

Audit and Verification Activity 2022/2023

Date	Subject	Type of Scrutiny	Mode	Contact	EV Contact	Actions Arising/Completed
September 2022	FES Audit			Gemma MacGregor	FES	Complete
January 2023	Compliance			Kevin Briggs	SDS	Complete
15/02/2023	College Credit Rating Review			Compliance	SCQF	Complete
20/02/2023	Risk Management	Internal Audit		Gemma MacGregor	BDO	<ol style="list-style-type: none"> 1) Undertake regular risk identification activities at an operational level (risk assessments, horizon scanning, SWOT/PESTLE analyses); 2) SUHI records expected risk identification activities at a Board, SMT and operational level Complete; 3) Development of a Risk Appetite Statement which defines the risk appetite (avers, minimal, cautious, open) for different categories of risk. Each risk on the register should be assigned to a risk category and target risk level should align to the risk appetite; 3) Development of a risk management procedure to support the exiting UHI risk management policy; 4)Regular risk training for staff suitable to their role; 5) Board receive refresher risk management training on a regular basis; 6) Improvement of risk register format (Complete); 7) Audit Committee review the strategic risk register at each of their quarterly meetings (Complete); 8) RR should be circulated to Board of Management (Complete);
27/02/2023	Staff Recruitment	Internal Audit		Laura Burden	BDO	Complete
06/03/2023	Core Skills ICT (F3GC 10,	EV	Virtual	Andrew Anderson	EV	Complete – good practice identified

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	F3GC 11, F3GC 12)					
13/03/2023	Healthcare – Non-Clinical/Clinical Awards (GL40 22, GL41 23, GL3X 22)	EV	Virtual	Susan Menary	EV	Complete - Good practice commended
20/03/2023	Student Recruitment	Internal Audit		Laura Burden	BDO	Complete
03/04/2023	Health and Safety	Internal Audit		Gemma MacGregor	BDO	See annex A
17/04/2023	BCP	Internal Audit		Gemma MacGregor	BDO	See annex B
24/04/2023	SFW Hairdressing (C238 74, C252 75) J16R, J16S, J16T, J16V	EV	In Person	Susan Menary		Nil Good practice commended
24/04/2023	NPA Criminology (GR4E 46) J46Y 46, J46W 46, J46X 46	EV	Virtual	Susan Menary	SQA Dod.agnew@sqa-ext.org.uk	High confidence identified in maintenance of all SQA outcome criteria.
03/05/2023	Fish Farming	EV	Virtual	Stuart Fitzsimmons	Donald.Paterson@sqa-ext.org.uk	High Confidence identified in maintenance of SQA standards in all outcome criteria. Recommendation: For clarity it is recommended that where witness testimony evidence is used during assessment of the Awards, details of the testimony Providers be gathered and presented in a form more easily accessible to the EV, for example as part of a site checklist or in a separate

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						document specifically for this purpose. The details should include the name and designation of the provider and relevant details of experience and or qualifications relevant to their role. Good practice identified.
09/05/2023	SVQ Management (GM25 23, GM27 24, GM25 25)	EV	Virtual	Andrew Anderson	Dawn.Stewart@sqa-ext.org.uk	High confidence in maintenance of all SQA standards in all outcome measures.
09/05/2023	Carpentry and Joinery HN30 04, HM3J 04, HM35 04, HM39 04, HL7Y 04, HL7P 04 , GM7T 23	EV	Virtual	Anthony McLeod	SQA William.watson@sqa-ext.org.uk	High confidence in the maintenance of SQA standards in all outcome criteria. Good practice identified
11/05/2023	Human Biology	EV		Susan Menary		
15/05/2023	Care H5NA 04, H5NC 04, H5RY 04, H5LD 04, H5S0 04, GH5Y 22, GH60 23	EV	Virtual	Susan Menary	Maxine.McBrier@sqa-ext.org.uk	High Confidence in maintenance of SQA standards in all outcome criteria. No recommendations.
15/05/2023	Social Services Child Care	EV	Virtual	Susan Menary	Maxine.McBrier@sqa-ext.org.uk	High Confidence in maintenance of SQA standards in all outcome criteria. No recommendations.

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	H5KP 04, H5L4 04, H5NB 04, H5LC 04, H5LD 04, H5LF 04, HSLG 04, GH5V 22, GH5W 23					
17/05/2023	Hospitality and Professional Cookery			Andrew Anderson		
25/05/2023/ 26/05/2023	Contact Visit		In Person	Laura Burden	Education Scotland	<p>College was considered to score well under the heads of:</p> <ul style="list-style-type: none"> - Recruitment; - Retention; - Attainment; - Progression. <p>ES confident that the college has capacity to continue to improve.</p> <p>Learning points identified:</p> <ul style="list-style-type: none"> - The work of the Students Association is underdeveloped and has not developed its own programme of activities to instil a sense of belonging or embed students into college life; - Learner bursary provision is managed by the local council, however the college does not have sufficient information on the processes to determine whether this is working well for all applicants and learners; - There is no process for following up applications that are started but not completed, therefore, the reasons why some applicants may not complete are unclear, limiting the opportunity for improvement;

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						<ul style="list-style-type: none"> - Support service staff are not routinely invited to explain their services to all class groups, reducing learner awareness levels of the range of support services available. <p>No action points identified.</p>
26/05/2023	HNC Marine Engineering HJ4K 34, GM1K 15	EV	Virtual	David Grant/ Anthony McLeod	SQA Dhruva.ku mar@sqa- ext.org.uk	<p>High confidence in the maintenance of SQA standards in all outcome criteria.</p> <p>Recommendations:</p> <p>The following point of development was suggested to the centre during the feedback session:</p> <ol style="list-style-type: none"> 1. Formalisation of proposed schedules of all quality meetings in the curriculum plan. <p>Good Practice Identified</p>
02/06/2023	SFW Maritime Skills (C269 75)	EV	Virtual	David Grant/ Anthony McLeod	SQA	<p>Development points:</p> <ul style="list-style-type: none"> - Formalisation of proposed Schedules of all quality meetings in the curriculum plan. <p>Good Practice identified</p>
02/06/2023	NPA in Creative Industries (GF4M 44)	EV	Virtual	Simon Clarke	Ryan.mcfar lane- spiers@sqa -ext.org.uk	<p>High confidence in the maintenance of SQA standards against all outcome measures.</p> <p>Good Practice identified</p>
May 2023	Research Audit	Internal Audit			BDO	Awaited
05/06/2023	General Financial Controls	Internal Audit			BDO	Awaited
15/06/2023	NPA in Construction Craft and	EV		Anthony McLeod	EV	<p>I informed the staff in attendance that the outcome of the QV activity was one of High Confidence.</p> <p>Good Practice identified.</p>

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	Technician (GP65 44)					
23/06/2023	Core Skills ICT (F42D 04, F42E 04, F42F 04, F42G 04)	EV	Virtual	Andrew Anderson	SQA	High confidence in the maintenance of SQA standards in all assessment criteria.

Annex A

Recommendations	Good Practice
Management to review Peninsula to ensure that risk assessments which are incomplete are prioritised and completed, including the input of review dates.	
Reconsider the frequency of risk assessment to ensure that a suitable timescale is adopted for different risk assessments. Some should take place annually, but some could reduce to three-yearly unless changes to arrangements occur.	
Completion of risk assessments be monitored to ensure non-completion can be escalated before the due date has passed.	
That College ensures legionella checks take place as required and are fully, appropriately, recorded in the check logs.	
That checks be monitored by a second staff member to ensure there is oversight of the completion of checks.	
That staff completion of mandatory Health and Safety awareness training be fully recorded centrally, including completion date and the next refresher date.	
That completion of training is monitored regularly to ensure staff complete the training as and when required.	
That the Risk Assessment and Safe Systems of Work Policies be monitored in a timely manner and are thereafter subject to a formal approval process. The Policy should be reviewed and approved on a periodic basis, recommended to be every three years.	
Display Screen Assessment completion rates should be monitored regularly to identify any individuals who have not completed the questionnaire near to the due date. Non-completion should be raised with the individual and escalated to Line Managers where necessary.	

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Health and Safety Policy to be amended to state the frequency at which fire risk assessments should take place; the policy should then be re-circulated to all staff.	
Health and Safety policies to be reviewed to identify that those that are due/overdue review, to ensure they are prioritised and amended as necessary.	
That the Operations and Estates Committee Terms of Reference be amended to state the frequency of meetings.	

Annex B – Detailed Findings, Business Continuity Planning

Recommendations	Good Practice
<p>We recommend that UHI Shetland performs a risk assessment to identify all business critical functions and systems, and the minimum resources required to operate these. In addition, an impact assessment should be undertaken for each, and should be used to set a maximum allowable time to recover operations, and a target recovery time.</p>	
<p>Upon completion of the above, we recommend that clear action plans are developed for each business critical system or function. The action plan should document the process to be followed in the event of disruption, actions to be taken and procedures to be followed for restoration, and should be designed to achieve intended recovery times. It would be beneficial to record the above in a checklist-type, easy to read format.</p>	
<p>We recommend that UHI Shetland documents a range of incidents that could cause the BCP to be enforced, along with the procedures to be followed for each in a 'check list' format. Example incidents could include fire evacuation, a serious medical emergency, severe weather, terrorist threat, power failure and loss of gas supply. The above should be recorded in a checklist-type, easy to read format.</p>	
<p>We recommend that the BCP is updated to provide a detailed account of responsibilities for each relevant staff member. In addition, key roles and their responsibilities should also be confirmed, including first aiders and fire marshals. We also recommend that the responsibilities of the core BCT Team should be clearly documented within the BCP.</p>	
<p>Lastly, it should be ensured that required updates to roles and responsibilities are monitored and made immediately, particularly following any staffing changes to ensure these remain accurate.</p>	
<p>We recommend that UHI Shetland develops a testing plan/schedule for business continuity which should be reviewed regularly to ensure a strategic approach to testing is developed and implemented. This plan should ensure that varying categories of events are scheduled to be tested on a regular basis, based upon the likelihood and overall risk.</p>	
<p>We recommend that outcomes (including confirmation of the achievement of recovery times), lessons learned and required actions are formally documented, and thereafter reflected within the plan for each test.</p>	

Annex B – Detailed Findings, Business Continuity Planning

We recommend that the College implements business continuity training for relevant staff. Regular refresher training should be provided going forward (for example, every three years), and the College should ensure it maintains sufficient evidence of attendance/completion.	
We recommend that an IT Disaster Recovery Plan is developed to recover IT functions and systems, which should give consideration to Recovery Time Objectives and Maximum Tolerable Periods of Disruption.	
We recommend that the BCP is submitted for approval, and that meeting minutes clearly evidence the approval.	
We recommend that the College ensures that those given access to the full version of the BCP aligns to the key persons documented within the BCP, to ensure access is appropriately controlled.	
We recommend that management collectively consider any business continuity risks, and that these are documented and managed in line with UHI Shetland's risk management processes.	