

Audit Committee

Agenda

Meeting reference: Audit 2025-26/01

Date: Tuesday 30 September 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
1	Welcome and Apologies		Chair	
2	Additions to the Agenda			
3	Declaration of a Conflict of Interest in any Agenda Item			
4	Minutes of the Meeting of Audit Committee held on 28 May 2025		Chair	Paper 1
5	Actions arising from previous minutes			
6	Items for Approval/Endorsement			
*6.1	Annual Health & Safety Report (including H&S Policy Statement)	Health Safety & Wellbeing Adviser	Director of HR & OD	Paper 2
7	Monitoring & Compliance			
*7.1	Enterprise Risk Management Report & Strategic Risk Register (including Audit Actions Update)	Project & Risk Officer	Depute Principal (Operations)	Paper 3
*7.2	Code of Good Governance – Annual Review of Compliance	Clerk	Chair	Paper 4
8	Audit Plans, Reports & Updates			
*8.1	Internal Audit Report 2025/01 – Review of Finance Function	Internal Auditor	Internal Auditor	Verbal
*8.2	Internal Audit 2025/26 - Final Annual Plan & Progress Report	Internal Auditor	Internal Auditor	Paper 5

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	Agenda Items	Author	Led by	Paper
8.3	Section 22 & Wider Scope External Audit Reports – update	Depute Principal (Operations)	Depute Principal (Operations)	Verbal
9	FOI & Data Protection			
*9.1	Freedom of Information & Data Protection quarterly update	Clerk	Clerk	Paper 6
10	Committee Updates			
*10.1	Amendments to Terms of Reference for Health & Safety Committee	Director of HR & OD	Director of HR & OD	Paper 7
11	Date and time of next meeting: • Monday 08 December 2025	Clerk		
*12	Review of Meeting (Committee to check against the Terms of Reference to ensure all competent business has been covered)			Paper 8

Audit Committee

DRAFT Minutes

Meeting reference: Audit2025-25/04

Date: Wednesday 28 May 2025

Location: Online

Members present: Debbie McIlwraith Cameron, Chair, Audit Committee

Chris Lusk, Board Member

Chris Whatley, Board Member

Richard Fyfe, Staff Board Member

Andi Garrity, Student Board Member

In attendance: Lynn Murray, Depute Principal (Operations)

Katy Lees, Director of HR & Organisational Development

Ian McCartney, Clerk to the Board

David Archibald, Henderson Loggie, Internal Auditor

Sandy Denholm, Deloitte's, External Auditor

Apologies: Stuart Inglis, Henderson Loggie, Internal Auditor

Chair: **Debbie McIlwraith Cameron**

Minute Taker: Ian McCartney

Quorum: 3

MINUTES

Item		Action
	Prior to commencement of formal business, Chair briefed Committee on the current Terms of Reference, and members each provided an overview of their relevant experience to Committee.	
1.	<p>Welcome & Apologies</p> <p>Chair welcomed all to meeting, particularly to new members of the Committee, and noted apologies.</p>	
2.	<p>Additions to the Agenda</p> <p>Chair noted that Item 7.2 had been deferred to a later date.</p> <p>Depute Principal (Operations) requested that a verbal update be provided to Committee around Section 22 notice. This would be delivered at the conclusion of scheduled business, as Item 13.</p>	
3.	<p>Declaration of Conflict of Interest in any Agenda Item</p> <p>There were no conflicts of interest noted.</p>	
4.	<p>Minutes of Meeting of Audit Committee, 19 March 2025</p> <p>The minutes were approved as a true and accurate record of the meeting.</p>	
5.	<p>Matters Arising from previous minutes</p> <p><u>Item 7.1 – Internal Audit – Progress Report to March 2025</u></p> <p>Committee were asked to note that a number of pieces of work were being taken forward in parallel following agreement to prioritise a review of the Finance Function and Budgeting processes, and fieldwork has now commenced in this substantive area.</p>	
6.1	<p>Enterprise Risk Management Report & Strategic Risk Register</p> <p>Depute Principal (Operations) presented Paper 3, a Full Risk Report showing progress against risks outlined by the ERM Risk Register.</p> <p>Depute Principal (Operations) noted that the percentage of controls complete was still low, and advised that the Financial Consultant for the UHI Perth Recovery Plan had commented that the ERM was overly complex for UHI Perth's needs and suggested that Audit Committee review reporting needs. Depute Principal (Operations) further noted that the UHI Finance Directors Group</p>	

	<p>were looking to align with EO in terms of risk reporting.</p> <p>Chair noted for new members' benefit that the ERM had been championed and implemented by a senior member of staff who is no longer with the organisation, and a previous committee had agreed to let the report run for a year after their departure due to the amount put into the reporting mechanisms. Chair expressed support for alignment with the rest of UHI in this area.</p> <p>Internal Auditor advised that there had been discussion at UHI Audit Committee around a 2-way process around Common Risks as it had been recognised that there needed to be joint solutions for joint problems.</p> <p>Committee NOTED Paper 3, and AGREED to take forward closer alignment with UHI re reporting of Risk.</p>	
7.1	<p>Risk Appetite Review</p> <p>Depute Principal (Operations) presented Paper 4, noting that it was good practice to regularly review risk appetite, and that a reviewed risk appetite scoring would be taken forward to Board for consideration. Committee were also advised that the recent addition of a People category to the risk profile made review of risk appetite at this time sensible.</p> <p>Staff Board Member queried whether recent staff leadership changes should be specifically reflected within the People Risk. Depute Principal (Operations) advised that steps were being taken to fill any leadership gaps. Chair advised that this issue is likely to be addressed by Board at its next meeting, however Committee's discussion on the matter would be flagged appropriately.</p> <p>Internal Auditor advised that the Internal Audit Annual Report was reporting that risk scores are above appetite levels, so intervention is timely.</p> <p>Committee NOTED Paper 4</p>	
7.2	<p>Deferred to Future Meeting</p>	
7.3	<p>Health & Safety Committee – Terms of Reference Review</p> <p>Director of HR presented Paper 6 for approval, noting that the ToR required review in order to remove the AST member from the membership list.</p> <p>Committee APPROVED Paper 6.</p>	

8.1	<p>Internal Audit Progress Report to May 2025</p> <p>Internal Auditor presented Paper 7 for information, noting that reporting was broadly on track per the Plan.</p> <p>Internal Auditor noted that the Financial Sustainability review had been paused due to a separate additional review re Finance Function as noted previously.</p> <p>Committee NOTED Paper 7.</p>	
8.2	<p>Internal Audit Report 2025/05 – Student Engagement</p> <p>Internal Auditor presented Paper 8, noting a positive review with many positives around internal relationships. Internal Auditor highlighted the level of student representation at the highest levels of UHI Perth committee structure, including Audit Committee, and noted the 5 key recommendations.</p> <p>Student Board Member advised Committee of the planned training being undertaken by HISA over the coming months before noting some minor corrections to nomenclature within the report. Internal Auditor advised that these items for corrections would be discussed directly with Student Board Member and reflected in a revised report in due course.</p> <p>Committee NOTED Paper 8.</p>	Internal Auditor
8.3	<p>Internal Audit Report 2025/06 – Publicity & Communications</p> <p>Internal Auditor presented Paper 9, noting that the review had concluded this area as Requires Improvement.</p> <p>Internal Auditor noted that the review recognised the work that had been undertaken, and made recommendations around enhancing what is already in place, however the report was timely given recent press coverage surrounding UHI Perth.</p> <p>Internal Auditor highlighted the key recommendations before Committee discussed substantive items and potential approaches.</p> <p>Board Member noted that UHI Perth was a complex organisation, with particular regard to relationships with UHI – there are different marketing procedures and protocols that often conflict with each other, however this a key priority in terms of achieving required intake of students by September 2026, therefore this report is extremely timely; however, it's important that UHI Perth don't take this forward in isolation.</p> <p>Board Member noted that communications appeared too reactive</p>	

	<p>and queried how effective the organisation had been at forging effective relationships with politicians and other key stakeholders. Additionally, there needed to be greater positivity – UHI Perth has a story to tell and that doesn't need to be in contradiction to UHI.</p> <p>Director of HR advised that the Communications Strategy was currently being reviewed. Depute Principal (Operations) further advised that UHI Perth was also currently working with a specialist Communications Consultant, and PLG will be taking forward ideas around positive stories.</p> <p>Committee NOTED Paper 9.</p>	
8.4	<p>External Audit – Draft Annual Plan – Year to 31 July 2025</p> <p>Depute Principal (Operations) outlined Paper 10 which provided an update on current and expected progress re the 2024/25 Financial Statements. A full Plan would be issued for online approval ASAP.</p> <p>External Auditor noted that the timelines presented seemed reasonable however there were a number of complexities to be considered within the Plan, however both parties were signed up to have accounts fully signed off by the end of the Calendar Year.</p>	Depute Principal (Operations)
9.1	<p>Freedom of Information & Data Protection – Quarterly Update</p> <p>Clerk presented the Freedom of Information & Data Protection quarterly update, highlighting the circumstances surrounding the spike in SAR requests during the quarter to 30 April 2025.</p> <p>Committee NOTED Paper 11.</p>	
9.2	<p>ICO Accountability Tracker – Progress Report</p> <p>Clerk presented the bi-annual review of the ICO Accountability Tracker around compliance in Data Protection, noting the limited progress to date.</p> <p>Committee NOTED Paper 12.</p>	
10.1	<p>Committee Updates</p> <p>Committee received & NOTED minutes of the Health & Safety Committee from 19 February 2025.</p>	
11.	<p>Date & Time of Next Meeting</p> <ul style="list-style-type: none"> • Tuesday 30 September 2025 	

12.	<p>Review of Meeting</p> <p>Committee confirmed that the meeting had been conducted in line with its Terms of Reference.</p>	
13.	<p>Section 22 Notice</p> <p>Depute Principal (Operations) briefed Committee on the Section 22 Notice that had recently been published on the Parliamentary website, advising on the scope of the investigations. Depute Principal (Operations) noted that an Audit Manager has been appointed, however timescales are yet to be confirmed and the issue will impact on the External Auditor's wider-scope work.</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	Audit Committee
Subject	Annual Health, Safety and Wellbeing Report
Date of Committee meeting	30/09/2025
Author	Ian Bow, Health, Safety and Wellbeing Advisor
Date paper prepared	15/09/2025
Executive summary of the paper	<p>This report is intended to give board members, senior management and all stakeholders an understanding of health, safety and wellbeing arrangements in place within the College, and to provide assurances on the adequacy of these measures.</p> <p>This report is a statement of UHI Perth health and safety management for the academic year 2024/25 and its intentions going forward for 2025/26 and beyond.</p> <p>This report highlights the key health and safety measures and systems within our Safety Management System to minimise risk and ensure the health, safety and wellbeing of our staff, students and visitors.</p> <p>UHI Perth is committed to continual improvement of health and safety. The contents provide a review of management arrangements, health and safety activities and lessons learned in this reporting period.</p>
Consultation Please note which related parties, stakeholders and/or Committees have been consulted	<p>Health and Safety Committee</p> <p>Full approval and signing of the H&S Policy Statement is required at Board of Management.</p>
Action requested	<p><input type="checkbox"/> For information</p> <p><input checked="" type="checkbox"/> For discussion</p> <p><input type="checkbox"/> For endorsement</p> <p><input type="checkbox"/> For approval</p>

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<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 the College, or mitigate against existing risk?</p> <p>(If yes, please provide details)</p>	<p>Yes</p> <p>Outline of actions taken by the college</p>
<p>Link with strategy</p> <p>Please highlight how the paper links to the Strategic Plan, or assist with:</p> <ul style="list-style-type: none"> • Compliance • National Student Survey • partnership services • risk management • other activity [e.g. new opportunity] – please provide further information 	n/a
<p><u>Equality and diversity</u></p> <p>Does this activity/proposal require an Equality Impact Assessment?</p> <p>If yes, please give details:</p>	No
<p><u>Data Protection</u></p> <p>Does this activity/proposal require a Data Protection Impact Assessment?</p> <p>If yes, please give details:</p>	<p>No</p> <p>Click or tap here to enter text.</p>

Perth College UHI

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

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

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

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

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

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

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



Annual Health, Safety and Wellbeing Report

Academic Year 2024-2025

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Executive Summary

The Academic Year 2024-25 has seen many challenges with the reduction in staffing and uncertainty regarding the financial situation causing additional stressors for our students and staff. A re-organisation of the management structure has highlighted where health and safety training resources should be directed.

UHI Perth has over 5,500 students and over 400 employees. Whilst we adapt to a new structure, roles and responsibilities, new ways of study and work in these challenging times, we understand the pressures our employees and students face. Every effort has been taken to ensure we provide a healthy and safe work environment where employees and students can thrive.

Where staff have moved into new roles with a management responsibility, they have undertaken Managing Stress training to address the stressors within their area of responsibility and to conduct stress surveys and risk assessments for their departments, teams and individuals.

Some of our work environments deemed as “medium risk” and most of the “low risk” areas were subject to Health and Safety compliance audits. As stated in last year’s report, the audits were conducted under a revised methodology with the main focus on compliance with legislation and UHI Perth policies. These audits were instrumental in highlighting strengths and weaknesses within our Safety Management System.

Focus for this period concentrated on training and risk assessment where steps have been taken to train and refresh competencies of our employees, especially those with specific health and safety responsibilities. Following the restructuring of management roles, the imperative was to ensure that “new” postholders had the requisite skills and knowledge.

Introduction

This annual report sets out UHI Perth's occupational Health, Safety and Wellbeing performance during the period 01 August 2024 to 31 July 2025. As with previous reports, it is split into several sections covering the key health, safety and wellbeing issues. The report is compiled by the Health, Safety and Wellbeing Adviser with additional input from Human Resources and Organisational Development, Student Services, Student Experience and the Academy for Sports and Wellbeing.

The report shall provide the Principal and Chief Executive, Board of Management, Health and Safety Committee and all stakeholders detail of the actions and initiatives taken to enhance the health, safety and wellbeing of our employees and students.

1. Health and Safety Management

1.1 Policy

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

1.2 Planning and Implementation

UHI Perth, (the College), as the employer, has a legal duty to put in place suitable arrangements to manage Health and Safety. The Management of Health and Safety at Work Regulations 1999 requires the College, as the employer, to ensure measures are in place to control health and safety risks. The Health and Safety Executive (HSE) state the employer should have processes and procedures in place to meet the legal requirements and as a minimum:

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

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



The Policy and Procedure Group (a sub-group of the Health and Safety Committee) are continuing to review policies and procedures in line with recommendations made by the Henderson Loggie external audit in May 2020. Each health and safety related policy and procedure is reviewed by the Health and Safety Committee every 2 years, the exception being the main document, the UHI Perth Health and Safety Policy and Procedures, which is reviewed annually.

UHI Perth has 20 such documents relating to Health and Safety. During this reporting period, the group have reviewed 6 policies and procedures in line with the 2 yearly review period. There are 3 policies outstanding which should be approved by December 2025.

Policies reviewed are:

- Health and Safety Policy and Organisation
- Health and Safety Policy Arrangements
- Working at Height Policy
- Smoking Policy
- Manual Handling Policy
- Water Management Policy

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

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

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

1.3 Cooperation and Communication

The Health and Safety Committee consists of representatives from curriculum areas, professional and support services departments, Trades Unions and Students and is the forum for discussion, information and consultation. Membership was expanded during this reporting period to include additional representatives from Professional Services. The Committee has met on 4 occasions in this reporting period. Membership of the committee consisted of:

- Director of Estates (Chair)
- Director of Curriculum, AHE
- Director of Curriculum, BSTW
- General Manager, ASW
- Director of Teaching, Learning & Quality Enhancement
- Director, Student Experience
- Director of Finance
- Director of Information Services
- Director of HR & OD
- Depute Principal, Operations
- Director – Centre for Mountain Studies
- Health, Safety and Wellbeing Adviser

- EIS H&S Representative
- Unison H&S Representative
- Board of Management 'H&S Champion'
- HISA Representative

It should be noted that no Member of the Board of Management attended any of the meetings during the academic year and the Board of Management have confirmed that this role is no longer required so will not be in place for the 25/26 academic year going forward.

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

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

1.4 Training and Competence

The Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999, place duties on the College as the employer to provide suitable and sufficient information, instruction and training in order to ensure health and safety compliance and competence of employees to carry out their role.

All new starters undergo a thorough induction which details areas to be covered on day 1 of employment, week one and end of week two. This covers a number of health and safety areas such as fire evacuation, first aiders and accident reporting. This is then followed up with more detailed mandatory health and safety training (E-Learning).

Mandatory e-learning modules are to be completed within the probationary period then refreshed every 3 years. Online mandatory Health and Safety training on the Brightspace and Marshalls platforms is monitored by Human Resources (HR). Below is a table indicating overall levels of compliance.

Table 1. Mandatory Health and Safety e-learning (Current Employees)

Mandatory Module	Completed	Overall
Health and Safety Induction	328	80%
Fire Awareness	367	89.5%
Stress Awareness	364	89%
Health & Safety 1	365	89%
Health & Safety 2	367	89%

In-House Training

Health and safety training needs are identified in a number of ways including Professional Development Reviews (PDRs), regular one to ones, team meetings and through the health and safety audit process. The Health, Safety and Wellbeing Advisor delivers various in-house training and ensures that training is consistent with our duties and legal responsibilities. During this reporting period the Health, Safety and Wellbeing Adviser has conducted 16 in-house face-to-face training sessions with a variety of employee groups.

Training Course Subject	Trained 2024-25	Total Trained	Outcome/Impact
Managing Stress for Managers	5	50	Providing managers the confidence and tools to initiate conversations and conduct stress risk assessments (both team and individual).
General Risk Assessor	13	67	To provide teams and departments with staff who can conduct suitable and sufficient risk assessments for tasks, processes and activities within their work environment.
IOSH Managing Safely refresher	5		To ensure UHI Perth managers, supervisors, and team leaders have an understanding of health and safety principles and the practical skills to manage risks effectively in the workplace.
COSHH Risk Assessor	3	13	To provide departments with competent assessors who can conduct suitable and sufficient risk assessments on hazardous substances stored, used or generated in tasks, processes and activities within their work environment.
Manual Handling Risk Assessor	1	7	To provide departments where "hazardous manual handling" has been identified with competent assessors to conduct suitable and sufficient risk assessments on hazardous manual handling within their work environment.
Emergency Evacuation Evac+Chair	9	29	To provide UHI Perth with suitably trained staff to assist in emergency evacuation of a building using the dedicated evac-chairs

Our 12 Nominated First Aid trained personnel are certified for 3 years as competent. Prior to their certification ending, they are given the opportunity to requalify. We have trained an additional 2 employees to add to our first aid on-call rota but have lost 3. We shall be seeking more employees to become nominated first aiders. The Academy of Sports and Wellbeing (ASW) have an additional 11 employees trained in first aid during this academic year.

Scottish Mental Health First Aid training is ongoing with an additional 29 employees completing the course which teaches people how to identify, understand and help someone who may be experiencing a mental health issue.

1.5 Risk Management

Risk management is a step-by-step process for controlling health and safety risks caused by hazards in the workplace. A sensible approach to health and safety means focusing on the significant risks, those with potential to cause real harm and suffering, and avoiding wasting resources on everyday and insignificant risks.

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

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

Hazard surveys are conducted for each department and work environment in order to identify those hazards likely to cause harm, considering the tasks, processes and activities undertaken within the work environment. This is the foundation of the risk assessment process.

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

Our Estates Department engage contractors to conduct works on site. All approved contractors must provide the Estates Department with copies of their Risk Assessments and Method Statements (RAMS), which are examined and commented upon as required prior to any works commencing as well as their public liability insurance details. Contractors are given a Health and Safety Induction by a member of the Estates team prior to conducting any works. Additionally, work permits are issued by Estates for hot works, working with electricity, roof access etc.

Departmental workplace health and safety inspections are to be conducted by departmental employees twice a year, one at the beginning of each semester. The main benefit of these inspections is the raising of awareness by employees to issues they may overlook within their work environment. Negative issues are raised in an appropriate manner either via the Estates Department Trackplan reporting system, departmental or line managers or by seeking advice and guidance from the Health, Safety and Wellbeing Adviser.

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

1.6 Advice and Support

The Health, Safety and Wellbeing Adviser (HSWA) is the appointed "Competent Person" as per the Management of Health and Safety at Work Regulations 1999, Regulation 7 and the appointed "Responsible Person" on behalf of UHI Perth for the reporting of accidents and incidents which fall under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). In the absence of the HSWA, we have access to support and guidance from the Head of Estates at UHI Perth and other Health and Safety Competent Persons with the UHI Partnership.

The Health, Safety and Wellbeing Adviser continues to provide support and advice to management, employees and students. Audits and inspections in this reporting period has

identified a continuing requirement for health and safety related training as well as advice, guidance and assistance for risk assessment compliance.

2. Audit and Review

2.1 Internal Audits

Internal Health and Safety Audits identify strengths and weaknesses in the Safety Management System at organisational and departmental level and direct management and employees towards improvements, ensuring legal compliance and the application of UHI Perth policies and procedures. The above also raise the profile of Health and Safety with employees and students.

The internal audit questionnaire was reviewed in December 2023 by the Head of Estates, Sector Development Director for STEM and the Health, Safety and Wellbeing Adviser. The audit question set has undergone a fundamental change, reducing from 96 questions to 57 concentrating on legislative and policy requirements.

During this reporting period, 9 of the “higher” risk areas were re-audited. The question set is divided into 10 sections:

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

The grading system is in line with the overall ranking detail below, giving a percentage of conformity to the Audit Question Set although where a particular critical question relates to legislation or UHI Perth policy and is found to be non-compliant regardless of the overall percentage score, this would constitute an audit failure where immediate remedial actions are to be taken.

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

Common non-compliance issues found were non-review of risk assessments or no records of department workplace inspections. Other issues relating to policy non-compliance were incomplete mandatory health and safety e-learning and no competent departmental risk assessors. Following the audit, a summary and action plan is created and given to the responsible manager and head of department for scrutiny and action. Priority 1 observations require immediate response and resolution.

To ensure observations and actions from these audits are followed through, actioned and resolved, feedback is sought to provide an update of action plans and progress towards resolution to the Health and Safety Committee for scrutiny.

During this reporting period, audits concentrated on the “medium” and “lower” risk areas which are identified in the table below.

Table 2. Health and Safety Audits conducted

Date	Area	Audit Pass/Fail	Compliance Rating
22/08/2024	Science	Pass	98%
23/08/2024	Electrical Workshop	Fail	96%
05/12/2024	HR&OD	Pass	96%
12/12/2024	Executive Offices	Pass	90%
12/12/2024	ESOL	Fail	93%
28/01/2025	Estates Admin & Maintenance Team	Fail	86%
07/02/2025	SVS	Fail	91%
10/02/2025	Music Industries & Theatre Arts	Fail	81%
24/02/2025	Hair & Beauty	Pass	95%
05/03/2025	Sports, Fitness and Outdoor Education	Pass	95%
19/03/2025	NTP & Business Development	Pass	95%
20/03/2025	New Opportunities	Pass	97%
27/03/2025	Early Years & Education	Fail	86%
29/04/2025	Humanities & Social Sciences	Fail	81%
27/05/2025	Student Services	Pass	88%
02/06/2025	Computing	Pass	96%

Those areas with audit “Fails” have since the date of audit provided evidence of remedial actions and are now compliant.

2.2 External Audit

There has been no external audit this academic year. We are working towards improving elements of our Safety Management System as recommended by Henderson Loggie audit which identified two areas for improvement.

For Objective 2, a system is being developed to ensure managers and risk assessors are provided with timely reminders to review and approve their risk assessments. The HSWA will monitor departmental Health and Safety documentation held on their SharePoint area.

Objective 3 refers to UHI Perth Policy for completing and remaining current with e-learning health and safety modules held on our two e-learning platforms. Human Resources run reports monthly on mandatory training compliance and inform the relevant manager of any non-compliance. The managers will then ensure the employee completes the required training modules.

Objective		Findings			Actions already planned
		1	2	3	
		No. of Agreed Actions			
The objective of the audit was to obtain reasonable assurance that the College has:					
1. A Health, Safety and Wellbeing policy and documented procedures which are communicated to all staff	Good	-	-	-	✓
2. A formal risk identification and assessment process.	Requires Improvement	-	1	1	
3. A Health, Safety and Wellbeing training programme which includes induction training, refresher training and training for new equipment and legislation.	Requires Improvement	-	1	-	
4. Regular monitoring of Health, Safety and Wellbeing systems to ensure that they are functioning effectively including Health and Safety audits, carried out either internally or by external agencies such as the Health and Safety Executive.	Good	-	-	-	
5. An incident and accident recording system with follow-up and implementation of new controls where required.	Good	-	-	-	
6. Regular reporting of Health, Safety and Wellbeing to the College Senior Leadership Team and to the Board of Management.	Good	-	-	-	
Overall Level of Assurance	Satisfactory	-	2	1	System meets control objectives with some weaknesses present.

2.3 Departmental Health and Safety Inspections

As noted in the Internal Audits, the completion and recording of Departmental Health and Safety Inspections using the Workplace Inspection Checklist document has slipped again in some areas. The reduction of questions in the audit question set was due to duplication of

themes in the workplace inspection checklists, therefore there was an expectation for many more being sent to the HSWA although most are held in the department files.

Formal department workplace inspections should be conducted and recorded each semester. Managers and employees are required to examine:

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

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

In order to monitor and maintain compliance, the HSWA has “read only” access to departmental health and safety SharePoint areas. This also allows for timely reminders to be sent regarding completion or reviews of health and safety documentation and to provide advice and guidance.

3. Monitoring Performance

3.1 Proactive and Reactive Monitoring

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

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

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

Reactive monitoring is about dealing with issues, accidents and incidents after an event has occurred. Reactive monitoring of safety measures is about putting things right, correcting the fault and putting in place measures to stop the event happening again. Reactive safety measures include:

- Accident reporting

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

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

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

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

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

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

3.2 Key Performance Indicators (KPI's)

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

3.3 Accidents, Incidents and Near Misses

During this reporting period there have been 74 reported accidents and incidents requiring first aid intervention, slightly up on last year. The majority of these have been sporting injuries (28) suffered by members of the public followed by slips, trips and falls (13). Appendix 2 of this report shows a graphical display of the full academic year, and the quarterly statistics reported to Health and Safety Committee. Also included in Appendix 2 are year-on-year graphs for comparison from the academic year 2021-22 to 2024-25.

Accident, Incident, Near Misses etc. are reported quarterly to the Health and Safety Committee. Annual statistics show a small increase of reports from last year with the number of students and employees being injured remaining static. In addition, it is noted that the number of injuries to members of the public in our Academy of Sports and Wellbeing (ASW Commercial) has increased. For UHI Perth Key Performance Indicators

(KPI's) reporting purposes, the number of members of the public injured during sporting activities is subtracted from the overall total for benchmarking purposes.

Of all the incidents, 36 were classed as "Negligible", a minor injury requiring minimal First Aid and a return to work/activity. 37 were classed as "Low", again a minor injury requiring minimal First Aid and a return to work/activity but with possible repercussions. There was 1 "Medium" incident requiring First Aid and/or further treatment off site with an absence from work or study and finally. No "High" grade incidents were reported which require medical treatment and stay in hospital and absence from work or study for over 7 days.

There have been no instances where the Health and Safety Executive must be informed under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

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

There were 6 Hazard reports including vinyl flooring raised and causing a trip hazard, defective corridor lighting, unsafe positioning and security of a speaker on the theatre gantry and the ingress of cigarette smoke and vaping above the Brahan main entrance.

6 Near Misses were reported during this period. Main concern raised was a strong smell of electrical burning which was investigated with no apparent source but eventually turned out to be a burnt out passive infrared sensor (PIR). Others included an unstable work surface being used and equipment falling from it, trip hazard at a building entrance and unauthorised use of the strength and conditioning suite.

Hazard and Near Miss reporting remains well below what would be expected within an organisation our size. Emphasis on informing employees and students to report instances is ongoing. All reports were investigated, and suitable measures put in place where required and practicable. No injuries were sustained.

3.4 Sickness Absence

The total days lost due to sickness absence for the period was 2702.21 days. Short term sickness absence (less than 4 weeks) attributed to 1414.21 days lost and long term attributed to 1292 days lost.

A comparison with the period August 2023 – July 2024 shows a decrease in the total days lost due to sickness absence of 9.47% which is 25.5% less than last academic year.

There was a decrease in short term sickness absence for Professional Service Staff (-6.39%) and Academic staff (-19.97%) however there was an increase in Management staff (61.58% increase – which due to numbers of staff in this group equates to a 58.5-day increase)).

There was also a decrease in long term sickness absence for Professional Services (-7.44) and Academic Staff (-31%), and an increase in Management staff of 100% as there was no long-term absence last year for Management.

The top three reasons for Long-term sickness absence were: Work-related stress (38%), Stress – Non work related (23.5%) and Cancer (10.7%).

The top three reasons for Short-term sickness absence were: Work related stress (16.3%), Cold/Flu (14.9%) and Surgery/Post Surgery Recuperation (11%).

Of the 33 members of staff who were off on long term sickness absence during the 2024-25 financial year and up to the point of creation of this report 6 chose to leave and we had one death in service.

Our aim is to ensure, where possible, that all colleagues who are absent from work have a successful and sustained return, in some cases this may be to an alternative role or a modified role where reasonable adjustments have been made. UHI Perth has also put reasonable adjustment passports in place to allow staff to have more visibility of the arrangements for reasonable adjustments and we support staff to submit access to work claims where possible.

There may be occasions where a successful and sustained return to work is not possible, for example, a colleague has a permanent medical condition which deems them incapable of undertaking employment to normal retirement age. In these cases, if a colleague is a member of the pension scheme, they may be able to access their pension benefits early. There were no such cases during 2024-25.

3.5 Fire Safety

Fire Risk Assessments were conducted by the HSWA on all Campus buildings in June 2025:

Brahan
Goodlyburn (including Dunne Aviation Hub)
ASW
Webster
Glen Lyon
Glen Almond
Glen Shee
Old Nursery

An additional fire risk assessment was conducted in July 25 for the accommodation flat in Webster

Minor observations noted during the assessments have been discussed with the Director of Estates and Estates Officer for corrective actions.

There were no callouts to UHI Perth buildings by Scottish Fire and Rescue Service (SFRS) during College hours in this reporting period, however, there were a small number of instances of fires being set in the College grounds after normal hours. SFRS attended and the police were informed.

There have been 4 fire evacuations of buildings on Campus in this reporting period, all of which were false alarms.

- Brahan level 3 training kitchen, smoke from empty tabletop fryer room activated corridor sensor and alarm.

- Call point in Goodlyburn accidentally knocked setting off alarm.
- Sensor in ASW activated due to steam from a kettle which did not automatically switch off.
- Brahan ground floor toilets next to library stairs, smoke alarm activated, suspected vaping.

Fire Evacuations Drills were conducted twice (one each semester) for Brahan, Goodlyburn, Webster and ASW. Each evacuation was conducted in good order with all occupants safely moving to designated fire assembly points.

To ensure the safe evacuation of persons with impairments (ie. mobility or sight) our 12 evacuation chairs located across the Campus were inspected and serviced in May 2025. Evac-Chair training sessions with our Evacuation Team identified difficulties using the chairs over the safety strips located in some of our stairwells. The raised textured safety strips were replaced with lower dimple textured flooring making it so much easier to manoeuvre persons in the Evac-Chairs without applying too much physical effort.

All emergency fire-fighting equipment (FFE) (extinguishers and blankets) were inspected and serviced in October 2024 with replacement equipment for all those past their shelf or servicing timeline.

Fire Awareness training (see 1.4 above) on the Brightspace platform continues as a mandatory requirement for all employees. Fire Marshall training on the same platform is obligatory to most academic staff and also those nominated to be Fire Marshalls for their work environment. To date, we have 290 trained Fire Marshalls.

4. Health and Wellbeing

4.1 Health and Wellbeing

During this academic year we have again promoted National No Smoking Day, Men's Health Week, Mental Health, Stress Awareness Month, Cancer awareness including Prostate Cancer and the new Employee Assistance Programme which replaces our offering from Rowan Counselling.

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

4.2 Stress Survey

In January 2025, we conducted a repeat stress survey with our employees using the Health and Safety Executive (HSE) Stress Management Standards Stress Indicator Tool (SIT) in order to determine the stressors being felt in the workplace. At the conclusion of the survey, the SIT mean scores for each of the six domains covered by the Management Standards was benchmarked with a comparative sample of 59,636 respondents from 110 UK public sector organisations.

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

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

UHI Perth is working towards the recommendations of the HSE Management Standards. The standards represent a set of conditions which if present:

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

The 2025 survey provided the comparisons below:

The Demands domain is below the 25th percentile, suggesting that employees' perceptions of their workload, work patterns and work environment are more negative than 75% of organisations in the comparative sample.

The Control domain is between the 25th and 75th percentile, suggesting that employees' perceptions of their work discretion and autonomy are aligned with the middle 50% of organisations in the comparative sample.

The Management Support domain is between the 25th and 75th percentile, suggesting that employees' perceptions of their support and feedback are aligned with the middle 50% of organisations in the comparative sample.

The Peer Support domain is between the 25th and 75th percentile, suggesting that employees' perceptions of peer respect, help and support are aligned with the middle 50% of organisations in the comparative sample.

The Relationships domain is between the 25th and 75th percentile, suggesting that employees' perceptions of their workplace relationships are aligned with the middle 50% of organisations in the comparative sample.

The Role domain is below the 25th percentile, suggesting that your employees' perceptions of their role clarity and conflict are more negative than 75% of organisations in the comparative sample.

The Change domain is between the 25th and 75th percentile, suggesting that employees' perceptions of change management are aligned with the middle 50% of organisations in the comparative sample.

To address the perceptions above and in particular stress in the workplace, we have initiated departmental, team and where required, individual risk assessments to establish local issues and perceptions and take actions to improve and alleviate the stressor.

We have promoted our e-learning Stress Awareness package as well as face-to-face training as well as face-to-face Managing Stress for Managers training sessions to build on their skills and confidence to address stress and conduct Stress Surveys and Stress Risk Assessments with their teams and individuals and to provide guidance and support to them.

These sessions have been attended by 51 employees with line management responsibilities. Work is ongoing to ensure there is a review of the stress survey in all work areas as a starting point in opening discussions which will then lead to managers conducting stress risk assessments.

4.3 Health Surveillance

Medigold, our Occupational Health Provider until the end of May 2025 conducted 3 health surveillance clinics on Campus for those employees who were identified as requiring health surveillance due to their role and activities conducted within their work environment. Health surveillance testing has been arranged for Noise Induced Hearing Loss (Audiometry), Respiratory function (Spirometry) and blood testing for lead.

The logistics of arranging clinics and ensuring employees are invited to attend at a suitable date and time has been arranged by the Human Resources Department. Of the 3 clinics so far, most employees have been tested as identified below.

- **Audiometry (Hearing)**
 - Required: 67 (28 within timeframe)
 - Tested: 13
 - Outstanding: 15
- **Spirometry (Lung Function)**
 - Required: 30 (14 within timeframe)
 - Tested: 6
 - Outstanding: 8
- **Lead Testing (Blood Testing)**
 - Required: 3
 - Tested: 0
 - Outstanding: 3

Employees can decline an offer to attend the health surveillance clinic. There shall be additional clinics arranged once Optima Health, our new provider, commences their service in August 2025.

4.4 Student Health and Wellbeing

The Wellbeing and Support Service at UHI Perth, offers mental wellbeing support to all students. This free, confidential service includes Face to Face, Telephone, or Teams appointments for support and PLSPs. The team comprises one full-time Student Support Worker (SSW) and two full-time Wellbeing and Support Officers (WBSOs).

The Student Support Worker can help students with the following issues:

- Personal issues including housing concerns, relationship, family or flatmate issues
- Attendance and attainment via BRAG
- Financial guidance including budgeting
- Emotional support and guidance
- Stress including exam stress
- Worries and concerns about themselves or someone they know
- Self-image and self-esteem issues
- Referrals to internal and external support
- Continuing support for those awaiting appointments for further support
- Support and self-help resources
- Disclosures

The total number of students seen by the Student Support Worker for this period was 363. Referrals to the Student Support Worker came from many sources including other departments, other support staff members, a family member of the student, the Wellbeing and Support Officers, PATs, external organisations or the student themselves.

There were 242 booked support sessions, with 188 carried out by the Student Support Worker this year and 54 cancelled/no-shows. These include return appointments from students who have come along to drop-in, support which has been outside drop-in times and students who have been referred via the BRAG system.

Care Experienced Students, pre-entry drop-in sessions are offered to students who disclose as being care experienced on application. The offer for students to come in through Summer, either alone or with a guardian or carer, and familiarise themselves with the campus before induction and to meet the Student Support Worker.

Regular work has been carried out using the BRAG spreadsheets this year. Emails were produced and sent to PATs on a monthly basis so they could provide details of concerns they may have about any of their students regarding absence, engagement or concerns the student may have raised about their mental health or wellbeing.

Initial emails were then sent to students offering a chat and support if required. 3 x contacts were done (2 x emails and 1 x phone call) to each student and if no response, an email was sent to PATs to advise and take further.

This year 155 students were referred for support from PATs via BRAG this academic year, 74 of those were regarding attendance and 81 of those were concerns PATs had regarding welfare/support and attendance.

The Wellbeing and Support Officers (WBSOs) focus on assisting students with diagnosed mental health conditions or those experiencing mental wellbeing challenges. Students can disclose mental health issues at any point in their academic journey, though early disclosure during the application process is highly encouraged. Early disclosure helps in implementing effective, tailored support promptly.

The day-to-day responsibilities of the Wellbeing and Support Officers (WBSOs) include, but are not limited to:

- **Primary Contact:** Acting as the main point of contact for students throughout their academic journey.
- **Resource Signposting:** Directing students to appropriate support services and resources to enhance their mental wellbeing and academic success.
- **PLSP Development:** Collaborating with students to create Personal Learning Support Plans (PLSPs).
- **Facilitating Adjustments:** Ensuring eligible students receive reasonable adjustments to remove learning obstacles.
- **Self-Help Resources:** Providing various self-help materials and practical advice to empower students.
- **Disabled Students Allowance:** Discussing the Disabled Students Allowance (DSA) and potential support available.
- **Needs Assessments:** Conducting Needs Assessments related to mental health.
- **Support Appointments:** Offering support appointments in addition to PLSP and Needs Assessments.
- **Student Engagement Promotion:** Delivering induction talks in various departments to inform students about available support.
- **Staff Conferences:** Conducting staff training sessions during Staff Conferences.
- **Marketing Support:** Delivering talks to potential students about available support, at Marketing's request.
- **Crisis Support:** Offering crisis support alongside the Student Support Worker.
- **Training and Meetings:** Attending all service meetings and relevant training sessions for professional development.
- **External Agency Liaison:** Collaborating with local agencies, such as GP surgeries, to secure emergency appointments for students as needed.
- **Academic Staff Support:** Academic staff are heavily impacted by the support WBSOs offer to students. Staff regularly rely on the WBSO being available/ making time to help support students during lectures/classes.

A total of 230 PLSPs were produced by the Wellbeing and Support Officers to help support students with diagnosed Mental Health Difficulties (MHD) and/or diagnosed autism spectrum disorders (ASD) in the academic year 2023/2024. As well as offering PLSP appointments, WBSOs offer support to all students at UHI Perth regardless of the presence of a diagnosis or a PLSP. Some students chose to not have a PLSP in place - this is usually because they are coping well with the academic demands placed on them and need and access support in a pastoral sense. Other students may not necessarily meet the criteria to have a PLSP with accompanying exam arrangements in place. A total of 385 support appointments were made in this year.

A significant and impactful challenge encountered in 23/24 was the absence of external support resources. Police and Ambulance services are no longer responding to the Student

Services requests to support a student in crisis unless the student poses a direct threat to themselves or others or presents as a clear medical emergency. Student Service team members are left to manage these challenging situations.

The Student Service team works closely with various local external partners, with the aim of fostering robust collaborative relationships that benefit our students. This effort has resulted in the enhancement of the working relationship between UHI Perth and these essential external partners, ensuring that students can access top-notch support both on campus and within the local community.

4.5 Academy of Sports and Wellbeing (ASW)

Over the past 12 months, our climbing provision has continued to deliver strong engagement across all demographics. All children's climbing sessions remain at full capacity, and we successfully increased National Indoor Climbing Award Scheme (NICAS) provision by 18 additional spaces to meet sustained demand. We introduced Christmas holiday sessions for the first time, which sold out immediately following a single Facebook post, demonstrating both reach and community appetite.

Our adult climbing offer continues to grow, with the addition of a Saturday evening social session that has consistently attracted new and returning participants. In November 2024, we launched a dedicated staff social climbing session, which remains well-attended through the summer break and brings together colleagues from both academic and professional services, reinforcing cross-campus connectivity and wellbeing.

In terms of inclusion and community impact, we were privileged to host the Scottish para-athletes for two dedicated visits, and for the first time, facilitated a session with a blind climbing group, expanding our accessibility and commitment to adaptive sport.

The Sports Hall continues to operate as a high-capacity, multifunctional venue, playing a pivotal role in community wellbeing and large-scale event delivery. In the past year, we successfully hosted 102 major events, spanning league fixtures, regional competitions, and community showcases. Notably, our ability to pivot and support institutional needs was demonstrated by the relocation of both the Open Day and Employers' Fayre into the hall, generating enhanced footfall and reinforcing the hall's role as a versatile strategic asset.

We are proud to now be the official home venue for the Perth Parrots, an LGBTQI+ inclusive floorball club whose first full season with us has been a resounding success. In collaboration with the club, we are introducing dedicated floorball court markings, enabling further growth in participation and hosting capability.

Disability sport continues to thrive at the facility, and to support this momentum, we are permanently installing Boccia court markings, strengthening our position as Perth's central venue for accessible sport. Looking ahead to the 2025-26 academic year, we are actively collaborating with Live Active Leisure and Perth & Kinross Council to support additional clubs in securing long-term, sustainable home venues within our facility.

The gym has experienced sustained growth and diversification over the past year, with both membership and programme innovation reflecting our commitment to community health, staff wellbeing, and inclusive fitness. Our monthly direct debit membership has increased to 1,215, including 103 staff members, and our Pay-As-You-Go membership has reached 2,092, indicating broad engagement across user demographics.

In terms of programming, we successfully launched our first Spartan Package, offering tailored, progressive group training. We have enhanced the group fitness timetable with the addition of high-demand classes such as Strength Pilates, Yin Yoga, and Yoga Flow, responding to member feedback and emerging wellness trends.

A major highlight this year was the launch of online personal training, which extends our support beyond the physical gym environment. We also introduced Forever Young, a class series designed to support older adults in maintaining mobility, balance, and strength, as well as Teen Gym, which encourages healthy habits among younger participants. Strategic partnerships have also evolved, with the facility now accepting cardiac rehabilitation referrals directly from Perth Royal Infirmary, embedding us deeper within regional health and recovery pathways.

We have updated our cardiovascular suite, and with our new equipment tender underway, we will be refreshing select units in the fixed resistance area, ensuring an upgraded and future-ready training environment.

Active Campus has hosted 496 sessions with participation of 4188 across 20 different sports and methods of physical activity. The most popular activities have been Climbing, Disability Specific Activity, Football, Pickleball and Volleyball.

Our sport teams have competed across Scotland, with major success in Volleyball. The Male and Female Volleyball teams won Gold at National College Finals, had a team member qualify for the Scottish Student Sport National Squad, had their captain win SSS Volleyball Volunteer of the Year and they won the OBI for Best Club.

We have supported individual athletes to compete locally, nationally and internationally, with a variety of podium places achieved in Trampolining, Weightlifting, Curling and more. Our staff engagement with Active Campus/ASW has increased from 9% in AY23/24 to 44% at present. Staff have provided feedback such as *“an hour spent with colleagues laughing and playing helps create a better mood for the rest of the day”*, *“I look forward to it every week, have got to know other members of staff that I didn’t know”* and *“Overall I feel a big weight lifted off my shoulders and generally a happier person.”*

5. Communications and Networking with External Agencies and Groups

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

The HSWA is a member of the above group as well as the Tayside Health and Safety Forum and the UHI Health and Safety Practitioners Group. The main topics of note throughout this year were Martins Law also known as the Terrorism (Protection of Premises) Act 2025 and administering prescribed medications to students on Campus.

Within these forums, we share experience, knowledges and best practice.

6. Going Forward – 2025-2026

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

6.1 Training and Competence

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

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

We will continue to promote our online training resources on Brightspace and Marshalls platforms with regular reviews and reports of enrolment and completion of mandatory training modules.

6.2 Internal Audits

We shall complete the Internal Health and Safety Audits of lower risk areas which have not been completed in this reporting period. Additionally, re-audits of high and medium risk areas are programmed and is expected to be completed by July 2026.

Follow-up reviews of audit action plans will be reported to the Health and Safety Committee throughout the year focus on legislative and organisational compliance.

Our Trades Union colleagues will continue to be invited to be part of the audit team and it is hoped their participation will be forthcoming where practicable.

6.3 Risk Assessment

The internal audit programme has identified the requirement for suitable and sufficient risk assessments which are regularly reviewed and amended as required. As stated above, additional training sessions will be programmed for General, COSHH and Manual Handling risk assessors. Continual review of risk assessments and compilation of new assessments for tasks, processes and activities shall proceed as directed in procedures and noted in the Henderson Loggie Audit.

6.4 Health and Wellbeing

We shall continue to provide advice and guidance to our employees and students and promoting healthy lifestyles, stress awareness and management along with a monthly focus on current and abiding issues such as No Smoking Day, Mental Health Week, Stress Awareness Month, Men's Health Week, Cancer Awareness days etc.

Additionally, we shall be promoting the monthly wellbeing topics from Optima Health our Employee Assistance Programme

6.5 Consultation

We will improve our consultation and clarity of relevant health, safety and welfare issues with our Trade Union colleagues as legally required by the Safety Representatives and

Safety Committee Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1989. We will actively seek their involvement to improve the safety management system and safety culture.

Appendices

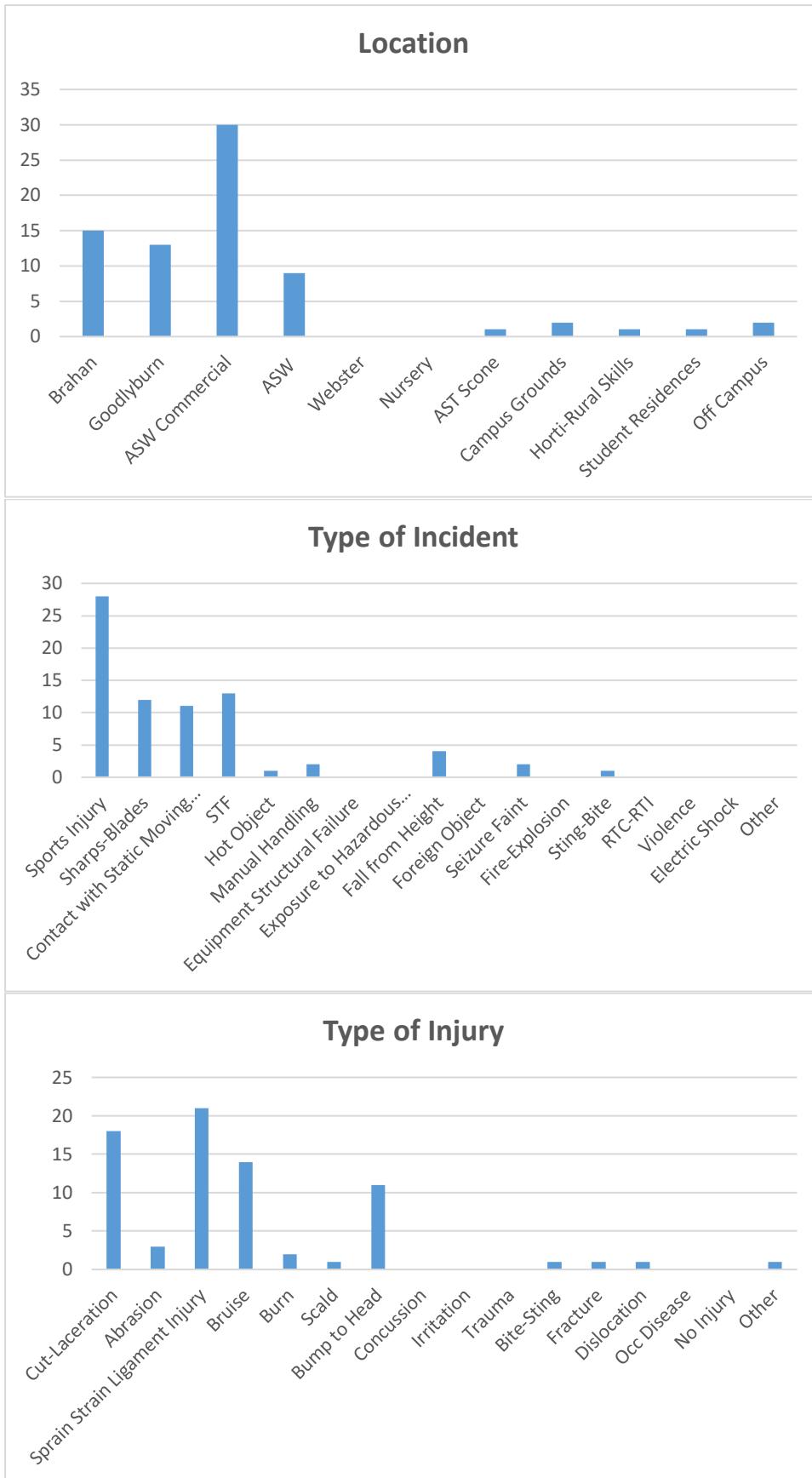
Appendix 1 - Key Performance Indicators

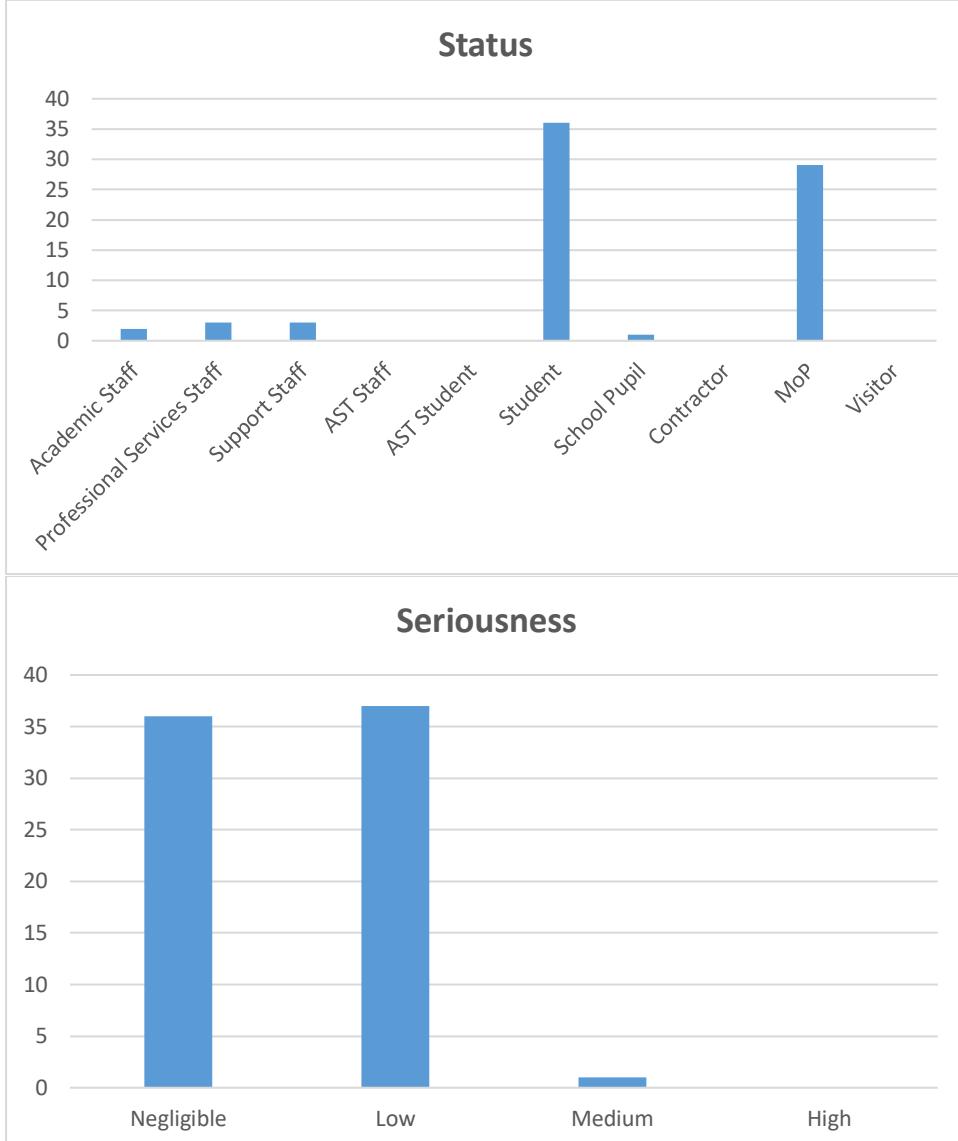
Appendix 2 - Accident and Incident Statistics

Appendix 3 - Sickness Absence Statistics

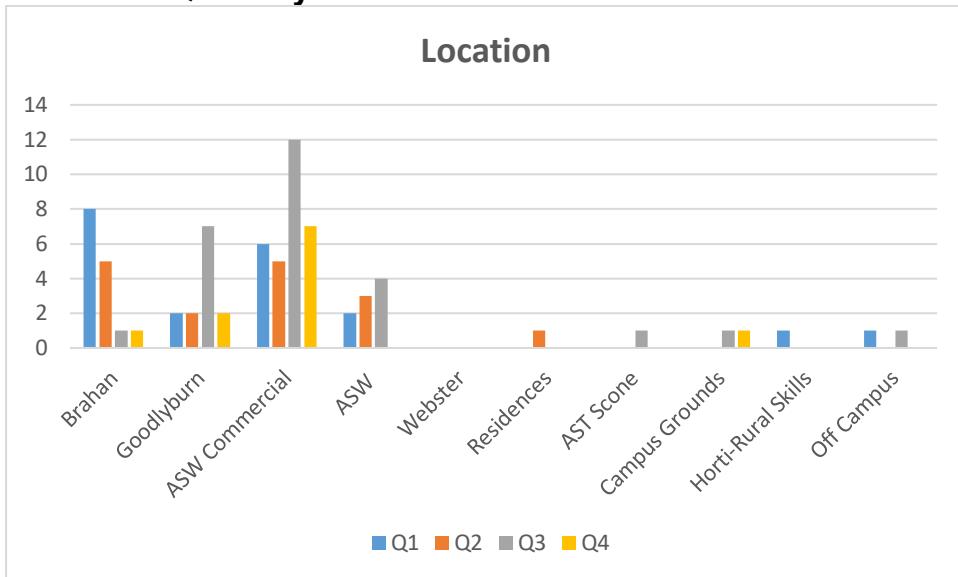
Appendix 1

Action	Actual 23/24	Target 24/25	Actual 24/25	Comments	Target 25/26
Number of Leaders holding IOSH Directing Safety certification.	1	2	1	Change in SLT has reduced actual	1
Number of PLG members and identified employees who hold IOSH Managing Safely or equivalent (ie. NEBOSH Qualification).	10	20	10	training delayed	14
Number of employees having completed mandatory health and safety training.	81.7%	90%	89%	Change in staffing has affected completion	95%
Number of Internal Health & Safety Audits conducted against plan.	10	12	16		22
Number of Internal Audit Level 1 Priority Actions outstanding.	4	0	0		0
College sickness absence within agreed levels (average sick days per head)	6.2	Less than 6.00	6.52	Higher level of long term work related stress than expected	Less than 6.00
College percentage turnover levels within agreed levels	20.5%	Less than 20%	20.3		Less than 20%
Number of reported accidents/incidents (minus Members of the Public Sports Injuries)	52	Less than 90	45		Less than 90
Number of near miss, hazard and dangerous occurrence reports.	15	Min 25	12	This is lower than we would like	Min 25
Number of employees lost time accidents.	0	0	0		0
Total number of working days lost due to accident/injury/ill health out-with work	2962.5	2200	2702.21	Less than 23/24 but not achieving target	2200
Total number of working days lost due to accident/injury/ill health at work	0	0	0		0
Number of RIDDOR reportable accidents and ill health.	3	Less than 5	0	No incidents requiring RIDDOR action	0
Number of contractor accidents on site.	0	0	0	No reports of contractor injury on-site	0
Number of safety related insurance claims.	0	0	0		0
Number of employees absent due to work related stress during year.	8	Less than 10	9	Target hit	Less than 10
Number of employees absent due to work related musculoskeletal disorders.	0	0	0		0

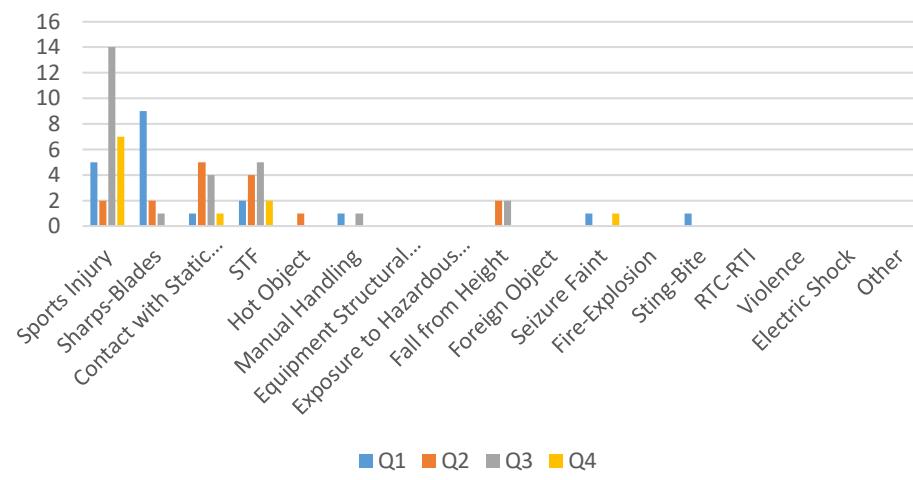
Annual Statistics 2024-2025



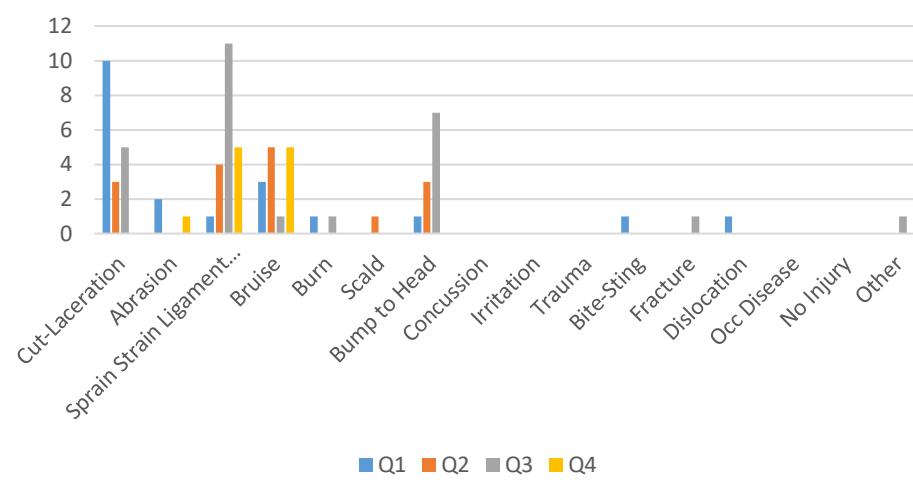
2024-2025 Quarterly Statistics



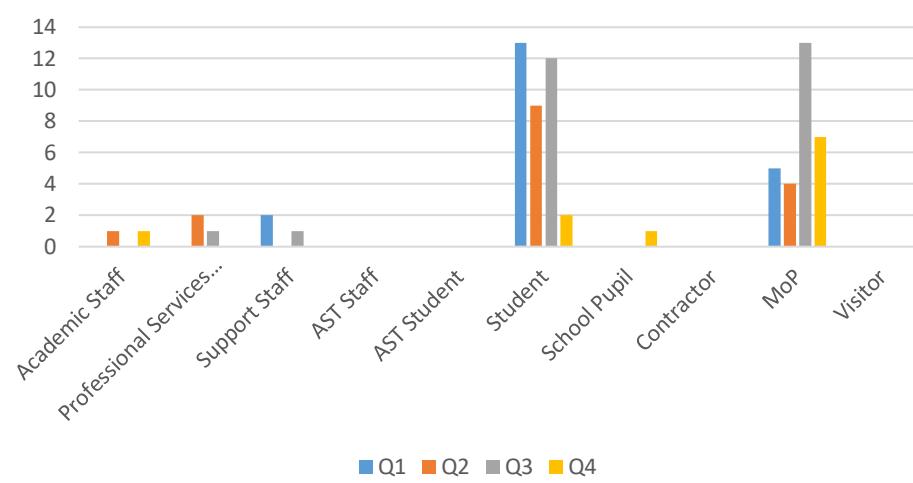
Type of Incident

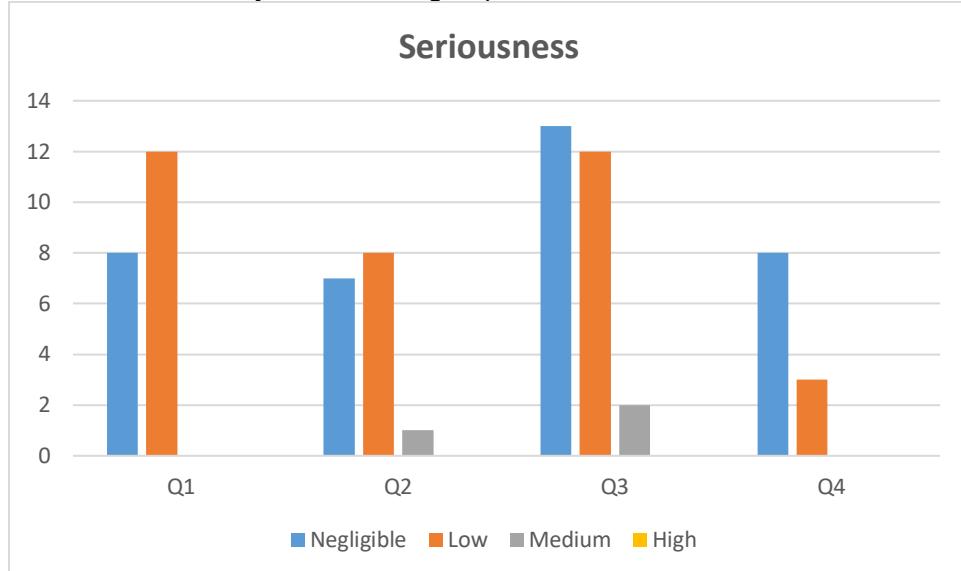


Type of Injury

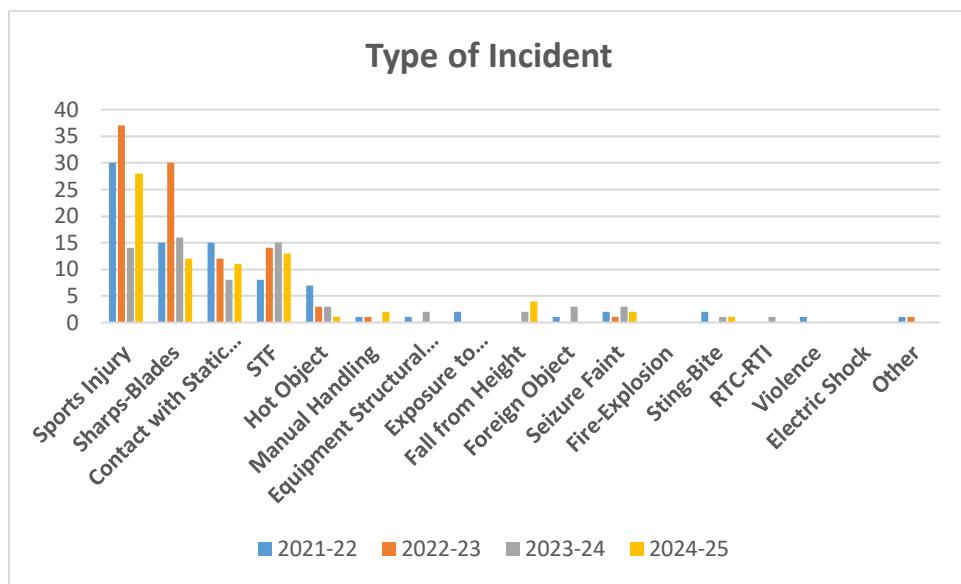
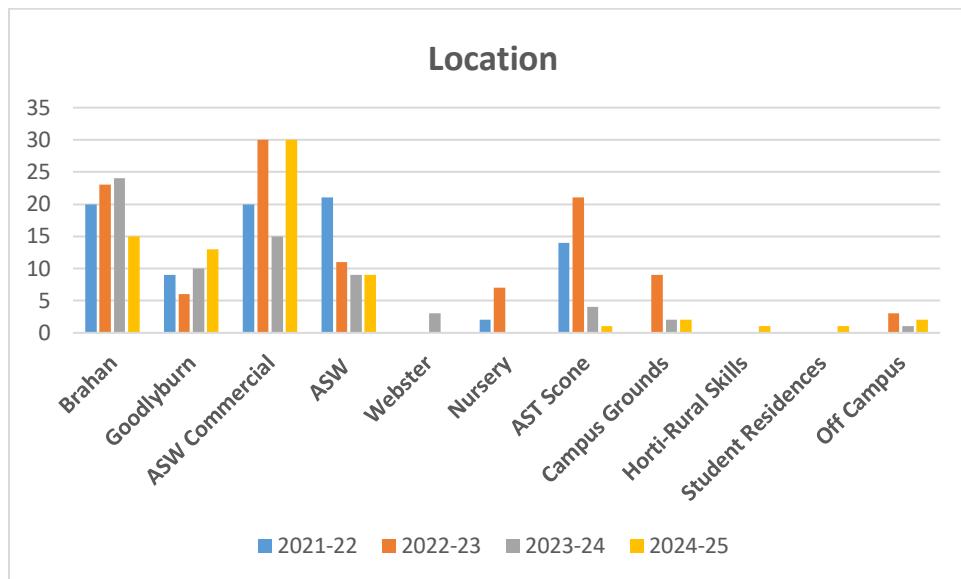


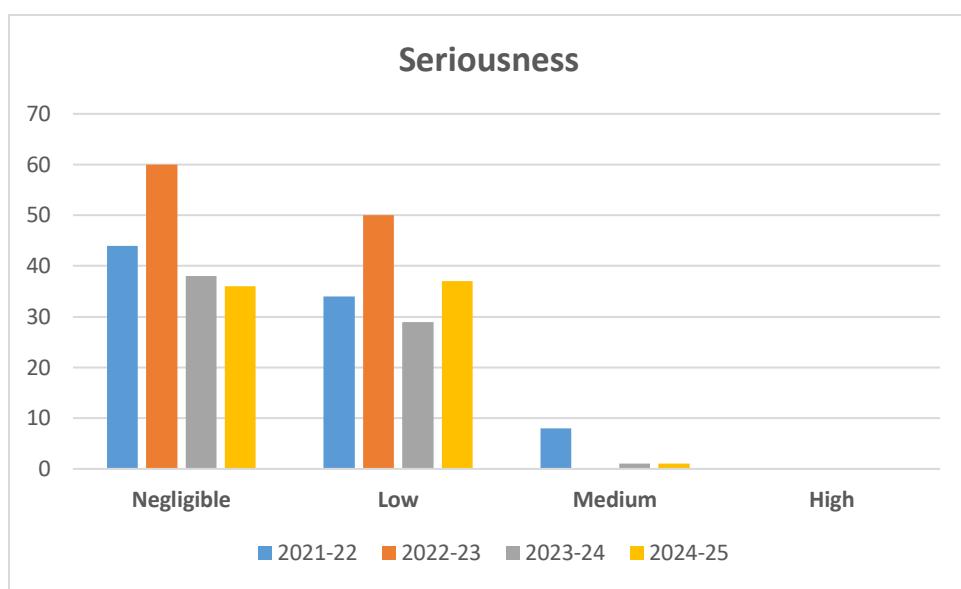
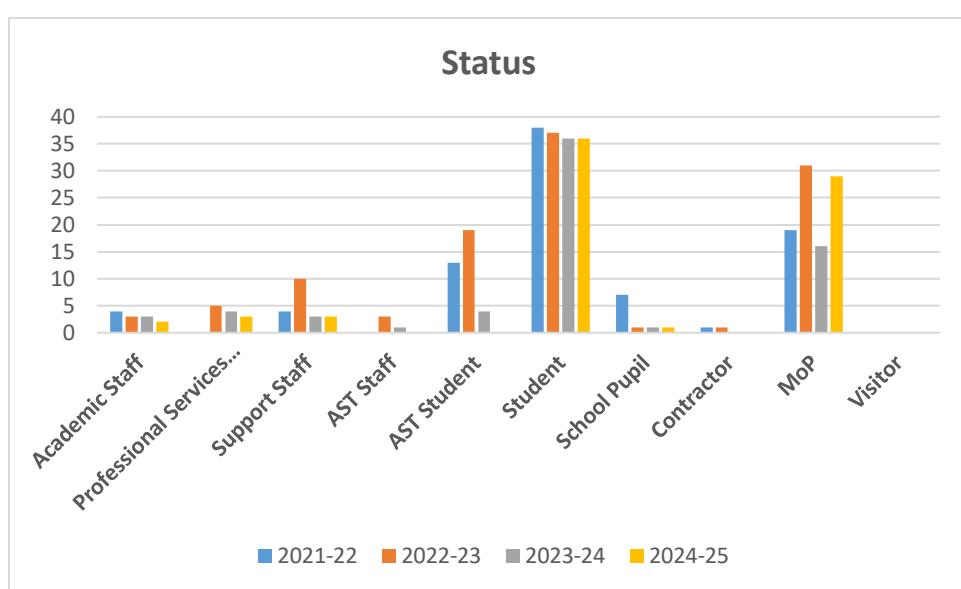
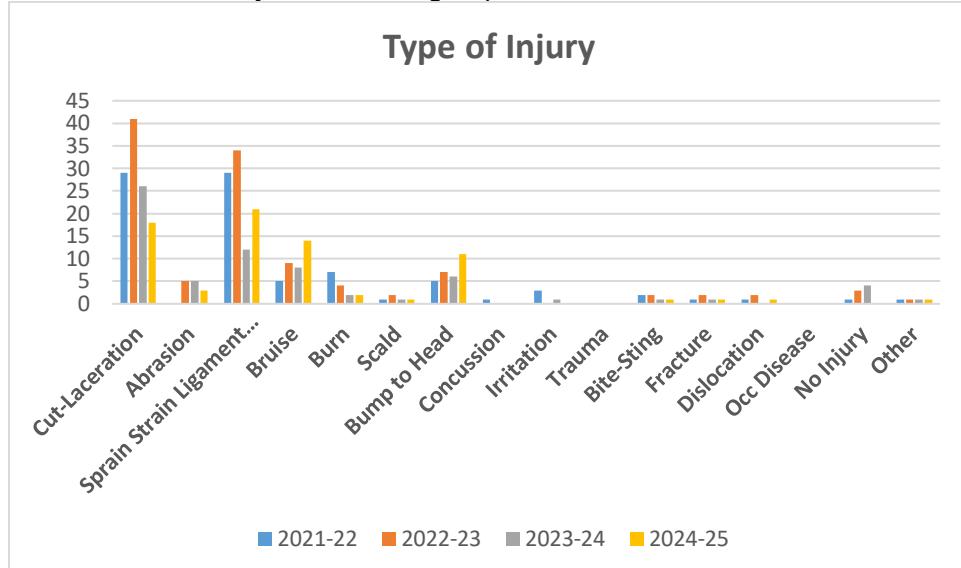
Status





Annual Statistics (Year on Year) 2021-2025





Sickness Absence Statistics

	2022/23		2023/24		2024/25	
	(full year)		(full year)		(full year)	
	Total Sick Days	Average Sick Days per Head	Total Sick Days	Average Sick Days per Head	Total Sick Days	Average Sick Days per Head
Management	23	1.31	36.5	1.9	95	6.55
Support/Professional Services	1284	7.73	1619.5	7.0	1522.21	7.29
Academic	886	4.79	1306.5	5.7	1089	5.69
Total	2193	5.95	2962.5	6.2	2706.21	6.52

Health and Safety Policy Statement

The Board of Management of Perth College, also known as and hereinafter referred to as "UHI Perth", attaches the greatest importance to safeguarding the health, safety and welfare of all employees, students, visitors and others who use or visit the premises, and regards the promotion of health and safety measures as a mutual objective for management and employees at all levels.

It is the commitment of UHI Perth, to act within the requirements of the Health and Safety at Work etc, Act 1974, and subsequent legislation, and to ensure that the health, safety and welfare of all employees, students, visitors and others who may be affected by our undertakings is safeguarded, so far as is reasonably practicable.

To meet these criteria, UHI Perth will:

- regard legal compliance as the lowest acceptable standard of management regarding health, safety and welfare.
- assess work activities by identification of hazards and evaluation of risks.
- minimise risk to health through the provision and maintenance of suitable plant, buildings, facilities, equipment, and the provision of safe systems of work.
- minimise unavoidable risks using physical control measures and issue of personal protective equipment. provide safe arrangements for the use, handling, storage and transport of articles and substances.
- provide necessary information, instruction, training and supervision to ensure the health and safety of employees and others.
- consult with employees' representatives on health and safety matters.
- provide a comprehensive and effective Occupational Health Service, including health surveillance where appropriate.
- implement a monitoring, inspection and audit process to ensure effective management of health and safety.
- co-ordinate, co-operate and exchange relevant information with organisations providing support and facilities to employees and students.
- co-ordinate, co-operate and exchange relevant information with contractors and visitors.
- integrate health and safety responsibilities into everyday working practices and managerial responsibilities.

UHI Perth requires that all employees, students, contractors and visitors co-operate in regarding safe working as a prime objective, by working within established safe procedures.

The Organisation for implementation of these objectives is set out in the Health and Safety Policy. Arrangements for implementation are contained in separate documents and are to be read alongside associated Health and Safety related Policies and Procedures which are reviewed and updated as directed or as required, to ensure best practice methods for managing Health and Safety are achieved.

Signature:

Date:

Catherine Etri, Interim Principal and Chief Executive

Signature: *Alistair B Wylie*

Date:

Alistair Wylie, Interim Chair of the Board of Management

Name of Committee	Audit Committee
Subject	ERM Risk Report – September 2025
Date of Committee meeting	30/09/2025
Author	Lynn Murray, Depute Principal Operations Kirsty Campbell, Risk Management and Project Officer
Date paper prepared	23/09/2025
Executive Summary Please provide a concise summary of the Paper outlining the purpose, impact and recommended future actions if approved	Overview of changes to the risk environment since the last Board cycle, including leadership transitions, financial recovery planning, and sector-wide pressures. Highlights the limitations of the current ERM Risk Register and the need to adopt a simpler, UHI-aligned approach to risk management. The reporting of individual risks has not changed from the assessment at May 2025 as the focus has been on the FRP over the summer period. An assessment of the key current risks against risk categories has however been provided. Paper also incorporates Audit Actions Update (from Page 20).
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 For approval <input type="checkbox"/> Recommended with guidance (please provide further information, below)
Risk implications Does this activity/proposal come with any associated risk to UHI Perth, or mitigate against existing risk? Authors must identify: (a) the relevant risk(s) from the ERM Risk Register linked to the paper; and (b) the Board-approved risk appetite level for each associated risk. If yes, please provide details	Yes This is the Strategic Risk Register for UHI Perth identifying the risks to its financial sustainability and achieving strategic objectives.

<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>Links to all Strategic Objectives.</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>	<p>Yes</p> <p>The ERM Risk Register requires resources to maintain and to put mitigations in place.</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>

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 September 2025

UCHI | PERTH

Prepared by Depute Principal Operations

Risk Approach September 2025

Overview

The ERM was introduced in 2024 following a long period of development by the former Vice-Principal Operations. Recently the Chair of the Audit Committee and Depute Principal Operations discussed the effectiveness of the ERM and concluded that the significant time investment in updating and maintaining it outweighed the benefits, that the content was too operational and that its purpose was not clear in that the risk register had not prompted management or Board action. A simpler approach is recommended, and it makes sense to adopt the format of risk register used by the UHI academic partners. However, a common format and date for completion is still to be agreed and UHI Perth is on the Finance Directors group that will carry out this work.

Changes to the Risk Environment

UHI Perth Leadership

The former Principal resigned mid-May 2025 and an interim Principal was appointed at the end of May. The Depute Principal Academic also resigned on 31 July 2025. The Depute Principal Operations has given 6 months notice and will leave at the end of January 2026. The Senior Leadership Team has been restructured, and a new Depute Principal will start in December 2025. Recruitment is still underway for a Chief Finance Officer. The interim Principal's contract has been extended to summer 2026.

The Perth Leadership Group has been reduced with 3 professional services Directors' posts and 3 other posts being removed from the structure as part of the cost saving measures in the Financial Recovery Plan (FRP). Estates and ICT departments are now included in the remit of the Director of Learning Strategies, Enhancement and Resources and an Estates Manager post has been established.

Financial Outlook

The baseline budget identified deficits for the next three years and in the period since May 2025 the focus for the Board and senior management has been to develop a FRP that achieves a break-even position by the end of July 2028 if all the assumptions are realised. This was approved by the Board on 27 August 2025 then sent to the Regional Strategic Body (RSB). To date we haven't received comments from the RSB or confirmation of when the FRP will be sent to the SFC. Risks identified in the FRP are being monitored separately by the FRP Monitoring Committee that reports to the Board.

UHI Context

Work continues on the transformation programme for UHI with KPMG engaged as consultants and various review groups and workstreams taking place involving colleagues from different disciplines representing the various academic partners. The target date for completion of a Full Business Case is 31 December 2025 but it is not clear whether the project is on track to meet this timescale.

Sector Landscape/External Risk

At the Finance Directors Network for all Colleges in Scotland in August there was a presentation including information from the FFRs (Financial Forecast Return) of 22 Colleges that showed a bleak financial outlook for the sector with only 3 Colleges break-even or better in 2025/26 reducing to 2 Colleges in the following 2 financial years. This presentation will be used to further highlight the issue to the SFC and Scottish Government prior to the election in 2026.

Risk Approach September 2025 (continued)

Changes to Board Risk Appetite

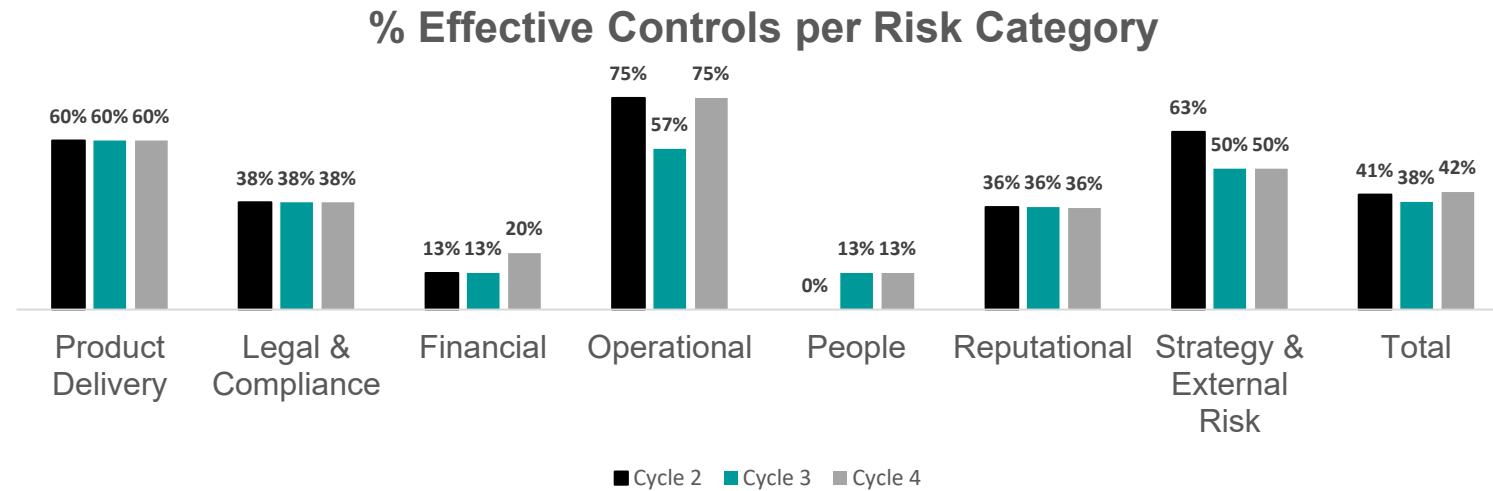
No changes to existing categories for this cycle.

Changes to Risk Register Since Last Reporting Cycle

The report that follows has not changed from the assessment at May 2025 as the focus has been on the FRP over the summer period. However, it is useful to highlight an assessment of the key current risks against risk categories.

- **Product Delivery** At the start of the 25/26 academic year FE credits are on target but HE FTEs are below target. Work is continuing to attract as many students as possible up until the October holidays while also focussing on January starts. UHI ranked 4th nationally in the 2025 NSS.
- **Legal & Compliance** There is nothing to particularly highlight in relation to this risk category.
- **Financial** The Board approved a baseline budget in June and a FRP in August and a FRP Monitoring Committee was established. Cashflow has remained positive due to mitigating actions agreed with the RSB, SFC and introduction of essential spending measures. Financial information will be reviewed monthly. Resources in the Finance team is again an issue with 2 resignations and other issues affecting available resource. We are awaiting the internal audit report on the Finance function and financial controls. Work on national job evaluation has restarted with considerable HR resource required over the next 2 years to provide information to the project.
- **Operational** Removal of posts relating to HR, ICT and continuous improvement and lack of budget available to invest will negatively impact on our ability to improve systems and processes to streamline our operations and make them more efficient. This could impact on the student experience and the offer we can make compared to our competitors.
- **People** The recent reduction of posts in professional services and reduction in budget available for academic contracted work has had a negative impact on staff morale leading to uncertainty about job security and more pressure at work due to reduced capacity and resource constraints.
- **Reputational** The 2025 NSS ranked UHI 4th nationally showing high satisfaction amongst students. A contract was agreed recently with the Resource Group that will replace services provided by AST and will ensure that students can complete their BSC (Hons) in Aircraft Maintenance Engineering and Management and we have accepted new students into the programme. There was a lot of negative media attention about UHI Perth at the time of the last report but this has not been the case over the summer and The Courier did a recent feature on the interim Principal that had a positive focus. We have increased work on environmental sustainability with a member of the Estates team dedicating significant time to this area and advice from consultants helping us improve our contribution to carbon reduction.
- **Strategy & External** Work continues on the UHI transformation project. Although there is a lot of activity, progress, outcomes and milestones need to be communicated and made more visible to academic partners. Inflation and the cost of living continues to impact on our students and staff and puts pressure on UHI Perth budgets. A pay award for support staff is still to be agreed for 25/26. Cyber risk is always present and there will be more reliance on UHI colleagues for technical support with the departure of the Director of Information Services. The annual work on the cyber essentials certification will start in October and will be completed in December.

Risk Overview September 2025 – no changes made to the following information since the report at 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 2025-26](#).

Product Delivery Risk Overview September 2025

Last Report

Current

< 50% Complete

50%- 75% Complete

> 75% Complete

All individual risk sheets can be accessed via the following link:

[ERM Risk Register 2025-26](#)

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).

Risk Causes

1
1

Controls Identified

1
1

Controls 100% Complete & Effective

1
1

Progress Status of Incomplete Controls

0

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.

Risk Causes

2
2

Controls Identified

2
2

Controls 100% Complete & Effective

0
0

2

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.

Risk Causes

1
1

Controls Identified

1
1

Controls 100% Complete & Effective

1
1

0

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.

Risk Causes

1
1

Controls Identified

1
1

Controls 100% Complete & Effective

1
1

0

Legal & Compliance Risk Overview September 2025



All individual risk sheets can be accessed via the following link: [ERM Risk Register 2025-26](#).

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.

Risk Causes

1

1

Controls Identified

2

2

Controls 100% Complete & Effective

0

0

Progress Status of Incomplete Controls



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.

2

2

3

2

0

0



Litigation

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

The chart data shows

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

1

1

1

1

0

0



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.

1

1

1

1

1

1

0

Legal & Compliance Risk Cont. September 2025

All individual risk sheets can be accessed via the following link: [ERM Risk Register 2025-26](#).



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.



Controls Identified



Controls 100% Complete & Effective



Progress Status of Incomplete Controls

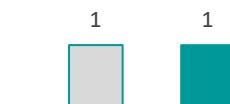
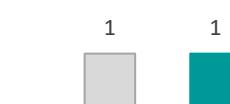


International Business

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 September 2025



All individual risk sheets can be accessed via the following link: [ERM Risk Register 2025-26](#)

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.

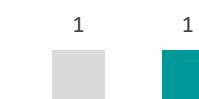
The chart data shows

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.

Risk Causes



Controls Identified



Controls 100% Complete & Effective

0 0

Progress Status of Incomplete Controls



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.

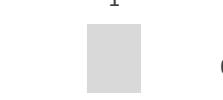
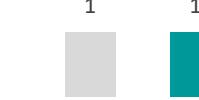


Financial Controls

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.

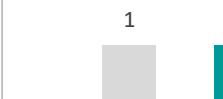


Other Significant Financial Risk

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 September 2025



All individual risk sheets can be accessed via the following link: [ERM Risk Register 2025-26](#)

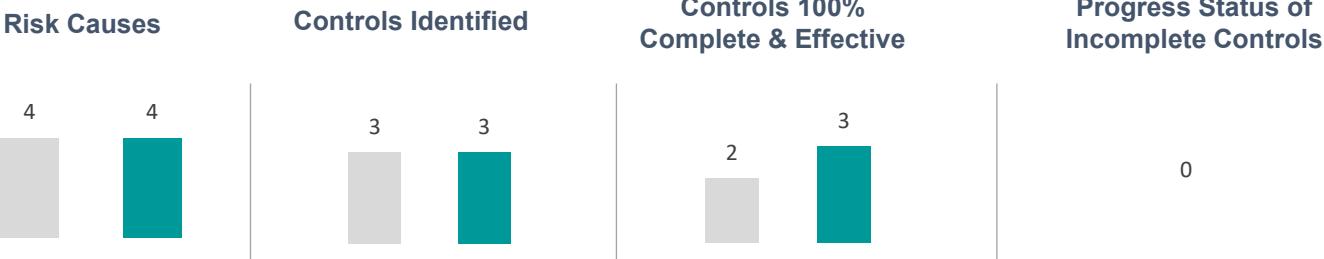
Risks

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.,.

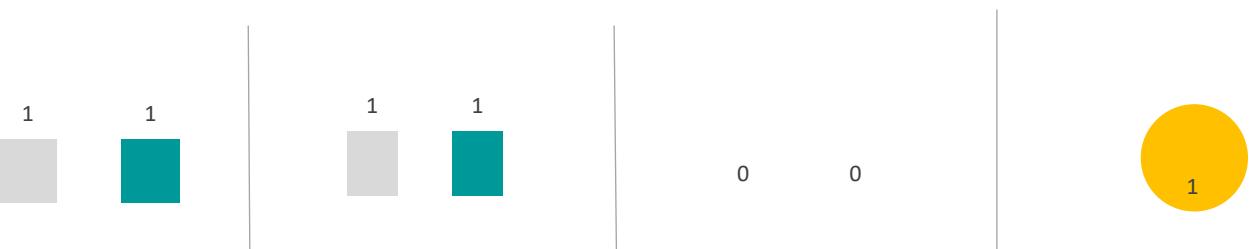


Processes

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 September 2025

All individual risk sheets can be accessed via the following link: [ERM Risk Register 2025-26](#)

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 September 2025

Last Report

Current

< 50% Complete

50%- 75% Complete

> 75% Complete

All individual risk sheets can be accessed via the following link: [ERM Risk Register 2025-26](#)

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.

Risk Causes



Controls Identified



Controls 100% Complete & Effective

0 0

Progress Status of Incomplete Controls

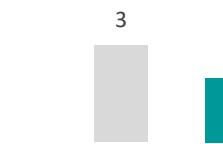
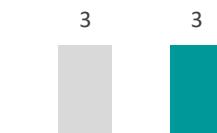


Student Satisfaction

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.

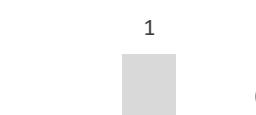
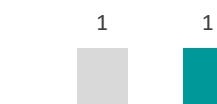


Media

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 September 2025 Continued



All individual risk sheets can be accessed via the following link: [ERM Risk Register 2025-26](#)

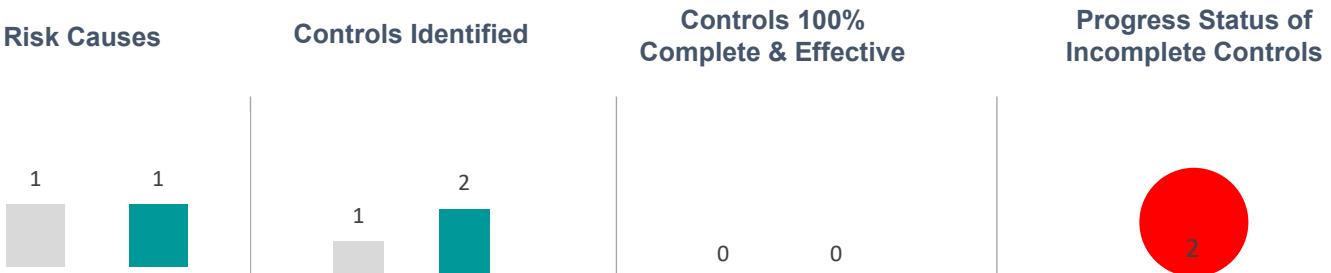
Risks

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

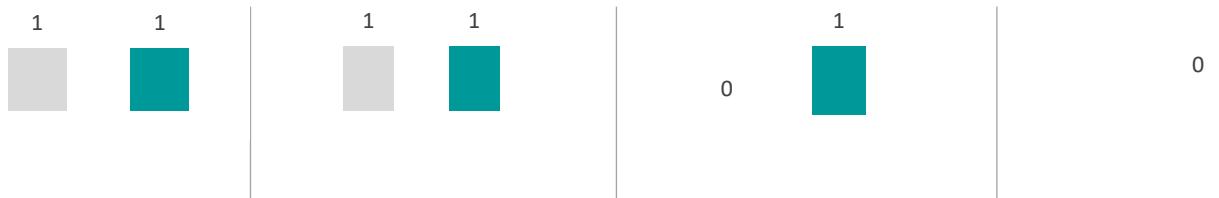


Environment

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 September 2025



All individual risk sheets can be accessed via the following link: [ERM Risk Register 2025-26](#)

Risks

Strategy & Strategy Execution

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

UHI

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

UK Governments

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

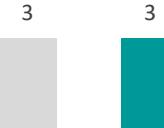
Global Events

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

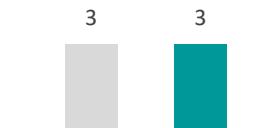
The chart data shows

The control related to the Board-approved Strategic Plan is complete and effective. While the control for reporting Strategic KPIs at Board level is in place, its 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.

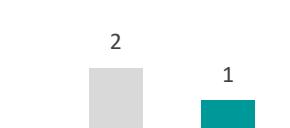
Risk Causes



Controls Identified



Controls 100% Complete & Effective

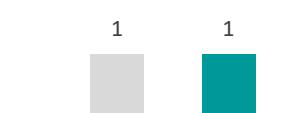
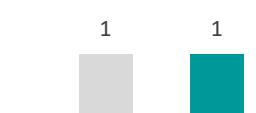
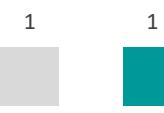


Progress Status of Incomplete Controls



The chart data shows

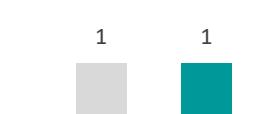
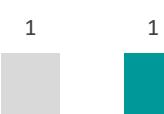
Changes in Perth's senior leadership pose a risk to this control, which is maintained through the quarterly Principal's Report to the Board.



0

The chart data shows

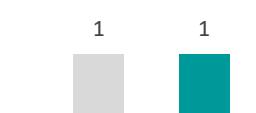
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0

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.



0

Strategic/External Risk Continued September 2025

Last Report

Current

< 50% Complete

50%- 75% Complete

> 75% Complete

All individual risk sheets, can be accessed via the following link: [ERM Risk Register 2025-26](#)

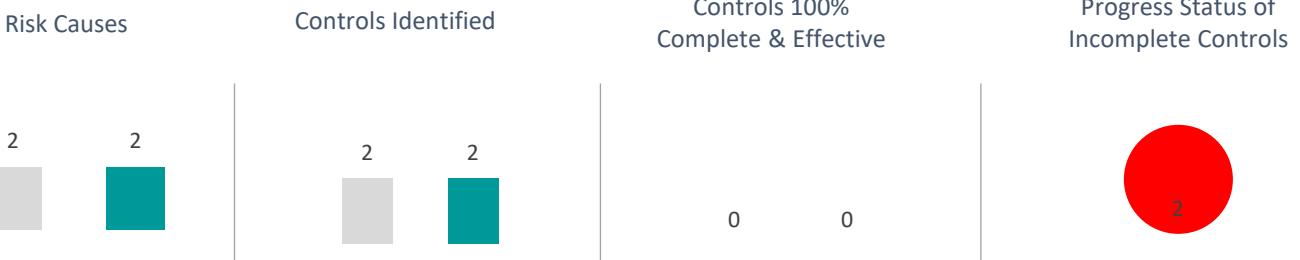
Risks

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.



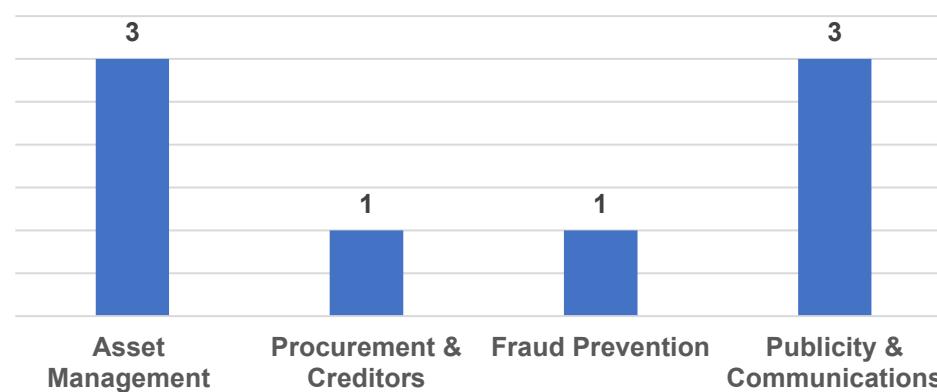
Internal Audit Follow Up Actions Overview September 2025

Progress report

Since the last Audit Committee meeting:

- Decision taken to prioritise outstanding Priority Level 2 actions (significant risk) over Priority Level 3 actions (minor risk).
- There are currently no Priority Level 1 actions (material risk).
- **Of the 12 Priority Level 2 actions:**
 - Five further actions have been closed since the last report - 3 as 'Complete' and 2 as 'Considered but not implemented'.
 - 8 actions remain outstanding (see chart below) and priority will be given to closing these actions for the next Board cycle.
- A full progress update is provided in the Internal Audit Action Plan table on the following pages.

Internal Audit Outstanding Actions by Area
September 2025



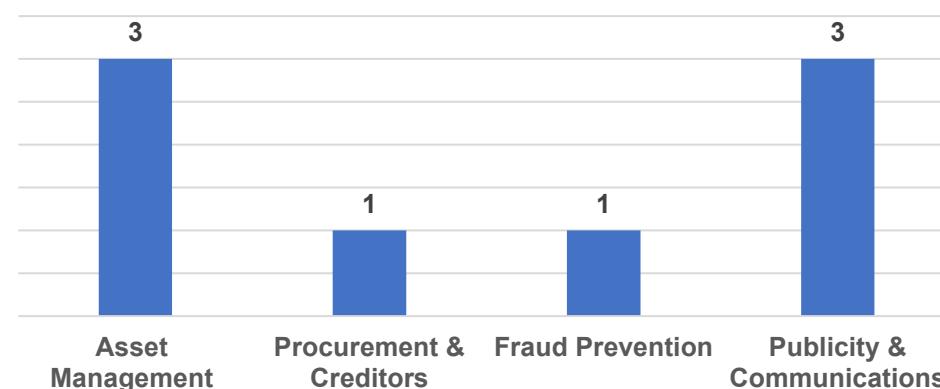
Internal Audit Follow Up Actions Overview September 2025

Progress report

Since the last Audit Committee meeting:

- Decision taken to prioritise outstanding Priority Level 2 actions (significant risk) over Priority Level 3 actions (minor risk).
- There are currently no Priority Level 1 actions (material risk).
- **Of the 12 Priority Level 2 actions:**
 - **Five** further actions have been closed since the last report - 3 as 'Complete' and 2 as 'Considered but not implemented'.
 - **Eight** actions remain outstanding (see chart below). Priority will be given to progressing those linked to the Asset Management, Procurement & Creditors, and Fraud Prevention audits, pending the outcome of the Review of Finance Function and General Financial Controls audits. Actions linked to the Publicity & Communications audit will also be revisited in light of leadership and resource changes since the audit took place.
- A full progress update is provided in the Internal Audit Action Plan table on the following pages.

Internal Audit Outstanding Actions by Area
September 2025



	Action Grade:	Priority 1	Issue subjecting the organisation to material risk and which requires to be brought to the attention of management and the board.					
		Priority 2	Issue subjecting the organisation to significant risk and which should be addressed by management.					
		Priority 3	Matters subjecting the organisation to minor risk or which, if addressed, will enhance efficiency and effectiveness					
Audit Report	Topic	Recommendation	Owner	Agreed Date	Revised Date	Sept 2025 Status	September 2025 Update	RAG Status
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	Pending outcome of Review of Finance Function and General Financial Controls by Internal Auditors. A new revised completion date to be identified.	Red
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	Pending outcome of Review of Finance Function and General Financial Controls by Internal Auditors. A new revised completion date to be identified.	Red
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	Pending outcome of Review of Finance Function and General Financial Controls by Internal Auditors. A new revised completion date to be identified.	Red
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	Considered but not implemented	Strategic planning usually looks 3–5 years ahead. However, the current changes at UHI Perth and across the wider UHI Transformation Project mean that longer-term planning will be revisited once the situation is clearer.	Green
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	Considered but not implemented	There are ongoing changes within the leadership/SLT. This action has been paused and will be revisited once the new structure is confirmed, in place and established.	Green
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	Little or no progress	Pending outcome of the Review of Finance Function and General Financial Controls by Internal Auditors. A new revised completion date to be identified.	Red
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	Pending outcome of Review of Finance Function and General Financial Controls by Internal Auditors. A new revised completion date to be identified.	Red

	Action Grade:	Priority 1	Issue subjecting the organisation to material risk and which requires to be brought to the attention of management and the					
		Priority 2	Issue subjecting the organisation to significant risk and which should be addressed by management.					
		Priority 3	Matters subjecting the organisation to minor risk or which, if addressed, will enhance efficiency and effectiveness					
Audit Report	Topic	Recommendation	Owner	Agreed Date	Revised Date	Sept 2025 Status	September 2025 Update	RAG Status
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		Complete	Process of departmental checks now in place.	Green
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	Complete		Green
2025/06	Publicity and Communications	R1: To develop a Marketing and Communications Strategy in line with UHI Perth Strategic Plan 2022-27	Director of HROD/ Marketing TL	31/03/2026		Not yet started	Changes in expected resourcing means this recommendation for action needs to be reviewed	Yellow
2025/06	Publicity and Communications	R2 Review and update crisis communications plan/arrangements 1. Review the 'Crisis Comms Quick Guide'. 2. Ensure expertise of Marketing/SLT/PLG in handling crisis comms. 3. Ensure robust comms channels with stakeholders during a crisis are in place. 4. Establish a robust post-incident 'lessons learned' looking at comms	Director of HROD/ Marketing TL	31/01/2026		Not yet started	Changes in expected resourcing means this recommendation for action needs to be reviewed	Yellow
2025/06	Publicity and Communications	R3: Internal communication arrangements: 1. Issue more frequent key communications 2. Raise awareness of PerthHUB as staff comms tool. 3. Review arrangements for comms with HISA as fit for purpose	Director of HROD/ Marketing TL	31/10/2025		Not yet started	Changes in expected resourcing means this recommendation for action needs to be reviewed	Yellow

	Action Grade:	Priority 1	Issue subjecting the organisation to material risk and which requires to be brought to the attention of management and the					
		Priority 2	Issue subjecting the organisation to significant risk and which should be addressed by management.					
		Priority 3	Matters subjecting the organisation to minor risk or which, if addressed, will enhance efficiency and effectiveness					
Audit Report	Topic	Recommendation	Owner	Agreed Date	Revised Date	Sept 2025 Status	September 2025 Update	RAG Status
2025/04	International Activity	R2 Identify single points of failure in relation to international activity especially around student support re visas	Director of Partnerships/ International Compliance Officer	31/05/2025		Complete	UHI Perth Student UKVI licence has been handed back as this was only used for AST and is no longer needed. There is not a single point of failure around the UHI Student UKVI licence. Additional support arrangements put in place for International Compliance Officer	Red

Committee	Audit Committee
Subject	Code of Good Governance - Compliance Checklist
Date of Committee meeting	30/09/2025
Author	Ian McCartney, Clerk to the Board of Management
Date paper prepared	23/09/2025
Executive summary of the paper	<p>This paper presents the approved checklist of items of assurance required to meet Code of Good Governance, together with summary of current compliance, for discussion and recommendation. This review takes into account the internal Governance Review undertaken by the Board in April 2025</p> <p>Committee are advised that of the 82 items listed for compliance, 79 have been assessed as "Effective", with 2 items not applicable for UHI Perth and 1 item (B7 – HISA Constitution) assessed as "Partial".</p> <p>Committee are advised that the Checklist is submitted to the 1st Audit Committee of each annual Board cycle to ensure compliance ahead of annual audit and financial statements being prepared.</p>
Consultation How has consultation with partners been carried out?	n/a
Action requested	<input checked="" type="checkbox"/> For information <input checked="" 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)	Items of non- or reducing compliance will inform Risk Register

Perth College UHI

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

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

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

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

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

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

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

Code Principal		Evidence	Assessment	Action required
A1	Every college and regional strategic body must be governed by an effective board that is collectively responsible for setting, demonstrating and upholding the values and ethos of the organisation.	Perth College has an established Board which works collectively to set, demonstrate and uphold the values and ethos of the organisation. It meets a minimum of 4 times a year and holds development evenings and strategy days.	Effective	None
A2	Every board member must ensure that they are familiar with and their actions comply with the provisions of their board's Code of Conduct.	New Board Members receive induction on the Code of Conduct and other good practice guidance, and are invited to attend CDN Board Member induction events.	Effective	None
A3	The Nine Principles of Public Life in Scotland, which incorporate the seven Nolan principles, must be the basis for board decisions and behaviour. These key principles, which apply individually and collectively are: <ul style="list-style-type: none"> • Duty/Public Service • Selflessness • Integrity • Objectivity • Accountability and Stewardship • Openness • Honesty • Leadership • Respect 	The Board works collectively and follows the nine principles in its meetings and those of the Standing Committees. No issues have been raised in the operation of meetings which always start with declarations of conflicts of interest, and conclude with assessment against the Terms of Reference.	Effective	None
A4	The board is responsible for determining their institution's vision, strategic direction, educational character, values and ethos. Regional strategic bodies must also determine the regional strategy for colleges assigned to them. The board of an assigned college must have regard to the strategy determined by the regional strategic body. Board members have a collective leadership role in fostering an environment that enables the body to fulfil its mission and meet Scottish Government priorities, for the benefit of students and the community it serves.	The Board were regularly consulted in the development of the 2022-27 Strategic Plan for Perth College UHI. Board has committed to reviewing current Strategic Plan in AY2025/26 in context of Financial Recovery Plan.	Effective	Strategic Plan Review AY 2025/26
A5	The board must develop and articulate a clear vision for the region or college. This should be a formally agreed statement of its aims and desired outcomes which should be used as the basis for its overall strategy and planning processes.	The College's Vision is outlined within the Strategic Plan.	Effective	None
A6	The board provides overall strategic leadership of the region or college. The board is responsible for formulating and agreeing strategy by identifying strategic priorities and providing direction within a structured planning framework.	See A5	Effective	None
A7	The board (except in the case of assigned college boards) is responsible for overseeing the negotiation of its outcome agreement with SFC, to meet the needs of the college or region and make best use of available funding, consistent with national strategy. The board must ensure effective engagement with all relevant stakeholders in the development of its outcome agreement and monitor performance in achieving the agreed outcomes.	N/A		

Code Principal		Evidence	Assessment	Action required
A8	The roles and responsibilities of the boards of assigned colleges should be undertaken in the context of the roles and responsibilities of their regional strategic body. Assigned college boards must contribute constructively to the development of the outcome agreement led in its region by the regional strategic body and support the regional strategic body to monitor performance in achieving the agreed outcomes.	The Chair is a member of the UHI Finance & General Purposes Committee. The Chair and Principal regularly attend additional UHI meetings to discuss key issues affecting the Partnership.	Effective	None
A9	The board must ensure that a comprehensive performance measurement system is in place which is clearly linked to the regional strategic framework and identifies key performance indicators. It must ensure that it scrutinises performance measures and reports these on their website in a manner that is both timely and accessible to stakeholders. This will allow the board to determine whether or not the vision and mission of the region or the college are being fulfilled and that the interests of stakeholders are being met.	Key Performance Indicators are included within the Strategic Plan 2022-27 document available on the UHI Perth website: https://www.perth.uhi.ac.uk/about-us/our-college/strategic-plan/ Board receives regular updates on KPIs, historically via a Balanced Scorecard, to allow appropriate Board scrutiny and monitor progress against key priorities.	Effective	None
A10	The board must demonstrate high levels of corporate social responsibility by ensuring it behaves ethically and contributes to economic development while seeking to improve the quality of life of the local community, society at large and its workforce.	Financial Recovery Plan includes reference to increased local partnership-working to assist in achieving financial sustainability. Opportunities for the local community to make more active use of the Academy for Sport and Wellbeing is promoted to the local community and staff.	Effective	None
A11	The board must exercise its functions with a view to improving economic, cultural and social wellbeing in the locality of the college or region. It must have regard to social and economic needs and social inclusion.	See A10. An active programme of classes at the ASW is in place. The Board also supports the wider use of the ASW facility for national and international sport events. ASW is competitively priced within the region for the facilities and classes provided, and pricing policies are regularly reviewed to ensure affordability, including student discounts.	Effective	None
A12	The board must provide leadership in equality and diversity.	Equality and diversity matters are discussed by the Equality and Diversity Committee and reported to the Learner Experience Committee. The board reviews, suggests modifications and ultimately endorses all College policies related to equality and diversity, and is proactive in encouraging the college to seek enhancement opportunities to further demonstrate our commitment.	Effective	None
A13	The board must seek to reflect in its membership, the make-up of the community through offering maximum opportunity of membership to a range of potential members and removing potential barriers to membership, in partnership with its regional strategic body, as appropriate.	Board recruitment processes highlight the fact the College would welcome applications from under-represented groups, and the College advertises Board vacancies through the "Public Appointments Scotland". "Women On Boards" and "Change the Chemistry" websites.	Effective	None

Code Principal		Evidence	Comments	Action required
B1	The board must have close regard to the voice of its students and the quality of the student experience should be central to all board decisions.	The HISA Perth President and Depute President attend meetings of the Board, Finance & Resources, Audit, Recovery Plan Monitoring and Learner Experience Committees and provide robust student input to all Committees.	Effective	None
B2	The board must lead by example in relation to openness, by ensuring that there is meaningful on-going engagement and dialogue with students, the students' association and as appropriate staff and trade unions in relation to the quality of the student experience. Consultation is essential where significant changes are being proposed.	See B1.	Effective	None
B3	The board must consider the outcome of student surveys and other student engagements, and monitor action plans that could impact on the quality of the student experience.	Learner Experience Committee considers the outcomes from student surveys. Action Plans are developed and monitored for courses where outcomes may be a cause for concern.	Effective	None
B4	The college board must have regard to the <i>Framework for the Development of Strong and Effective College Students' Associations in Scotland</i> . It must put in place robust partnership procedures (e.g. partnership agreement) to work together to achieve change and which are supported by regular and open communications.	A Partnership Agreement between HISA and UHI is in place and specific projects are reported on via the Learner Experience Committee.	Effective	None
B5	The college board must encourage a strong and autonomous students' association and ensure that the students' association is adequately resourced.	HISA Perth employ 1 full-time and 1 part-time elected officers, plus permanent support staff members. In addition, funding has been approved for additional resources where required and budgets have allowed.	Effective	None
B6	The college board must ensure that the students' association operates in a fair and democratic manner and fulfils its responsibilities.	Regular meetings are held between HISA Perth representatives and the Chair and Principal & Senior Leadership Team.	Effective	None
B7	The college board must review the written constitution of its students' association at least every five years.	UHI is responsible for reviewing HISA's Constitution, however consideration is being given to how best to include Academic Partners in this process to ensure that local representation includes some form of local input.	Partial - Systems to ensure local input provision have yet to be determined	HISA to table proposals via UHI
B8	The board must seek to secure coherent provision for students, having regard to other provision in the region or college's locality. The board must be aware of external local, national and international bodies and their impact on the quality of the student experience, including community planning partners, employers, skills development and enterprise agencies and employer bodies. The board must seek to foster good relationships and ensure that the body works in partnership with external bodies to enhance the student experience, including employability and the relevance of learning to industry needs.	The College received a very positive Progress Report from Education Scotland in April 2025. Education Scotland presented this Report to the Board in June 2024.	Effective	None
B9	The board must ensure appropriate mechanisms are in place for the effective oversight of the quality and inclusivity of the learning experience in the college or region. The board must ensure that the college works in partnership with sector quality agencies and other appropriate bodies to support and promote quality enhancement and high-quality services for students.	Quality processes are managed by a dedicated quality team who work with other agencies to promote quality enhancement.	Effective	None

Code Principal		Evidence	Comments	Action required
C1	The board is primarily accountable to its main funder, either SFC or its regional strategic body. Through the chain of funding, the body is ultimately responsible to the Scottish Ministers who are accountable to the Scottish Parliament.	The Board delegates the operational running of the College to the Principal & CEO, who ensures delivery of all agreed funding outcomes. Progress is regularly reviewed at Finance & Resources Committee and at Board level	Effective	None
C2	The board must ensure delivery of its outcome agreement or in the case of an assigned college, its agreed contribution to the region's outcome agreement.	See C1	Effective	None
C3	The board must ensure it fulfils its statutory duties and other obligations on it, and that the terms and conditions of its grant are being met.	In addition to the provisions noted above, all statutory duties are fulfilled by the Board directly or through its standing committees. In particular the statutory-required Audit and Remuneration committees are established and meet regularly. The Finance & Resources committee reviews outcomes against commitments at each meeting.	Effective	None
C4	Scottish Ministers have powers to remove by order any or all board members of an incorporated college (except the principal) or a regional board for serious or repeated breaches of a term and condition of grant.	Through board induction and ongoing development, the Board remain aware of its duties and obligations.	Effective	None
C5	The board also has a wider accountability to a range of stakeholders including students (both current and prospective), its staff, the wider public, employers and the community it serves, for the provision high quality education that improves people's life chances and social and economic well-being.	All elements mentioned are addressed at the various board standing committees and directly by the Board when circumstances require. The Board sets the tone and agenda for the College - a central importance is given to "putting the student experience and journey at the heart of everything we do". The board is proactive in encouraging policies that facilitate active engagement and influence with all stakeholders with a view to continuously refining the fitness of the College offers to students and the wider community.	Effective	None
C6	Incorporated colleges and regional boards must maintain and publicly disclose a current register of interests for all board members. Board members should declare any conflicts of interest in the business of the meeting prior to the commencement of each meeting of the board and its committees and withdraw from meetings as appropriate. See Section D6 for the 'objective test' for judging if there is a conflict of interest.	A Register of Interests is regularly reviewed and published on the College's website. Declaration of interests are sought at the beginning of all Board and subcommittee meetings and Board are reminded of their responsibility to maintain their register via a prompt on each Board agenda.	Effective	None
C7	The board must ensure that its decision-making processes are transparent, properly informed, rigorous and timely, and that appropriate and effective systems of financial and operational control, quality, management of staff, risk assessment and management are established, monitored, continuously improved and appropriately impact assessed. This includes: a) the prompt production, dissemination and online publication of board/committee agendas, minutes and papers to the public b) every board meeting and every committee meeting having a well-structured agenda circulated timeously in advance c) the retention of all key documentation which help justify the decisions made by the board and its committees d) setting quorum for board and committee meetings in line with good practice and preferably at 50% or higher are non-executive members. A board should satisfy itself that adequate arrangements are in place to ensure that decisions it has delegated to committee are taken with a non-executive majority. When deciding a quorum, the chair of the board may be considered to be a non-executive member (see Annex 1 for the definition of non-executive)	In place and covered in College's Governance Manual. Members of the Board and Committees typically receive papers one week before meetings, and papers and approved minutes are published on the College's website in a timeous manner. Electronic copies of all Board papers are retained by the Clerk to the Board. All Board and Committee quorums are in line with good practice and are noted within each committee's Terms of Reference.	Effective	None

	Code Principal	Evidence	Comments	Action required
C8	The board may delegate responsibilities to committees for the effective conduct of board business. As a minimum the committees required are Audit, Remuneration, Finance and Nominations/Appointments. Delegation of responsibilities from and matters reserved to the board and its committees must be set out in a scheme of delegation including the functions delegated by the board to the chair, committees, the principal and the board secretary (and any other members of staff). Incorporated college boards and regional boards have no powers to delegate functions to an individual board member (except the chair who has no authority to act out with their delegated powers).	Delegated responsibilities are published in College Governance Manual. A Board Reset took place in March 2025, and a review of Committee functions associated Terms of Reference took place in June 2025.	Effective	None
C9	The board must ensure every board committee has a specified member of the management team to provide objective, specialist advice to support it to discharge its remit, including by explaining in an accessible way the matters under discussion and the possible implications of different options.	All members of the Senior Leadership Team are in attendance at Board meetings and attend standing committee meetings where their portfolio is relevant. Members of the Perth Leadership Group are also invited to attend specific meetings when their specific expertise and insight is required.	Effective	None
C10	The board must consider and have in place procedures to ensure effective working relationships and constructive dialogue amongst the board as a whole and ensure there are effective reporting and two-way communications between committees and the board. The board must ensure that discussions and decisions of every committee are accurately recorded and reported to the board, no later than the next meeting of the board.	In place with regular meeting cycles and standing agenda items. Chairs submit Committee Summary Reports to the Board of Management meeting at the end of each Board Cycle to ensure all members are aware of proceedings at each committee. Full minutes are formally approved (with any suggested amendments) at the next meeting.	Effective	None
C11	The board of a college or a regional body is responsible for the overall management of risk and opportunity. It must set the risk appetite of the body and ensure there is an appropriate balance between risk and opportunity and that this is communicated via the principal to the body's management team.	Audit Committee oversees the management of risk on behalf of the Board via an Enterprise Risk Management approach. Summaries of the ERM are regularly presented to the Board for information. Board utilises a risk appetite framework, which is reviewed periodically.	Effective	None
C12	The board must ensure that sound risk management and internal control systems are in place and maintained. It must ensure there is a formal ongoing process for identifying, reporting, evaluating and managing the body's significant risks and review the effectiveness of risk management, business continuity planning and internal control systems.	See C11	Effective	None
C13	The Audit Committee must support the board and the principal by reviewing the comprehensiveness, reliability and integrity of assurances including the body's governance, risk management and internal control framework. The Scottish Government Audit and Assurance Committee Handbook promotes the development of an assurance framework to aid the Committee in fulfilling this role.	The Board receives an annual report from the Audit Committee which provide assurances on systems of internal control.	Effective	None
C14	The scope of the Audit Committee's work must be defined in its terms of reference and encompass all of the assurance needs of the board and the principal. The Audit Committee must have particular engagement with internal and external audit and must work with management and auditors to resolve any issues in relation to financial reporting.	Internal Auditors attend every Audit Committee meeting and report on the internal audit plan; External auditors are routinely invited and attend most Audit Committee meetings. The Audit Committee receive and comment on Internal Audit Reports and recommendations.	Effective	None
C15	The Audit Committee must promptly pursue recommendations arising from audit reports and must monitor their implementation.	Follow up reviews are taken forward with Internal Auditors and reported to Audit Committee.	Effective	None
C16	The membership of the Audit Committee cannot include the board chair or the principal, and, in line with the Audit and Assurance Committee Handbook, 'executive members of the organisation should not be appointed to the Audit and Assurance Committee'. The role of the college executive is to attend meetings at the invitation of the committee chair and to provide information for particular agenda items.	The Principal attends Audit Committee and provides information in their executive management capacity only, not as a member.	Effective	None

	Code Principal	Evidence	Comments	Action required
C17	The Audit Committee terms of reference must provide for the committee to sit privately without any non-members present for all or part of a meeting if they so decide. The Audit Committee members should meet with the internal and external auditors without the executive team present at least annually.	The Audit Committee meets with the internal and external auditors annually.	Effective	None
C18	At least one member of the Audit Committee should have recent relevant financial or audit experience.	The suitability of Independent Board members to sit on specific Committees is reviewed annually by the Chair.	Effective	None
C19	It essential that members of the Remuneration Committee understand their role and responsibilities. Members must undertake the online training module for Remuneration Committees provided by College Development Network within one month of appointment.	All members of the Remuneration Committee have recently undertaken the CDN Remuneration Committee training.	Effective	None
C20	The board must have a formal procedure in place for setting the remuneration of the principal by a designated committee of non-executive members. The board may wish to supplement this by taking evidence from a range of sources. In particular, staff and students should have a role in gathering and submitting evidence in relation to the college principal to the relevant committee.	The Remuneration Committee fulfils this role. A procedure exists for HISA Perth to comment on draft Principal's Objectives prior to their agreement by Remunerations Committee	Effective	None
C21	The board chair cannot be the chair of the Remuneration Committee (but they can be a member of it).	Remuneration Committee is chaired by the Vice Chair of the Board of Management.	Effective	None
C22	The board is responsible for ensuring the financial and institutional sustainability of the body. The board must ensure compliance with its Financial Memorandum (either with SFC or the regional strategic body, depending on which is funding it), including in relation to incorporated colleges and regional boards, relevant aspects of the Scottish Public Finance Manual.	Finance & Resources Committee receives regular reports about the College's management accounts and immediate and long-term forecasts.	Effective	None
C23	The board must ensure that: <ul style="list-style-type: none"> • funds are used as economically, efficiently and effectively as possible • effective monitoring arrangements are in place • college staff report relevant financial matters to it. 	In place via Finance & Resources Committee.	Effective	None
C24	For colleges that are charitable organisations, board members are also charity trustees. The board of a college that is a charity must ensure its members are aware of their responsibilities under charity legislation and for complying with relevant provisions as set out by the Office of the Scottish Charity Regulator. See OSCR Guidance and Good Practice for Charity Trustees .	This is covered in induction for new Board members both locally and via CDN training.	Effective	None
C25	The college board as the employer, is responsible for promoting positive employee relations and for ensuring effective partnership between recognised trade unions and management.	Regular staff updates on HR business are provided to the Finance & Resources Committee.	Effective	None
C26	The board must have a system of corporate accountability in place for the fair and effective management of all staff, to ensure all legal obligations are met and all policies and agreements are implemented and identify areas that require improvement and to develop action plans to address them.	All College policies and procedures are available on the College's web site.	Effective	None
C27	The board must comply with the nationally agreed college sector Staff Governance Standard .	Agreement was reached with the relevant unions around local implementation the Staff Governance Standard in August 2024	Effective	None

C28	The college board must comply with collective agreements placed on it through national collective bargaining for colleges.	The Board is apprised of national bargaining matters as appropriate and regular JNC meetings are in place and reported to the Board via Finance & Resources Committee. The Principal & CEO attends regular Employers Association meetings and workshops at which collective bargaining and other national issues are discussed.	Effective	None
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Code Principal		Evidence	Comments	Action required
D1	<p>The chair is responsible for leadership of the board and ensuring its effectiveness in all aspects of its role. The chair is responsible for setting the board's agenda and ensuring that adequate time is available for discussion of all agenda items, particularly strategic issues. The chair must promote a culture of openness and debate by:</p> <ul style="list-style-type: none"> encouraging the effective contribution of all board members fostering constructive challenge and support to the principal, executive team and fellow board members effective team-working positive relations between board members. <p>The chair must engage with the principal and the board secretary in a manner which is both constructive and effective.</p>	<p>Board External Effectiveness Reviews were conducted in 2020 and 2024 and produced positive reports on Board Culture.</p> <p>Board External Effectiveness Review are required at intervals of no more than 5 years.</p>	Effective	None
D2	The board and its committees must have the appropriate balance of skills, experience, independence and knowledge of the body to enable them to discharge their respective duties and responsibilities effectively.	The Board skills matrix is reviewed annually by the Chair via one-to-one meetings with all independent board members. A skills matrix is also utilised during the recruitment of new Board members.	Effective	None
D3	<p>The board must appoint one of the non-executive members to be the senior independent member to provide a sounding board for the chair and to serve as an intermediary for the principal, other board members and the board secretary when necessary (see Annex 1 for the definition of 'non-executive'). The senior independent member should also be available where contact through the normal channels of chair, principal or secretary has failed to resolve an issue or for which such contact is inappropriate. Further information on the role of the senior independent member can be found in The Guide for Board Members in the College Sector</p>	The board has a nominated Senior Independent Board Member.	Effective	None
D4	Each board member is collectively responsible and accountable for all board decisions. Board members must make decisions in the best interests of the college and/or region as a whole rather than selectively or in the interests of a particular group.	Board members are aware of their responsibilities via induction for new Board Members and is reinforced through Board development events and through board members attending CDN workshops.	Effective	None
D5	<p>Staff and student board members are full board members and bring essential and unique, skills, knowledge and experience to the board. Staff and student board members must not be excluded from board business unless there is a clear conflict of interest, in common with all board members.</p>	<p>HISA Perth President and Depute President are usually nominated by HISA Perth to act as full Board members.</p> <p>One teaching staff member and one support staff member are also elected to the Board by their peer group, and two Union Board Members are nominated by the recognised Trade Unions to provide additional knowledge and experience from a staff perspective.</p>	Effective	None
D6	<p>Where the college is a charity, all board members, as charity trustees, including staff and student board members, have legal duties and responsibilities under the Charities Act 2005. This includes registering any personal interests that could be seen as conflicting with the interests of the body. The 'objective test' for judging if there is a conflict of interest is:</p> <p><i>“... whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice your decision making in your role as a member of a public body”.</i></p>	<p>Covered in Board Member induction. See also comments above on reinforcing understanding of OSCR requirements (C24).</p> <p>Board also received specific training on Charity responsibilities delivered by college's Legal Services Provider at the start of AY 2025/26.</p>	Effective	None

	Code Principal	Evidence	Comments	Action required
D7	The college board must appoint the principal as chief executive of the college, securing approval for the appointment and terms and conditions of the appointment from the regional strategic body if necessary.	In place. Board appointed current Interim Principal, with permanent appointment to follow.	Effective	None
D8	The college board must ensure there is an open and transparent recruitment process for the appointment. Students and staff must have an opportunity to contribute to the recruitment process.	In place. Discussions around permanent appoint of Principal are currently ongoing.	Effective	None
D9	The college board must delegate to the principal, as chief executive, authority for the academic, corporate, financial, estate and human resource management of the college, and must ensure the establishment of such management functions are undertaken by and under the authority of the principal.	In place, and noted within job description.	Effective	None
D10	The college board must ensure a clear process is in place to set and agree personal performance measures for the principal. This process should seek the views of students and staff. The chair, on behalf of the board, should monitor, review and record the principal's performance, at least annually, against the agreed performance measures.	See C20	Effective	
D11	The principal, as a board member, shares responsibility for good governance with the chair and all other members of the board, supported by the board secretary. The principal also enables good governance through supporting effective communication and interaction between the body and the rest of the college including staff and students.	In place, and noted within job description.	Effective	None
D12	The board provides strategic direction for the region and/or college, and the chair provides leadership to the board. The principal provides leadership to the staff of the body.	In place, evidenced via Minutes	Effective	None
D13	The board must provide a constructive challenge to the principal and executive team and hold them to account.	In place, evidenced via Minutes.	Effective	None
D14	The board as a whole must appoint a governance professional who is responsible to it and reports directly to the chair in their governance professional capacity. The governance professional may be a member of the senior management team in their governance professional capacity, but they cannot hold any other senior management team position at the same time. The appointment and removal of the governance professional is a decision of the board as a whole.	In place, known as the Clerk to the Board. The Clerk to the Board is not a member of the senior management team and holds no other College posts.	Effective	None
D15	All board members must have access to the governance professional who has an important governance role in advising the board, the committees and individual board members and supporting good governance. The distinctive board secretary role includes: <ul style="list-style-type: none"> • facilitating good governance and advising board members on: <ul style="list-style-type: none"> - the proper exercise of their powers, including in relation to relevant legislation - the board's compliance with its Financial Memorandum, the Good Governance Code, its Standing Orders and Scheme of Delegation 	In place. The Chair encourages direct interactions of all Board members with the Clerk to the Board. The Clerk to the Board is the acknowledged expert and source of guidance on board behaviours, and this is reflected within the job description for the role. The Clerk to the Board is pro-active in provision of advice on the effective running of Board business, and regularly participates in training and workshops to maintain effectiveness.	Effective	None

	<ul style="list-style-type: none"> - their behaviour and conduct in relation to the board's Code of Conduct. providing clear advice to the chair and the board/committees on any concerns the governance professional may have that board members have not been given: <ul style="list-style-type: none"> - sufficient information - information in an appropriate form - sufficient time to monitor, scrutinise or make informed and rigorous decisions in an open and transparent way. attending and providing support to every board meeting and every meeting of every board committee. Where the governance professional is unable to attend, while the governance professional retains overall responsibility, proper arrangements must be made to cover the role with a person who is fully able to discharge the role effectively. having an unambiguous right to speak at board and committee meetings to convey any concerns they may have about governance. This extends to someone substituting for the governance professional. reporting any unresolved concerns about the governance of the body to the relevant funding body (i.e. SFC or the regional strategic body). 			
D16	The board must ensure the governance professional: <ul style="list-style-type: none"> has suitable skills, knowledge and behaviours to carry out their role effectively receives appropriate induction, and if new to the role, is mentored by a more experienced board secretary for at least their first year has adequate time and resources available to undertake their role effectively. 	In place.	Effective	
D17	The board must ensure arrangements are in place to deal with a governance professional's potential or real conflicts of interest.	In place - requirements on declarations of conflict of interest apply to the Board secretary as well as board members.	Effective	None
D18	For boards with responsibility for board appointments, the board must ensure a formal and open procedure is in place for recruiting and selecting new non-executive board members. Boards must have regard to all relevant Ministerial Guidance on board appointments.	Whilst the College manages the recruitment processes for new Board members, responsibility for appointment lies with the RSB. Board recruitment processes are open, and adverts are widely placed on key stakeholder websites.	Effective	None
D19	The board is responsible for ensuring appropriate arrangements are in place for the conduct of student elections and nominations, and elections of staff members to the board.	Student elections are managed by HISA and the Board receives an annual report on the process followed and outcomes.	Effective	None
D20	The chair must ensure that new board members receive a formal induction on joining the board, tailored in accordance with their individual and collective needs. The governance professional should support the chair in the provision of relevant induction for new board members.	New Board members attend CDN led induction and receive a local induction.	Effective	None
D21	The board must ensure all board members undertake appropriate training and development in respect of their governance role. The governance professional should support the chair in the provision of relevant training and development opportunities for board members,	Mandatory Training attainment is regularly discussed at Chairs Committee and forms part of the College's reporting statistics as presented for scrutiny and Finance & Resources Committee.	Effective	None

	which should be tailored to meet board members skills and needs. The governance professional must keep records of the development activity of board members, including the chair.			
D22	The board must ensure that new committee members receive a committee induction and have their specific training needs assessed and met.	In place via new Board member induction and as a follow up to Board member/chair 1:1s.	Effective	None
D23	Extension of the term of office of board appointments requires evidence and the board must ensure appropriate mechanisms are in place to support this.	In place – a review of the board members attendance and engagement and of the skills matrix is undertaken before an extension to a Board Member's tenure is made.	Effective	None
D24	The board must keep its effectiveness under annual review and have in place a robust self-evaluation process. There should also be an externally facilitated evaluation of its effectiveness every three to five years. The board must send its self-evaluation (including an externally facilitated evaluation) and board development plan (including progress on previous year's plan) to its funding body and publish them online.	Informal internal effectiveness takes place annually, led by the Chair. An External Effectiveness Review was conducted between during spring of 2024. The Review Report was discussed and approved at the Board meeting in October 2024.	Effective	None
D25	The board must agree a process for evaluating the effectiveness of the board chair and the committee chairs. The evaluation of the board chair should normally be led by the vice-chair/senior independent member.	In place, incorporating 360° Appraisal process.	Effective	None
D26	The board must ensure all board members are subject to appraisal of their performance, conducted at least annually, normally by the chair of the board.	In place, usually conducted over the summer recess period.	Effective	None
D27	The performance of regional college chairs will also be evaluated by the Scottish Government, as regional college chairs are appointed by the Scottish Ministers and are personally accountable to them.	N/A		
D28	The performance of assigned, incorporated college chairs will also be evaluated by the regional strategic body, as they are appointed by the regional strategic body and are personally accountable to them.	Board regularly supplies data to UHI on performance and review matters.	Effective	None

Code Principal		Evidence	Comments	Action required
E1	The board must work in partnership to secure the coherent provision of high quality fundable further and higher education in their localities.	College is in regular contact with key community stakeholders to ascertain local priorities, and to shape future curriculum requirements. Such items will be scrutinised by the Board via monitoring of the Financial Recovery Plan.	Effective	None
E2	The board must ensure effective consultation, local and regional planning and must follow the principles of effective collaborative working: mutual respect, trust and working towards commonly agreed outcomes.	The Board encourages renewal and reinforcement of college representation at all community levels.	Effective	None
E3	The board must ensure effective partnership working with local and national bodies including businesses, public and third sector organisations to develop commonly agreed priorities following the principles of effective collaborative working.	See E1	Effective	None
E4	The board must encourage and support effective partnership working and collaboration within and across regions to address local needs and meet national priorities and specialisms.	Initiatives and changed circumstances that affect regional and national needs are regularly brought to the board for discussion and action. The Principal/CEO and others actively engage with national organisations such as Colleges Scotland.	Effective	None

UHI Perth

Internal Audit Annual Plan 2025/26

Internal Audit Report No: 2026/01

Draft issued: 10 July 2025

2nd Draft issued: 22 September 2025

3rd Draft issued: 23 September 2025

Final issued:



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1. Introduction

- 1.1 The purpose of this document is to present for consideration by management, and the Audit Committee, the annual operating plan for the year ending 31 July 2026. The plan is based on the proposed allocation of audit days for 2025/26, as set out in the Strategic Internal Audit Plan 2024 to 2026. The preparation of the Strategic Plan involved dialogue with the Perth Leadership Group (PLG) and the Audit Committee approved the plan at its meeting in May 2024.
- 1.2 The annual operating plan for 2025/26 is aligned with the allocation set out in the Strategic Plan 2024 to 2026, with the exception of two changes agreed with the PLG:
 - six days earmarked in 2025/26 for a review of the Integrated HR / Payroll system implementation were repurposed for the Independent review of the Finance function, which was commissioned at the request of the Finance and Resources Committee and carried out as part of the 2024/25 programme. The College project for a new integrated HR / Payroll system has not gone ahead; and
 - the five-day review of Financial Sustainability, originally due to be carried out as part of the internal audit programme for 2024/25, was paused pending the outcome of the Independent review of the Finance function. This will now be carried out in 2025/26.
- 1.3 A copy of the revised Strategic Plan is included in Section 2 of this report.
- 1.4 At Section 3 of this report we have set out the outline scope and objectives for each audit assignment to be undertaken during 2025/26, together with the proposed audit approach. The outline scopes will be refined and finalised following discussion with the responsible executive leads prior to each audit commencing.
- 1.5 Separate reports will be issued for each assignment with recommendations graded to reflect the significance of the issues raised. In addition, audit findings will be assessed and graded on an overall basis to denote the level of assurance for the area reviewed and therefore the priority that should be given to each report.
- 1.6 We have produced this document, and carry out all our internal audit practice, in line with the requirements of the Global Internal Audit Standard (effective from 9 January 2025) and the Global Internal Audit Standards in the UK Public Sector (effective from the 1 April 2025).



2. Strategic Plan 2024 to 2026

Proposed Allocation of Audit Days

Category	Priority	Actual		Planned	
		24/25		25/26	
		Days	Days		
Reputation					
<i>Publicity and Communications</i>	Gov	H	5		
<i>Health and Safety / Wellbeing</i>	Gov	H			
Student Experience					
<i>Curriculum</i>	Perf	M			
<i>Quality</i>	Perf	M			
<i>Student support</i>	Perf	M		5	
<i>Student recruitment and retention</i>	Fin/Perf	M/H			
<i>Student welfare – Duty of Care</i>	Perf	M			
<i>Student engagement</i>	Gov	M	5		
Staffing Issues					
<i>Staff recruitment and retention</i>	Perf	M			
<i>Staff development</i>	Perf	M			
<i>Payroll</i>	Fin	M/H			
<i>Teaching staff utilisation BPR</i>	Perf / Fin	M		6	
<i>Integrated HR/Payroll system implementation?</i>	Gov/ Fin	H			
Estates and Facilities					
<i>Building maintenance</i>	Fin/Perf	M/H			
<i>Estates strategy / Estates projects</i>	Fin/Perf	M			
<i>Space management / room utilisation BPR</i>	Perf	H			
<i>Asset / fleet management</i>	Perf	M			
Financial Issues					
<i>Budgetary control</i>	Fin	M			
<i>Student invoicing and debt management</i>	Fin	M			
<i>General ledger</i>	Fin	L			
<i>Procurement and creditors / purchasing – Sustainable procurement</i>	Fin	M/H			
<i>Debtors / Income</i>	Fin	M/H			
<i>Cash & Bank / Treasury management</i>	Fin	M			
<i>Fraud Prevention, Detection and Response</i>	Fin	M			
<i>Financial sustainability</i>	Fin	H		5	
<i>General review of Financial Controls</i>	Fin	H	7		
<i>Independent review of Finance function</i>	Fin	H	8		

Proposed Allocation of Audit Days (Continued)

	Category	Priority	Actual	Planned
			24/25	25/26
			Days	Days
Commercial Issues				
<i>Business Development</i>	Fin/Perf	M		5
<i>External Activities</i>	Gov/Fin/Perf	M		
Organisational Issues				
<i>Risk Management</i>	Perf	M/H		
<i>Business Continuity</i>	Perf	M		
<i>Corporate Governance</i>	Gov	M		5
<i>Corporate Planning</i>	Perf	M		
<i>Performance reporting / KPIs</i>	Perf	M/H		
<i>Partnership Working (incl. Regional Engagement)</i>	Gov/Perf	H		
<i>International Activity</i>	Gov/Perf	H	5	
<i>Equality, Diversity, and Inclusion</i>	Gov	L		
<i>Environmental Sustainability</i>	Gov/Perf	M		
Information and IT				
<i>Cyber security</i>	Perf	M/H		
<i>Data protection / records management</i>	Gov	H		
<i>FOI</i>	Gov	M		
<i>ICT and Digital Transformation</i>	Perf	M/H		
<i>Strategy implementation (with specific focus on digital capability)</i>				
<i>Licencing</i>	Perf	L		
Other Audit Activities				
<i>Credits Audit</i>	Required		6	6
<i>Bursary, Childcare and Hardship Funds Audit</i>	Required		5	5
<i>EMA Audit</i>	Required		1	1
<i>Management and Planning)</i>			3	3
<i>External audit / SFC)</i>				
<i>Attendance at Audit Committee)</i>				
<i>Follow-up reviews</i>			3	3
<i>Audit Needs Assessment</i>			1	
Total			49	44
			=====	=====

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

BPR = Business process review



3. Outline Scope and Objectives

Audit Assignment:	Student Support
Priority:	Medium
Fieldwork Timing	10 November 2025
Audit Committee Meeting:	19 March 2026
Days:	5

Scope

The audit will review the support services available to students, concentrating on the role of Student Services staff.

Objectives

The objective of our audit will be to obtain reasonable assurance that there is appropriate provision of adequate advice and support to new students, students experiencing financial or other hardship and students with disabilities or special needs.

To this end we will ensure that there are processes and controls in place to be reasonably assured that students are:

- orientated appropriately at the beginning of the year;
- identified and provided with support if struggling financially;
- identified and provided with support if struggling academically;
- given adequate support if they have a disability; and
- made to feel part of the College community.

Our audit approach will be:

We will assess whether the above objectives have been met through discussion with the Director of Student Experience and Student Services Manager, as well as other managers and staff in Student Services, and discussion with HISA Perth representatives. We will also review relevant documentation.



Audit Assignment:	Teaching Staff Utilisation BPR
Priority:	Medium
Fieldwork Timing	23 February 2026
Audit Committee Meeting:	4 June 2026
Days:	6

Scope

The scope of this audit will be to conduct a business process review (BPR) of the systems in place for Teaching Staff Utilisation to identify opportunities for improvement and facilitate the agreement of recommendations for overall process improvements.

Objectives

The specific objectives of the review will be to ensure that:

- The anticipated outcomes for all internal stakeholders from the timetabling and staff utilisation processes are clearly defined and connect to the staffing budget;
- The value of services provided as part of the timetabling and staff utilisation processes are quantified from a student perspective and from the perspective of external stakeholders (e.g., compliance with SFC Credits and Student Support Funds guidance);
- The steps in the value chain are identified;
- Steps which do not add value are identified with a view to eliminating them;
- Steps that create value occur in tight sequence and are reflected in an efficient and effective timetabling and staff allocation modelling process; and
- Arrangements are in place to deliver consistency in the timetabling and staff utilisation processes by embedding any agreed revisions in updated operating procedures for the College.

Audit Approach

We will conduct facilitated workshops with management from Curriculum areas, including Curriculum Directors, and interviews with relevant managers and staff from Human Resources, Finance, Student Records and HISA Perth. By utilising a range of business improvement tools to identify internal and external stakeholder and student needs, we will examine the College's current procedures for the various stages of the processes for timetabling and the preparation of staff allocation models with a view to identifying and removing waste from the current processes and proposing procedural improvements.

The issues will be prioritised in discussion with senior management and an action plan developed to drive improvement. The action plan will consider the changes required to existing operating procedures to ensure that any changes to the timetabling and staff utilisation modelling processes are deliverable and embedded across the College.



Audit Assignment:	Financial Sustainability
Priority:	High
Fieldwork Timing	April 2026
Audit Committee Meeting:	4 June 2026
Days:	5

Scope

The scope of the audit will be to review the long-term financial planning arrangements which UHI Perth has in place to ensure financial sustainability, supporting effective planning and business decision making in the medium to long term.

Objectives

An internal audit was carried out on the Financial Recovery Plan (FRP) before it was presented to the Board for approval. The objectives of this audit will be to review progress on the FRP that was approved by the Board on 27 August 2025, considering any requirements from the Regional Strategic Body (RSB) and the Scottish Funding Council (SFC). It will seek to obtain reasonable assurance that:

- UHI Perth has in place robust monitoring and reporting arrangements to ensure that actual expenditure and income remain aligned with the approved budget for 2025/26 and future years, and that mitigating actions are being taken where exceptions arise;
- Risks to the successful achievement of the financial strategy have been identified and are being managed in line with the UHI Perth's risk management policy;
- Robust scenario planning and forecasting has been undertaken, which includes sensitivity analysis to quantify the impact of any changes to the underlying assumptions built into the FRP, and by extension UHI Perth's ability to deliver on the agreed strategic objectives; and
- Requirements from the RSB and the SFC are being met.

Our audit approach will be:

We will assess whether the above objectives have been met, through discussions with the interim Principal, Depute Principal and Chief Financial Officer, and review of relevant documentation. The review will be primarily of the systems and procedures in place although compliance testing will be carried out where appropriate



Audit Assignment:	Business Development
Priority:	Medium
Fieldwork Timing	30 March 2026
Audit Committee Meeting:	4 June 2026
Days:	5

Scope

This audit will consider the key risks in relation to the College's commercial (non-SFC funded) activities.

Objectives

The main objective of this audit will be to establish whether procedures in place within the College are sufficient to maximise income generation and margin from commercial (non-SFC) activities, which reflect the true cost of College input (both staff and non-staff costs).

Secondary objectives will be to ensure that:

- an effective strategic and operational planning process has been established;
- an appropriate management and support structure has been put in place to identify and promote commercial opportunities and measure performance against planned targets;
- there is effective pricing in the marketplace, with full cost recovery as the target and careful consideration being given to activity which does not meet this target;
- management information is adequate and easily accessible to all relevant staff;
- there is regular review of activities by the Board and its committees;
- feedback is sought from customers and acted upon;
- appropriate systems and procedures are in place to manage intellectual property risks covering areas such as: ownership; identification; application approval; and maintenance; and
- adequate arrangements have been put in place to prevent and respond to external claims against the College for breach of contract.

Our audit approach will be:

From discussion with the Depute Principal – Operations, Curriculum Directors and other relevant managers and staff, and review of relevant documents, we will establish the key controls in place within the above areas and consider their adequacy.

Where relevant, sample testing will be carried out to establish whether key controls in place within the above areas are operating effectively in practice.



Audit Assignment:	Corporate Governance
Priority:	Medium
Fieldwork Timing	4 May 2026
Audit Committee Meeting:	October 2026
Days:	5

Scope

The scope of this audit will be to follow-up on implementation of the Governance Action Plan and also to consider the College's preparations for the next Externally Facilitated Effectiveness Review (EFER), which is now required to be completed every 3 to 5 years. We will also assess the College's mechanisms for ensuring compliance with the Code of Good Governance for Scotland's Colleges.

Objectives

The objective of the audit will be to obtain reasonable assurance that the College has made reasonable progress in tracking the implementation of the Governance Action Plan and is taking appropriate steps to identify and address any areas of non-compliance with the principles of good governance set out in the Code of Good Governance for Scotland's Colleges.

Our audit approach will be:

We will follow-up on implementation of the Governance Action Plan and the control environment in place at the College will be reviewed and benchmarked against best practice set out in the Code.

We will then examine the College arrangements for assessing compliance with the Code of Good Governance for Scotland's Colleges and addressing any areas of non-compliance in advance of the next EFER for reporting to the SFC.

Our work will involve review of policy and procedure documents, Board and committee minutes etc. to ensure that they cover all aspects currently recommended by best practice, as well as discussion with management, Board and committee Chairs and the Clerk to the Board.



Audit Assignment:	Credits Audit
Priority:	Required
Fieldwork Timing	15 September 2025
Audit Committee Meeting:	8 January 2026
Days:	6

Scope

Credits Audit Guidance, issued by SFC, requests that colleges obtain from their auditor assurances as to the reasonableness of procedures used in the compilation of the Credits related element of the student activity data for the academic year (FES return).

Objectives

To obtain reasonable assurance that:

- the student data returns have been compiled in accordance with all relevant guidance;
- adequate procedures are in place to ensure the accurate collection and recording of the data; and
- the FES return is free from material misstatements.

Our audit approach will be:

Through discussion with College staff, and review of relevant documents, we will record the systems and procedures used by the College in compiling the returns to SFC and assess and test their adequacy. We will carry out further detailed testing, as necessary, to enable us to conclude whether the systems and procedures are working satisfactorily as described to us.

A detailed analytical review will be carried out to obtain explanations for significant variations from previous year's activity.

Our testing will be designed to cover the key risk areas identified in Annex C of the Credits Audit guidance.

We will also review the final error report from the FES on-line checks.



Internal Audit Annual Plan 2025/26 - DRAFT

Audit Assignment:	Bursary, Childcare and Hardship Funds Audit
Priority:	Required
Fieldwork Timing	15 September 2025
Audit Committee Meeting:	8 January 2026
Days:	5

Scope

We will carry out an audit on the College's student support funds for the year ended 31 July 2025 and provide an audit certificate.

Objectives

The audit objectives will be to obtain reasonable assurance that:

- the College complies with the terms, conditions and guidance notes issued by the SFC and SAAS;
- payments to students are genuine claims for hardship, childcare or bursary, and have been processed and awarded in accordance with College procedures; and
- the information disclosed in each of the returns for the year ended 31 July 2025 is in agreement with underlying records.

Our audit approach will be:

- Reviewing new guidance from the SFC and SAAS and identifying internal procedures through discussion with College staff, and review of relevant documents;
- Agreeing income to awards;
- Reconciling expenditure through the financial ledger to returns, investigating reconciling items;
- Reviewing for large or unusual items, obtaining explanations where necessary; and
- Carrying out detailed audit testing, on a sample basis, on expenditure from the funds.

Audit guidance issued by SFC will be utilised. This includes 'Areas of risk and audit considerations' for bursaries and the discretionary funds and childcare.



Audit Assignment:	Education Maintenance Allowance Audit
Priority:	Required
Fieldwork Timing	15 September 2025
Audit Committee Meeting:	8 January 2026
Days:	1

Scope

Guidance on the audit requirements for Education Maintenance Allowances (EMAs), issued by SFC, includes the requirement to have a separate audit of EMAs on an academic year (August to July) basis.

Objectives

To obtain reasonable assurance that:

- the information set out in the EMA returns is in agreement with the underlying records;
- the College used the funds in accordance with SFC's conditions and the principles of the EMA programme; and
- the systems and controls for the administration and disbursement of the funds are adequate.

Our audit approach will be:

Through discussion with Student Funding staff, and review of relevant documents, we will record the systems and procedures used by the College in compiling the EMA returns and assess and test their adequacy. We will carry out further detailed testing, as necessary, to enable us to conclude that the systems and procedures are working satisfactorily as described to us.



Internal Audit Annual Plan 2025/26 - DRAFT

Audit Assignment:	Follow-Up Reviews
Priority:	Various
Fieldwork Timing	5 October 2026
Audit Committee Meeting:	December 2026
Days:	3

Scope

This review will cover reports from the 2024/25 internal audit programme and reports from earlier years where previous follow-up activity identified outstanding recommendations.

Objectives

To establish the status of implementation of recommendations made in previous internal audit reports.

Our audit approach will be:

- for the recommendations made in previous reports, ascertain by enquiry or sample testing, as appropriate, whether they have been completed or what stage they have reached in terms of completion and whether the due date needs to be revised; and
- prepare a summary of the current status of the recommendations for the Audit Committee.



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Committee Cover Sheet

Paper No. 6

Name of Committee	Audit Committee
Subject	FOI & Data Protection Quarterly Update
Date of Committee meeting	30/09/2025
Author	Ian McCartney, Clerk to the Board
Date paper prepared	23/09/2025
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 for the Quarter to 31 July 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>	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>	Yes Trends inform Enterprise Risk Management
<p>Equality & Diversity</p> <p>Does this activity/proposal require an Equality Impact Assessment?</p> <p>If yes, please provide details.</p>	No
<p>Data Protection</p> <p>Does this activity/proposal require a Data Protection Impact Assessment?</p> <p>If yes, please provide details.</p>	No Click or tap here to enter text.
<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>	No If yes, please give details: Click or tap here to enter text.
<p>Status (ie confidential or non-confidential)</p>	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

Quarterly Freedom of Information & Data Protection Update

Academic Year 2024/25 | Quarter 4 | May - July 2025

1. Summary

Although Q4 saw a spike in media-based FOI requests, which was to be expected given circumstances affecting the College, the overall number of FOIs for the year trended in line with previous years, other than 2023/24 appearing to be an outlier.

2. Freedom of Information

a. Total Number of Requests 2024/25

2024/25 Quarter 4	2024/25 Full Year	2023/24 Full Year	2022/23 Full Year	2021/22 Full Year	2019/20 Full Year	2018/19 Full Year
10	38	54	39	22	28	39

b. Request Topics – 2024/25

Type	Q4	Full Year
Academic-Related	0	5
Student-Related	1	4
Compliance	1	2
Finance/Procurement	3	6
Estates	0	2
HR/Legal	5	13
Operational Management	0	5
IT	0	1
TOTAL	10	38

c. Request Sources – 2024/25

Type	Q4	Full Year
Legal Representative	0	0
Campaigning Groups	0	4
Trade Union	0	5
Press/Media	6	8
Scottish Parliament	1	2
Staff	0	2
Student	0	0
University Research	0	0
Industry	0	5
Unknown/Anonymous	3	12
TOTAL	10	38

d. Response Times – 2024/25

Response Time	Q4	Full Year
Replied within Statutory Time	10	37
Late	0	1
To be completed	0	0
TOTAL	10	38

e. Nature of Response Provided – 2024/25

Type of Response	Q4	YTD
Fully disclosed	5	23
Partially disclosed	0	2
Exemptions applied	1	1
No data held	4	12
Request rejected	0	0
TOTAL	10	28

3. Data Protection

a. Total Number of Requests/Incidents

	2024/45 Q4	2024/25 Full Year	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	0	24	2	5	5	6	6	10
Data Breaches	2	4	3	5	6	7	13	13

b. Subject Access Request Response Time

Response Time	Q4	YTD
Replied within Statutory Time	0	24
Late	0	0
To be completed	0	0
TOTAL	0	24

c. Data Breach Information

Incident	Action Taken	ICO informed?
HR staff member issued confidential email in error to member of staff with similar name to intended recipient.	Original email deleted before read by recipient. Email re-issued correctly.	No - reporting threshold not reached.
Member of staff issued meeting notes with staff member not belonging to group CC'd in error. No sensitive data deemed to have been included.	Original email deleted and email re-issued correctly.	No - reporting threshold not reached.

Ian McCartney
23 September 2025

Committee Cover Sheet

Paper No.7

Name of Committee	Audit Committee
Subject	Terms of Reference (ToR) update – Health & Safety Committee
Date of Committee meeting	30/09/2025
Author	Katy Lees, Director of HR and Organisational Development
Date paper prepared	17/09/2025
Executive Summary Please provide a concise summary of the Paper outlining the purpose, impact and recommended future actions if approved	Update to ToR for H&S Committee to January 2026, noting change in chair. Update to ToR for H&S Committee from January 2026 noting changes in membership due to Depute Principal, Operations and the Director of HR and OD Leaving
Committee Consultation Please note which Committees this paper has previously been tabled at, and a brief summary of the outcomes/actions arising from this.	Health and Safety Committee 18/09/25
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: <u>Strategic-Plan-2022-27.pdf</u> If there is no direct link to Strategic Objectives, please provide a justification for inclusion of this paper to the nominated Committee.	N/A

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/ No</p> <p>Click or tap here to enter text.</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>
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and

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Health and Safety Committee Terms of Reference until January 2026

Membership / Constitution

- Director of Learning Strategies, Enhancement and Resources (Chair)
- Depute Principal, Operations
- Directors of Curriculum (x2)
- Unison Staff Side Representative
- EIS-FELA Staff Side Representative
- Director of Student Experience
- Director of HR and Organisational Development
- Director of the Centre for Mountain Studies
- Estates Officer
- Information Services representative
- Finance representative
- ASW General Manager
- Health, Safety and Wellbeing Advisor
- Student Body Representative (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

Health and Safety Committee Terms of Reference from February 2026

Membership / Constitution

- Director of Learning Strategies, Enhancement and Resources (Chair)
- Depute Principal or Principal
- Directors of Curriculum (x2)
- Unison Staff Side Representative
- EIS-FELA Staff Side Representative
- Director of Student Experience
- Director of the Centre for Mountain Studies
- Estates Manager
- Information Services representative
- Finance representative
- HR representative
- ASW representative
- Health, Safety and Wellbeing Advisor
- Student Body Representative (invited member)

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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

Membership

No fewer than 3 members of the Board of Management.

One place reserved by invitation for a Student Member of the Board, as nominated by HISA Perth.

One place reserved by invitation for a Staff Member of the Board, to be determined by Staff Members of the Board

- Board members not eligible for appointment are the Chair of the Board, the Principal, the Chair of the Finance & Resources Committee, the Staff Board Member nominated to Finance & Resources Committee, and the Student Board Member nominated by HISA Perth to Finance & Resources Committee.
- No member of the Finance & 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.

Objectives

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

- There are systems in place to ensure that the College's activities are managed in accordance with legislation and regulations governing the sector.
- A system of governance, internal control and risk management has been established and is being maintained, which provides reasonable assurance of effective and efficient operations and produces reliable financial information.
- There are systems in place to ensure the Committee engages with financial reporting issues

Terms of Reference

Internal Control

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

Internal Audit

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

11. Ensuring good communication between the Committee and the internal auditors.
12. Responding appropriately to notification of fraud or other improprieties received from the internal auditors or other persons.
13. Reviewing the Risk Management Register.

External Audit

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

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

Value for Money

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

2. Advising the Board of Management on potential topics for inclusion in a programme of value for money reviews and providing a view on the party most appropriate to undertake individual assignments considering the required expertise and experience.
3. Advising the Board of Management of action that it may wish to consider in the light of national value for money studies in the further education sector.

Advice to the Board of Management

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

Reviewed: June 2025