HISA has also previously provided support and training for College staff and attended the staff conference in February 2025 to discuss responsibilities and the relationship between HISA and the College.



Objective 5 - Training and support is provided to staff and students where necessary

Observation	Risk	Recommendation	Management Response	
Through discussion with College staff, it was established that the training for Student Officers and SVRs does not typically take place until November each year, which is several months into the academic year. Our discussions with stakeholders highlighted a perception that this may be too late and there may be a missed opportunity for representatives to effectively carry out their role from the beginning of the academic year. It was also noted that at the most recent SVR meeting in March 2025, not all representatives had completed their training and had been encouraged to do so.	Elected students are carrying out their duties without appropriate support and training.	R5 The College should discuss with HISA the timelines and target completion dates for the delivery of training to the newly elected Student Officers and SVRs. Consideration should be given to the optimal timing of delivery of training to ensure that students have the necessary support and training from the beginning of their role.	Agreed. To be actioned by: Directors of Curriculum and UHI Perth HISA No later than: In time for the new academic year commencing August 2025.	
			Grade	3



Aberdeen: 1 Marischal Square, Broad Street, AB10 1BL
Dundee: The Vision Building, 20 Greenmarket, DD1 4QB
Edinburgh: Level 5, Stamp Office, 10-14 Waterloo Place, EH1 3EG
Glasgow: 100 West George Street, G2 1PP

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

Henderson Loggie LLP is a limited liability partnership registered in Scotland with registered number SO301630 and is a member of PrimeGlobal, a global association of independent accounting firms, the members of which are separate and independent legal entities. Registered office is: The Vision Building, 20 Greenmarket, Dundee, DD1 4QB. All correspondence signed by an individual is signed for on behalf of Henderson Loggie LLP. Reference to a 'partner' is a member of Henderson Loggie LLP. A list of members' names is available for inspection at each of these addresses.



UHI Perth

Publicity and Communications

Internal Audit report No: 2025/06

Draft issued: 14 April 2025

Final issued: 22 May 2025



Contents

		Page
Section 1	Management Summary	
	• Overall Level of Assurance	1
	• Risk Assessment	1
	• Background	1 - 2
	• Scope, Objectives and Overall Findings	2
	• Audit Approach	3
	• Summary of Main Findings	3 - 4
	• Acknowledgements	4
Section 2	Main Findings and Action Plan	5 - 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

Requires Improvement	System has weaknesses that could prevent it achieving control objectives.
----------------------	---

Risk Assessment

This review focused on the controls in place to mitigate the following risks on the UHI Perth (‘the College’) Enterprise Risk Management (ERM) Risk Register (as at December 2024):

Product Delivery Risk

- Competition and Market - UHI Perth does not have formal processes to identify and mitigate competitor and market risk associated with our products and services (post-mitigation risk score = 4).

People Risk

- Business/Organisation– Lack of understanding/adoption of strategic values (post-mitigation risk score = 4).

Reputational Risk

- Media – There is no Board approved, active, media strategy or plan in place (post-mitigation risk score = 2).

Background

As part of the Internal Audit programme at the College for 2024/25 we carried out a review of the systems in place in relation to Publicity and Communications. The Audit Needs Assessment 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.

Management of the College’s public image is an important facet of ensuring that prospective and current staff and students view the College as an attractive place to work and study. Maximising the benefits of positive publicity, as well as mitigating the impact of any negative publicity, are both key in ensuring that the College maintains a favourable public image.

Internal communication is important to ensure that staff and students are informed of any developments at the College and are provided with sufficient opportunities to make their voices heard. It is also valuable in creating a shared culture and identity within the College.

At the time of our audit fieldwork in March / April 2025 the Director of Student Experience had recently taken over line management of the College’s Marketing Team, which consists of the Marketing Team Leader, a Design and Communications Assistant, and two Communications and Marketing Assistants. A business case for additional resources within the team to support communications and expand the Marketing Team Leader’s role was recently (March 2025) approved by the Senior Leadership Team (SLT). Subsequent to our audit fieldwork there has been a further change in line management, with the Director of HR and Organisational Development taking on the role from May 2025.



Background (Continued)

The Highlands and Islands Students' Association (HISA) represents UHI students and is a key partner of UHI Perth. The College communicates with HISA primarily via elected student representatives and permanent staff members such as the Development Manager – Perth & Moray.

The College's marketing and communications activity is also supported by the UHI Executive Office, via its Student Recruitment and Marketing Team and the Corporate Communications Team. The College's staff members cooperate with other partners within the UHI network through groups and teams spanning the partnership at both strategic and operational levels.

Scope, Objectives and Overall Findings

This audit focused on the systems in place within the College for the management of positive and negative publicity externally, and internal communication.

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

Objective	Findings				
The objectives of the audit were to ensure that:		1	2	3	Actions already in progress
		No. of Agreed Actions			
1. Policies, procedures and systems in place assist the College to maximise the benefits from positive publicity and effectively manage negative publicity, reducing the potential risk of damage to the College’s reputation.	Requires Improvement	-	2	-	✓
2. Appropriate strategies, procedures, ICT and other systems are in place to assist and encourage internal communication and joint working between campuses and Academic Faculties / Support Services and also in managing and co-ordinating communications with UHI Executive Office.	Requires Improvement	-	1	-	✓
Overall Level of Assurance	Requires Improvement	0	3	-	✓
		System has weaknesses that could prevent it achieving control objectives.			

Audit Approach

The senior managers who oversee marketing and communications activity within the College, and a sample of other College managers and staff, were interviewed to determine current working practices.

The College's internal and external communication strategies, policies and procedures were reviewed, and their content benchmarked against good practice, identifying any areas requiring improvement.

Summary of Main Findings

Strengths

- The College utilises a range of internal and external marketing and communication tools, including its website, blog, social media, Microsoft Teams, e-mail, staff intranet – PerthHUB, face-to-face meetings, billboards and signage, posters and leaflets, newspaper, radio.
- The Marketing Team produces a range of plans, data analytics, reports, promotional materials, and media content, to drive and monitor the student recruitment activity. The majority of the Team's plans and reports are openly shared with other staff via PerthHUB.
- The UHI Perth branding is robust and consistently applied, with guidelines and resources available to staff via the Marketing Team's page on PerthHUB.
- The Marketing Team manages the College's social media presence well and offers guidance and support to individual departments who have established their own social media channels. It collaborates with them closely to amplify the College's social media reach and engagement.
- The College publishes weekly on the UHI Perth blog which captures positive stories primarily focused on students and alumni, and their academic and personal journeys during their time at the College, illustrating them to prospective students and other stakeholders.
- The College delivers various events aimed at promoting studying at the College and the different positive activities that it engages in, including Open Days, Jobs Fairs, Celebration Gala Dinners etc.
- The College engages in partnerships regarding its marketing and positive publicity activities, including as part of the UHI partnership, the College Development Network, the Schools College Programme, and industry partnerships.
- The Marketing Team is highly experienced, and their work has previously won accolades at the Perthshire Chamber of Commerce Star Business Awards.
- Staff stated that joint working between the different areas of the College is easy to facilitate and works well.
- The College collaborates on with other partners within the UHI network and is involved in various groups facilitated by the UHI Executive Office.
- The Marketing Team works closely with HISA and provides supports to them, as required.

Weaknesses

- The College does not have a Marketing and Communications Strategy in place which explicitly aligns with the UHI Perth Strategy 2022 – 2027, which means that marketing and communications activity may not be focused on the areas which will deliver the greatest impact in helping to achieve the College's strategic aims and objectives.
- Some of the College's policies related to marketing and communications refer to posts or other policies that no longer exist, although these will be updated as part of the routine review process.
- There are opportunities for improvement regarding the College's crisis communications arrangements, as demonstrated by the challenges experienced in dealing with crisis communications in mid-2024 regarding closure of the nursery, and changes to the library service.

Summary of Main Findings (Continued)

Weaknesses (continued)

- There are opportunities to improve the College's routine internal communications, including key messaging to staff, frequency of communications, and transparency on the outputs from meetings between the SLT and the Student Presidents, and enhanced utilisation of PerthHUB.
- There is an opportunity to strengthen the College's strategic oversight and direction over its communications activity, although we were advised that the College is addressing this by approving additional resources to support communications and expand the Marketing Team Leader's role.

Acknowledgments

We would like to take this opportunity to thank the staff at UHI Perth, UHI Executive Office, and HISA who helped us during the course of our review.

Main Findings and Action Plan

Objective 1 - Policies, procedures and systems in place assist the College to maximise the benefits from positive publicity and effectively manage negative publicity, reducing the potential risk of damage to the College's reputation.

Strategies, Policies and Procedures

The College has developed the UHI Perth Strategy 2022 – 2027 ('the Strategy') which communicates its vision, values, the context in which it operates (including challenges that the HE/FE sector is facing), and its strategic objectives (as well as the KPIs used to monitor their achievement). The strategy states that some of the College's strategic objectives will be supported by the Communications Strategy, noted as being 'currently under review' (refer to **R1**).

Observation	Risk	Recommendation	Management Response
<p>The UHI Perth Strategy 2022 – 2027 identifies that a Communications Strategy would be valuable in supporting the delivery of specific strategic objectives and would ensure a common approach for communications activity across the College. However, the College does not currently have a Communications Strategy in place.</p> <p>Through discussions with staff, we confirmed that a Communications Strategy is unlikely to be produced prior to additional resourcing of communications within the Marketing Team and expansion of the Marketing Team Leader's role. The business case for this was approved in March 2025.</p>	<p>Certain strategic objectives are not being adequately supported due to a lack of Communications Strategy.</p> <p>The College's marketing and communications activity is not appropriately guided by and contributing towards the College's strategic aims and objectives.</p>	<p>R1 The College should develop a Marketing and Communications Strategy which is aligned with the strategic objectives set out within the UHI Perth Strategy 2022 – 2027. This document will guide and focus the College's future marketing and communications activity. It should factor in the outputs from the previously formed Communications Strategy Development Group and capture input from the Marketing Team Leader. We recommend that it contains both marketing and communications considerations, incorporates tools and best practice from the UHI partnership and the wider HE/FE sector, and is appropriately showcased to all staff when published.</p>	<p>The College acknowledges the recommendation to develop a comprehensive Marketing and Communications Strategy aligned with the objectives outlined in the UHI Perth Strategy 2022–2027 and agrees with its importance in guiding future activity.</p> <p>To be actioned by: Director of HR and Organisational Development / Marketing Team Leader (in expanded role)</p> <p>No later than: 31 March 2026</p>
			<p>Grade</p> <p>2</p>

Objective 1 - Policies, procedures and systems in place assist the College to maximise the benefits from positive publicity and effectively manage negative publicity, reducing the potential risk of damage to the College's reputation (continued).

Strategies, Policies and Procedures (continued)

The College has produced, or adopted from UHI, several policies and procedures which are related to its publicity and communications activity, including:

- UHI Partnership Acceptable Use Policy – offering guidance to staff, students, and contractors so that they understand their obligations in the use of their university partnership email and internet facilities.
- Digital Etiquette Policy – aimed at encouraging good 'netiquette' and establishing what constitutes acceptable behaviour when using online communication platforms, as well as promoting effective and innovative use of social media and other digital platforms as part of the College's activities.
- Data Protection Policy and Guidance – communicating the College's commitment to ensuring that personal data is collected, stored and disposed of in a secure and appropriate manner, with respect to the data subject's right to privacy, accuracy, and right to access their own personal data where appropriate.
- Equality, Diversity and Inclusivity Policy – outlining the principles, responsibilities and commitments of the College in realising its statutory obligations under the Equality Act (2010).
- Complaints Handling Procedure – explaining the College's complaint handling process and commitment to resolving issues of dissatisfaction as quickly and effectively as possible.

We reviewed the above policies and procedures and verified the content to be comprehensive, largely accurate (see exceptions below), and consistent with relevant legislation and regulations. We noted that because the Digital Etiquette Policy, Data Protection Policy and Guidance, and Complaints Handling Procedure have not been updated since March 2023, they may refer to roles or documents that are no longer in place. For example, the Digital Etiquette Policy states that its owner is the Vice Principal, External Engagement (no longer in post) or refers to the E-Safety Policy, which has subsequently been absorbed into the Safeguarding Policy. However, we confirmed that these will be updated as part of the routine review process and that the revised Digital Etiquette Policy is currently awaiting approval. As a result, we did not raise a specific recommendation in relation to this point within our report.

Resources and Branding

The College's Marketing Team has established a dedicated area for the team on the staff intranet – PerthHUB. This includes:

- The 'Home' page - which highlights relevant news, the current marketing campaigns, monthly marketing updates and statistics, press cuts, useful links, and the College's social media channels. The useful links include the 'UHI Perth filming, photographic, sound recording and text release form' as well as a Privacy Notice. Staff must obtain completed release forms and permissions from the persons filmed, photographed etc. to use their likeness or outputs in materials published by the College.
- The 'Who are we?' page – explaining what the Marketing Team is responsible for and who its members are, together with their contact details.
- The 'UHI Perth branding' page - As part of the of the University of the Highlands and Islands (UHI) partnership, the College has adopted the UHI Perth name and UHI-wide rebranding in early 2023. The branding page offers guidelines to staff on communicating the UHI Perth visual identity to other stakeholders and contains several resource links for things such as the College's logo, e-mail signature, letterhead etc.
- The 'Award opportunities' page – which lists award submission opportunities to celebrate initiatives and increase the College's profile.

Objective 1 - Policies, procedures and systems in place assist the College to maximise the benefits from positive publicity and effectively manage negative publicity, reducing the potential risk of damage to the College's reputation (continued).

Planning, Data Analysis, Monitoring, and Performance Reporting

The Marketing Team produces an annual recruitment planning document, which details the Team's key objectives for the year in relation to student recruitment and outlines the core activities to be undertaken to achieve these objectives. The document also includes a table showing the purpose of, and timeframes for, each of the planned activities. Some of these planned activities may change or may only fully crystallise during the year, as the Team is continuously seeking to identify the most effective methods to achieve its goals and meet the College's needs. For example, the Team recently visited Perth city centre to identify advertising opportunities and spoke to the Perth & Kinross Council Communications Manager to identify available spaces which could be utilised for College advertising. The Marketing Team tracks student recruitment numbers weekly and continually evaluates how the College is performing in attracting new learners. As part of the monthly marketing updates, the Team shares data-driven analysis of its reach and engagement, including a breakdown of how each of the College's social media channels performed during the month, the top posts made, and the most-visited pages on the College's website (including courses and events). This data is also utilised to drive targeted marketing for subject areas that may be struggling to attract the desired number of applicants.

Each student recruitment campaign is targeted towards a specific audience. For example, the Marketing Team prioritises its outreach to school pupils before the start of the academic year but may target individuals seeking to upskill for the January intake. For each concluded student recruitment campaign, the Marketing Team produces a 'Round-Up Analysis' explaining when the campaign ran, what it consisted of, what the weekly and monthly content created as part of the activity was, and what the results of the campaign were, based on the data collated. The analysis also captures the cost of the marketing activity delivered.

The College tracks progress against specific strategic objectives within the UHI Perth Strategy 2022 – 2027, using the KPIs associated with the relevant strategic objectives. For example, the Marketing Team reviewed whether the College is continuing to increase the percentage of positive coverage within the press to a target of 80% in accordance with the relevant KPI target and highlighted the beneficial drivers as well as deficiencies in the progress being made towards the objective. KPI data is monitored by the Perth Leadership Group (PLG).

The Marketing Team monitors external press releases related to the College and examines the content of the corresponding articles.

The Director of Student Experience reviews the Marketing Team's performance. We confirmed that there is a plan to introduce additional KPIs for the Marketing Team, which would allow them to use interactive maps to determine areas of good performance, opportunities for improvement, and activities that may be worth pursuing. The overall goal would be to ensure that appropriate focus is placed on areas offering the most beneficial outcomes to the College. Staff professional reviews and evidence of continuous professional development (CPD) further support the Marketing Team's performance.

Student Recruitment & Prospectus

The College utilises an array of mechanisms to promote its curriculum offering, advertise itself to prospective students, and showcase the range of positive activities that it engages in. The tools used include its website, blog, social media channels, billboards and signage, posters and leaflets, newspapers, radio, mailouts, College Open Days, school fairs and visits, jobs fairs, and other events.

Objective 1 - Policies, procedures and systems in place assist the College to maximise the benefits from positive publicity and effectively manage negative publicity, reducing the potential risk of damage to the College's reputation (continued).

Student Recruitment & Prospectus (continued)

The Marketing Team has also created the College's 'Prospectus 2025/26'. The Prospectus details the College's curriculum offering and provides student testimonials, highlights the potential student outcomes for each course area, and showcases the facilities and services available. It also provides information on the College's accommodation, the Schools College Partnership, and links to the Highlands and Islands Students' Association (HISA) and other UHI partners. The Prospectus was designed in line with the UHI Perth branding by the Design and Communications Assistant, supported by the rest of the Marketing Team, and is a major part of the ongoing 'Where Learning Means More' student recruitment campaign.

Social Media & Blog

The Marketing Team manages the College's main social media accounts (Facebook, X, YouTube, Instagram, LinkedIn, and TikTok). No other staff members have access to these accounts, and any content that is posted is vetted for appropriateness and compliance. Specific departments within the College (Hospitality, Food and Textiles, Hair, Beauty, and Wellbeing, and Sport and Fitness) have their own dedicated social media accounts, which are managed by designated staff members within the respective departments. These staff members are provided with significant support and guidance from the Marketing Team, and there is ongoing collaboration in cross-posting, sharing, and promotion of content between the departmental and the College's main social media channels, with the Marketing Team retaining oversight over any materials published. The benefit of this arrangement is that it is easy for the staff members within the departments to capture and generate positive social media content as part of their day-to-day work. Currently the Marketing Team's stance is that individual areas within the College, other than the three areas mentioned above, should not drive their own social media creation and publishing. This is designed to ensure that the College's main social media channels retain the appropriate reach, follow a robust content plan, and that all materials published are compliant with data protection regulations.

While further departmental accounts are discouraged, the Marketing Team actively encourages the College's staff and students to engage with the content on UHI Perth's main social media channels, for example via the 'social media employee amplification' initiative, shared in August 2023 with the goal of driving audience engagement and expanding the College's social media reach. The Marketing Team has produced guidelines explaining how staff members can contribute to this and presented them to colleagues via a workshop at a staff conference, in addition to making them available via PerthHUB.

HISA manages their own social media, although the UHI Perth Marketing Team are available to provide support in generating, sharing, and promoting relevant media content, where needed.

One of the Communications and Marketing Assistants oversees the UHI Perth Blog, which captures positive stories and testimonials from students, alumni, staff, and events on a weekly basis, and illustrates actual pathways taken by UHI Perth students and alumni during or after their studies at the College. The blog also includes articles on wider initiatives, such as the Scottish Apprenticeship Week. Overall, it showcases the College's positive impact to a range of stakeholders.

Objective 1 - Policies, procedures and systems in place assist the College to maximise the benefits from positive publicity and effectively manage negative publicity, reducing the potential risk of damage to the College's reputation (continued).

Events

The College holds several Open Days throughout the year – with the most recent event held on 8 March 2025. Open Days provide prospective students with an opportunity to speak to College staff, learn about the range of courses on offer and the facilities in place, as well as exploring the support services available. Open Days tend to attract between 300 and 500 visitors. Feedback from the Open Days is collected and reviewed and is generally positive. The UHI Student Recruitment and Marketing Team have recently introduced booking forms for Open Days, which allows the UHI Perth Marketing Team to capture richer data on the interests of prospective students, utilise targeted marketing, and adjust their promotional priorities in advance of course start dates.

The College's Business Engagement Team organises Jobs Fairs, which are open to all students and the local community at the College's campus. These Jobs Fairs give individuals the opportunity to speak to a range of employers and receive advice about the job market, and they allow local employers to advertise themselves and raise their profile to potential employees.

Individual curriculum areas engage in various events and partnerships, which provides excellent opportunities for generating positive publicity. For example, Hospitality and Food Studies hosted the Young Highland Chef competition, which culminated in a Celebration Gala Dinner in partnership with a Michelin-star chef, and participated in initiatives organised by industry partners (such as the Gleneagles Hotel).

The Marketing Team also strive to raise the College's profile by attending events organised by external partners throughout the year, such as the UCAS Discovery events or the Perth Farmers' Market. The benefits of having a presence at such events is evaluated against the Team's objectives and priorities prior to committing the required staff resource.

Partnerships

The UHI Perth Marketing Team collaborates with other UHI partners and the UHI Executive Office on specific student recruitment campaigns such as the 'Learn Local' or 'Where Learning Means More' campaigns. The Team normally uses its own media materials and adapts the partnership's marketing approach to fully meet the College's needs. The UHI Perth Marketing Team has recently begun to work more closely with the UHI Student Recruitment and Marketing Team to establish a more significant presence in schools, especially those outside of the Perth and Kinross local authority area, which are covered under the College's Schools College Partnership scheme. UHI Executive Office takes the lead on any marketing initiatives which cover all academic partners, and they undertake the planning groundwork, produce media assets and promotional materials, and share the information with the UHI academic partners so that they can amplify the marketing effort. In turn, UHI Executive Office it amplifies positive publicity produced by the UHI partners at a local level, such as individual success stories.

Other departments also have touchpoints with various UHI partners and take advantage of the benefits of established relationships. For example, thanks to coordination between academic staff, several Hospitality students at UHI Moray will study their HNCs at UHI Perth. While such collaboration can be sporadic, it is seen as valuable and relatively easy to instigate.

Objective 1 - Policies, procedures and systems in place assist the College to maximise the benefits from positive publicity and effectively manage negative publicity, reducing the potential risk of damage to the College's reputation (continued).

Partnerships (continued)

The UHI Perth Marketing Team works closely with HISA and supports them where needed, for example by publicising their activities and outputs on PerthHUB or by promoting the HISA-led OBI Awards, which celebrate the Outstanding, Best and most Inspiring staff, students and student groups at the College. In turn, HISA contributes heavily to student engagement and improves the student experience via its campaigns and activities. They also support the College at events such as the Open Days. The permanent officers at HISA such as the Development Manager for Perth & Moray coordinate a lot of the cooperation and maintain established links between HISA and the College considering the short tenure of elected student representatives. From our discussions with staff at UHI Perth and HISA, we confirmed that the collaboration between the College's Marketing Team and HISA is seen as timely and robust.

The Marketing Team also provides assistance for particular student groups where needed, for example by designing graphics for the 'Coffee and Concerts' events for music students.

The Marketing Team have good links with the wider College sector, primarily via the College Development Network's (CDN's) Marketing and Communications Network, which allows collaboration across national-level campaigns and sharing of insights, knowledge, training opportunities, and best practice. They also take part in nationwide campaigns such as the CDN's #ChooseCollege and #LoveScotlandsColleges digital campaigns or the Scottish Apprenticeship Week in March (coordinated by Skills Development Scotland), where the College took the opportunity to raise its profile by showcasing its relationships with local employers and organisations through production of video content, blog articles etc. The College's Business Engagement Team and other departments connect with employers within various contexts and the Marketing Team supports them in publicising the positive outcomes of such connections.

The College collaborates with Senior Secondary schools within Perth and Kinross via the Schools College Partnership programme. The programme allows between 400 and 500 young people each year to develop practical, vocational and academic skills as part of their school timetable and enable them to more easily transition from school to further learning or employment. The programme is an important facet in establishing the College's presence across the local schools and attracting school leavers to come to study at the College.

Experience and Awards

The Marketing Team is highly experienced, with 41.5 years of combined experience across the four staff members. The members of the Marketing Team continuously develop their knowledge and skills via training programmes, knowledge exchange opportunities, involvement in partnerships and working groups, and staying up to date on trends and challenges within the marketing industry and the College sector. We reviewed a summary of training and continuous development activity recently undertaken by the Marketing Team and found it to be comprehensive.

The Marketing Team's work has been recognised externally, as evidenced by the Team winning the 'Excellence in Digital Media' Award at the Perthshire Chamber of Commerce Star Business Awards in 2022 and being 'Highly Commended' for the same category in 2023.

Objective 1 - Policies, procedures and systems in place assist the College to maximise the benefits from positive publicity and effectively manage negative publicity, reducing the potential risk of damage to the College's reputation (continued).

Negative Publicity

The handling of negative publicity normally rests with the Marketing Team Leader, who has a background in Public Relations and is confident in dealing with negative press and social media attention. If the press has enquiries, the Marketing Team Leader drafts an appropriate response and presents it to the College's Senior Leadership Team (SLT) for consideration and approval. Responses to particularly contentious matters are examined by the Principal and Chief Executive before being approved for issue. The Marketing Team Leader has developed a 'Crisis Communications Quick Guide' which lists the tasks that should be undertaken by each area should crisis communications require to be deployed. The guide also contains standard templates for likely incident communications, advice for handling media enquiries, attending interviews, and issuing statements, and contact details for key external organisations. The Marketing Team Leader has also previously provided guidelines to the Principalship on handling media interviews. Additionally, UHI Perth can utilise the UHI Crisis Communications Strategy and Plan Template and other resources developed by the UHI Corporate Communications Team.

The College's Business Continuity Plan (BCP) includes 'Action Cards' covering different types of incidents. These cover actions for communicating with stakeholders and establishing Communication Plans as part of the incident response, together with the officers responsible for implementing such actions.



Publicity and Communications

Objective 1 - Policies, procedures and systems in place assist the College to maximise the benefits from positive publicity and effectively manage negative publicity, reducing the potential risk of damage to the College's reputation (continued).

Observation	Risk	Recommendation	Management Response
<p>From our discussions with staff at UHI Perth, the UHI Executive Office, HISA, and the elected student representatives, as well as review of the College's Business Continuity Plan (BCP) and crisis communications documentation, we found that there are opportunities for further enhancing the College's existing crisis communications processes.</p> <p>We confirmed that the crisis communications in mid-2024 concerning the closure of the College's nursery, and changes to the library services were not appropriately coordinated. Staff and partners stated that they felt that the communications were not frequent enough and were not always accurate, specific, or informative, contributing to a deterioration in employee, student, and partner relationships. Partners stated that in some instances, they learned about key developments from the press rather than through suitable College channels. However, we noted that the College's ability to communicate frequently and openly was legislatively constrained by extensive consultations with trade unions and staff.</p> <p>Additionally, we were advised that initial communications were not always appropriately managed and reviewed before being issued (internally and externally). There was a perceived lack of a communication plan.</p>	<p>Lack of focused, timely, and accurate crisis communications may result in poor employee, student, and partner relationships and engagement, impacting service delivery.</p> <p>Uncoordinated media response can result in reputational damage to the College, negatively affecting student numbers.</p>	<p>R2 We recommend that the College considers making the following improvements to its crisis communications arrangements:</p> <p>a) Review the 'Crisis Communications Quick Guide' and other related guidance. Ensure that it is appropriately detailed, accessible, up to date, and communicated to the relevant staff. Link the guide to the BCP where appropriate and vice versa.</p> <p>b) Ensure that the Marketing Team's and the UHI Executive Office's expertise on Public Relations is utilised in appropriate situations. Confirm that relevant skills and expertise are present amongst the SLT and the PLG in handling crisis communications and contentious press enquiries and interviews.</p> <p>c) Ensure that the communication channels between the College, key partners, and students are robust and are deployed frequently during a crisis, coordinating statement releases with partners, where possible.</p> <p>4) Enhance the mechanisms in place to collect timely feedback regarding crisis communications from staff, students, and partners. Establish a robust 'lessons learned' process for post-incident evaluation.</p>	<p>Recommendations are agreed</p> <p>To be actioned by: Director of HR and Organisational Development /Marketing Team Leader in expanded role</p> <p>No later than: 31 January 2026</p>
			<p>Grade</p> <p>2</p>



Objective 2 - Appropriate strategies, procedures, ICT and other systems are in place to assist and encourage internal communication and joint working between campuses and Academic Faculties / Support Services and also in managing and co-ordinating communications with UHI Executive Office and the UHI Marketing Team.

Communications Strategy

The Communications Strategy is not currently in place (refer to **R1**) and there is no staff member in post with primary responsibility for driving the College's communications activity. However, as mentioned previously, a business case for additional resources within the Marketing Team to support communications and expand the Marketing Team Leader's role was recently (March 2025) approved by the SLT. The Marketing Team manages content published on the College's website and some of the content published on PerthHUB.

A Communications Strategy Development Group was created, prior to the most recent staff restructuring exercise, with the remit to produce a Communications Strategy. The Group undertook considerable planning activity and produced resources, but this ultimately the project was halted when the restructuring exercise took place. However, its outputs could be utilised when work on the Communications Strategy recommences (refer to **R1**).

Internal Communication – Day-to-Day

Staff members use Microsoft Teams as their primary tool for internal communication across the College. This covers both intra-team as well as inter-departmental communications and includes direct messaging and calls, group chats, and groups based around posts and sharing of documents. The College-wide use of Microsoft Teams for informal chats, sharing of key messages, social purposes, and joint working is seen to be effective and efficient, and has been said to have cut down considerably on 'e-mail clutter'.

E-mail is another key method of communication between staff and with students. Most departments have a generic / shared e-mail address so that they can monitor and coordinate their responses to any e-mail messages received. The all-staff e-mail functionality is available only to the PLG members and the Marketing Team Leader, although there are no guidelines in place for what constitutes a priority message and when all-staff e-mails should be used. The all-student e-mail functionality is overseen by the Director of Student Experience, Customer Services Team Leader, and Marketing Team Leader so that only appropriate and important messaging is issued in this way.

The staff intranet – PerthHUB – allows each team within the College to create a space for their area explaining what they are responsible for, how they can support other teams, and to share resources and news that would be of interest to other colleagues. Inter-departmental groups are also able to promote their activity and share their outputs via PerthHUB, in addition to Microsoft Teams. PerthHUB is used extensively and is seen as helpful. However, some staff perceive it as a materials repository, which means that its benefits may not be utilised to full extent (refer to **R3**).

There is no telephone system in place as this has been replaced by calls made via Microsoft Teams.

The Director of Student Experience manages the College's text messaging system, which is used for emergencies and business-critical messages.

Objective 2 - Appropriate strategies, procedures, ICT and other systems are in place to assist and encourage internal communication and joint working between campuses and Academic Faculties / Support Services and also in managing and co-ordinating communications with UHI Executive Office and the UHI Marketing Team (continued).

Internal Communication – Key Messaging & Events

The College utilises a monthly Staff Newsletter, which details key developments and activities. Members of the PLG share updates on key areas such as student recruitment, the College's financial situation, environmental sustainability considerations, upcoming events etc.

A Staff Survey prepared by the Director of HR and Organisational Development and issued in March 2025 includes an entire section on communications and asks staff members to evaluate the existing communications arrangements at the College. Responses were not yet fully received, collated, and analysed at the time of this review. The previous Staff Survey was carried out in 2021, and due to the significant lapse of time and change in College practices since, we did not review its findings.

Joint Working

Individual departments within the College participate in joint working with other areas primarily on an ad-hoc basis and communicate mainly via Teams, e-mail, and face-to-face meetings and chats. Curriculum areas have open lines of communication with support services and can refer relevant students to them as quickly as possible. Student support teams make themselves known to students and colleagues through physical presence on the campus, topical presentations to course groups, and digitally via the website, PerthHUB, Microsoft Teams, e-mail, the Student Services Newsletter etc. Feedback from a sample of College staff indicated that joint working across the College is strong.

There are a number of working groups in place at the College, which involve members from various departments and cover a variety of topics. These forums provide an opportunity for joint working between curriculum areas and support services and also for staff across the College to directly contribute to and improve the systems in place. There are also several peer support groups in place, such as the Perth Stress Group. These are open to all staff across the College.

Staff Conferences are held four times a year and provide an opportunity for all staff to come together, meet and talk to each other, identify opportunities for joint working, and provide feedback to the SLT. Away Day Forums are also organised with the purpose of building good team relationships. The SLT encourages and values casual staff interactions over lunch in spaces such as refectories, coffee shops, and libraries, and formal joint working via working groups and ad-hoc collaboration facilitated by Team Leaders and Managers. "Coffee with management" presentations have also been implemented where staff can speak to management and openly ask questions.

Publicity and Communications

Objective 2 - Appropriate strategies, procedures, ICT and other systems are in place to assist and encourage internal communication and joint working between campuses and Academic Faculties / Support Services and also in managing and co-ordinating communications with UHI Executive Office and the UHI Marketing Team (continued).

Observation	Risk	Recommendation	Management Response
<p>Through discussions with staff at UHI Perth, HISA, and elected student representatives, as well as review of documentation, we identified that there are opportunities to enhance the existing communication arrangements at the College.</p> <p>We were advised that key messaging to staff is viewed as infrequent and inconsistent, largely due to the perception that developments are not shared with staff in a structured manner between the monthly Staff Newsletter issues.</p> <p>PerthHUB is perceived by some staff as a document repository and may not be fully utilised as a communications resource.</p> <p>HISA and the elected student representatives highlighted challenges in the regularity of meetings and transparency of communications between the College's SLT and the Student Presidents. However, we also confirmed that members of the PLG have attended the Student Voice Rep (SVR) meetings in the 2024/25 academic year, providing students with timely feedback and an open forum to ask questions.</p>	<p>Lack of focused, timely, and accurate communications may result in poor employee, student, and partner relationships and engagement, impacting service delivery.</p> <p>Benefits of communication tools in place may not be fully utilised, and joint working arrangements may be impacted as a result.</p>	<p>R3 We suggest that the College considers the following improvements to its internal communication arrangements, which could be supported by a Marketing and Communications Strategy (refer to R1):</p> <ol style="list-style-type: none"> 1) Issue more frequent and consistent key communications, for example by producing a summary of non-confidential discussions and outcomes from the bi-weekly PLG meetings. Consider asking managers to incorporate College-wide key messaging into team meetings. 2) Raise awareness of PerthHUB as a communication resource and encourage staff across the College to contribute to it. 3) Review the existing arrangements for communicating with HISA and elected student representatives and confirm whether these remain fit for purpose. <p>Further improvements should be made based on the feedback provided on the most recent staff survey.</p>	<p>We welcome the recommendations and will review each to determine what is required to improve the communications.</p> <p>To be actioned by: The lead for the initial review will be the Director of HR and Organisational Development / Marketing Team Leader in their expanded role</p> <p>No later than: Initial review to be completed by 31 October 2025</p>
			<p>Grade</p> <p>2</p>



Objective 2 - Appropriate strategies, procedures, ICT and other systems are in place to assist and encourage internal communication and joint working between campuses and Academic Faculties / Support Services and also in managing and co-ordinating communications with UHI Executive Office and the UHI Marketing Team (continued).

Partnerships

The UHI Perth Marketing Team cooperates with the UHI Student Recruitment and Marketing Team and the UHI Corporate Communications Team on both strategic and operational levels. The UHI Perth Marketing Team participates in joint student recruitment campaigns and coordinates student recruitment efforts to ensure that they are synergistic with other UHI partners and the UHI Executive Office. Additionally, they work together with other UHI partners on initiatives such as the UHI Business Competition. However, all activity is tailored towards the profile and needs of the College. Colleagues within the team can lean on the skillsets of other marketing practitioners throughout the UHI partnership where needed (and vice versa), and joint working is facilitated through several partnership-wide groups, such as:

- UHI Marketing and Communications Practitioners Group – which includes all marketing and communications staff members across the partnership. The group communicates mainly via Microsoft Teams (including informal daily chats, enquiries, showcase of activity etc.). While the Group used to meet monthly, this has been put on pause with the aim of developing smaller Practitioners Group which are more relevant to each staff member's role, area of expertise and interests, and which allow them to more easily engage in joint working with colleagues across the partnership, with the outputs ideally feeding back into the Strategy Group.
 - Strategy Group – associating senior marketing and communications staff from each UHI partner and the UHI Executive Office. The Strategy Group focuses primarily on joint student recruitment campaign planning. Ideally, participants in the Strategy Group should communicate its outcomes to their own teams, establish working groups for joint projects, and agree on strategic direction for marketing and communications activity that is beneficial to all partners and the partnership as a whole. These objectives can occasionally be difficult to achieve due to the differing priorities and profile of each partner.
 - Design Practitioners Group.
 - Digital Design and Video Practitioners Group.
 - Communications Practitioners Group.
- The UHI Schools Practitioners Group has been recently revitalised, with focus on adopting a united approach towards school leavers' recruitment within the UHI partnership. The group focuses on representing UHI at school events, sharing of knowledge, and making sure that all relevant schools are included within the partnership's marketing activities. The Group has held two meetings so far and the UHI Perth Marketing Team Leader sits on it.

The Marketing Team Leader at UHI Perth is one of the College's primary contacts for the UHI Transformation Project and is involved in distributing the associated communications to UHI Perth staff, where appropriate. The Project is still in early stages of design, but the Marketing Team Leader may gain more responsibilities around coordinating the related key messaging at UHI Perth as it develops further, with support available from the UHI Executive Office.

Objective 2 - Appropriate strategies, procedures, ICT and other systems are in place to assist and encourage internal communication and joint working between campuses and Academic Faculties / Support Services and also in managing and co-ordinating communications with UHI Executive Office and the UHI Marketing Team (continued).

From our discussions with staff at UHI Perth and the UHI Executive Office, as well as review of the make-up of the UHI Marketing and Communications Strategy Group and the UHI Perth Marketing Team Leader's job description, we identified an opportunity to strengthen UHI Perth's strategic oversight over its communications activity. There is currently no staff member within the College with dedicated responsibility for setting and driving the College's communications strategy. The Marketing Team Leader has taken on some of these responsibilities and participates in the UHI Marketing and Communications Strategy Group as a senior representative of the College. However, some of these responsibilities would normally fall under a more senior staff member, such as a Marketing and Communications Manager or the Vice Principal External Engagement, a post which is no longer in place since June 2024. The Marketing Team Leader has produced a business case for expanding their responsibilities, including the delivery of strategic support, and this was approved by the SLT in March 2025. As a result, we have not raised a recommendation on this point within our report.

Aberdeen: 1 Marischal Square, Broad Street, AB10 1BL
Dundee: The Vision Building, 20 Greenmarket, DD1 4QB
Edinburgh: Level 5, Stamp Office, 10-14 Waterloo Place, EH1 3EG
Glasgow: 100 West George Street, G2 1PP

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

Henderson Loggie LLP is a limited liability partnership registered in Scotland with registered number SO301630 and is a member of PrimeGlobal, a global association of independent accounting firms, the members of which are separate and independent legal entities. Registered office is: The Vision Building, 20 Greenmarket, Dundee, DD1 4QB. All correspondence signed by an individual is signed for on behalf of Henderson Loggie LLP. Reference to a 'partner' is a member of Henderson Loggie LLP. A list of members' names is available for inspection at each of these addresses.



Committee	Audit Committee
Subject	2024/25 External audit plan - update
Date of Committee meeting	28/05/2025
Authors	Lynn Murray, Depute Principal - Operations
Date paper prepared	22/05/2025
Executive summary of the paper	An update is provided on the progress of the external audit plan for 2024/25. Deloitte will provide a verbal update at the meeting.
Consultation How has consultation with partners been carried out?	Discussions have taken place with Deloitte.
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)	No <small>Click or tap here to enter text.</small>
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 	Compliance

<ul style="list-style-type: none"> • partnership services • risk management • other activity [e.g. new opportunity] – please provide further information 	
<p><u>Equality and diversity</u></p> <p>No</p> <p>If yes, please give details:</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><u>Data Protection</u></p> <p>Does this activity/ proposal require a Data Protection Impact Assessment?</p>	<p>No</p> <p>Set out any data protection aspects and whether a data protection impact assessment is needed</p>
<p>Status (e.g. confidential/non confidential)</p>	<p>Non-Confidential</p>
<p>Freedom of information</p> <p>Can this paper be included in “open” business?* -Yes</p>	<p>Papers should be open unless there is a compelling reason for them to remain closed. If a paper, or parts of a paper, are to remain closed the reason for that exemption must be specified – see reasons below</p>

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

<p>Its disclosure would substantially prejudice a programme of research</p>	<input type="checkbox"/>	<p>Its disclosure would substantially prejudice the effective conduct of public affairs</p>	<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? Until the OBC and FBC are approved and funding awarded to begin the project. This would be for an estimated 12 months.

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

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

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

External Audit Plan – 2024/25 financial statements- update

1. The external audit plan for the 2024/25 financial statements was due to be tabled at the Audit Committee meeting on 28 May 2025.
2. The Audit Partner from Deloitte advised that a verbal update would be given at the meeting as they were waiting for information from the UHI Perth Finance team before being able to complete the audit plan.
3. The UHI Perth Finance team was unaware that specific information was required to enable completion and have asked Deloitte to be clear on their requirements as soon as possible.
4. Deloitte will provide a verbal update at the meeting with a view to sending a draft audit plan by 18 July. It will be circulated by email to Audit Committee members to obtain online approval in advance of the audit starting on 6 October.
5. It is recommended that the Audit Committee agrees this approach.

Committee Cover Sheet

Paper No. 11

Name of Committee	Audit Committee
Subject	FOI & Data Protection Quarterly Update
Date of Committee meeting	28/05/2025
Author	Ian McCartney, Clerk to the Board
Date paper prepared	21/05/2025
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 30 April 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 Q3 are a little lower than expected, however this position has changed since the end April reporting period and extensive press coverage.

The spike in Subject Access Requests relates to HR-based information being requested by former AST staff, which have been treated as SARs for reporting purposes.

2. Freedom of Information

a. Total Number of FOI Requests 2024/25

2024/25 Q3	2024/25 YTD	2023/24 Full Year	2022/23 Full Year	2021/22 Full Year	2019/20 Full Year	2018/19 Full Year
6	28	54	39	22	28	39

b. FOI Request Topics – 2024/25

Type	Q3	YTD
Academic-Related	0	5
Student-Related	0	3
Compliance	0	1
Finance/Procurement	1	3
Estates	0	2
HR/Legal	3	8
Operational Management	2	5
IT	0	1
TOTAL	6	28

c. FOI Request Sources – 2024/25

Type	Q3	YTD
Legal Representative	0	0
Campaigning Groups	2	4
Trade Union	2	5
Press/Media	0	2
Scottish Parliament	1	1
Staff	0	2
Student	0	0
University Research	0	0
Industry	1	5
Unknown/Anonymous	0	9
TOTAL	6	28

d. FOI Response Times – 2024/25

Response Time	Q3	YTD
Replied within Statutory Time	6	27
Late (completed)	0	1
To be completed	0	0
TOTAL	6	28

e. Nature of Response Provided – 2024/25

Type of Response	Q3	YTD
Fully disclosed	4	18
Partially disclosed	0	2
Exemptions applied	0	0
No data held	2	8
Request rejected	0	0
TOTAL	6	28

3. Data Protection

a. Total Number of Requests/Incidents

	2024/25 Q3	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	22	24	2	5	5	6	6	10
Data Breaches	0	2	3	5	6	7	13	13

b. Subject Access Request Response Time

Response Time	Q2	YTD
Replied within Statutory Time	22	24
Late	0	0
To be completed	0	0
TOTAL	22	24

c. Data Breach Information

Incident	Action Taken	ICO informed?
No incidents reported/recorded in this Quarter		

Ian McCartney
21 May 2025

Committee Cover Sheet

Paper No. 12

Name of Committee	Audit Committee																																				
Subject	ICO Accountability Tracker – Reviewed May 2025																																				
Date of Committee meeting	28/05/2025																																				
Author	Ian McCartney, Clerk to the Board																																				
Date paper prepared	21/05/2025																																				
Executive Summary Please provide a concise summary of the Paper outlining the purpose, impact and recommended future actions if approved	<p>Since late 2024, UHI Perth has followed best practice protocols around compliance in Data Protection by matching against the Information Commissioner's Office Accountability Framework. Audit Committee agreed to 6-monthly monitoring of progress against this Framework.</p> <p>Paper provided constitutes the first assessment against the framework and identifies the following:</p> <table border="1"> <thead> <tr> <th>Current Status assessment</th><th>Amount</th><th>%</th></tr> </thead> <tbody> <tr> <td>Fully meeting expectations</td><td>234</td><td>69.2%</td></tr> <tr> <td>Partially meeting expectations</td><td>50</td><td>14.8%</td></tr> <tr> <td>Not meeting expectations</td><td>22</td><td>6.5%</td></tr> <tr> <td>Not applicable</td><td>32</td><td>9.5%</td></tr> <tr> <td></td><td>338</td><td></td></tr> </tbody> </table> <p>Committee is advised that progress has been very limited since the initial review due to other organisational priorities, previous position provided below:</p> <table border="1"> <thead> <tr> <th>Previous Status assessment</th><th>Amount</th><th>%</th></tr> </thead> <tbody> <tr> <td>Fully meeting expectations</td><td>228</td><td>67.4%</td></tr> <tr> <td>Partially meeting expectations</td><td>55</td><td>16.3%</td></tr> <tr> <td>Not meeting expectations</td><td>23</td><td>6.8%</td></tr> <tr> <td>Not applicable</td><td>32</td><td>9.5%</td></tr> <tr> <td></td><td>338</td><td></td></tr> </tbody> </table>	Current Status assessment	Amount	%	Fully meeting expectations	234	69.2%	Partially meeting expectations	50	14.8%	Not meeting expectations	22	6.5%	Not applicable	32	9.5%		338		Previous Status assessment	Amount	%	Fully meeting expectations	228	67.4%	Partially meeting expectations	55	16.3%	Not meeting expectations	23	6.8%	Not applicable	32	9.5%		338	
Current Status assessment	Amount	%																																			
Fully meeting expectations	234	69.2%																																			
Partially meeting expectations	50	14.8%																																			
Not meeting expectations	22	6.5%																																			
Not applicable	32	9.5%																																			
	338																																				
Previous Status assessment	Amount	%																																			
Fully meeting expectations	228	67.4%																																			
Partially meeting expectations	55	16.3%																																			
Not meeting expectations	23	6.8%																																			
Not applicable	32	9.5%																																			
	338																																				

Committee Cover Sheet

	<p>Progress relates to the following Items being completed:</p> <p>1.1.4; 2.1.1; 2.2.3; 2.2.4; 2.4.3; 2.4.4</p> <p>Committee is asked to note the Current Status, and the timescales allocated to outstanding Actions.</p> <p>Due to interlinked nature of some actions, timescales have been merged where appropriate.</p>
<p>Committee Consultation</p> <p>Please note which Committees this paper has previously been tabled at, and a brief summary of the outcomes/actions arising from this.</p>	n/a
<p>Action requested</p>	<p><input checked="" type="checkbox"/> For information</p> <p><input type="checkbox"/> For discussion</p> <p><input type="checkbox"/> For endorsement</p> <p><input type="checkbox"/> For approval</p> <p><input type="checkbox"/> Recommended with guidance (please provide further information, below)</p>
<p>Strategic Impact</p> <p>Please highlight how the paper links to the Strategic Objectives of UHI Perth or the UHI Partnership: Strategic-Plan-2022-27.pdf</p> <p>If there is no direct link to Strategic Objectives, please provide a justification for inclusion of this paper to the nominated Committee.</p>	<p>College Growth & Ambition</p> <p>SO4 – Our Ways Of Working</p>
<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>	No
<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>Paper identifies some risks which may require input to ERM</p>

Committee Cover Sheet

Equality & Diversity Does this activity/proposal require an Equality Impact Assessment? If yes, please provide details.	No
Data Protection Does this activity/proposal require a Data Protection Impact Assessment? If yes, please provide details.	No Click or tap here to enter text.
Island communities Does this activity/proposal have an effect on an island community which is significantly different from its effect on other communities (including other island communities)?	No If yes, please give details: Click or tap here to enter text.
Status (ie confidential or non-confidential)	Non-Confidential If a paper needs to remain confidential for a prescribed period of time before being made 'open', please advise how long must the paper be withheld: Click or tap here to enter text.

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

Accountability Framework Tracker

You can use this Tracker to record and track your progress after you have completed the accountability self-assessment. We have split the Tracker into tabs across the bottom where you can record your progress.

The first tab is called 'Dashboard'. The dashboard will update automatically when you fill in the spreadsheet.

The next tab is called 'Master Sheet'. This shows the Accountability Framework and records all your responses in one place.

The other tabs show each category of the framework.

We have suggested some columns to help you to build your own action plan and improve your accountability. You can add new columns at the end of the existing columns and the 'Master Sheet' will update automatically. However, as the spreadsheet contains formula we would not recommend altering any of the existing columns.

Key phrases:

Current status – This refers to whether you are 'fully meeting our expectation', 'partially meeting our expectation', or 'not meeting our expectation'. You can also record the status as 'not applicable' to your organisation. The self-assessment results will help you to fill in this column. You can choose the status from a drop-down list.

Reasons for status – You can record the reasons why you have chosen the 'Current status' for this expectation.

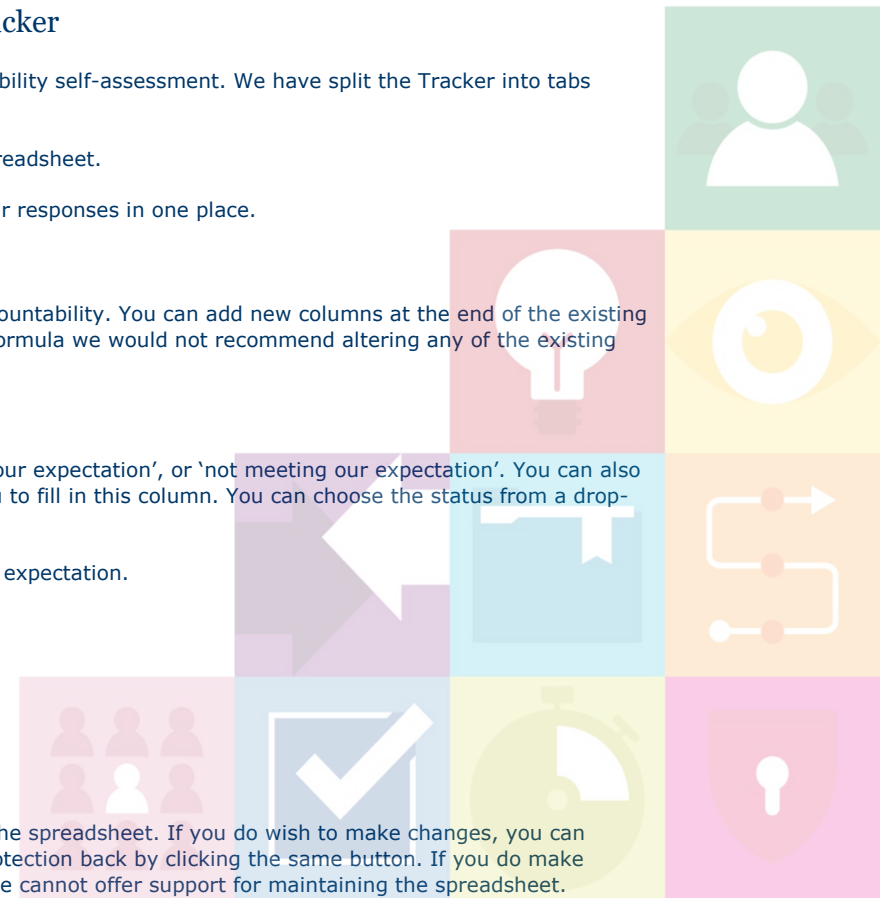
Actions – You can describe what you need to do next to meet the expectation.

Action Owner(s) – You can specify who is responsible for the action.

Action Status – You can choose what stage the action is at from a drop-down list.

Due Date – You can record when you expect to complete the action.

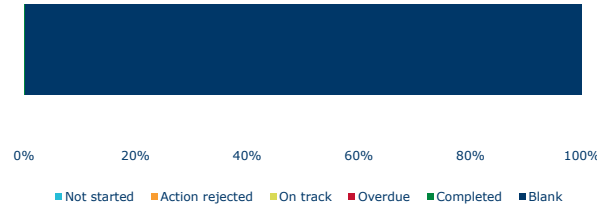
Some of the information on this Tracker is protected to help you to avoid unintentionally altering the spreadsheet. If you do wish to make changes, you can remove protection simply by clicking on 'Review' in the ribbon and 'Unprotect'. You can put the protection back by clicking the same button. If you do make changes, you may impact the dashboard, Master sheet or general functionality. Please note that we cannot offer support for maintaining the spreadsheet.



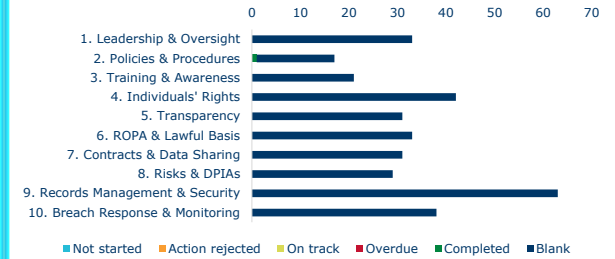
Breakdown of 'Current status' of all categories



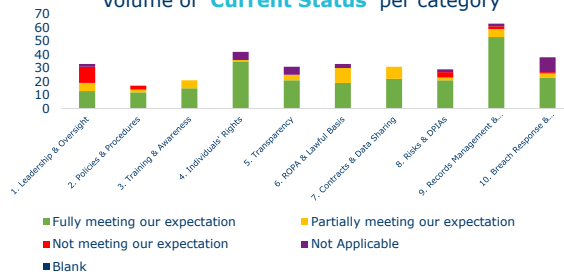
Breakdown of 'Action Status' for all categories



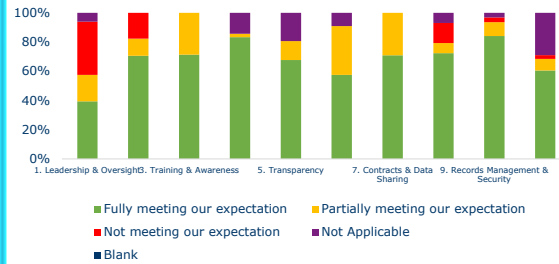
Volume of 'Action Status' per category



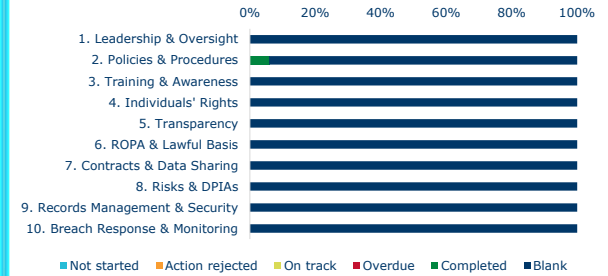
Volume of 'Current Status' per category



Breakdown of 'Current Status' per category



Breakdown of 'Action Status' per category



Number	Our expectations	Reference	Ways to meet our expectations	Current status	Reasons for Status	Actions	Action Owner	Action Status	Due date (DD/MM/YYYY)
1.1	Organisational structure: There is an organisational structure for managing data protection and information governance, which provides strong leadership and oversight, clear reporting lines and responsibilities, and effective information flows. This could mean clear management roles and responsibilities for staff in the information security or records management departments	1.1.1	The board, or highest senior management level, has overall responsibility for data protection and information governance.	Fully meeting our expectation	Principal & Chief Executive has overall responsibility, including ownership of the Data Protection Policy.				
		1.1.2	Decision-makers lead by example and promote a proactive, positive culture of data protection compliance.	Partially meeting our expectation	Senior managers support the work of DP operatives	More specific reference to DP beyond Mandatory Training during Induction/Staff Conference would help develop culture	Clerk		31/08/2025
		1.1.3	You have clear reporting lines and information flows between relevant groups: such as From a management board to an audit committee, or from an executive team to an information governance steering group.	Fully meeting our expectation	Regular reporting of DP issues to Audit Committee. Key risks can be escalated to Board if required.				
		1.1.4	Policies clearly set out the organisational structure for managing data protection and information governance.	Fully meeting our expectation	DP Policy in situ but overdue for review	Policy reviewed Feb 2025	Clerk		
		1.1.5	Job descriptions clearly set out responsibilities and reporting lines to management.	Fully meeting our expectation	DP responsibilities identified in relevant staff JDs				
		1.1.6	Job descriptions are up to date, fit for purpose and are reviewed regularly.	Fully meeting our expectation	JDs reviewed annually as part of Professional Review process				
		1.1.7	Data protection and information governance staff understand the organisational structure and their responsibilities.	Fully meeting our expectation	Reviewed annually as part of Professional Review process				
1.2	Whether to appoint a data protection officer (DPO): If it is necessary to appoint a DPO under Article 37 of the UK GDPR, your organisation makes sure that the DPO's role is adequately supported and covers all the requirements and responsibilities.	1.2	The DPO has specific responsibilities in line with Article 39 of the UK GDPR for data protection compliance, data protection policies, awareness raising, training, and audits.	Fully meeting our expectation	DPO accessed via UHI				
		1.2.2	The DPO has expert knowledge of data protection law and practices.	Fully meeting our expectation	UHI DPO acts as part of FE/HE sector DPO shared-service team to enhance capacity and knowledge				
		1.2.3	The DPO has the authority, support and resources to do their job effectively.	Fully meeting our expectation	Yes, as far as is known				
		1.2.4	If your organisation is not required to appoint a DPO, you record the decision.	Not Applicable	DPO appointed				
		1.2.5	If your organisation is not required to appoint a DPO, you appropriately assign responsibility for data protection compliance and you have enough staff and resources to manage your obligations under data protection law.	Not Applicable	DPO appointed				
1.3	Appropriate reporting: The DPO is independent and unbiased. They must report to the highest management level and staff must be clear about how to contact them.	1.3.1	Staff know who the DPO is, what their role is and how to contact them.	Partially meeting our expectation	Staff who require interface with DPO (eg in writing Privacy Notices) understand role, however this is not likely to be position across organisation	Link to 1.1.2	Clerk		31/08/2025
		1.3.2	All data protection issues involve the DPO in a timely manner.	Partially meeting our expectation	Not always - not inescapable for many processes	UHI has committed to ongoing improvement - DP team to identify processes that come to light where DP issues not embedded or "forced" into being considered in a timely way - with particular commitment to improved breach reporting across the partnership.	UHI DPO		31/08/2025
		1.3.3	Your organisation follows the DPO's advice and takes account of their knowledge about data protection obligations.	Fully meeting our expectation	Organisation takes DPO's advice and records reasons when it deviates.				
		1.3.4	The DPO performs their tasks independently, without any conflicts of interest, and does not take any direct operational decisions about the manner and purposes of processing personal data within your organisation.	Fully meeting our expectation	DPO is satisfied that they can operate independently - employed via HEFESTIS.				
		1.3.5	The DPO directly advises senior decision-makers and raises concerns with the highest management level.	Fully meeting our expectation	DPO reports to University Secretary and Head of Governance. Specific concerns re DP raise via UHI Audit Committee				
		1.3.6	The DPO provides regular updates to senior management about data protection compliance.	Partially meeting our expectation	Updates provided to Head of Governance and Audit Committee, but no formal reporting times and structures.	UHI DPO to arrange for quarterly reporting of accountability tracker progress	UHI DPO		31/08/2025
1.4	Operational roles: Your organisation's operational roles support the practical implementation of data protection and information governance.	1.4.1	Data protection and information governance staff have clear responsibilities for making sure that your organisation is data protection compliant.	Partially meeting our expectation	UHI DPO currently undertaking review of compliance with Article 30 (Records of processing activities)	Local DP operatives to liaise with UHI DPO re progress	Clerk		30/06/2025
		1.4.2	Your staff manage all records effectively and they keep information secure.	Partially meeting our expectation	Records Management programme being taken forward by UHI RM team, then rolled out to Academic Partners	Review this action and status with UHI RM Team	PLG		30/06/2025
		1.4.3	A network of support or nominated data protection leads help implement and maintain data protection policies at a local level.	Not meeting our expectation	No network exists	Local "Data Protection Champions" to be recruited and trained	PLG		30/09/2025
		1.4.4	Data protection and information governance staff have the authority, support and resources to carry out their responsibilities effectively.	Fully meeting our expectation	UHI DPO able to conduct arts 37-39 duties as an independent. Local DP operatives able to assist the organisation with data protection and make decisions for org with UHI DPO.				
1.5	Oversight groups: An oversight group provides direction and guidance across your organisation for data protection and information governance activities.	1.5.1	Key staff, eg the DPO, regularly attend the oversight group meetings.	Not meeting our expectation	No oversight group exists	Management to consider establishing an oversight group, and how/where such a group would report	PLG		30/09/2025
		1.5.2	An appropriately senior staff member chairs the group, eg the DPO or senior information risk owner (SIRO).	Not meeting our expectation	No oversight group exists	Per 1.5.1	PLG		30/09/2025
		1.5.3	Clear terms of reference set out the group's aims.	Not meeting our expectation	No oversight group exists	Per 1.5.1	PLG		30/09/2025
		1.5.4	The group's meeting minutes record what takes place.	Not meeting our expectation	No oversight group exists	Per 1.5.1	PLG		30/09/2025
		1.5.5	The group covers a full range of data protection related topics including Key Performance Indicators (KPIs), issues and risks.	Not meeting our expectation	No oversight group exists	Per 1.5.1	PLG		30/09/2025
		1.5.6	The group has a work or action plan that is monitored regularly.	Not meeting our expectation	No oversight group exists	Per 1.5.1	PLG		30/09/2025
		1.5.7	The board, or highest management level, considers data protection and information governance issues and risks reported by the oversight group.	Not meeting our expectation	No oversight group exists	Per 1.5.1	PLG		30/09/2025
1.6	Operational group meetings: In your organisation, operational level groups meet to discuss and coordinate data protection and information governance activities.	1.6.1	The groups meet and are attended by relevant staff regularly.	Not meeting our expectation	DP & IG not generally reported/discussed at this level	Management to consider how operational groups would take this forward	PLG		30/09/2025
		1.6.2	The groups produce minutes of the meetings and action plans.	Not meeting our expectation	DP & IG not generally reported/discussed at this level	Per 1.6.1	PLG		30/09/2025
		1.6.3	The agenda shows the groups discuss appropriate data protection and information governance issues regularly.	Not meeting our expectation	DP & IG not generally reported/discussed at this level	Per 1.6.1	PLG		30/09/2025
		1.6.4	Any data protection and information governance issues and risks that arise are reported to the oversight group.	Not meeting our expectation	No oversight group exists	Link 1.5.1 to 1.6.1	PLG		30/09/2025

Number	Our expectations	Reference	Ways to meet our expectations	Current Status	Reasons for Status	Actions	Action Owner	Action Status	Due Date (DD/MM/YYYY)
2.1	Direction and support: Your organisation's policies and procedures provide your staff with enough direction to understand their roles and responsibilities regarding data protection and information governance.	2.1.1	The policy framework stems from strategic business planning for data protection and information governance, which the highest management level endorses.	Fully meeting our expectation	DP Policy in situ but overdue for review	Policy reviewed Feb 2025	Clerk	Completed	
		2.1.2	Policies cover data protection, records management and information security.	Fully meeting our expectation	All identified areas covered in current version of Policy				
		2.1.3	You make operational procedures, guidance and manuals readily available to support data protection policies and provide direction to operational staff.	Fully meeting our expectation	UHI provides a DP advice SharePoint page, with links to online DP training, and in-person DP training from DP team is available.				
		2.1.4	Policies and procedures clearly outline roles and responsibilities.	Fully meeting our expectation	DP policy sets out policy responsibilities. Procedures detail roles and responsibilities.				
2.2	Review and approval: You have a review and approval process to make sure that policies and procedures are consistent and effective.	2.2.1	All policies and procedures follow an agreed format and style.	Fully meeting our expectation	Per UHI agreed format				
		2.2.2	An appropriately senior staff member reviews and approves all new and existing policies and procedures.	Fully meeting our expectation	Policies are approved by PLG or appropriate Board Committee				
		2.2.3	Existing policies and procedures are reviewed in line with documented review dates, are up to date and fit for purpose.	Fully meeting our expectation	DP Policy is overdue for review	Policy reviewed Feb 2025	Clerk		
		2.2.4	You update policies and procedures without undue delay when they require changes, eg because of operational change, court or regulatory decisions, or changes in regulatory guidance.	Fully meeting our expectation	DP Policy is overdue for review	Policy reviewed Feb 2025	Clerk		
		2.2.5	All policies, procedures and guidelines show document control information, including version number, owner, review date and change history.	Fully meeting our expectation	Per UHI agreed format				
2.3	Staff awareness: Staff are fully aware of the data protection and information governance policies and procedures that are relevant to their role.	2.3.1	Your staff read and understand the policies and procedures, including why they are important to implement and comply with.	Not meeting our expectation	No current way to assess awareness amongst staff members	Link to 1.1.2	Clerk		
		2.3.2	You tell staff about updated policies and procedures.	Not meeting our expectation	Reliance is on staff keeping themselves updated on policies and procedures	Send updates via SharePoint news site/Perth Hub	Clerk		
		2.3.3	You make policies and procedures readily available for all staff on your organisation's intranet site (or equivalent shared area) or provide them in other ways that are easy to access.	Fully meeting our expectation	All available via PerthHub and UHI Perth website				
		2.3.4	Guidelines, posters or publications help to emphasise key messages and raise staff awareness of policies and procedures.	Partially meeting our expectation	Wide range of resources available on UHI DP Sharepoint page, but not known if widely accessed by staff	Send updates via SharePoint news site/Perth Hub	Clerk		31/08/2025
2.4	Data Protection by design and by default: Your policies and procedures foster a 'data protection by design and by default' approach across your organisation.	2.4.1	Where relevant, you consider policies and procedures across your organisation with data protection in mind.	Not meeting our expectation	No reference to DPIA on Policies, but EQIA must be approved.	Management to consider whether/how to translate EQIA approach to Policies for DPIA	PLG		
		2.4.2	You have policies and procedures to make sure that data protection issues are considered when systems, services, products and business practices involving personal data are designed and implemented, and that personal data is protected by default.	Partially meeting our expectation	No guarantee this happens/will happen across organisation, however evidence via data breaches, etc indicate that major risks are mitigated	Link to 1.1.2	Clerk		31/08/2025
		2.4.3	Your organisation's approach to implementing the data protection principles and safeguarding individuals' rights, including data minimisation, pseudonymisation and purpose limitation, is set out in policies and procedures.	Fully meeting our expectation	DP Policy in situ but overdue for review	Policy reviewed Feb 2025	Clerk		
		2.4.4	The personal data of vulnerable groups, eg children, is given extra protection in policies and procedures.	Fully meeting our expectation	No specific reference within current Policy, which is overdue for review	Policy reviewed Feb 2025	Clerk		

Number	Our expectations	Reference	Ways to meet our expectations	Current status	Reasons fo Status	Actions	Action Owner	Action Status	Due Date (DD/MM/YYYY)
3.1	All staff training programme: You have an all-staff data protection and information governance training programme.	3.1.1	Your programme incorporates national and sector-specific requirements.	Fully meeting our expectation	Covered via Mandatory Training				
		3.1.2	Your programme is comprehensive and includes training for all staff on key areas of data protection such as handling requests, data sharing, information security, personal data breaches and records management.	Partially meeting our expectation	Mandatory training is a generic module, sourced from outside organisation	Review content of Mandatory Training Module to ensure full coverage	Clerk		30/06/2025
		3.1.3	You consider the training needs of all staff and use this information to compile the training programme.	Partially meeting our expectation	Mandatory training is a generic module, sourced from outside organisation	Per 3.1.2	Clerk		30/06/2025
		3.1.4	You assign responsibilities for managing data protection and information governance training across your organisation and you have training plans or strategies in place to meet training needs within agreed time-scales.	Partially meeting our expectation	Mandatory training is a generic module, sourced from outside organisation	Per 3.1.2	Clerk		30/06/2025
		3.1.5	You have dedicated and trained resources available to deliver training to all staff.	Fully meeting our expectation	UHI DPO used for dedicated training when delivered				
		3.1.6	You regularly review your programme to make sure that it remains accurate and up-to-date.	Fully meeting our expectation	Bespoke in consultation with UHI DPO				
		3.1.7	Senior management sign off your programme.	Fully meeting our expectation	Overseen by Director of HR				
3.2	Induction and refresher training: Your training programme includes induction and refresher training for all staff on data protection and information governance.	3.2.1	Appropriate staff, such as the DPO or an information governance manager, oversee or approve induction training.	Partially meeting our expectation	Mandatory training is a generic module, sourced from outside organisation	Per 3.1.2	Clerk		30/06/2025
		3.2.2	All staff receive induction and refresher training, regardless of how long they will be working for your organisation, their contractual status, or grade.	Fully meeting our expectation	Via Mandatory Training timetable				
		3.2.3	Your staff receive induction training prior to accessing personal data and within one month of their start date.	Partially meeting our expectation	Not guaranteed	Continued monitoring of Mandatory Training of new starts	Director HR		31/08/2025
		3.2.4	Your staff complete refresher training at appropriate intervals.	Fully meeting our expectation	Via Mandatory Training timetable				
3.3	Specialised roles: Specialised roles or functions with key data protection responsibilities (such as DPOs, subject access and records management teams) receive additional training and professional development beyond the basic level provided to all staff.	3.3.1	You complete a training needs analysis for data protection and information governance staff to inform the training plan and to make sure it is specific to the individual's responsibilities.	Fully meeting our expectation	Not as specific as a TNA - training needs assessed during annual Professional Review process				
		3.3.2	You set out training and skills requirements in job descriptions.	Fully meeting our expectation	Noted in appropriate JDs				
		3.3.3	You have evidence to confirm that key roles complete up to date and appropriate specialised training and professional development, and they receive proportionate refresher training.	Fully meeting our expectation	Any specific training identified can be sourced via UHI DPO				
		3.3.4	You keep on record copies of the training material provided as well as details of who receives the training.	Fully meeting our expectation	Retained by UHI DPO				
3.4	Monitoring: Your organisation can demonstrate that staff understand the training. You verify their understanding and monitor it appropriately eg through assessments or surveys.	3.4.1	You conduct an assessment at the end of the training to test staff understanding and make sure that it is effective, which could include a minimum pass mark.	Fully meeting our expectation	Test at the end of the mandatory DP staff training module with 80% pass mark required, plus certification provided	Need to check DP online module for exam PLANNER	DPO		
		3.4.2	You keep copies of the training material provided on record as well as details of who receives the training.	Fully meeting our expectation	Retained within HR				
		3.4.3	You monitor training completion in line with organisational requirements at all levels of the organisation, and you follow up with staff who do not complete the training.	Fully meeting our expectation	Monitored by HR				
		3.4.4	Staff are able to provide feedback on the training they receive.	Fully meeting our expectation	Staff can provide feedback to HR				

3.5	Awareness-raising: You regularly raise awareness across your organisation of data protection, information governance, and associated policies and procedures in meetings or staff forums. You make it easy for staff to access relevant material.	3.5.1	You have evidence that your organisation regularly uses a variety of appropriate methods to raise staff awareness and the profile of data protection and information governance, for example by emails, team briefings and meetings, posters, handouts and blogs.	Partially meeting our expectation	Limited awareness-raising activity in evidence	Link to 1.1.2	Clerk		31/0802025
		3.5.2	You make it easy for staff to access relevant material, and find out who to contact if they have any queries relating to data protection and information governance.	Fully meeting our expectation	UHI DP advice page available to all and linked to PerthHub. Clear info on how to contact DPO				

Number	Our expectations	Reference	Ways to meet our expectations	Current status	Reasons for Status	Actions	Action owner	Action Status	Due date (DD/MM/YYYY)
4.1	Informing individuals and identifying requests: You inform individuals about their rights and all staff are aware of how to identify and deal with both verbal and written requests.	4.1.1	You give individuals clear and relevant information about their rights and how to exercise them.	Fully meeting our expectation	Information and form available on UHI website				
		4.1.2	Your policies and procedures set out processes for dealing with requests from individuals about their rights.	Fully meeting our expectation	DSR procedures and guidance for front-line staff on identifying and dealing with DSRs. Short version of procedures for all staff available on UHI DP advice page.				
		4.1.3	All staff receive training and guidance about how to recognise requests and where to send them.	Fully meeting our expectation	DSR guidance for front-line staff in DP advice area, and included in DPO training. DSR details included in Mandatory DP training.				
4.2	Resources: You have appropriate resources in place to handle requests from individuals about their personal data.	4.2.1	A specific person/s or team are responsible for managing and responding to requests.	Fully meeting our expectation	Clerk/RPO				
		4.2.2	Staff receive specialised training to handle requests, including regular refresher training.	Fully meeting our expectation	Available from UHI DPO when required				
		4.2.3	You have sufficient resources to deal with requests.	Fully meeting our expectation	Low level of DSR requests for organisation (monitored via quarterly updated to Audit Committee)				
		4.2.4	If a staff member is absent, other staff are trained to carry out key tasks.	Fully meeting our expectation	RPO covers requests in absence of Clerk				
		4.2.5	Your organisation can deal with any increase in requests or reduction in staffing levels.	Fully meeting our expectation	Trends do not indicate this to be the case. If required, would consult with UHI DPO	HEFESTIS considering development of requests service (FOI, SAR) to help organisations deal with increases, staff absence etc			
4.3	Logging and tracking requests: Your organisation logs receipt of all verbal and written requests from individuals and updates the log to track the handling of each request.	4.3.1	You have processes in place to make sure that the log is accurate and updated as appropriate.	Fully meeting our expectation	Email/Sharepoint log				
		4.3.2	The log shows the due date for requests, the actual date of the final response and the action taken.	Fully meeting our expectation	Sharepoint log				
		4.3.3	A checklist records the key stages in the request handling process, eg which systems or departments have been searched. This is either part of the log or a separate document.	Fully meeting our expectation	DSR procedure includes checklist for handling DSRs. Log will include detail of searches.				
		4.3.4	You have records of your organisation's request responses, and any disclosed or withheld information from subject access requests.	Fully meeting our expectation	Email/Sharepoint log				
4.4	Timely responses: You deal with requests in a timely manner that meets individual expectations and statutory timescales.	4.4.1	You action all requests within statutory timescales.	Partially meeting our expectation	High level of compliance - late responses very much the exception.	Greater staff awareness of reasons for responding to data requests would assist in achieving 100%. Link to 1.1.2	Clerk		30/08/2025
		4.4.2	The staff responsible for managing requests meet regularly to discuss any issues and investigate, prioritise or escalate any delayed cases.	Fully meeting our expectation	Taken forward on an individual basis				
		4.4.3	If you need an extension, you update individuals on the progress of their request and keep them informed.	Fully meeting our expectation	Requirement to do, and to record issue, in DSR log				

		4.4.4	If a request is refused, you have records about the reasons why and you inform individuals about the reasons for any refusals or exemptions.	Fully meeting our expectation	Requirement to do, and to record issue, in DSR log				
4.5	Monitoring and evaluating performance: Your organisation monitors how your staff handle requests and you use that information to make improvements.	4.5.1	The staff responsible for managing requests meet regularly to discuss any issues.	Fully meeting our expectation	Informal discussions on frequent basis				
		4.5.2	You produce regular reports on performance and case quality assessments to make sure that requests are handled appropriately.	Fully meeting our expectation	Quarterly report to Audit Committee				
		4.5.3	You share reports with senior management, that they review and action as appropriate at meetings.	Fully meeting our expectation	Quarterly report to Audit Committee				
		4.5.4	Your organisation analyses any trends in the nature or cause of requests to improve performance or reduce volumes.	Fully meeting our expectation	Quarterly report to Audit Committee				
4.6	Inaccurate or incomplete information: Your organisation has appropriate systems and procedures to change inaccurate information, add additional information to incomplete records or add a supplementary statement where necessary.	4.6.1	Your organisation takes proportionate and reasonable steps to check the accuracy of the personal data held and, if necessary, is able to rectify it.	Fully meeting our expectation	Students need to re-enrol annually. Staff have ability to change details via HR.				
		4.6.2	If your organisation is satisfied that the data is accurate, you have a procedure to explain this to the individual. You need to inform the individual of their right to complain, and as a matter of good practice, record on the system the fact that the individual disputes the accuracy of the information.	Fully meeting our expectation	All privacy notices include details of individuals' right to rectification. As does DSR policy.				
		4.6.3	If personal data has been disclosed to others, your organisation contacts each recipient to inform them about the rectification, unless this is impossible or involves disproportionate effort.	Fully meeting our expectation	Assessed on merit for each Data Breach incident				
		4.6.4	If asked, your organisation tells the data subject which third parties have received the personal data.	Fully meeting our expectation	Assessed on merit for each Data Breach incident				
4.7	Erasure: You have appropriate methods and procedures in place within your organisation to delete, suppress or otherwise stop processing personal data if required.	4.7.1	You erase personal data from back-up systems as well as live systems where necessary, and you clearly tell the individual what will happen to their data.	Fully meeting our expectation	Per Retention Policy				
		4.7.2	If the personal data is disclosed to others, your organisation contacts each recipient to inform them about the erasure, unless this is impossible or involves disproportionate effort.	Fully meeting our expectation	Assessed on merit for each Data Breach incident				
		4.7.3	If asked to, your organisation tells the data subject which third parties have received the personal data.	Fully meeting our expectation	Assessed on merit for each Data Breach incident				
		4.7.4	If personal data has been made public in an online environment, you take reasonable steps to tell other controllers, if they are processing it, to erase links to, copies or replication of that data.	Fully meeting our expectation	Assessed on merit for each Data Breach incident				
		4.7.5	Your organisation gives particular weight to a request for erasure where the processing is or was based on a child's consent, especially when processing any personal data on the internet.	Not Applicable					
	Restriction: Your organisation has	4.8.1	Your organisation restricts personal data in a way that is appropriate for the type of processing and the system, eg temporarily moving the data to another system or removing it from a website.	Fully meeting our expectation	Assessed on merit for each Data Breach incident				

4.8	appropriate methods and procedures in place to restrict the processing of personal data if required.	4.8.2	If the personal data has been disclosed to others, your organisation contacts each recipient to tell them about the restriction, unless this is impossible or involves disproportionate effort.	Fully meeting our expectation	Assessed on merit for each Data Breach incident				
		4.8.3	If asked to, your organisation tells the data subject which third parties have received the personal data.	Fully meeting our expectation	Assessed on merit for each Data Breach incident				
4.9	Data portability: Individuals are able to move, copy or transfer their personal data from your organisation to another securely, without affecting the data.	4.9.1	When requested, you provide personal data in a structured, commonly used and machine readable format.	Fully meeting our expectation	PDF by default unless otherwise requested				
		4.9.2	Where possible and if an individual requests it, your organisation can directly transmit the information to another organisation.	Fully meeting our expectation	PDF by default unless otherwise requested				
4.10	Rights relating to automated decision-making and profiling: Your organisation can protect individual rights related to automated decision-making and profiling, particularly where the processing is solely automated with legal or similar significant effects.	4.10.1	You complete additional checks for vulnerable groups, such as children, for all automated decision-making and profiling.	Not Applicable	Not currently undertaken.				
		4.10.2	Your organisation only collects the minimum data needed and has a clear retention policy for the profiles created.	Not Applicable	Not currently undertaken.				
		4.10.3	If your organisation uses solely automated decisions that have legal or similarly significant effects on individuals, you have a recorded process to make sure that these decisions only occur in accordance with Article 22 of the UK GDPR. If this applies, your organisation must carry out a data protection impact assessment (DPIA).	Not Applicable	Not currently undertaken.				
		4.10.4	Where the decision is solely automated and has legal or similarly significant effects on individuals, a recorded process allows simple ways for individuals to request human intervention, express their opinion, and challenge a decision.	Not Applicable	Not currently undertaken.				
		4.10.5	You conduct regular checks for accuracy and bias to make sure that systems are working as intended, and you feed this back into the design process.	Not Applicable	Not currently undertaken.				
4.11	Individual complaints: Your organisation has procedures to recognise and respond to individuals' complaints about data protection, and individuals are made aware of their right to complain.	4.11.1	You have procedures to handle data protection complaints raised by individuals and you report their resolution to senior management.	Fully meeting our expectation	Complaints process included in all formal responses				
		4.11.2	The DPO's contact details or alternative contact points are publicly available if individuals wish to make a complaint about the use of their data.	Fully meeting our expectation	On website and include in all formal responses				
		4.11.3	You tell individuals about their right to make a complaint to the ICO in your privacy information.	Fully meeting our expectation	Complaints process included in all formal responses				

Number	Our expectations	Reference	Ways to meet our expectations	Current status	Reasons for Status	Actions	Action owner	Action Status	Due date (DD/MM/YYYY)
5.1	Privacy notice content: Your organisation's privacy information or notice includes all the information required under Articles 13 and 14 of the UK GDPR.	5.1.1	Privacy information includes all relevant contact information, eg the name and contact details of your organisation (and your representative if applicable) and the DPO's contact details.	Fully meeting our expectation	Required in all Privacy Notices. Includes explanation when required.				
		5.1.2	Privacy information includes the purposes of the processing and the lawful bases (and, if applicable, the legitimate interests for the processing).	Fully meeting our expectation	Required in all Privacy Notices. Includes explanation when required.				
		5.1.3	Privacy information includes the types of personal data you obtain and the data source, if the personal data is not obtained from the individual it relates to.	Fully meeting our expectation	Required in all Privacy Notices. Includes explanation when required.				
		5.1.4	Privacy information includes details of all personal data that you share with other organisations and, if applicable, details of transfers to any third countries or international organisations.	Fully meeting our expectation	Required in all Privacy Notices. Includes explanation when required.				
		5.1.5	Privacy information includes retention periods for the personal data, or if that is not possible, the criteria used to determine the period.	Fully meeting our expectation	Required in all Privacy Notices. Includes explanation when required.				
		5.1.6	Privacy information includes details about individuals' rights including, if applicable, the right to withdraw consent and the right to make a complaint.	Fully meeting our expectation	Required in all Privacy Notices. Includes explanation when required.				
		5.1.7	Privacy information includes details of whether individuals are under a statutory or contractual obligation to provide the personal data (if applicable, and if you collect the personal data from the individual it relates to).	Fully meeting our expectation	Required in all Privacy Notices. Includes explanation when required.				
		5.1.8	You provide individuals with privacy information about the source of the processed personal data if you don't obtain it from the individual concerned, eg if the data is from publicly accessible sources such as social media, the open electoral register or Companies House.	Fully meeting our expectation	Required in all Privacy Notices. Includes explanation when required.				
5.2	Timely privacy information: You have a recorded procedure to make sure that privacy information is provided to individuals at the right time, unless an exemption applies.	5.2.1	Individuals receive privacy information when their personal data is collected (eg when they fill in a form) or by observation (eg when using CCTV or people are tracked online).	Fully meeting our expectation	CCTV guidelines currently being reviewed	UHI DP team reviewed CCTV guidelines Jan 2025			
		5.2.2	If you obtain personal data from a source other than the individual it relates to, privacy information is provided to individuals within a reasonable period no later than one month of obtaining the data.	Fully meeting our expectation	Contained within Privacy Notice guidance				
5.3	Effective privacy information: Your organisation provides privacy information that is: <ul style="list-style-type: none"> • concise; • transparent; • intelligible; • clear; • uses plain language; and • communicated in a way that is effective for the target audience. 	5.3.1	You proactively make individuals aware of privacy information and have a free, easy way to access it.	Fully meeting our expectation	Regular signposting to website				
		5.3.2	You provide privacy information to individuals in electronic and hard-copy form, using a combination of appropriate techniques, such as a layered approach, icons and mobile and smart device functionalities.	Fully meeting our expectation	UHI DPO satisfied that normal means of delivery is appropriate.				
		5.3.3	You write privacy information in clear and plain language that the intended audience can understand, and offer it in accessible formats if required.	Fully meeting our expectation	UHI DPO provides advice on new/reviewed Privacy Notices				
		5.3.4	You take particular care to write privacy information for children in clear, plain language, that is age-appropriate, and explains the risks involved in the processing and what safeguards are in place.	Fully meeting our expectation	UHI Privacy Notice guidance explains that staff must use appropriate language and advises using a reading age calculator. Does not include requirement to include risk details as UHI considers this is not required in Articles 13/14				
		5.4.1	You have procedures for individuals to access the personal data you use to create profiles, so they can review for accuracy and edit if needed.	Not Applicable	Not currently undertaken.				

5.4	Automated decision-making and profiling: Your organisation is transparent about any processing relating to automated decision-making and profiling.	5.4.2	If the decision is solely automated and has legal or similarly significant effects, you tell individuals about the processing - including what information you are using, why and what the impact is likely to be.	Not Applicable	Not currently undertaken.			
		5.4.3	If the purpose is initially unclear, you give individuals an indication of what your organisation is going to do with their data, and you proactively update your privacy information as this becomes clearer.	Not Applicable	Not currently undertaken.			
		5.4.4	If the decision is solely automated and has legal or similarly significant effects, your organisation explains the processing in a meaningful way that enables individuals to exercise their rights including obtaining human intervention, expressing their point of view and contesting the decision.	Not Applicable	Not currently undertaken.			
5.5	Staff awareness: Your organisation can demonstrate that any member of front line staff is able to explain the necessary privacy information to individuals and provide guidance to them.	5.5.1	You arrange organisation-wide staff training about privacy information.	Fully meeting our expectation	Staff have access to UHI's templates and guidance for Privacy Notices.			
		5.5.2	Front-line staff receive more specialised or specific training.	Partially meeting our expectation	Privacy Notice training is included in DPO training sessions.	Identify relevant front line staff and source training via UHI DPO	Clerk	31/08/2025
		5.5.3	Staff are aware of the various ways in which the organisation provides privacy information.	Fully meeting our expectation	Staff have access to UHI's templates and guidance for PNs.			
5.6	Privacy information review: Your organisation has procedures to review the privacy information provided to individuals regularly to make sure that it is accurate, up-to-date and effective.	5.6.1	You review privacy information against the records of processing activities, to make sure it remains up to date and that it actually explains what happens with individuals' personal data.	Partially meeting our expectation	No standardised/centralised process for review - ownership with individuals/departments	Management to consider how a standardised process could be implemented	PLG	30/09/2025
		5.6.2	You maintain a log of historical privacy notices, including the dates you made any changes, in order to allow a review of what privacy information was provided to individuals and when.	Partially meeting our expectation	No standardised/centralised process for review - ownership with individuals/departments	Per 5.6.1	PLG	30/09/2025
		5.6.3	Your organisation carries out user-testing to evaluate how effective their privacy information is.	Partially meeting our expectation	No standardised/centralised process for review - ownership with individuals/departments	Per 5.6.1	PLG	30/09/2025
		5.6.4	You analyse complaints from the public about how you use personal data, and in particular, any complaints about how you explain that use.	Fully meeting our expectation	UHI complaints process. DPO will always assist the complaints team with DP complaints and look at what can be improved			
		5.6.5	If you plan to use personal data for a new purpose, you have a procedure to update the privacy information and communicate the changes to individuals before starting any new processing.	Fully meeting our expectation	Set out clearly in section 5 of UHI Privacy Notice guidance. Requirement to update and provide Privacy Notice and consult UHI DPO before using data for new, or changed, purposes			
5.7	Tools supporting transparency and control: You are open about how you use personal data, and offer tools to support transparency and control, especially when processing children's personal data	5.7.1	Privacy policies are clear and easy for members of the public to access.	Fully meeting our expectation	Regular signposting to website			
		5.7.2	You provide individuals with tools, such as secure self-service systems, dashboards and just-in-time notices, so they can access, determine and manage how you use their personal data.	Not Applicable	UHI does not intend to do this - UHI provides PNs to individuals and offers them the ability to exercise their rights as required. Self-service systems are in place for editing details and consents/opt outs for staff and students. Individuals control their use of personal data by UHI by engaging selectively (as informed by PNs) and exercising their rights.			
		5.7.3	Your organisation offers strong privacy defaults and user-friendly options and controls.	Fully meeting our expectation	DPO provides advice to ensure			
		5.7.4	Where relevant, you have processes in place to help children exercise their data protection rights in an easily accessible way that they understand.	Fully meeting our expectation	DPO is always available to assist individuals exercising their rights, Online form for SARs in keeping with ordinary practice for large orgs in info age. Letter, email or other comms can be used. Student Support services also available.			
		5.7.5	You implement appropriate measures to protect children using digital services.	Not Applicable	Not subject to AADC			

Number	Our expectations	Reference	Ways to meet our expectations	Current status	Reasons for Status	Actions	Action owner	Action Status	Due Date (DD/MM/YYYY)
6.1	Data-mapping: Your organisation frequently carries out comprehensive data mapping exercises, providing a clear understanding of what information is held and where.	6.1.1	Your organisation carries out Information audits (or data mapping exercises) to find out what personal data is held and to understand how the information flows through your organisation.	Partially meeting our expectation	UHI monitors Article 30 registers and Records Management file map	UHI currently reviewing process around Records Management with Academic Partners	UHI DP team		31/10/2025
		6.1.2	You keep the data map up-to-date and you clearly assign the responsibilities for maintaining and amending it.	Partially meeting our expectation	UHI monitors Article 30 registers and Records Management file map	UHI currently reviewing process around Records Management with Academic Partners	UHI DP team		31/10/2025
		6.1.3	You consult staff across your organisation to make sure that there is an accurate picture of processing activities, for example by using questionnaires and staff surveys.	Partially meeting our expectation	UHI monitors Article 30 registers and Records Management file map	UHI currently reviewing process around Records Management with Academic Partners	UHI DP team		31/10/2025
6.2	Records of processing activities (ROPA): Your organisation has a formal, documented, comprehensive and accurate ROPA based on a data mapping exercise that is regularly reviewed.	6.2.1	You record processing activities in electronic form so you can add, remove or amend information easily.	Fully meeting our expectation	All records stored digitally				
		6.2.2	Your organisation regularly reviews the record against processing activities, policies and procedures to make sure that it remains accurate and up-to-date, and you clearly assign responsibilities for doing this.	Partially meeting our expectation	UHI monitors Article 30 registers and Records Management file map	UHI currently reviewing process around Records Management with Academic Partners	UHI DP team		31/10/2025
		6.2.3	You regularly review the processing activities and types of data you process for data minimisation purposes.	Partially meeting our expectation	UHI monitors Article 30 registers and Records Management file map	UHI currently reviewing process around Records Management with Academic Partners	UHI DP team		31/10/2025
6.3	ROPA requirements: The ROPA contains all the relevant requirements set out in Article 30 of the UK GDPR.	6.3.1	The ROPA includes (as a minimum): <ul style="list-style-type: none">• Your organisation's name and contact details, whether it is a controller or a processor (and where applicable, the joint controller, their representative and the DPO);• the purposes of the processing;• a description of the categories of individuals and personal data;• the categories of recipients of personal data;• details of transfers to third countries, including a record of the transfer mechanism safeguards in place;• retention schedules; and• a description of the technical and organisational security measures in place.	Partially meeting our expectation	UHI monitors Article 30 registers and Records Management file map	UHI currently reviewing process around Records Management with Academic Partners	UHI DP team		31/10/2025
		6.3.2	You have an internal record of all processing activities carried out by any processors on behalf of your organisation.	Partially meeting our expectation	UHI monitors Article 30 registers and Records Management file map	UHI currently reviewing process around Records Management with Academic Partners	UHI DP team		31/10/2025
6.4	Good practice for ROPAs: Your organisation's ROPA includes links to other relevant documentation as a matter of good practice.	6.4.1	The ROPA also includes, or links to documentation covering: <ul style="list-style-type: none">• information required for privacy notices, such as the lawful basis for the processing and the source of the personal data;• records of consent;• controller-processor contracts;• the location of personal data;• DPIA reports;• records of personal data breaches;• information required for processing special category data or criminal conviction and offence data under the Data Protection Act 2018 (DPA 2018); and• retention and erasure policy documents.	Fully meeting our expectation	Referred elsewhere. Breach information held in central breach register				
6.5	Documenting your lawful basis: You document and appropriately justify your organisation's lawful basis for processing personal data in line with Article 6 of the UK GDPR (and Articles 9 and 10, if the	6.5.1	Your organisation selects the most appropriate lawful basis (or bases) for each activity following a review of the processing purposes.	Fully meeting our expectation	Reviewed on case-by-case basis				
		6.5.2	You document the lawful basis (or bases) relied upon and the reasons why.	Fully meeting our expectation	Reviewed on case-by-case basis				
		6.5.3	If your organisation processes special category data or criminal offence data, you identify and document a lawful basis for general processing and an additional condition for processing this type of data (or in the case of criminal offence data only, you identify the official authority to process).	Fully meeting our expectation	Reviewed on case-by-case basis				
		6.5.4	In the case of special category or criminal offence data, you document consideration of the requirements of Article 9 or 10 of the UK GDPR and Schedule 1 of the DPA 2018 where relevant.	Fully meeting our expectation	Reviewed on case-by-case basis				

	processing involves special category or criminal offence data).	6.5.5	Where Schedule 1 requires it, there is an appropriate policy document including: <ul style="list-style-type: none"> • which Schedule 1 conditions you are relying on; • what procedures you have in place to ensure compliance with the data protection principle; • how special category or criminal offence data will be treated for retention and erasure purposes; • a review date; and • details of an individual assigned responsibility for the processing. 	Fully meeting our expectation	Reviewed on case-by-case basis			
		6.5.6	You identify the lawful basis before starting any new processing.	Fully meeting our expectation	Reviewed on case-by-case basis			
6.6	Lawful basis transparency: You make information about the purpose of the processing and the lawful basis publicly available. This is easy to locate, access and read.	6.6.1	You make information about the purposes of the processing, your lawful basis and relevant conditions for processing any special category data or criminal offence data publicly available in your organisation's privacy notice(s).	Fully meeting our expectation	Reviewed on case-by-case basis			
		6.6.2	You provide information in an easily understandable format.	Fully meeting our expectation	Reviewed on case-by-case basis			
		6.6.3	If there is a genuine change in circumstances, or if your lawful basis must change due to a new and unanticipated purpose, you inform individuals in timely manner and record the changes.	Fully meeting our expectation	Reviewed on case-by-case basis			
6.7	Consent requirements: If your organisation relies on consent for the processing of personal data, you comply with the consent requirements of the UK GDPR on being: <ul style="list-style-type: none"> • specific; • granular; • prominent; • opt-in; • documented; and • easily withdrawn. 	6.7.1	Consent requests: <ul style="list-style-type: none"> • are kept separate from other terms and conditions; • require a positive opt-in and do not use pre-ticked boxes; • are clear and specific (not a pre-condition of signing up to a service); • inform individuals how to withdraw consent in an easy way; and • give your organisation's name as well as the names of any third parties relying on consent. 	Fully meeting our expectation	Reviewed on case-by-case basis			
		6.7.2	You have records of what an individual has consented to, including what they were told and when and how they consented. The records are thorough and easy for relevant staff to access, review and withdraw if required.	Partially meeting our expectation	No standardised/centralised process for review - ownership with individuals/ departments	UHI DPO reviewing - outcomes to be cascaded to local level	UHI DPO/Clerk	31/10/2025
		6.7.3	You have evidence and examples of how consent is sought from individuals, for example online forms or notices, opt in-tick boxes, and paper-based forms.	Partially meeting our expectation	No standardised/centralised process for review - ownership with individuals/ departments	UHI DPO reviewing - outcomes to be cascaded to local level	UHI DPO/Clerk	31/10/2025
6.8	Reviewing consent: You proactively review records of previously gathered consent, which demonstrates a commitment to confirming and refreshing consents.	6.8.1	You have a procedure to review consents to check that the relationship, the processing and the purposes have not changed and to record any changes.	Partially meeting our expectation	No standardised/centralised process for review - ownership with individuals/ departments	Procedure to be put in place - need to be proactive	UHI DPO/Clerk	31/10/2025
		6.8.2	Your organisation has a procedure to refresh consent at appropriate intervals.	Partially meeting our expectation	No standardised/centralised process for review - ownership with individuals/ departments	Procedure to be put in place - need to be proactive	UHI DPO/Clerk	31/10/2025
		6.8.3	Your organisation uses privacy dashboards or other preference-management tools to help people manage their consent.	Not Applicable	Not a requirement			
		6.9.1	Your organisation makes reasonable efforts to check the age of those giving consent, particularly where the individual is a child.	Fully meeting our expectation	Not usually an issue for organisation - measures in place where appropriate			
	Risk-based age checks and	6.9.2	You have a reasonable and effective procedure to determine whether the individual in question can provide their own consent, and if not, an effective way to gain and record parental or guardian consent.	Fully meeting our expectation	Not usually an issue for organisation - measures in place where appropriate			

6.9	parental/guardian consent: Your organisation has effective systems to conduct risk-based age checks of individuals and, where required, to obtain and record parental or guardian consent.	6.9.3	When providing online services to children, your organisation has risk-based age checking systems in place to establish age with a level of certainty that is appropriate based on the risks to children's rights and freedoms.	Not Applicable					
		6.9.4	When providing online services to children, if the child is under 13, you have records of parental or guardian consent which are reviewed regularly, and you make reasonable efforts to verify that the person giving consent has parental or guardian responsibility. You give particular consideration when a child reaches the age of 13 and is able to provide their own consent.	Not Applicable					
6.10	Legitimate Interest Assessment (LIA): If your organisation's lawful basis is legitimate interests, you have completed an appropriate LIA prior to starting the processing.	6.10.1	The LIA identifies the legitimate interest, the benefits of the processing and whether it is necessary.	Fully meeting our expectation	UHI LIA template				
		6.10.2	The LIA includes a 'balancing test' to show how your organisation determines that its legitimate interests override the individuals' and considers the following issues: • not using people's data in intrusive ways or in ways which could cause harm, unless there is a very good reason; • protecting the interests of vulnerable groups such as people with learning disabilities or children; • whether you could introduce safeguards to reduce any potentially negative impact; • whether you could offer an opt-out; and • whether you require a DPIA.	Fully meeting our expectation	UHI LIA template				
		6.10.3	You clearly document the decision and the assessment.	Fully meeting our expectation	UHI LIA template				
		6.10.4	You complete the LIA prior to the start of the processing.	Fully meeting our expectation	UHI LIA template				
		6.10.5	You keep the LIA under review and refresh it if changes affect the outcome.	Fully meeting our expectation	Reviewed by UHI DPO				

Number	Our expectations	Reference	Ways to meet our expectations	Current Status	Reasons for Status	Actions	Action owner	Action Status	Due Date (DD/MM/YYYY)
7.1	Data sharing policies and procedures: Your organisation's policies and procedures make sure that you appropriately manage data sharing decisions.	7.1.1	You have a review process, through a DPIA or similar exercise, to assess the legality, benefits and risks of the data sharing.	Fully meeting our expectation	Proposed DSAs assessed against UHI DSA checklist				
		7.1.2	You document all sharing decisions for audit, monitoring and investigation purposes and you regularly review them.	Partially meeting our expectation	Small, low-risk data sharing may be conducted without full decision-making being captured				
		7.1.3	Your organisation has clear policies, procedures and guidance about data sharing, including who has the authority to make decisions about systematic data sharing or one-off disclosures, and when it is appropriate to do so.	Fully meeting our expectation	While UHI does not have formal arrangements in place for who has authority, UHI provides training to all staff to seek DPO assistance.				
		7.1.4	Your organisation adequately trains all staff likely to make decisions about data sharing, and makes them aware of their responsibilities. You refresh this training appropriately.	Partially meeting our expectation	Mandatory Training does not cover the detail of data sharing arrangements in most cases.	UHI has assessed that it is not appropriate to make general training more detailed on data sharing, so are considering the following options: 1) more training / awareness raising with key contacts/leads; 2) targeted approach to training based on most likely areas; 3) proactive roll out of general training, highlighting data sharing issues and encouraging engagement with UHI DP team	UHI DPO		
7.2	Data sharing agreements: You arrange and regularly review data sharing agreements with parties with whom you regularly share personal data.	7.2.1	You agree data sharing agreements with all the relevant parties and senior management signs them off.	Fully meeting our expectation	DSAs can also be signed off by lower-tier management where appropriate				
		7.2.2	The data sharing agreement includes details about: <ul style="list-style-type: none"> the parties' roles; the purpose of the data sharing; what is going to happen to the data at each stage; and sets standards (with a high privacy default for children). 	Fully meeting our expectation	UHI DSA checklist				
		7.2.3	Where necessary, procedures and guidance covering each organisation's day-to-day operations support the agreements.	Fully meeting our expectation	UHI DSA checklist				
		7.2.4	If your organisation is acting as a joint controller (within the meaning of Article 26 of the UK GDPR), you set out responsibilities under an arrangement or a data sharing agreement, and you provide appropriate privacy information to individuals.	Fully meeting our expectation	UHI uses a comprehensive Article 26 joint controller agreement template				
		7.2.5	You have a regular review process to make sure that the information remains accurate and up to date, and to examine how the agreement is working.	Fully meeting our expectation	UHI DSA checklist				
		7.2.6	You keep a central log of the current data sharing agreements.	Fully meeting our expectation	Article 30 register acts as a log of data sharing agreements (DSAs, C2Ps)				
7.3	Restricted transfers: Your organisation has procedures in place to make sure that	7.3.1	You consider whether the restricted transfer is covered by an adequacy decision or by 'appropriate safeguards' listed in data protection law, such as contracts incorporating standard contractual data protection clauses adopted by the Commission or Binding Corporate Rules .	Fully meeting our expectation	Staff are always advised to seek UHI DPO assistance if sharing involves international transfers				

	restricted transfers are made appropriately.	7.3.2	If a restricted transfer is not covered by an adequacy decision nor an appropriate safeguard, you consider whether it is covered by an exemption set out in Article 49 of the UK GDPR.	Fully meeting our expectation	Staff are always advised to seek UHI DPO assistance if sharing involves international transfers				
7.4	Processors: You have appropriate procedures in place regarding the work that processors do on your behalf.	7.4.1	You have written contracts with all processors.	Fully meeting our expectation	Where UHI DPO is advised of organisation employing a sub-processor, UHI DPO completes an Article 28 checklist on the relevant contract.				
		7.4.2	If using a processor, you assess the risk to individuals and make sure that these risks are mitigated effectively.	Fully meeting our expectation	Via Article 28 checklist				
		7.4.3	An appropriate level of management approves the contracts and both parties sign. The level of management required for approval is proportionate to the value and risk of the contract.	Fully meeting our expectation	Sign-off levels included in Delegation of Authority/ Financial Procedures				
		7.4.4	Each contract (or other legal act) sets out details of the processing including the: <ul style="list-style-type: none"> • subject matter of the processing; • duration of the processing; • nature and purpose of the processing; • type of personal data involved; • categories of data subject; and • controller's obligations and rights, in accordance with the list set out in Article 28(3) of the UK GDPR. 	Fully meeting our expectation	Via Article 28 checklist				
		7.4.5	You keep a record or log of all current processor contracts, which you update when processors change.	Partially meeting our expectation	Article 30 register utilised, but this is partial and does not include controls to ensure they are updated	UHI DPO reviewing to include within shared procurement controls	UHI DPO/ Procurement		
		7.4.6	You review contracts periodically to make sure they remain up to date.	Partially meeting our expectation	Article 30 register utilised, but this is partial and does not include controls to ensure they are updated	Per 7.4.5	UHI DPO/ Procurement		
		7.4.7	If a processor uses a sub-processor to help with the processing it is doing on your behalf, they have written authorisation from your organisation and a written contract with that sub-processor.	Fully meeting our expectation	Via Article 28 checklist				
7.5	Controller-processor contract requirements: All of your controller-processor contracts cover the terms and clauses necessary to comply with data protection law.	7.5.1	The contract or other legal act includes terms or clauses stating that the processor must: <ul style="list-style-type: none"> • only act on the controller's documented instructions, unless required by law to act without such instructions; • ensure that people processing the data are subject to a duty of confidence; • help the controller respond to requests from individuals to exercise their rights; and • submit to audits and inspections. 	Fully meeting our expectation	Via Article 28 checklist				
		7.5.2	Contracts include the technical and organisational security measures the processor will adopt (including encryption, pseudonymisation, resilience of processing systems and backing up personal data in order to be able to reinstate the system).	Fully meeting our expectation	Via Article 28 checklist				
		7.5.3	The contract includes clauses to make sure that the processor either deletes or returns all personal data to the controller at the end of the contract. The processor must also delete existing personal data unless the law requires its storage.	Fully meeting our expectation	Via Article 28 checklist				

		7.5.4	Clauses are included to make sure that the processor assists the controller in meeting its UK GDPR obligations regarding the security of processing, the notification of personal data breaches and DPIAs.	Fully meeting our expectation	Via Article 28 checklist				
7.6	Processor due diligence checks: You carry out due diligence checks to guarantee that processors will implement appropriate technical and organisational measures to meet UK GDPR requirements.	7.6.1	The procurement process builds in due diligence checks proportionate to the risk of the processing before you agree a contract with a processor.	Partially meeting our expectation	Yes, in most cases when procuring via procurement. Not in all cases.	UHI DPO reviewing to include within shared procurement controls			
		7.6.2	The due diligence process includes data security checks, eg site visits, system testing and audit requests.	Partially meeting our expectation	Yes, in most cases when procuring via procurement. Not in all cases.	UHI DPO reviewing to include within shared procurement controls			
		7.6.3	The due diligence process includes checks to confirm a potential processor will protect data subjects' rights.	Partially meeting our expectation	Yes, in most cases when procuring via procurement. Not in all cases.	UHI DPO reviewing to include within shared procurement controls			
7.7	Processor compliance reviews: Your organisation reviews data processors' compliance with their contracts.	7.7.1	Contracts include clauses to allow your organisation to conduct audits or checks, to confirm the processor is complying with all contractual terms and conditions.	Fully meeting our expectation	Via Article 28 checklist				
		7.7.2	You carry out routine compliance checks, proportionate to the processing risks, to test that processors are complying with contractual agreements.	Partially meeting our expectation	Checks not routine	UHI DPO reviewing to include within shared procurement controls	UHI DPO/Procurement		
7.8	Third party products and services: Your organisation considers 'data protection by design' when selecting services and products to use in data processing activities.	7.8.1	When third parties supply products or services to process personal data, you choose suppliers that design their products or services with data protection in mind.	Partially meeting our expectation	DP is pass/fail in assessments	UHI DPO reviewing to include within shared procurement controls	UHI DPO/Procurement		
7.9	Purpose limitation: Your organisation proactively takes steps to only share necessary personal data with processors or other third parties.	7.9.1	Your organisation only shares the personal data necessary to achieve its specific purpose.	Fully meeting our expectation	Via Article 28 checklist				
		7.9.2	When information is shared, it is pseudonymised or minimised wherever possible. You also consider anonymisation so that the information is no longer personal data.	Fully meeting our expectation	Via Article 28 checklist				

Number	Our expectations	Reference	Ways to meet our expectations	Current Status	Reasons for Status	Actions	Action owner	Action Status	Due Date (DD/MM/YYYY)
8.1	Identifying, recording and managing risks: Your organisation has appropriate policies, procedures and measures to identify, record and manage information risks.	8.1.1	An information risk policy (either a separate document or part of a wider corporate risk policy) sets out how your organisation and its data processors manage information risk, and how you monitor compliance with the information risk policy.	Fully meeting our expectation	UHI Information Security policy and Information Security risk matrix				
		8.1.2	You have a process to help staff report and escalate data protection and information governance concerns and risks to a central point, for example, staff forums.	Fully meeting our expectation	Relevant contact details advised in all Privacy Notices and policies/guidance. Policies on website				
		8.1.3	You identify and manage information risks in an appropriate risk register, which includes clear links between corporate and departmental risk registers and the risk assessment of information assets.	Fully meeting our expectation	Info risks included within ERM				
		8.1.4	You have formal procedures to identify, record and manage risks associated with information assets in an information asset register.	Not meeting our expectation	Collation of Info Asset Register currently being undertaken.	Numerous departmental registers being collated centrally	Director ICT		
		8.1.5	If you identify information risks, you have appropriate action plans, progress reports and a consideration of the lessons learnt to avoid future risk.	Fully meeting our expectation	Contained within ERM				
		8.1.6	You put measures in place to mitigate the risks identified within risk categories, and you test these regularly to make sure that they remain effective.	Fully meeting our expectation	Contained within ERM				
8.2	Data protection by design and by default: You take a data protection by design and default approach to managing risks, and, as appropriate, you build DPIA requirements into policies and procedures.	8.2.1	You reference DPIA requirements in all risk, project and change management policies and procedures, with links to DPIA policies and procedures.	Not meeting our expectation	No process currently in place	Management to consider how to implement	PLG		
		8.2.2	Your procedures state that, if required, a DPIA should begin at the project's outset, before processing starts, and that the DPIA must run alongside the planning and development process.	Not meeting our expectation	No process currently in place	Management to consider how to implement	PLG		
		8.2.3	You anticipate risks and privacy-invasive events before they occur, making sure that at the initial design phase of any system, product or process and throughout, you consider the: • intended processing activities; • risks that these may pose to the rights and freedoms of individuals; and • possible measures available to mitigate the risks.	Not meeting our expectation	No process currently in place	Management to consider how to implement	PLG		
8.3	DPIA policy and procedures: You understand whether a DPIA is required, or where it would be good practice to do one. There is a clear DPIA policy and procedure.	8.3.1	You have a DPIA policy which includes: • clear procedures to decide whether you conduct a DPIA; • what the DPIA should cover; • who will authorise it; and • how you will incorporate it into the overall planning.	Partially meeting our expectation	UHI DPIA Template available	More awareness of when DPIA required needed throughout organisation - only those who know about UHI DPIA template use it	UHI DPO/ Clerk		
		8.3.2	You have a screening checklist to consider if you need a DPIA, including all the relevant considerations on the scope, type and manner of the proposed processing.	Fully meeting our expectation	UHI DPIA template				
		8.3.3	If the screening checklist indicates that you do not need a DPIA, you document this.	Fully meeting our expectation	UHI DPIA template				
		8.3.4	Your procedure includes the requirement to seek advice from the DPO and other internal staff as appropriate.	Fully meeting our expectation	UHI DPIA template				

		8.3.5	Your procedure includes consultation with controllers, data processors, individuals, their representatives and any other relevant stakeholders as appropriate.	Fully meeting our expectation	UHI DPIA template				
		8.3.6	Staff training includes the need to consider a DPIA at the early stages of any plan involving personal data, and where relevant, you train staff in how to carry out a DPIA.	Fully meeting our expectation	UHI DPIA template				
		8.3.7	You assign responsibility for completing DPIAs to a member of staff who has enough authority over a project to effect change, eg a project lead or manager.	Fully meeting our expectation	UHI DPIA template				
8.4	DPIA content: DPIAs always include the appropriate information and are comprehensively documented.	8.4.1	Your organisation has a standard, well-structured DPIA template which is written in plain English.	Fully meeting our expectation	UHI DPIA template				
		8.4.2	DPIAs: • include the nature, scope, context and purposes of the processing; • assess necessity, proportionality and compliance measures; • identify and assess risks to individuals; and • identify any additional measures to mitigate those risks.	Fully meeting our expectation	UHI DPIA template				
		8.4.3	DPIAs clearly set out the relationships and data flows between controllers, processors, data subjects and systems.	Fully meeting our expectation	UHI DPIA template				
		8.4.4	DPIAs identify measures that can be put in place to eliminate, mitigate or reduce high risks.	Fully meeting our expectation	UHI DPIA template				
		8.4.5	You have a documented process, with appropriate document controls, that you review periodically to make sure that it remains up-to-date.	Fully meeting our expectation	UHI DPIA template				
		8.4.6	You record your DPO's advice and recommendations, and the details of other consultations.	Fully meeting our expectation	UHI DPIA template				
		8.4.7	Appropriate people sign off DPIAs, such as a project lead or senior manager.	Partially meeting our expectation	Not always implemented across organisation	More awareness of when DPIA required needed throughout organisation	UHI DPO/ Clerk		
8.5	DPIA risk mitigation and review: You take appropriate and effective action to mitigate or manage any risks a DPIA identifies, and you have a DPIA review process.	8.5.1	You have a procedure to consult the ICO if you cannot mitigate residual high risks.	Fully meeting our expectation	Via UHI DPO				
		8.5.2	You integrate outcomes from DPIAs into relevant work plans, project action plans and risk registers.	Fully meeting our expectation	Cascaded from UHI DPO				
		8.5.3	You do not start high risk processing until mitigating measures are in place following the DPIA.	Fully meeting our expectation	Cascaded from UHI DPO				
		8.5.4	You have a procedure to communicate the outcomes of DPIAs to appropriate stakeholders, eg through a formal summarised report.	Not Applicable	UHI does not plan to do this regularly unless there is good reason to do so				
		8.5.5	You consider actively publishing DPIAs where possible, removing sensitive details if necessary.	Not Applicable	UHI does not plan to do this regularly unless there is good reason to do so				
		8.5.6	You agree and document a schedule for reviewing the DPIA regularly or when the nature, scope, context or purposes of the processing changes.	Fully meeting our expectation	When changes occur or where scheduled review is deemed necessary				

Number	Our expectations	Reference	Ways to meet our expectations	Current Status	Reasons for Status	Actions	Action owner	Action Status	Due Date (DD/MM/YYYY)
9.1	Creating, locating and retrieving records: You have minimum standards for the creation of records and effective mechanisms to locate and retrieve them.	9.1.1	You have policies and procedures to make sure that you appropriately classify, title and index new records in a way that facilitates management, retrieval and disposal.	Fully meeting our expectation	UHI Records Management Policy; local Retention Policy				
		9.1.2	You identify where you use manual and electronic record-keeping systems and maintain a central log or information asset register.	Fully meeting our expectation	UHI Records Management Policy; local Retention Policy; retained file-plans				
		9.1.3	You know the whereabouts of records at all times, you track their movements, and you attempt to trace records that are missing or not returned.	Fully meeting our expectation	Paper records are centrally held or controlled by the UHI Archives and Records Manager				
		9.1.4	You index records stored off-site with unique references to enable accurate retrieval and subsequent tracking.	Fully meeting our expectation	Box list in place - records indexed by box and department (list of files per box).				
9.2	Security for transfers: You have appropriate security measures in place to protect data that is in transit, data you receive or transfer to another organisation.	9.2.1	You document rules to protect the internal and external transfer of records by post, fax and electronically, for example in a transfer policy or guidance.	Fully meeting our expectation	For sensitive personal data electronically - 'safely sending sensitive data document' guidance in UHI DP area, with means of controlling sharing within SharePoint. No specific policy for post & fax but numbers incidental.				
		9.2.2	You minimise data transferred off-site and keep it secure in transit.	Fully meeting our expectation	For sensitive personal data electronically - 'safely sending sensitive data document' guidance in UHI DP area, with means of controlling sharing within SharePoint. No specific policy for post & fax but numbers incidental.				
		9.2.3	When you transfer data off site, you use an appropriate form of transport, (for example, secure courier, encryption, secure file transfer protocol (SFTP) or Virtual Private Network (VPN)), and you check to make sure that the information has been received.	Fully meeting our expectation	UHI Dropbox encryption available in addition to 'safely sending sensitive data' document. SharePoint training and ongoing support provided to staff.				
		9.2.4	You have agreements in place with any third parties used to transfer business information between your organisation and third parties.	Fully meeting our expectation	Via DSAs				
9.3	Data quality: You have procedures in place to make sure that records containing personal data are accurate, adequate and not excessive.	9.3.1	You conduct regular data quality reviews of records containing personal data to make sure they are accurate, adequate and not excessive.	Partially meeting our expectation	Article 30, DPIAs, planned annual Records Management audits (via UHI)	Records Management audits to be rolled out	UHI DP team		31/10/2025
		9.3.2	You make staff aware of data quality issues following data quality checks or audits to prevent recurrence.	Partially meeting our expectation	Article 30, DPIAs, planned annual Records Management audits (via UHI)	Records Management audits to be rolled out	UHI DP team		31/10/2025
		9.3.3	Records containing personal data (whether 'active' or archived) are 'weeded' periodically to reduce the risks of inaccuracies and excessive retention.	Fully meeting our expectation	Retention Policy				
9.4	Retention schedule: You have an appropriate retention schedule outlining storage periods for all personal data, which you review regularly.	9.4.1	You have a retention schedule based on business need with reference to statutory requirements and other principles (for example the National Archives).	Fully meeting our expectation	Retention Policy				
		9.4.2	The schedule provides sufficient information to identify all records and to implement disposal decisions in line with the schedule.	Fully meeting our expectation	Retention Policy				
		9.4.3	You assign responsibilities to make sure that staff adhere to the schedule and you review it regularly.	Partially meeting our expectation	Retention Policy. Responsibilities to be enforced via file maps and annual RM audits	Records Management audits to be rolled out	UHI DP team		31/10/2025
		9.4.4	You regularly review retained data to identify opportunities for minimisation, pseudonymisation, or anonymisation, and you document this in the schedule.	Partially meeting our expectation	Retention Policy. Responsibilities to be enforced via file maps and annual RM audits	Records Management audits to be rolled out	UHI DP team		31/10/2025
		9.5.1	For paper documents, you use locked waste bins for records containing personal data, and either in-house or third party cross shredding or incineration is in place.	Fully meeting our expectation	Appropriate confidential waste arrangements in place				

9.5	Destruction: You cover methods of destruction in a policy and they are appropriate to prevent disclosure of personal data prior to, during or after disposal	9.5.2	For information held on electronic devices, wiping, degaussing or secure destruction of hardware (shredding) is in place.	Fully meeting our expectation	LIS policy for secure process of disposal				
		9.5.3	You either hold, collect or send away securely confidential waste awaiting destruction.	Fully meeting our expectation	BS standards compliant process for managing confidential waste				
		9.5.4	You have appropriate contracts in place with third parties to dispose of personal data, and they provide you with appropriate assurance that they have disposed of the data securely, for example through audit checks and destruction certificates.	Fully meeting our expectation	BS standards compliant process for managing confidential waste. Service providers must always be compliant with BS standards. Contracts always in place. Destruction certificates received				
		9.5.5	You have a log of all equipment and confidential waste sent for disposal or destruction.	Not Applicable	No log of data going into confidential bins, but log of ultimate disposal kept by confidential waste supplier - and destruction certificate from them.				
9.6	Information Asset Register: You have an asset register that records assets, systems and applications used for processing or storing personal data across your organisation.	9.6.1	Your organisation has an asset register that holds details of all information assets (software and hardware) including: • asset owners; • asset location; • retention periods; and • security measures deployed.	Fully meeting our expectation	Use of Snipe IT for this purpose				
		9.6.2	You review the register periodically to make sure it remains up to date and accurate.	Fully meeting our expectation	Annual RM audits	Annual RM audit			
		9.6.3	You periodically risk-assess assets within the register and you carry out physical checks to make sure that the hardware asset inventory remains accurate.	Partially meeting our expectation	Jem's financial register of assets. LIS is looking at improving this.	LIS check & Annual RM audit			31/10/2025
9.7	Rules for acceptable software use: You identify, document and implement rules for the acceptable use of software (systems or applications) processing or storing information.	9.7.1	You have Acceptable Use or terms and conditions of use procedures in place.	Fully meeting our expectation	UHI ICT acceptable use policy.				
		9.7.2	You have system operating procedures which document the security arrangements and measures in place to protect the data held within systems or applications.	Fully meeting our expectation	SharePoint operating procedures in place.	Check with LIS PLANNER			
		9.7.3	Your organisation monitors compliance with Acceptable Use rules and makes sure that staff are aware of any monitoring.	Fully meeting our expectation	UHI Records Management handle concerns identified or complaints. Staff and student privacy notices make monitoring and access for this purpose clear.				
9.8	Access control: You limit access to personal data to authorised staff only and regularly review users' access rights.	9.8.1	You have an Access Control policy which specifies that users must follow your organisation's practices in the use of secret authentication information, for example passwords or tokens.	Fully meeting our expectation	Multi-Factor Authentication in broad usage				
		9.8.2	You implement a formal user access provisioning procedure to assign access rights for staff (including temporary staff) and third party contractors to all relevant systems and services required to fulfil their role, for example 'new starter process'.	Fully meeting our expectation	HR manage via UHI Servicedesk tickets within set procedures.				
		9.8.3	You restrict and control the allocation and use of privileged access rights.	Fully meeting our expectation	Via UHI ICT				
		9.8.4	You keep a log of user access to systems holding personal data.	Fully meeting our expectation	Log in place for key systems such as SITS				
		9.8.5	You regularly review users' access rights and adjust or remove rights where appropriate, for example when an employee changes role or leaves the organisation.	Fully meeting our expectation	Via HR processes				
		9.9.1	You restrict access to systems or applications processing personal data to the absolute minimum in accordance with the principle of least privilege (for example read/write/delete/execute access rules are applied).	Fully meeting our expectation	Via UHI ICT				
		9.9.2	You apply minimum password complexity rules and limited log on attempts to systems or applications processing personal data.	Fully meeting our expectation	Via UHI ICT				
		9.9.3	You have password management controls in place, including default password changing, controlled use of any shared passwords and secure password storage (not in plain text).	Fully meeting our expectation	Via UHI ICT				

9.9	Unauthorised access: You prevent unauthorised access to systems and applications, for example by passwords, technical vulnerability management, and malware prevention tools.	9.9.4	Emails content and attachment security solutions (encryption) appropriately protect emails containing sensitive personal data.	Fully meeting our expectation	Staff guidance provided on sending sensitive personal data by email - to use UHI dropbox encrypted or SharePoint. Also use alerts to advise users if they may be about to break these rules.				
		9.9.5	You log and monitor user and system activity to detect anything unusual.	Fully meeting our expectation	Firewall in place				
		9.9.6	You implement anti-malware and anti-virus (AV) protection across the network and on critical or sensitive information systems if appropriate.	Fully meeting our expectation	In place on all network and devices				
		9.9.7	Anti-malware and anti-virus protection is kept up to date and you configure it to perform regular scans.	Fully meeting our expectation	Auto daily update				
		9.9.8	Your organisation has access to and acts upon any updates on technical vulnerabilities to systems or software, for example vendor's alerts or patches.	Fully meeting our expectation	Updates from JISC, CISO, AppCheck, NCSC, Microsoft. Prioritise action on issues and monitor outstanding issues with risk scores.				
		9.9.9	You regularly run vulnerability scans.	Fully meeting our expectation	Via UHI ICT				
		9.9.10	You deploy URL or web content filtering to block specific websites or entire categories.	Fully meeting our expectation	Yes, content filtering in place.				
		9.9.11	You strictly control or prohibit the use of social media, or messaging apps such as WhatsApp to share personal data.	Fully meeting our expectation	Cannot install apps therefore only accessed via browsers. Covered under IHI Acceptable Use Policy				
		9.9.12	You have external and internal firewalls and intrusion detection systems in place as appropriate, to make sure that the information in networks and systems is protected from unauthorised access or attack, for example denial of service attacks.	Fully meeting our expectation	External and internal firewalls in place. Intrusion prevention system in place				
		9.9.13	You do not have unsupported operating systems in use, for example Windows XP, Windows Server 2003.	Fully meeting our expectation	None of these systems in use				
		9.9.14	You establish special controls to safeguard the confidentiality and integrity of data passing over public networks or over wireless networks, and to protect the connected systems and applications.	Fully meeting our expectation	An attempted connection to UHI networks through public network you will receive a MFA challenge (all MFA exceptions have been removed)				
9.10	Mobile devices, home or remote working and removable media: You have appropriate mechanisms in place to manage the security risks of using mobile devices, home or remote working and removable media.	9.10.1	You have a mobile device and a home/remote working policy that demonstrates how your organisation will manage the associated security risks.	Fully meeting our expectation	UHI Mobile Device policy/Home Working policy, MFA				
		9.10.2	You have protections in place to avoid the unauthorised access to, or disclosure of, the information processed by mobile devices, for example encryption and remote wiping capabilities.	Fully meeting our expectation	Remote wiping function for corporate devices. If device doesn't meet standards, then access to UHI system will not be allowed				
		9.10.3	You implement security measures to protect information processed when home or remote working, for example VPN and two factor authentication.	Fully meeting our expectation	VPN and MFA				
		9.10.4	Your organisation uses the most up to date version of its remote access solution. You are able to support and update devices remotely.	Fully meeting our expectation	Firewalls ensured up to date				
		9.10.5	Where you have a business need to store personal data on removable media, you minimise personal data and your organisation implements a software solution that can set permissions or restrictions for individual devices, as well as an entire class of devices.	Fully meeting our expectation	Not permitted, by policy				
		9.10.6	You do not allow equipment, information or software to be taken off-site without prior authorisation, and you have a log of all mobile devices and removable media used and who they are allocated to.	Fully meeting our expectation	Log of corporate devices. No log of removable media as use is not allowed under policy.				
		9.11.1	You protect secure areas (areas that contain either sensitive or critical information) by appropriate entry controls such as doors and locks, alarms, security lighting or CCTV.	Fully meeting our expectation	CCTV widely in place on campus covering key risk areas				

9.11	Secure areas: You secure physical areas to prevent unauthorised access, damage and interference to personal data.	9.11.2	You have visitor protocols in place such as signing-in procedures, name badges and escorted access.	Fully meeting our expectation	Sign-in procedures in place				
		9.11.3	You implement additional protection against external and environmental threats in secure areas such as server rooms.	Not Applicable	No server rooms on campus				
		9.11.4	Office equipment is appropriately placed and protected to reduce the risks from environmental threats and opportunities for unauthorised access.	Fully meeting our expectation	Risks mitigated				
		9.11.5	You securely store paper records and control access to them.	Fully meeting our expectation	Paper records are centrally held or controlled by the UHI Archives and Records Manager				
		9.11.6	You operate a clear desk policy across the organisation where personal data is processed.	Not meeting our expectation	No policy in operation	Management to consider how/when Clear Desk Policy may operate	PLG		30/09/2025
		9.11.7	You have regular clear desk 'sweeps' or checks and issues are fed back appropriately.	Not meeting our expectation	No policy in operation	Management to consider how/when Clear Desk Policy may operate	PLG		30/09/2025
		9.11.8	You operate a 'clear screen' policy across your organisation where personal data is processed.	Fully meeting our expectation	All screens lock after set period				
9.12	Business continuity, disaster recovery and back-ups: You have plans to deal with serious disruption, and you back up key systems, applications and data to protect against loss of personal data.	9.12.1	You have a risk-based business continuity plan to manage disruption and a disaster recovery plan to manage disasters, which identify records that are critical to the continued functioning of the organisation.	Partially meeting our expectation	Local Business Continuity re Records Management under review - majority of BCP re RM likely to default to UHI.	Review to be concluded	Director ICT		31/07/2025
		9.12.2	You take back-up copies of electronic information, software and systems (and ideally store them off-site).	Fully meeting our expectation	Stored off-site				
		9.13.3	The frequency of backups reflects the sensitivity and importance of the data.	Fully meeting our expectation	Recently updated				
		9.13.4	You regularly test back-ups and recovery processes to make sure they remain fit for purpose.	Fully meeting our expectation	Recently updated				

Number	Our expectations	Reference	Ways to meet our expectations	Current Status	Reasons for Status	Actions	Action owner	Action Status	Due Date (DD/MM/YYYY)
10.1	Detecting, managing and recording incidents and breaches: You have procedures in place to make sure that you detect, manage and appropriately record personal data incidents and breaches.	10.1.1	You have appropriate training in place so that staff are able to recognise a security incident and a personal data breach.	Partially meeting our expectation	Mandatory training is a generic module, sourced from outside organisation	Per 3.1.2	Clerk		31/08/2025
		10.1.2	A dedicated person or team manages security incidents and personal data breaches.	Fully meeting our expectation	Clerk/RPO				
		10.1.3	Staff know how to escalate a security incident promptly to the appropriate person or team to determine whether a breach has occurred.	Partially meeting our expectation	Risk of limited awareness	Link to 1.1.2	Clerk		31/08/2025
		10.1.4	Procedures and systems facilitate the reporting of security incidents and breaches.	Partially meeting our expectation	Risk of limited awareness	Link to 1.1.2	Clerk		31/08/2025
		10.1.5	Your organisation has a response plan for promptly addressing any security incidents and personal data breaches that occur.	Fully meeting our expectation	In place per 10.1.2				
		10.1.6	You centrally log/record/document both actual breaches and near misses (even if they do not need to be reported to the ICO or individuals).	Fully meeting our expectation	Logged locally and Breach Report issued to UHI DPO				
		10.1.7	The log documents the facts relating to the near miss or breach including: • its causes; • what happened; • the personal data affected; • the effects of the breach; and • any remedial action taken and rationale.	Fully meeting our expectation	Per UHI Breach Report template				
10.2	Assessing and reporting breaches: You have procedures to assess all security incidents and then report relevant breaches to the ICO within the statutory time frame.	10.2.1	You have a procedure to assess the likelihood and severity of the risk to individuals as a result of a personal data breach.	Fully meeting our expectation	Per UHI Breach Report template				
		10.2.2	You have a procedure to notify the ICO of a breach within 72 hours of becoming aware of it (even when all the information is not yet available) and you notify the ICO on time.	Fully meeting our expectation	Per UHI Breach Report template				
		10.2.3	The procedure includes details of what information must be given to the ICO about the breach.	Fully meeting our expectation	Per UHI Breach Report template				
		10.2.4	If you consider it unnecessary to report a breach, you document the reasons why your organisation considers the breach is unlikely to result in a risk to the rights and freedoms of individuals.	Fully meeting our expectation	Per UHI Breach Report template				
10.3	Notifying individuals: You have procedures to notify affected individuals where the breach is likely to result in a high risk to their rights and freedoms.	10.3.1	You have a procedure setting out how you will tell affected individuals about a breach when it is likely to result in a high risk to their rights and freedoms.	Fully meeting our expectation	Per UHI Breach Report template				
		10.3.2	You tell individuals about personal data breaches in clear, plain language without undue delay.	Fully meeting our expectation	Per UHI Breach Report template				
		10.3.3	The information you provide to individuals includes the DPO's details, a description of the likely consequences of the breach and the measures taken (including mitigating actions and any possible adverse effects).	Fully meeting our expectation	Per UHI Breach Report template				
		10.3.4	You provide individuals with advice to protect themselves from any effects of the breach.	Fully meeting our expectation	Per UHI Breach Report template				

10.4	Reviewing and monitoring: You review and monitor personal data breaches.	10.4.1	You analyse all personal data breach reports to prevent a recurrence.	Fully meeting our expectation	Per UHI Breach Report template				
		10.4.2	Your organisation monitors the type, volume and cost of incidents.	Fully meeting our expectation	Per UHI Breach Report template				
		10.4.3	You undertake trend analysis on breach reports over time to understand themes or issues, and outputs are reviewed by groups with oversight for data protection and information governance.	Fully meeting our expectation	Monitored by UHI DPO				
		10.4.4	Groups with oversight for data protection and information governance review the outputs.	Fully meeting our expectation	Monitored by UHI DPO				
10.5	External audit or compliance check: Your organisation arranges an external data protection and information governance audit, or other compliance checking procedure.	10.5.1	Your organisation completes externally-provided self-assessment tools to provide assurances on compliance with data protection and information security compliance.	Fully meeting our expectation	DP regularly reviewed by external Internal Auditor (max 5 years)				
		10.5.2	Your organisation is subject to or employs the services of an external auditor to provide independent assurances (or certification) on data protection and information security compliance.	Fully meeting our expectation	DP regularly reviewed by external Internal Auditor (max 5 years)				
		10.5.3	Your organisation adheres to an appropriate code of conduct or practice for your sector (if one exists).	Fully meeting our expectation	Compliant with audit processes under Auditor General for Scotland				
		10.5.4	You produce audit reports to document the findings.	Fully meeting our expectation	Audit reports on DP reported via Audit Committee				
		10.5.5	You have a central action plan in place to take forward the outputs from data protection and information governance audits.	Fully meeting our expectation	Monitored via Audit Progress Reports				
10.6	Internal audit programme: If your organisation has an internal audit programme, it covers data protection and information governance (for example security and records management) in sufficient detail.	10.6.1	You monitor your own data protection compliance and you regularly test the effectiveness of the measures you have in place.	Not Applicable	No programme in organisation				
		10.6.2	Your organisation regularly tests staff adherence to data protection and information governance policies and procedures.	Not Applicable	Per 10.6.1				
		10.6.3	You routinely conduct informal, ad-hoc monitoring and spot checks.	Not Applicable	Per 10.6.1				
		10.6.4	You make sure that your monitoring of policy compliance is unbiased by keeping it separate from those who implement the policies.	Not Applicable	Per 10.6.1				
		10.6.5	You have a central audit plan/schedule in place to show the planning of data protection and information governance internal audits.	Not Applicable	Per 10.6.1				
		10.6.6	You produce audit reports to document the findings.	Not Applicable	Per 10.6.1				
		10.6.7	You have a central action plan in place to take forward the outputs from data protection and information governance audits.	Not Applicable	Per 10.6.1				
10.7	Performance and compliance information: Your organisation has business targets relating to data protection compliance and information governance, and you can access the relevant information to assess against them	10.7.1	You have Key Performance Indicators (KPIs) regarding SAR performance (the volume of requests and the percentage completed within statutory timescales).	Not Applicable	Not business critical to require KPI				
		10.7.2	You have KPIs regarding the completion of data protection and information governance training, including a report showing the percentage of staff who have complete the training.	Not Applicable	Per 10.7.1				
		10.7.3	You have KPIs regarding information security, including the number of security breaches, incidents and near misses.	Not Applicable	Per 10.7.1				

	to assess against them.	10.7.4	You have KPIs regarding records management, including the use of metrics such as file retrieval statistics, adherence to disposal schedules, and the performance of the system in place to index and track paper files containing personal data.	Not Applicable	Per 10.7.1				
10.8	Use of management information: All relevant management information and the outcomes of monitoring and review activity are communicated to relevant internal stakeholders, including senior management as appropriate. This information informs discussions and actions.	10.8.1	You have a dashboard giving a high-level summary of all key data protection and information governance KPIs.	Fully meeting our expectation	Not KPI's but reported via ERM @ Audit Committee				
		10.8.2	The group(s) providing oversight of data protection and information governance regularly discuss KPIs and the outcomes of monitoring and reviews.	Not meeting our expectation	No group exists	Per 1.5.1	PLG		30/09/2025
		10.8.3	Data protection and information governance KPIs and the outcomes of monitoring and reviews are discussed regularly by groups at operational level, for example in team meetings.	Fully meeting our expectation	Not KPI's but reported via ERM @ Audit Committee				

Health and Safety Committee – Meeting 3

Minutes

Date and time: Wednesday 19 February 2025, 10.00am – 12.00noon

Location: MS Teams / Rm 019

Members present: Christiana Margiotti (CM), Director of Curriculum – AHE
Christine Paton (CP), General Manager, ASW
David Gourley (DG), Director of TLQE
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
Katy Lees (KFL), Director of HR and Organisational Development
Lynn Murray (LM), Depute Principal, Operations
Nicky Inglis (NI), Director of Curriculum – BSTW
Sarah-Louse Heap (SH), Deputy Training Manager, AST
Xander McDade (XM), HISA Perth President

Apologies: N/A

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. There were no apologies.	
2. Additions to the Agenda for AOCB None.	
3. Minute of Previous Meeting (Paper 1)	

Item	Action
<p>The minute of the meeting held on 13 November 2024, having been previously circulated, was approved, as a true and accurate record of discussions.</p>	
<p>4. <u>Review of actions from previous meeting / Matters arising that are not included elsewhere on the agenda:</u></p> <p>4.1 <u>Serious Assault:</u></p> <p>The action from the last meeting was for 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>KFL confirmed DL had completed a first review of this.</p> <p>4.2 <u>RAs for Work Placements:</u></p> <p>Discussed under Item 10 – Health, Safety & Wellbeing Advisor update.</p> <p>4.3 <u>First Aiders administering medication to students:</u></p> <p>Discussed under Item 10 – Health, Safety & Wellbeing Advisor update.</p>	
<p>5. <u>Feedback on the Policies and Procedures (PPs) Sub-Group</u></p> <p>5.1 <u>Policy and Procedures Group (PPs): Approval Routing</u></p> <p>IB explained the previous process for approval routing for PPs, which had not been working well. IB advised he had updated the Health and Wellbeing Group PerthHub page and changed it to the Policies and Procedures Group page. PPs for approval would now be uploaded to this page for the Group to review.</p> <p>It was suggested that IB use Task Manager/Flow as this would indicate who had carried out the review/work on the documents.</p> <p>There was some discussion regarding the process of editing/ commenting/approving the PPs and it was then agreed that all those who received the PP needed to respond to confirm, either way, whether or not they approved the PP.</p> <p><u>Action:</u> IB to investigate appropriate use of technology for the best way to monitor/tracking responses within the documents.</p>	<p>IB</p>

Item	Action
<p>6. Minutes from the Stress Management Group (SMG) (Paper 2)</p> <p>6.1 <u>The minutes of the previous SMG meeting</u>, Minutes of SMG, a formal sub-committee of the HSC, were circulated to HSC members for their information and were noted.</p> <p>6.2 <u>ToR Stress Management Group (Paper 3)</u></p> <p>Approved: The ToR for SMG had been circulated to HSC members and the ToR was, therefore, approved by the Committee.</p>	
<p>7. Internal Audits</p> <p>IB said these Audits were carried out in August 2024 and there were some minor actions. IB then provided a brief review of each of the Audits.</p> <p>The common feature of all of these audits was that areas were playing catch-up with their actions.</p> <p>JM said there was a lot of COVID information in the assessments folder.</p> <p>IB said that general assessments only needed to be kept for 3 years, but the COVID information should be archived.</p> <p>GW suggest that IB add a comment to the workflow to prompt actions.</p> <p>Actions:</p> <ul style="list-style-type: none"> • GW, IB and KFL to investigate adding H&S items that require to be recurrently reviewed to staff calendars. • It was agreed that there needed to be some training on the type of electronic tools that could be used to track actions and calendar insertions. <p>7.1 <u>New Audits Completed</u></p> <p>7.1.1 <u>HR & OD Team (Paper 4)</u></p> <p>Noted.</p> <p>7.1.2 <u>Estates Facilities Team (Paper 5)</u></p> <p>Noted.</p>	<p>GW, IB, KFL</p> <p>KFL, IB</p>

Item	Action
<p>7.1.3 <u>Executive Office</u> (Paper 6)</p> <p>Noted.</p>	
<p>7.1.4 <u>Language School</u> (Paper 7)</p> <p>Noted.</p>	
<p>7.1.5 <u>Estates Admin and Maintenance Team</u> (Paper 8)</p> <p>Noted.</p>	
<p>8. Health & Safety Accident & Incident Statistics – Quarter 2 - AY24-25 (Paper 9)</p> <p>IB reviewed his paper and spoke to the statistics recorded therein.</p> <p>DG asked what lessons had been learned.</p> <p>IB said that sports injuries were always going to happen, but it would be important to encourage students to look after themselves.</p> <p>GW asked if IB benchmarked the College's statistics against other colleges.</p> <p>IB said that he did not normally do this, but there was work being carried out on the sector statistics through CDN.</p>	
<p>9. Depute Principal Commitments – IOSH (Paper 10)</p> <p>LM spoke to her attendance at the IOSH for Directors course and as part of this she was required to make some personal commitments.</p> <p>One of the commitments she had itemised was to make sure that systems and processes were adequate and there was effective monitoring.</p> <p>A further commitment was to ensure increased awareness of H&S by staff and she asked HSC members for suggestions on what could be shared with staff, including good practice. HSC members agreed that this would be a good idea and it was, therefore, agreed to add 'Key Messages' to the end of the agendas, going forward, to capture this information for onward dissemination.</p> <p>Action: LM and IB to meet to review the H&S systems that were in place and identify any gaps.</p>	<p>CSW</p> <p>LM, IB</p>

Item	Action
<p>10. Health, Safety and Wellbeing Advisor update <i>(any other items not included elsewhere on the Agenda)</i></p> <p>IB provided an update, which included the following items:</p> <p><u>H&S Risk Programme:</u> IB continued to follow-up on the higher risk areas. He was conducting 3 audits per month and departments received notification 6 weeks in advance of their audit, in order for them to prepare.</p> <p>IB advised he had requested departments create H&S areas within their own PerthHub pages so that IB could access their H&S documents, to check them. He would then be able to advise what work was still required to be carried out on any actions. IB said he had requested 'read only' access and for the links to these pages to be sent to him.</p> <p><u>H&S Documentation:</u> IB requested any queries should be sent to him regarding what documentation departments should have.</p> <p><u>In-house training:</u> IB advised he had set training dates for: General RA, Manual Handling RA, COSH RA and Stress Management. IB said the uptake previously, for this training, had been very low. However, he had scheduled further dates. With staff leaving under VS, IB thought that this might leave departments short of competent staff to carry out these RAs and he asked HSC members to encourage their teams to send staff to be trained.</p> <p><u>DSE & Home Working RA:</u> IB asked HSC members to remind their staff to complete these assessments. In light of GDPR rules, there followed a discussion about where these RAs should be kept, as they contained personal details of staff. It was agreed that line managers would hold them, in an area that could be accessible in terms of business continuity, but copies would also be sent to HR as a back-up.</p> <p><u>Action:</u> KFL, IB and JM to meet to draw up a process for storing the DSE and Home Working RAs.</p> <p><u>Workplace Inspections:</u> IB stressed the housekeeping aspects of this process and these were not being completed, with faults not being reported and repairs not being made. Staff were not following the checklist and when it came time to inspections, departments were then playing catch-up. This inspection checklist should be completed annually.</p>	<p>KFL, IB, JM</p>

Item	Action
<p><u>First Aiders</u>: IB advised he would be looking to recruit additional First Aiders, but any volunteers would need to ensure they were able to leave their work immediately, when a first aid call came in, prior to applying to be a first aider.</p>	
<p><u>10.1 Fire Evacuation Drill De-brief</u></p> <p>IB provided feedback on the fire evacuation drills and highlighted some of the issues.</p> <p>The 4th February drill in Brahan took 5 mins for everyone to evacuate. Not all the Fire Marshalls were available due to some working from home and, as a result there were some areas which did not provide a declaration that they were cleared. An assumption was then made that if no other staff evacuated, after 3 minutes, it was assumed the areas were clear.</p> <p>IB said that staff were not communicating with students as to what the students should be doing once they exited the buildings.</p> <p>XM advised that some students had been confused about where their evacuation areas were and also that they did not know that the alarm was a fire alarm when it sounded. XM said that there needed to be more induction for students on emergency evacuation.</p> <p>IB agreed that the students did not seem to be receiving a site safety induction.</p> <p>GW said that he did have concerns about the actual fire evacuation and what we do as staff. There was a gap in terms of induction for staff and students about this. GW queried if there was an induction pack for staff and students for example on PerthHub.</p> <p>NI said that most courses would have a course handbook and this should indicate a fire safety induction should be carried out. NI thought there should have been a drill closer to the start of the academic year, rather than in February.</p> <p>There followed a discussion about the fire alarm tests that were carried out. It was noted these used to be during the day, but had been moved to early morning, before buildings were fully operational, due to a number of reasons. It was, therefore, agreed that the fire alarm test would return to being carried out during the day, at 9.00am, before classes fully commenced, and weekly, every Tuesday. It was also agreed there should be a fire drill at the start of every Semester.</p>	<p>GW</p>

Item	Action
<p>The 20th February fire drill in Goodlyburn took less than 5 minutes to clear. However, there was no duty Receptionist to log clear areas. IB listed some of the issues and any that had been remedied.</p> <p>It was noted that the 10th February fire drill in ASW took less than 4 minutes for the building to clear. IB listed some of the issues and any that had been remedied.</p> <p>IB added that, in the Brahan Building, everyone tended to use the central stairwell for evacuation and that stairwell was not fire protected. IB said people needed to be educated on exiting the building in an evacuation and that they needed to use the correct evacuation stairwells allocated to their section of the building.</p> <p>The other point of note was that some of the evacuation assembly points were not suitable. For example, the Goodlyburn ones were on playing fields which were often waterlogged.</p> <p>Action: GW and IB to review the evacuation assembly points as some of these were not suitable.</p> <p>GW queried if there had been an actions list drawn up following these drills, so that there was a lessons learned log that could be shared with HSC members.</p> <p>Action: KFL and IB to meet to discuss a 'lessons learned' log, with questions answered and then brought to HSC for discussion.</p>	<p>GW, IB</p> <p>KFL, IB</p>
<p>10.2 <u>Security Incident Reporting</u> (Paper 11)</p> <p>IB referred to the appendix to the Site Security Policy which was a form to complete for incident reporting and which should be completed by staff. However, IB queried what was happening regarding incidents that were not reported via this form, or information on incidents that had been reported, not being passed on to appropriate staff.</p> <p>KFL felt there was a section missing on the form which should indicate the actions to be taken after any incident.</p> <p>Actions:</p> <ul style="list-style-type: none"> HSC members were asked to review this form and provide feedback to IB within the week. GW and IB to then meet to review the form; to also discuss the action path for the incident information, who needed to know about any incident, and to add this information to the form. 	<p>All</p> <p>GW, IB</p>

Item	Action
<p>11. Director of Estates – Update</p> <p><u>10 2-way radios:</u> GW confirmed that these radios had now been delivered and would be distributed to the Caretakers, all Receptions, Aramark, IB and there would be one in the Estates Office, to allow for co-ordination of any emergency situation on campus.</p> <p><u>Brahan Lift:</u> A provisional date of 10th March had been earmarked for work to commence on the Brahan lift. Anyone aware of why they felt the work could not start on this date, was asked to let GW know. The lift carriage would not leave the factory until 7th April, so it would not likely be in operation until after the Easter break.</p> <p>IB raised the matter of re-direction signs if the works to replace the lift would affect fire routes and IB said he would meet with the Estates Officer to review this.</p> <p><u>Planned SSE power outage:</u> GW advised there was a planned power outage from Thursday (20th) 10pm to Friday 10am in this area. This would mean there would be no WiFi and alarms would be on battery settings; servers would also be down etc. GW advised that all areas would need to shut down all electrical items prior to leaving the College on the 20th.</p> <p>JM advised that there was a general risk to the IT services but, in particular, she was concerned about the UPS switches, which were all at end of life and there was an increased risk these would not come back online when the power returned.</p> <p><u>Extension cables:</u> There were now guides on PerthHub for the safe use of these extension cables, which were only meant to be used for short durations.</p> <p><u>Risk Assessments:</u> Every single job that Estates completes now has a RA attached to it.</p> <p><u>Contractors RA:</u> Procurement had now set up a folder in their system for when new contractors were appointed, where their insurances, RAs etc would be stored, so that Estates and IB had access to be able to check these documents were current and applicable.</p> <p><u>Training:</u> A member of the Estates Team would be absent in March as they would be completing the Site Safety Managers training, which would enhance their construction safety knowledge.</p>	<p>IB</p>
<p>12. Sickness Statistics (Paper 12)</p>	

Item	Action
<p>KFL provided feedback on her paper.</p> <p>HSC noted the paper.</p>	
<p>13. ToR for HSC - Update</p> <p>KFL advised the ToR had been updated and that the requirement for a Board member to attend had been removed. KFL advised the Board did not feel they needed to have someone present at these meetings at the moment and if they had any concerns they would speak to GW, as Chair of the HSC committee.</p> <p>Approved: The HSC ToR update was approved.</p>	
<p>14. AOCB</p> <p><u>Key Messages</u></p> <p>It was agreed the following should be added to the monthly staff communication:</p> <ul style="list-style-type: none"> • 9am Tuesday, weekly, for Fire Alarm test, commencing in March. A note to the communication to be added to explain why this was being done. Fire drills would also be carried out at the start of each Semester on a random date. • Extension Lead guide information is now available on PerthHub. • H&S Workplace Inspection checklists: sharing good practice and guides to be included in the monthly staff comms. <p>Action: GW to gather these messages and send them to Marketing.</p>	<p>GW</p>
<p>15. Date of Next Meeting:</p> <ul style="list-style-type: none"> • 14 May 2025 <p>All meetings take place on Wednesdays, 14.00–16.00, Room 019.</p>	
<p>Meeting finished at: 11.22.</p>	

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

AUDIT COMMITTEE**Paper 1****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 & Resources Committee. Care should be taken, however, to avoid undertaking work that properly belongs to the Finance & Resources 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 May 2025